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ROLL NUMBER

DESCRIPTION

2083

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LaCosta Rickford
Operator's Signature

10/15/03
Date

2003 SENATE HUMAN SERVICES

SB 2083

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2083

Senate Human Services Committee

☐ Conference Committee

Hearing Date January 13, 2003

Tape Number	Side A	Side B	Meter #
1		X	1770 - 3580
Committee Clerk Signature			

Minutes:

SENATOR JUDY LEE opened the public hearing on SB 2083. This bill relates to the eligibility resource limits of service payments to the elderly and disabled program.

LINDA WRIGHT, Director of the Aging Services Division of the Department of Human Services, testified in favor of the bill. (Written testimony and eligibility form attached) Some housekeeping changes were recommended in the wording from "persons" to "individuals." Significant change involves reducing the liquid assets has been reduced for eligibility for the SPED program, to keep Department's spending within the allocated budget for the biennium. The SPED program is currently frozen. Fiscal note has been attached to the bill. (See Meter # 1784 - 2095)

SENATOR LEE asked for explanation of SPED program.

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Page 2
Senate Human Services Committee
Bill/Resolution Number SB 2083
Hearing Date January 13, 2003

LINDA WRIGHT responded SPED enacted in 1980's to provide program for older individuals with disabilities to remain at home. It provides for a variety of services. They are independent contractors and include the county social service offices who do the case management.

Because of the growth of population of people over age 65, that is why the demand for these services continues to grow. Cost per client would be \$420 to help an individual to remain at home.

SENATOR LEE questioned about the clients who have (Meter # 2305) over \$25,000 and under \$50,000? Do we have an additional risk of them having other more expenses services?

LINDA WRIGHT responded. That is a good question. Currently, those persons who cannot be on the SPED program because it is frozen, some may go without services. Some counties may use their funds. Some may get other kinds of care.

SENATOR FISCHER: (Meter #2430) Some go into nursing home care at \$4,000 a month.

LINDA WRIGHT: That is correct.

SENATOR FAIRFIELD: How many do we have right now being serviced? (Meter #2535)

LINDA WRIGHT: We have currently about 1,453 people. That is just SPED.

SENATOR LEE: Explain expanded SPED?

LINDA WRIGHT: Expanded SPED is actually a companion piece to basic care. The services are basically the same. To be eligible for expanded SPED, and person must be eligible for Medical Assistance and must also screen eligible for basic care. (See Meter #2638)

MARLOWE KRO, Associate Director for AARP North Dakota, testified. (Written testimony attached) (See Meter #2775). In principle, they are opposed to reducing the asset limit for SPED

Page 3

Senate Human Services Committee

Bill/Resolution Number SB 2083

Hearing Date January 13, 2003

eligibility. In recognition of the big picture, they are cautiously supporting a do pass recommendation on SB 2083.

KATHY HOGAN, Director of Cass County Social Services and representing the County Social Service Directors Association, testified in a neutral position. She stated they recognize that service reductions will happen because of the budget shortfall and that changing eligibility standards protects the poorest. This change will seriously impact vulnerable elderly with limited resources. (Written testimony) (See Meter # 3039 - 3368)

KATHY HOGAN explained the numbers on the map illustration on the handout for In-Home Care Services which was prior to the freeze. (Copy attached)

No further discussion.

Public Hearing on SB 2083 was closed.

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2083

Senate Human Services Committee

☐ Conference Committee

Hearing Date January 15, 2003

Tape Number	Side A	Side B	Meter #
1	X		3795 - 5783
Committee Clerk Signature			

Minutes:

SENATOR JUDY LEE reopened the discussion on SB 2083 pertaining to eligibility resource limits of service payments to the elderly and disabled persons. It would reduce the assets limits from \$50,000 to \$25,000.

Discussion and questions and answers with DAVID ZENTNER of Medical Services (who was present during the discussion). He was asked for clarification of people who are on a waiting list.

BARB FISCHER, of Human Services, also commented about SPED.

Discussion closed.

(Meter # 3795 - 5783)

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2083

Senate Human Services Committee

☐ Conference Committee

Hearing Date January 21, 2003

Tape Number	Side A	Side B	Meter #
1	X		2996 - 5543
Committee Clerk Signature			

Minutes:

SENATOR JUDY LEE: Reopened discussion on SB 2083 with a fiscal impact. Said she had visited Senator Holmberg and he had suggested that we send it to the floor however we want to it to be. We had some concerns about reducing \$50,000 to \$25,000. But, rather than defeating it on the floor, that we might just ask it to be rereferred to Appropriations because of undetermined fiscal impact. SPED impact? Discussion. (Meter # 2996 - 4280)

SENATOR LEE referred to the charts that were provided by BARBARA FISCHER, Manager Long Term Care and Hospital Services (Copies with letter attached) and asked that everyone take a look at them. Discussion. No action taken. (Meter # 4281 - 5543)

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2083

Senate Human Services Committee

☐ Conference Committee

Hearing Date January 22, 2003

Tape Number	Side A	Side B	Meter #
1		X	2240 - 2835
Committee Clerk Signature <i>Donna Kramer</i>			

Minutes:

SENATOR JUDY LEE reopened the discussion on SB 2083 on the eligibility limits of service payments to the elderly and disabled program.

SENATOR FISCHER moved be placed on the calendar without committee recommendation and be rereferred to the Appropriations Committee.

SENATOR BROWN seconded the motion.

Discussion

Roll call was taken. 6 yes 0 no.

SENATOR LEE will be the carrier.

FISCAL NOTE
Requested by Legislative Council
04/07/2003

Amendment to: SB 2083

1A. State fiscal effect: Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.

	2001-2003 Biennium		2003-2005 Biennium		2005-2007 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				(\$61,488)		(\$48,185)
Expenditures			(\$1,168,264)	(\$61,488)	(\$915,524)	(\$48,185)
Appropriations			\$1,463,786	\$77,041		

1B. County, city, and school district fiscal effect: Identify the fiscal effect on the appropriate political subdivision.

2001-2003 Biennium			2003-2005 Biennium			2005-2007 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
			(\$61,488)			(\$48,185)		

2. Narrative: Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.

This bill provides for a liquid asset level of \$50,000 and adds ineligibility due to disqualifying transfers. There is legislative intent to modify the current sliding fee schedule and create an additional sliding fee schedule, with the use of each schedule dependent on the level of the recipients liquid assets. There is also legislative intent to provide for a prescription drug disregard and verification of income and assets.

The Executive Budget included a projected average monthly caseload of 1,865 SPED recipients. Using this average monthly caseload as a basis, SB 2083 as amended would reduce SPED expenditures by \$1,229,752 in the 2003-2005 biennium.

The Department's appropriation bill, SB2012 as amended by the House includes funding to serve an average monthly caseload of 1,670 recipients. Considering the House changes and legislative intent included in this bill an additional \$1,540,827 would need to be added to the DHS budget for 2003-2005 to serve the Departments projected average monthly caseload.

3. State fiscal effect detail: For information shown under state fiscal effect in 1A, please:

A. Revenues: Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.

Revenue from the counties would be reduced by \$61,488 in 2003-2005 and by \$48,185 in 2005-2007.

B. Expenditures: Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.

Grant expenditures would be reduced by \$1,229,752 in the 2003-2005 biennium with \$1,168,264 being general funds and \$61,488 being county funds.

C. Appropriations: Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.

The Department's appropriation bill, SB2012 as amended by the House includes funding to serve an average monthly caseload of 1,670 recipients. Considering the House changes and legislative intent included in this bill an additional \$1,540,827 would need to be added to the DHS budget for 2003-2005 to serve the Department's projected average monthly caseload.

Name:	Debra McDermott	Agency:	Human Services
Phone Number:	328-3695	Date Prepared:	04/08/2003

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La Costa Rickford
Operator's Signature

10/15/03
Date

FISCAL NOTE
Requested by Legislative Council
03/21/2003

Amendment to: SB 2083

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2001-2003 Biennium		2003-2005 Biennium		2005-2007 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				(\$104,549)		(\$108,183)
Expenditures			(\$1,986,433)	(\$104,549)	(\$2,055,480)	(\$108,183)
Appropriations						

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2001-2003 Biennium			2003-2005 Biennium			2005-2007 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
			\$84,600			\$89,562		

2. Narrative: *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill would reduce the SPED liquid assets test amount from \$50,000 to \$25,000, and would also limit "other assets". As a result, an estimated 207 cases would be closed and SPED expenditures would be reduced by \$2,090,982 in the 2003-2005 biennium. The effects of changing the liquid asset test from \$50,000 to \$25,000 results in an estimated savings of \$1,737,434 and was included in the 2003-2005 Executive Budget. If the bill passes, \$4,259,136 would need to be added back into the DHS budget request (SB2012) for 2003-2005 as amended by the Senate.

Currently, each client receives one full assessment each year. However, it is estimated the financial eligibility determination will take an additional two hours for each client. The additional salary cost to the counties is estimated to be \$189,149 for the 2003-2005 biennium.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

Revenue from the counties would be reduced by \$104,549 in 2003-2005 and by \$108,183 in 2005-2007 because of the reduced number of clients.

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Grant expenditures would be reduced by \$2,090,982 in the 2003-2005 biennium and by \$2,163,663 in the 2005-2007 biennium. In the 2003-2005 biennium, it would be a reduction in general funds of \$1,986,433 and county funds of \$104,549.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

If the bill passes, \$4,259,136 would need to be added back into the DHS budget request for 2003-2005 as amended by the Senate.

Name:	Debra A. McDermott	Agency:	Human Services
Phone Number:	328-3695	Date Prepared:	03/24/2003

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LaCosta Rickford
Operator's Signature

10/15/03
Date

FISCAL NOTE
Requested by Legislative Council
02/21/2003

Amendment to: SB 2083

1A. State fiscal effect: Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.

	2001-2003 Biennium		2003-2005 Biennium		2005-2007 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				(\$317,507)		(\$328,117)
Expenditures			(\$6,032,611)	(\$317,507)	(\$6,234,232)	(\$328,117)
Appropriations						

1B. County, city, and school district fiscal effect: Identify the fiscal effect on the appropriate political subdivision.

2001-2003 Biennium			2003-2005 Biennium			2005-2007 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
			(\$169,702)			(\$173,594)		

2. Narrative: Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.

This bill would reduce the SPED asset test from \$50,000 to \$20,000 and further defines assets as being all assets, except for the primary home, instead of using liquid assets as defined in administrative rule. As a result the monthly caseload would decrease by an estimated 628 cases and accordingly SPED expenditures would be reduced by \$6,350,118 in the 2003-2005 biennium.

The Executive Budget included a decrease of \$1,737,434 for changing the liquid asset test from the current \$50,000 to the proposed \$25,000. However the fiscal effects of this bill, as amended have also been incorporated into the Department's 2003-2005 appropriation bill, SB 2012.

Currently, each client receives one full assessment each year. However, it is estimated the financial eligibility determination will take an additional two hours for each client. The additional salary cost to the counties is estimated to be \$147,805 for the 2003-2005 biennium. In addition to the direct salary cost there would be additional costs for travel to client homes, training for workers, appraisal costs and indirect costs. The costs other than direct salary are undeterminable and therefore are not included.

3. State fiscal effect detail: For information shown under state fiscal effect in 1A, please:

A. Revenues: Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.

The counties are responsible for 5% of the cost of the SPED program. Based upon the reduced number of clients the revenue from the counties would be decreased by \$317,507 in 2003-2005.

B. Expenditures: Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.

Grant expenditures would be reduced by \$6,350,118 in the 2003-2005 biennium of which \$6,032,611 is general funds and \$317,507 is county funds.

C. Appropriations: Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive

budget. Indicate the relationship between the amounts shown for expenditures and appropriations.

The fiscal effects of the bill, as amended have been incorporated into the Department's appropriation bill, SB 2012. If this bill as amended does not pass SB 2012 would need to be adjusted accordingly.

Name:	Debra A. McDermott	Agency:	Human Services
Phone Number:	328-3695	Date Prepared:	03/11/2003

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10/15/03
Date

FISCAL NOTE
Requested by Legislative Council
01/03/2003

Bill/Resolution No.: SB 2083

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2001-2003 Biennium		2003-2005 Biennium		2005-2007 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				(\$86,872)		(\$89,891)
Expenditures			(\$1,650,562)	(\$86,872)	(\$1,707,936)	(\$89,891)
Appropriations						

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2001-2003 Biennium			2003-2005 Biennium			2005-2007 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
			(\$86,872)			(\$89,891)		

2. Narrative: *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill would reduce the SPED liquid assets test amount from \$50,000 to \$25,000. As a result, an estimated 172 current open cases would be closed and SPED expenditures would be reduced by \$1,737,434 in the 2003-2005 biennium and by \$1,797,827 in the 2005-2007 biennium. This change has already been built into the DHS 2003-2005 budget request. If the bill doesn't pass, the necessary appropriation would need to be added back into the DHS budget for 2003-2005.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

Revenue from the counties would be reduced by \$86,872 in 2003-2005 and by \$89,891 in 2005-2007 because of the reduced number of clients.

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Expenditures would be reduced by \$1,737,434 in the 2003-2005 biennium and by \$1,797,827 in the 2005-2007 biennium. These expenditures would be in the grants line item (line 73). In the 2003-2005 biennium, it would be a reduction in general funds of \$1,650,562 and county funds of \$86,872. In the 2005-2007 biennium, it would be a reduction in general funds of \$1,707,936 and county funds of \$89,891.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

This change has been taken into account in the Governor's budget for the 2003-2005 biennium. If the bill doesn't pass, \$1,737,434 would need to be added back into the DHS budget for the 2003-2005 biennium.

Name:	Brenda M. Welsz	Agency:	Human Services
Phone Number:	328-2397	Date Prepared:	01/10/2003

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LaCosta Rickford 10/15/03
Operator's Signature Date

Date: 01-22-03
Roll Call Vote #: 2083 ①

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2083

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken

Pass out without committee recommendation and to Appropriations

Motion Made By

Sen. Fischer

Seconded By

Sen. Brown

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee - Chairman	✓				
Senator Richard Brown - V. Chair.	✓				
Senator Robert S. Erbele	✓				
Senator Tom Fischer	✓				
Senator April Fairfield	✓				
Senator Michael Polovitz	✓				

Total (Yes) 6 No 0

Absent _____

Floor Assignment Sen. Lee

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

REPORT OF STANDING COMMITTEE (410)
January 22, 2003 3:03 p.m.

Module No: SR-12-0939
Carrier: J. Lee
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2083: Human Services Committee (Sen. J. Lee, Chairman) recommends BE PLACED ON THE CALENDAR WITHOUT RECOMMENDATION and BE REREFERRED to the Appropriations Committee (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2083 was rereferred to the Appropriations Committee.

(2) DESK, (3) COMM

Page No. 1

SR-12-0939

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LaCosta Rickford

10/15/03

Date

2003 SENATE APPROPRIATIONS

SB 2083

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10/15/03
Date

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2083

Senate Appropriations Committee

☐ Conference Committee

Hearing Date January 28, 2003

Tape Number	Side A	Side B	Meter #
#1		x	#3791-end
#2	x		0-1575
Committee Clerk Signature <i>Jan Hendrickson</i>			

Minutes:

Senator Bowman, vice chair opened the hearing on SB 2083. (due to tape problems and microphone problems this was not on the tape).

Senator Judy Lee (her introduction was not on the tape also, due to microphone problems)

Senator from West Fargo, District #13. She felt that she needed to explain why SB 2083 came out of Human Services without recommendations. It is not because we don't care about it or are arguing about it over there. We all share the same view point, but SB 2083 would reduce the asset limit for individuals who live in North Dakota who are going to receive SPED and expanded SPED programs which are for older people to receive home and community based services. If we reduce that maximum asset from \$50,000 to \$25,000, if you don't have \$50,000 that may seem like a lot, but it isn't really. The Committee's concern is that SPED and expanded SPED are two of the finest programs we have and we want to find more and better ways to assist people in their homes as long as possible and also to receive services within their community as

Page 2

Senate Appropriations Committee

Bill/Resolution Number SB 2083

Hearing Date January 28, 2003

long as possible, in addition is considerable less expensive to assist someone in their home. So the committee felt strongly that if they passed the bill and approved reducing the maximum asset limit to \$25,000 from \$50,000 we would be telling you that we support that change, which would eliminate several (172) people from the program, but at the same time we recognize that the challenge you have in trying to figure out what we are going to be doing in North Dakota with limited access. So I am here to tell you that the attitude of the Human Services Committee is that we would like not to have that asset limit monkeyed with too much, if at all possible, because we feel it is such an important program. But rather than tie the hands of the Appropriations Committee when you are looking at the bigger picture, we are sending it you without recommendations but making it a matter of record today, that we hope that you will find a way not to make that big of a cut in the asset limit. We will have another bill coming to you later that is called a Medicaid Buy-in that actually is directed at the same funds. You will need to look at those two together.

Questions: (#4168) Senator Mathern: Any consideration of making the ASSET test the same with all of these programs that relate to this? Answer (Senator Lee): We didn't address that specifically in the committee, we were actually looking at it more in the way it was going to tie in with this other bill regarding Medicaid Buy-in. But it is something we all need to look at. We do have one application for the children's health insurance and Medicaid in order to simplify it all parties involved. It certainly is not a bad idea to have one application. Senator Andrist: Wanted a little more background on the Medicaid Buy-in, is this just for SPED people or would it also cover persons in nursing homes? Senator Lee: This Medicaid Buy-in would actually be for people with a disability, but who would be able to work, they would be able to buy in to the

Page 3

Senate Appropriations Committee

Bill/Resolution Number SB 2083

Hearing Date January 28, 2003

Medicaid program to continue their health insurance coverage so that they would be tax payers and they would be productive citizens of the state.

Linda Wright (#4558), Director of the Aging Services Division, Human Services. Written testimony attached (Exhibit #1). She is testify in favor of SB 2083. She stated that there were some minor changes that needed to be done on the bill, which are : Lines 6, 23, and 24. Lines 6 and 23 contain a word change from "persons" to "individuals". The other change is on line 24, changing financial eligibility for the Service Payments for Elderly and Disabled (SPED) program from \$50,000 in assets to \$25,000 in assets. The individual's primary home is not considered an asset. Reducing the amount of assets is one of many cost cutting measures that the Department have proposed or have had to put in place because of the needs of individuals for home and community based services exceeding the budget. We have reduced the amount we will pay for homemakers services, we have eliminated non-medical transportation as a SPED and extended SPED funded service. A number of painful decisions have been made, which have affected peoples lives, but there is just so much money in the checkbook and the department cannot bounce checks. The SPED program is currently frozen due to a greater need for services than the budget will support. This is the 3rd biennium in a row where the need for home and community based services has exceeded the budget. There are currently 79 persons waiting for SPED funded services plus 86 individuals requesting service, but not determined eligible. The Department anticipates that the freeze on any new clients will continue through the remainder of the current biennium. The thing that is very concerning in reducing the liquid assets is the fact that the budget for the next biennium was built on the idea that the liquid assets would be reduced, so if this bill is not passed, it will created a \$1.7 million dollar in the SPED budget. Reducing the

Page 4

Senate Appropriations Committee

Bill/Resolution Number SB 2083

Hearing Date January 28, 2003

assets limitation from \$50,000 to \$25,000 will affect an estimated 172 current clients. Attached to her written testimony is a copy of the form used by case managers to determine financial eligibility for the SPED program. SPED clients must also meet functional impairment criteria in order to be eligible for services. Attachment B to Exhibit 1 is additional information regarding reducing liquid assets for SPED (Service Payments for Elderly and Disabled)

Questions: (#5122)

Senator Bowman: What are the requirements for SPED and extended SPED? Ms. Wright responded that in order to qualify for the expended SPED program you have to be on medical assistance, and you have to qualify for basic care, which means you have to be in a basic care facility or you can be at home. Senator Bowman continued: What is the criteria for qualifying, based on income, or assets? Ms. Wright responded: For expanded SPED it is based on income. You have to be eligible for Medicaid. Senator Bowman wanted to know the amount of money? Ms. Wright asked Mr. Zanter to answer the question (#5254). He responded that the needy income level for the household of one, and most of the people going into basic care of single individuals, is \$500.00. They may have income over that, and the difference they would pay towards their care and then the program pays the remainder. In basic care, the individual gets \$60.00 and the rest goes to their care (room and board). Senator Bowman continued, when the budget was made did you think about a sliding scale or fee scale for this particular program, which would be based on income and then have a sliding scale to adjust? Was that considered? Ms. Wright responded that that was what they did. They have the same sliding scale the Human Service centers use, so if a person has a higher income (for example getting close to that \$50,000 liquid assets--they would pay about 90% of the costs of receiving those services under the SPED

Page 5
Senate Appropriations Committee
Bill/Resolution Number SB 2083
Hearing Date January 28, 2003

program). Mr. Zanter stated that in the assets in the Medicaid program it is \$3,000 for an individual and \$6,000 for a couple, plus they can each have a \$3,000 burial account. So that is the asset levels for the Medicaid program. Senator Robinson: Wanted to know the risk of these individual ending up a nursing home, because you are going to be forced to make some very tough decisions. Ms. Wright: That is a concern always, the demand for home and community based care continues to grow and the department has exceeded the budget last the 3 biennium's, because the demand for those services continues to grow, but we know that we have to stay within the budget, so that means more painful decisions have had to be made, which means that someone could end up in more restrictive care. It is a vicious circle, because does the state end up paying anyway, yes. Senator Christmann: This new asset excludes the home, does that exclude the furniture also? Ms. Wright: Yes Senator Christmann continued: He wanted to know if that meant that if you had a small \$20,000 house and \$30,000 in assets you get throw out of the program, but if you have a \$1,000,000 home and no cash laying around, you qualify? Ms. Wright answered that, that was true. Senator Christmann continued: What about farm land, home, etc. Ms. Wright: There is a difference between crop in a bin vs land vs contract for deed. Maybe Mr. Zanter could answer that. Mr. Zanter: We are crossing lines here, Medicaid on one side and SPED on the other. SPED is only liquid assets, so any property that you own would be exempt, so you are only looking at cash, bonds, stocks, those things that are liquid assets, now on the Medicaid side if the property is producing income for you, it is generally exempt, so if you are on the farm and farming and making a living off of that farm your land assets would be exempt from Medicaid program, but if you are renting out and not farming anymore, then those assets would be considered, but if you are making a living from those assets (and that would

Zacosta Rickford
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10/15/03
Date

Page 6

Senate Appropriations Committee

Bill/Resolution Number SB 2083

Hearing Date January 28, 2003

apply to any business) are exempt as long as it is producing income for you..Senator Thane:

What are the restrictions that would keep a person from spending down his \$50,000 to \$25,000

by spending it or giving it away, are there similar restrictions on Medicaid or could they do that

and become eligible automatically for SPED by just giving away \$25,000? Ms Wright responded

that they could do that, there is no provision for transfer of assets as there is for the Medicare program.

Tape #1 Side B ends (#6216)

Tape #2 Side A starts (#0)

Senator Robinson: Burial allowance seems to be very low at \$3,000, when was the last time that was adjusted? Mr. Zanter: It has been several sessions since that was adjusted, there is a bill that

is suppose to be in this session that raises that to \$10,000 but he didn't know where that bill was at this point. When you add to the process, less money available to pay for services, and more

money needed to pay for the services. Senator Andrist: You pay for home based care and basic care facilities, where do assisted living. Ms. Wright responded that most assisted living facilities

in North Dakota are private pay individuals because the cost is fairly high. There are a few

isolated incidents where an individual lives in an assisted living because there are some rent

subsidized assisted living facilities in the state. There are only a couple of these facilities. Senator

Mathern: Are the liquid assets, with passage of this bill, equal or less than the other ones for the

SPED programs or nursing home care? What would be the difference if the bill was passed in

those three levels of care? Ms. Wright: It would bring the individuals who receive SPED service

closer in line with the income of individuals who are on Expanded SPED or Medicaid waiver, it

would make sure we are serving the poorest of the poor, basically.

Page 7

Senate Appropriations Committee

Bill/Resolution Number SB 2083

Hearing Date January 28, 2003

Opposition to the bill: (#327)

Marlowe Kro, Associate State Director for AARP North Dakota (#362) Written testimony attached (Exhibit #2) He recommended a DO NOT PASS (on behalf of 73,000 AARP members in North Dakota) on this bill (SB 2083) because it would affect nearly 200 individuals in the state. He was concerned that this step would ultimately result in forcing people into more expensive institutional care that has a higher asset limit.

Senator Bowman stated that he reviewed the budget, and there was \$6 million dollars more in the budget for home and community based services than in the last biennium. Senator Bowman felt that the department was addressing this need for home and community based services.

Senator Mathern: He felt that Mr. Kro statement about forcing people into more expensive institutional care was contrary to Ms. Wright's testimony. He felt that Ms. Wright's testimony would bring these things together with passage of this bill. He wanted to know if his understanding that there is a higher asset limit in nursing home care and this bill. Answer: Mr.

Kro stated that the intent of that statement is a reflection on the spousal impoverishment level, which he believed was about \$90,000. He stated that, that was what they were talking about is if they are not eligible for SPED, they may be made to move into an institution under that spousal impoverishment provision. Senator Mathern: It sounds contrary to what we just heard He stated

that he had the same concern. Ms. Wright clarified that there is a discrepancy between spousal impoverishment that is allowed if a spouse is allowed to enter a nursing home vs the liquid assets, however, most of the people who receive SPED services are single, they don't have a spouse, so the spousal impoverishment would not enter into the situation. Senator Mathern

continued: He didn't feel that he understood-why aren't married folks using SPED, what is going

Page 8
Senate Appropriations Committee
Bill/Resolution Number SB 2083
Hearing Date January 28, 2003

on? Ms. Wright replied that the majority of the people they served are single, because their spouse has passed away and the age of the people they serve. The point she was trying to make is if you are married, it is financially to your advantage to have the spouse enter a nursing home because you are able to retain more of your assets. Senator Mathern: So there is a difference?

Ms. Wright: yes there is a difference, but most of the people on SPED are single. Senator

Mathern: So this bill could increase that problem. Ms. Wright: There is the potential for that.

Senator Andrist: He wanted to know if there any provision or could there be a provision where communities or counties could buy in to SPED? Ms. Wright: right now the county does, first of all provide a 5% match on the SPED program, 95% is gnarl funds. There are several counties that are using county dollars that don't qualify for SPED, they are right on the edge and now with the freeze on SPED, there might be some counties picking up the costs.

Jack McDonald (# 1223) spoke on behalf of The Arc. (Written testimony attached Exhibit #3).

He expressed that he would hope the committee would find a way to fund the program, as it is one of the few that really helps the poor.

Bruce Murry (#1328) (Written testimony attached Exhibit #4). He is an employee of the Dakota Protection and Advocacy Project. He also expressed a DO NOT PASS on SB 2093 for the same reasons as others.

(#1412) Senator Mathern expressed his concern about the legality of having a waiting list based on a date vs based on eligibility by income, etc. Does this create a legal problem for the state?

Mr. Murry, who is an attorney, responded that a waiting list based on a date and not eligibility does create an enhanced danger for the state.

Page 9

Senate Appropriations Committee

Bill/Resolution Number SB 2083

Hearing Date January 28, 2003

Senator Bowman stated that this bill would go in with the Human Services subcommittee as it is all related.

With no other testimony, the hearing on SB 2083 was closed by vice chair, Senator Bowman.

(1575).

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2083 Votes

Senate Appropriations Committee

☐ Conference Committee

Hearing Date Feb. 17, 2003

Tape Number	Side A	Side B	Meter #
#2	x		2,776 - 4614
Committee Clerk Signature <i>Jan Lundgren</i>			

Minutes:

Senator Holmberg explained SB 2083 which is SPED, this changes SPED liquid assets from \$50,000 to \$25,000. **Senator Bowman** stated that the subcommittee suggests going down to \$10,000 which would save \$2 million (in the budget). **Legislative council** stated that in the subcommittees meeting Line 24 would change from \$25,000 to \$10,000. **Senator Bowman** moved to change Line 24 from \$25,000 to \$10,000, seconded by **Senator Andrist**.

Discussion:

Senator Robinson wanted to know what this will do to the case load. **Senator Bowman** responded that it would reduce it, considerably. **Senator Robinson** wanted to know what kind of numbers. **Senator Bowman** responded that this is only liquid assets, even though it doesn't say it, this is exactly what we were told, personal assets are not accountable at all in this program, this is strictly liquid assets. **Senator Robinson** continued that is concern was going from \$50,000 to \$25,000 , he struggled with that and now going to \$10,000. **Senator Bowman** stated that the

Page 2

Senate Appropriations Committee
Bill/Resolution Number SB 2083 - Votes
Hearing Date Feb. 17, 2003

most needy will qualify first, and that will slow this freight train down on an increase of \$7 million in the budget. **Senator Robinson** stated that if the freight train is slowed down so that everyone ends up in the nursing home then a real monster has been created. **Senator Bowman** replied about the amount that decreases in the budget and how this will help in some ways. **Senator Robinson** stated that the SPED program was put together some years ago and he know there has been tremendous growth but he would suggest that there is growth because the success of that program, in the absence of that program, the cost of nursing home will be even greater. **Senator Bowman** would agree with that argument, but they need a slow down, if you have \$50,000 in assets you should be able to buy some of those services, but if you have \$10,000 in assets you may be able to buy less services, that is why the drop was made, those are the people that should qualify first. He didn't believe that if a person has a \$100,000 house and \$50,000 in liquid assets that they can't pay their way. When they get to the point of being almost broke, then he could see the state jumping in and giving them all the assistance the state could. This issue can be debated for ever on who is right, etc. **Senator Mathern:** He felt the bill and the amendment reflect a misunderstanding of the program. The program is available to people based on a sliding fee scale. The more people who use this, the better, the higher income the more they pay. This doesn't say anybody under this amount just come on in and we give this free. This is on a sliding fee scale. Frankly this is worse for especially rural areas, there are not a ton of suppliers out there, maybe this is fine for Fargo or whatever, but the rural areas you have to have enough base to offer the service and that base is generally this program. The more people who are eligible to use that program the more you can keep that program in that rural area. You can still charge the rich a lot of money if you want, but to say that they can't even participate is contrary to the

LaCosta Rickford
Operator's Signature

10/15/03
Date

Page 3

Senate Appropriations Committee

Bill/Resolution Number SB 2083 - Votes

Hearing Date Feb. 17, 2003

interest of even having this service available. That is problem with this bill, it doesn't even understand the program and how it is funded. **Senator Lindaas:** We talk about the increases, but I don't know if that's anybody problem other than our population is getting older and that is where a lot of the increases are coming from, and to strip them of their assets that are decreasing I don't think is the answer, so I will not vote for the amendments. **Senator Andrist:** Is this in anyway restrict people who don't qualify from purchasing these services from the agency that is providing those services? (This is a question for the chair of the subcommittee). It doesn't seem like it addresses that. So I will assume that who ever is providing homemaker services want to do it for a fee. **Celeste** answered that there was testimony during the Human Services hearing that identified that. They can purchase those services, problem was providing a provider for them, they can purchase those services if they have the funds. This does not stop them from purchasing those services. **Senator Robinson:** It reduces the fiscal note, but the amendment would reduce the fiscal note to what? **Senator Krauter** replied \$3.6 million. **Senator Christmann** asked if that was the general fund. **Senator Holmberg** stated that it was, \$3.6 million is general fund reduction. **Senator Krauter** stated that this was sprung upon us this morning and the reality in rural ND is that we have eliminated those services out there. With those limited numbers, those services will dry up and because they will be so unprofitable they will leave. He will oppose amendment also. **Senator Mathern:** Just wanted to point out to the committee that on line 7, page 2 the word resources (the reengrossment--bill in the book) is there, and then on line 23 the word is resources are correlated and with the passage of this bill you limit the number of person eligible for this program and you limit the service providers from collecting fees from those people because they are not eligible for the program. He felt it was wrong, he

Page 4

Senate Appropriations Committee

Bill/Resolution Number SB 2083 - Votes

Hearing Date Feb. 17, 2003

will oppose the amendment and the bill. Senator Bowman: He stated that they had just heard they could still purchase the services, they just have to pay for them.. Senator Mathern stated that they can purchase them if they are eligible for the program. Basically you are saying by passage of this amendment and this bill, less people are eligible for the program, less people are available for you to charge services to. Senator Bowman responded that was not what he said, I thought Celeste said that they can purchase those programs even if they weren't eligible for this program. This is just a sliding fee scale for those that are eligible. If they have the money and they want to purchase those services isn't that what you said? Celeste: That is what individuals testified during the hearings that they could purchase those services. Senator Robinson: He remembered asking the Dept. during the hearings the impact of moving from \$50,000 to \$25,000 and the chances we would pick up additional patients in nursing homes and they said they would certainly. The question is how many. So if we are going to go from \$25,000 to \$10,000, it seems to me we are going to pick up a good number of folks in nursing homes and there should be a fiscal note for what this going to cost us. Senator Andrist: Most of those nursing homes are almost full, there is no money saved if they aren't full. Even if it moved 2 or 3 people into a given nursing home that 75 beds and that isn't going to change the cost of that nursing home. The only place it could have some impact on that Senator Robinson is talking about is if you had a nursing home with substantial numbers of empty beds and had done some down sizing of staff or something like that. Finally, as I see this, if a person had \$18,000 in liquid assets and desperately needed these services of SPED, you could simply tell the agency that I will give you \$8,000 up front and then continue me on the program. Senator Thane remarked that ways have to be found to cut the budget and he didn't see that this cut would hurt that many.

Page 5

Senate Appropriations Committee
Bill/Resolution Number SB 2083 - Votes
Hearing Date Feb. 17, 2003

Recorded vote was taken on the amendments which reduced Line 24 from \$25,000 to \$10,000 .

Roll call vote was called, which is attached. Total 8 yes, 5 no, 1 absent and not voting.

Motion carried.

Motion by Senator Bowman, seconded by Senator Christmann for a DO PASS as

AMENDED. Roll call vote taken, which is attached. Total: 8 yes 5 no 1 absent and not voting. Motion carried.

Senator Thane will carry the bill.

38202.0102
Title.0300

Prepared by the Legislative Council staff for
Senator Bowman
February 18, 2003

PROPOSED AMENDMENTS TO SENATE BILL NO. 2083

Page 2, line 24, replace "twenty-five" with "twenty" and overstrike "in" and Insert immediately thereafter "of all other"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Dept. 325 - Department of Human Services

This amendment reduces the amount of assets, other than the value of the individual's primary home, that are not considered for eligibility for the service payments for elderly and disabled (SPED) program from \$25,000 as recommended in the executive budget to \$20,000. This amendment also clarifies that these assets include both liquid and nonliquid assets.

38202.0103
Title.0200

Prepared by the Legislative Council staff for
Senate Appropriations
February 17, 2003

JH
2-18-03

PROPOSED AMENDMENTS TO SENATE BILL NO. 2083

Page 1, line 2, after "of" insert "the", replace "to the" with "for", and remove "program"

Page 2, line 24, replace "twenty-five" with "ten"

Renumber accordingly

Page No. 1

38202.0103

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Date: 2/17/03
Roll Call Vote #: 1

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2083

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number None

Action Taken Amendments to Line 24 - 25,000 - 10,000

Motion Made By _____ Seconded By _____

Senators	Yes	No	Senators	Yes	No
Senator Holmberg, Chairman	✓				
Senator Bowman, Vice Chair	✓				
Senator Grindberg, Vice Chair					
Senator Andrist	✓				
Senator Christmann	✓				
Senator Kilzer	✓				
Senator Krauter		✓			
Senator Kringstad	✓				
Senator Lindaas		✓			
Senator Mathern		✓			
Senator Robinson		✓			
Senator Schobinger	✓				
Senator Tallackson		✓			
Senator Thane	✓				

Total (Yes) 8 No 5

Absent 1

Floor Assignment _____

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

Date:
Roll Call Vote #: 2

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2083

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken do pass as amended

Motion Made By Bowman Seconded By Christmann

Senators	Yes	No	Senators	Yes	No
Senator Holmberg, Chairman	✓				
Senator Bowman, Vice Chair	✓				
Senator Grindberg, Vice Chair					
Senator Andrist	✓				
Senator Christmann	✓				
Senator Kilzer	✓				
Senator Krauter		✓			
Senator Kringstad	✓				
Senator Lindaas		✓			
Senator Mathern		✓			
Senator Robinson		✓			
Senator Schobinger	✓				
Senator Tallackson		✓			
Senator Thane	✓				

Total (Yes) 8 No 5

Absent 1

Floor Assignment Thane

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

REPORT OF STANDING COMMITTEE (410)
February 19, 2003 8:42 a.m.

Module No: SR-32-3229
Carrier: Thane
Insert LC: 38202.0103 Title: .0200

REPORT OF STANDING COMMITTEE

SB 2083: Appropriations Committee (Sen. Holmberg, Chairman) recommends
AMENDMENTS AS FOLLOWS and when so amended, recommends **DO PASS**
(8 YEAS, 5 NAYS, 1 ABSENT AND NOT VOTING). SB 2083 was placed on the Sixth
order on the calendar.

Page 1, line 2, after "of" insert "the", replace "to the" with "for", and remove "program"

Page 2, line 24, replace "twenty-five" with "ten"

Renumber accordingly

2003 HOUSE HUMAN SERVICES

SB 2083

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Date

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2083

House Human Services Committee

☐ Conference Committee

Hearing Date March 12, 2003

Tape Number	Side A	Side B	Meter #
1	x		1.0 - 61.6
Committee Clerk Signature <i>Sharon Leupen</i>			

Minutes:

Ray Weisgarber, Executive Director of Bethany Homes in Fargo, appeared in support with written testimony.

Linda Wright, Director of the Aging Services Division of the Department of Human Services, appeared in opposition with written testimony.

Rep. Weisz: Based on Attachment D, according to your own papers, your talking about a 400 and some decrease, can you explain that?

Answer: Based on average monthly clients, back side on actual average for the year. Attachment E - based on clients in month = increase of \$240.00

Rep. Wieland: Only change is on line 24, your objection to wording all other assets?

Answer: Yes, these are more restrictive than the Medicaid program.

Page 2

House Human Services Committee

Bill/Resolution Number SB 2083

Hearing Date March 12, 2003

Ms. Wright: The difference is the fact that we are looking at liquid assets. This term resources is not defined in the law. We have defined resources as being cash and anything easily converted to cash. The difference is saying liquid assets vs. all assets, that is a huge difference.

Rep. Price: So no consideration has been given in the past that's how much land that home is sitting on? No

Rep. Wieland: doesn't understand the separation of home and land it sets on.

Rep. Price: Has the Dept. taken any position on the 25 vs. 20?

Answer: Going from \$25,000 to \$20,000 does impact a significant number of clients. You can see that most of the clients have fewer assets because if we went from \$50,000 to \$25,000 it only impacted 172 clients, but when you take it down to \$20,000, it impacts additional clients. Our major issue is, is having to look at all assets, that has been our major problem. We certainly would recommend fully with what we originally introduced which was \$25,000, we felt that would help to limit the program further. We are aware however there are no provisions in the SPED program for disqualifying transfer.

Rep. Weisz: How many clients today? Answer: 1389

Rep. Devlin: What services have you cut as a budget cost cutting measures?

Answer: Will bring in a list.

Bruce Murry, ND Protection & Advocacy Project appeared in opposition with written testimony.

Rep. Price: What history on 5 cases? Answer: almost continuous 1 on 1 care and will get the history for the committee.

Dick Weber, Executive Council for AARP of ND appeared in opposition with written testimony.

Page 3

House Human Services Committee

Bill/Resolution Number SB 2083

Hearing Date March 12, 2003

Rep. Amerman: 450 People would be denied services from which bill? And is this bill any good?

Answer: From the engrossed bill and no neither bill is good.

Penni Weston, Administrator of Edgewood Vista, Bismarck appeared in opposition with written testimony.

Mary Devlin, Case Manager for Home & Community Based Services in McLean county appeared in opposition with written testimony.

Marie Thompson, Case Manager for Home & Community Based Services in Burleigh county appeared in opposition with written testimony.

Kathy Hogan, Director of Cass County Social Services representing County Social Services, Directors Association appeared in opposition with written testimony.

Rep. Devlin: Is it optional to use sliding scales in counties?

Answer: May be on county funded side and each county varies

Rep. Price to Ms. Wright: Wants to be very clear in what your current definition of liquid assets is?

Answer: brought along a copy of what is in the rule and what's in the policy. In rule, it says for purposes of this section, resources are cash or similar assets that can be readily converted to cash and include the residence owned by the applicants other than the applicants primary residence. Then we further define in policy what is considered liquid assets, there is a form attached that's used, so it can include things that could be easily converted to cash including grain in a grain bin, stock or bond.

Page 4

House Human Services Committee

Bill/Resolution Number SB 2083

Hearing Date March 12, 2003

How would you know about that? answer: The applicants are asked to give that information to the case manager, there is a form they use.

Are there any qualified transfers of assets taken into consideration? Answer: currently nothing in state law or rule about disqualifying transfers for the SPED Program.

Rep. Weisz: Needs clarification on the numbers of SPED Recipients (1389)?

Answer: The changes that were made in the amendments in the Senate would drop the number to 1294 for the first year of the biennium starting in July of 2003. 456 clients is an estimate and that could include people that were on the frozen pool, so that could include not only current clients, but it could include people that are waiting.

Closed hearing.

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2083

House Human Services Committee

☐ Conference Committee

Hearing Date March 19, 2003

Tape Number	Side A	Side B	Meter #
1	x		12.4 - 52.0
2	x		0.8 - 14.8
Committee Clerk Signature <i>Sharon Penzance</i>			

Minutes: Committee work

Rep. Devlin: Blaine Nordwall is here to explain some of the concerns the committee had. We need the definition of assets and when it came out of the Senate, the definition of assets was not what they or we intended and we are trying to get a better definition of it.

Blaine Nordwall, I haven't been involved in this bill a lot, but was consulted with regarding drafting amendments and one of the things in our discussion with Renae Kautzman was within the eligibility requirements of the expanded SPED Program which is found in Chapter 50-24.5 except the \$25,000 liquid assets. One of the things Linda Wright raised was the County Staff that she relates to doesn't have any knowledge or experience in valuing assets or understanding assets or applying asset tests. They've had a \$50,000 liquid asset limit basically to find out what somebody has in the bank. Aside from that, what you do identify what you want to deal with, what assets you want to deal with, how do you figure that out and apply. The solution if you will, was to suggest align the asset test for SPED with the asset test for expanded SPED, except

Page 2

House Human Services Committee

Bill/Resolution Number SB 2083

Hearing Date March 19, 2003

you have the \$25,000 liquid asset exemption or exclusion. The reason that is important is every County Social Service Office has on staff people who can administer and evaluate assets for Expanded SPED, they are also very close to what Medicaid has. So what you end up with is solving both problems, how to administer it and how to get the right assets excluded and the assets that effectively would be excluded by this are the home and the contents, one motor vehicle of any value, a funeral set aside and here we talk about things that affect far fewer people. If someone is actively engaged in using property to earn a livelihood and there could be somebody like that. Some are actively managing a farm, they don't get out on the tractor perhaps, but they might still be doing that. The property they are actively engaged in using to earn a livelihood is excluded. There are Indian Trust Lands are excluded, home and contents are excluded, motor vehicle they actually use is excluded and the same with home that is occupied.

Rep. Sandvig: What do they do with life insurance?

Answer: Depends on what type it is, if it has a cash value to cash in, that's counted towards the asset test. Term insurance is not.

Rep. Sandvig: What about electric wheel chairs or scooters?

Answer: They are counted as durable medical equipment and don't count.

Rep. Devlin: If you sitting on 2,000 acres of farmland and still essentially managing it, your saying that would all be exempt from the asset process?

Answer: We examine the question if somebody is actively engaged in using an asset to earn a lively, now the components to that is they actually have to be making money on it. And actively engaged mean they contribute significant personal activity to ward using that asset.

Rep. Welsz: What about a minimum farm operation and rent it out, does this count as assets?

Page 3
House Human Services Committee
Bill/Resolution Number SB 2083
Hearing Date March 19, 2003

Answer: Test of not actively engaged, will count as income.

Rep. Devlin: The Indian Trust Fund are exempt, why?

Answer: They are exempt for 2 reasons in the Medicaid program, 1) Federal Statute that says they are exempt but then there is a principal. The availability principal, the notion of availability is you only count those things that are actually available which is a term of ours that really means somebody has the legal ability to convert them into money to pay for their own care. An Indian person who is might be said to own trust land doesn't have the title to that land doesn't have the right to sell it.

Rep. Weisz: Exemption of 160 acres with a house, federal bankruptcy laws exempt or based on the homestead act or?

Answer: The history on that is the homestead in ND for many years, not now, was limited to 160 acres of rural and 2 acres within an urban setting. That has been established as the home exemption for this program (Medicaid) for a long time.

Rep. Wieland: When people apply for SPED they are given some sort of an application form or they are helped by someone to fill those forms out, I've never seen one, are they supposed to list on there things that might be considered as having value, if they don't list something (like the picasso on the wall), is that a fraudulent act?

Answer: Right now, the only asset is \$50,000 in liquid assets, if they have a picasso on the wall and failed to declare it, that wouldn't be a violation to anything.

Rep. Weisz: Grain is considered a liquid asset?

Answer: With expanded Sped, not counted until concluded production season, we count as asset after end of the year. Doesn't know how they term liquid asset.

Page 4
House Human Services Committee
Bill/Resolution Number SB 2083
Hearing Date March 19, 2003

Rep. Uglem: Crop in storage, but the bank may own all of it?

Answer: We look at equity value, we count what is clear.

Rep. Devlin: What about if we adopted the expanded sped 50.24 language, is either estate recovery or disqualifying transfers in there?

Answer; They both are.

Rep. Weisz: Do you see any issues if we use the same criteria?

Answer: It's my view that this would be the simplest way to administer the program so that you use the same process or standard to cross programs to the greatest extent possible, saves on training, saves on mistakes, its easier to explain.

Rep. Potter: SPED Program is a person living at home with services and Expanded SPED is a person in a assisted living facility, is that right?

Answer: Both programs could assist someone in a living facility.

Rep. Weisz: In reality, some of the services that are currently being offered in Assisted Living Facility could be reimbursed _____? Answer: Yes, if they qualified

Also services brought into that assisted living facility? Answer: Yes

Rep. Price: It is our intent is to make sure that we can do what we can what we can that the people that truly deserve the program are the ones that are served and those that are working the system are not.

Rep. Niemeier: The savings were 2.5 million and they still need additional savings and like the asset limit was moved down from 50 to 25, to produce the additional savings of 1.7.

Rep. Price: And even with doing that, they are saying they need another 4.5 million dollars to run the program this upcoming biennium and right now they got an additional 810 thousand to

Page 5
House Human Services Committee
Bill/Resolution Number SB 2083
Hearing Date March 19, 2003

run the program as we're sitting today. That's why can we make sure the right people are eligible for the program and we are struggling with this one.

Rep. Price: I am going to recommend that we recommend we adopt the amendments from the department. This will bring it in line with Expanded Sped as far as how the office looked at, the Counties feel that request in that the County eligibility workers understand how supplied, there are some issues there. We don't believe this gets us anywhere in the funding issue as far as the need for dollars unless the fact that there is estate recovery and is qualifying transfer language in Chapter 50. We don't know what type of potential impact that may have if what the Dept. of Aging Services is telling us, its not an issue with this group there will be no real fiscal impact on this bill against appropriations.

Rep. Devlin: We don't have a fix for the numbers problem.

Rep. Amerman: I did have a conversation with Linda Wright and I threw a scenario at her and asked what would happen if we moved it back to the 25 and took the Expanded Sped asset criteria and move it into Sped. She wasn't real happy about that because she thought if we were going to use Expanded Sped criteria we should it back to \$50,000 otherwise we are going to be excluding a lot of people even at \$25,000 plus the Expanded Sped criteria.

Rep. Price: I just spoke with her in the hall and she didn't say that. We're putting it back to liquid assets, so we're looking at the things on this list, like cash in the bank, mutual funds, trusts, those types of things and top inventory other than feed or planting purposes. So I'm not sure why adding estate recovery on this ____ should bother her.

Page 6

House Human Services Committee

Bill/Resolution Number SB 2083

Hearing Date March 19, 2003

Clarence Daniel, Division of Social Services in Jamestown answered: If you are going to the

Expanded Sped I think you are getting everything, I don't know where land comes into the

Expanded Sped.

Rep. Sandvig: The case manager in Fargo was concerned with actively engaged in farming. She was concerned because she thought that the farmers that were leasing land that that would cut all of them out of it, because if they were leasing they'd have too much income and that is their only source of income.

Rep. Devlin: Doesn't see a problem either way because this should be treated as income. This just gives us one more step down the path of what we tried to do since 1997, was get these things consistent so that the County eligibility workers for all these programs can make em work, not have to fight a different one for every program and that's what we have been fighting since 1997.

Clarence Daniel: Spousal impoverishment is not in Expanded Sped.

Rep. Price: Spousal impoverishment is if your spouse is in a nursing home.

Rep. Price: As it is today without this bill, when your eligibility workers look at the \$50,000 of assets. In language, are you looking at the ones that are on this list as liquids or are you looking at everything including their car and home. Answer: We are looking at what is on the list in the Sped Manual.

Rep. Price: The second amendments on there reads much better because the intern and I couldn't make the first one fit, I think there is a word missing. By doing this, we know we are going to add at least 174 people back to the list minimum by adopting this amendment. Once this comes out of this committee passed on the 6th order than they will do a new fiscal note and you can be

Page 7

House Human Services Committee

Bill/Resolution Number SB 2083

Hearing Date March 19, 2003

sure that Appropriations will ask them the numbers on impact, but its also going to cost them more money.

Rep. Devlin: Moves the 2nd amendment, second by Rep. Pollert. VOTE: 12 - 0 - 1 Passed.

Rep. Devlin Moved a DO PASS as Amended and Re-refer to Appropriations, second by Rep.

Weisz.

VOTE: 10 - 2 - 1 Rep. Weisz will carry the bill.

Date: March 19, 2003
Roll Call Vote #:

2003 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2083

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken DP as Amended + refer to Approp's

Motion Made By Rep Devlin Seconded By Rep Weisz

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price - Chair	✓		Rep. Sally Sandvig		✓
Rep. Bill Devlin, Vice-Chair	✓		Rep. Bill Amerman		✓
Rep. Robin Weisz	✓		Rep. Carol Niemeier	✓	
Rep. Vonnie Pietsch	✓		Rep. Louise Potter	✓	
Rep. Gerald Uglem	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	A				
Rep. Gary Kreidt	✓				
Rep. Alon Wieland	✓				

Total (Yes) 10 No 2

Absent 1

Floor Assignment Rep Weisz

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

REPORT OF STANDING COMMITTEE (410)
March 20, 2003 8:58 a.m.

Module No: HR-50-5284
Carrier: Welsz
Insert LC: 38202.0301 Title: .0400

REPORT OF STANDING COMMITTEE

SB 2083, as engrossed: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the Appropriations Committee (10 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2083 was placed on the Sixth order on the calendar.

Page 2, line 23, overstrike "resources do not include the", remove "individual's", and overstrike "primary home"

Page 2, line 24, overstrike "and the first", replace "twenty" with "except for twenty-five", remove the overstrike over "in", replace "of all other" with "liquid", and after "assets" insert ", the individual must meet all asset tests required under chapter 50-24.5"

Renumber accordingly

2003 HOUSE APPROPRIATIONS

SB 2083

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Operator's Signature

10/15/03
Date

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2083

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 25, 2003

Tape Number	Side A	Side B	Meter #
One	XX		
Committee Clerk Signature <i>Cal Cook</i>			

Minutes:

Chairman Delzer called the meeting to order with all members present except Rep. Kempenich who walked in a few minutes later.

Rep. Clara Sue Price, District 40, began testimony with her concern regarding asset categories and the numbers affected by shifting asset limits. There was discussion regarding the sliding fee scale and those who will no longer be eligible for services.

V-C Warnke asked whether or not those who are ineligible will be able to pay out of pocket for services.

There was additional discussion regarding documentation of assets and the potentially burdensome task of social workers assessing assets and values.

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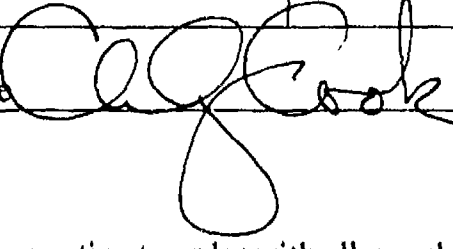
2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2083

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date April 2, 2003

Tape Number	Side A	Side B	Meter #
One	XX		
Committee Clerk Signature 			

Minutes:

Chairman Delzer called the meeting to order with all members present except Rep. Bellew.

Rep. Weisz began testifying regarding possible amendments to the bill (see attached).

There was discussion regarding liquid assets and income.

Rep. Weisz said that first liquid assets are discerned, and if individual qualifies, the sliding scale comes into play.

There was discussion regarding a \$200.00 disregard for prescription drugs and the average cost per case per month (\$400.00)

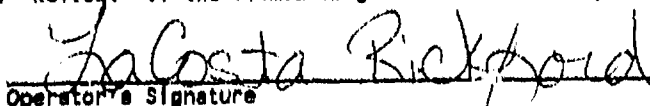
Rep. Metcalf asked about qualifying transfers.

Rep. Weisz said that it was a standard 3 year look back.

Chairman Delzer asked whether the 3 years was a departmental rule.

Rep. Weisz said that Medicaid sets the time period.

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Date

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2083

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date April 3, 2003

Tape Number	Side A	Side B	Meter #
One	XX		
Committee Clerk Signature			

Minutes:

There was discussion regarding amendment 38202.0302.

V-C Warnke moved the amendment. Rep. Kempenich seconded.

Rep. Kerzman stated his concerns that this will make it difficult for many who are needy. He also said that it may also make social workers unduly responsible with regard to auditing assets and may make their job more cumbersome.

Chairman Delzer said that he understands that position but thinks that it is good for self esteem if clients pay part of their way.

Rep. Kerzman said that he thinks that the elimination of self-reporting may erode trust.

VOICE VOTE

5 YES 0 NO 1 ABSENT

Motion passed.

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Date

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2083

House Appropriations Committee

☐ Conference Committee

Hearing Date 4/4/03

Tape Number	Side A	Side B	Meter #
1		xx	14-22.8
Committee Clerk Signature <i>McNeece</i>			

Minutes: Chairman Svedjan called the meeting to order on SB 2083.

Rep. Warnke: Just for the record, we are working off of the engrossed Senate bill, not the version with House amendments. Introduced the amendments and bill - this deals with the eligibility for SPED. For those of you who don't know what that is, it is service payments for the elderly and disabled. When the bill came to the Senate from the Executive Recommendation what the Governor had done, is eligibility requirements originally had been at \$50,000 of liquid assets was the cap, and that was taken down to \$25,000 in the Executive Recommendation. The Senate then took that down to \$20,000 of liquid assets but then also added in a section that would look at all assets. It got to be a very confusing issue, but we have worked now when it came over to us, the Human Policy Committee has worked on this, alongside the Appropriations Committee and we feel that we have some pretty good amendments before you. If you look at amendment .0302, I would move that amendment first.

Rep. Delzer: Seconded.

Page 2

House Appropriations Committee

Bill/Resolution Number SB 2083

Hearing Date 4/4/03

Rep. Warnke: These are in lieu of House amendments, section 1 talks about disqualifying transfers and basically what this is, is a look back. It will mirror the look back that the nursing homes use, which currently is a three year look back. If you look down at section 3 and section 4, these the meat of the amendments and those amendments establish, first of all they take the eligibility back up to \$50,000 of liquid assets, that they establish a sliding fee scale in two separate divisions of income. The first sliding fee scale would deal with those individuals who fall between \$0-25,000 of liquid assets, and the second group would be those fall from \$25,001 up to the cap of \$50,000. For the same individuals who are eligible for the program now, under the liquid assets, would still be eligible for the program. If you are looking at section 5, that is the section on the next page, that section requires that the eligibility worker needs to receive verification of the income of the recipient. The sliding fee scale is set up on an income basis and what it has done, with the sliding fee scale, is we decreased the sliding fee scale by \$100, but we also added in a prescription disregard. Right now, although it is not printed into law, it is my understanding that it is the intent of the Department would be to use up to \$200 disregard for prescriptions. What we are talking about here, the counties that are surveyed, so that we could get an idea of the people we are talking about here, they had 88 responses and they feel that this is very representative of the overall population of those folks who are utilizing the SPED program. Of those 88 people, 80 of them, would fall in the first sliding fee scale, i.e., they would fall into the \$0-25,000 scale, and of those folks, the first income lien would go from \$0-650/month, but that is with a prescription disregard. So if they had prescription drugs, their income could actually go up to \$850.00/mo. Those individuals would pay nothing. They would continue to pay \$0. They would get 100% coverage. Seventy-one percent of the people surveyed

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10/15/03

Date

Page 3
House Appropriations Committee
Bill/Resolution Number SB 2083
Hearing Date 4/4/03

would still fall into this category where they would pay nothing. The next category goes from \$651-726 and again you add the \$200 disregard for prescription drugs, so you are actually talking up to \$926, another 10% of people fall into that category. What we are talking here is the bulk of the individuals, approximately 81-85% of the individuals would still fall into the category where they either receive the service free or they are paying 10% of the service. What this has done, in Human Services budget, which we will go over this afternoon, we added \$1.75 million dollars back into the SPED line item. With that \$1.75 million, and adding in the sliding fee scales for the individuals who would qualify who have to pay something for their care, we have increased the number of individuals that would be eligible for the program. The beginning caseload would start at \$1612 and ending caseload approximately \$1728, with an average monthly caseload of \$1670. We are currently saving \$1386; so this is a monthly average increase of about 262 to 300 people per month. It does bring the monthly average case cost down from \$420 to about \$400/mo. and that is basically the bill.

Rep. Koppelman: I noticed in section 5 of the bill, that home and furnishings are excluded and personal items. What does that include, does it include a car, what would be considered a personal item, personal items inside the home.

Rep. Warnke: Yes, that is my understanding.

Rep. Koppelman: What about, there are no other exclusions? An automobile would not be an exclusion.

Rep. Warnke: We removed the section that required an all asset verification. The only verification right now is, as I understand it, is the verification of the income. We're asking them to gather information on income producing and other assets, because we are going through on the

Lacosta Rickford
Operator's Signature

10/15/03
Date

Page 4

House Appropriations Committee

Bill/Resolution Number SB 2083

Hearing Date 4/4/03

Human Services budget, we're going to study the long term continuum and whether or not we want to put in the assets portion of the SPED program. There are people who really wanted that assets portion into the SPED program because of in-state recovery that takes place in that process, but we feel we had enough information at this point to add that.

Chairman Svedjan: Further discussion, hearing none, we will proceed on the motion to adopt 200302 to SB 2083.

Voice vote: Carried.

Rep. Warnke: Basically the amendment is the bill as I've described it. This would continue to make available the service for all those folks who fall or at least up to the \$50,000 of liquid assets where they are currently at. But in some circumstances, for those individuals who have an income and have some ability to pay, it would require that they contribute something towards their care under the SPED program. Basically, the amendments explain the bill and I would move a Do Pass as amended.

Rep. Delzer: Seconded.

21 YES 0 NO MOTION PASSED CARRIER: Rep. Warnke

38202.0302
Title.

Prepared by the Legislative Council staff for
House Appropriations - Human Resources
April 2, 2003

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2083

In lieu of the amendments adopted by the House as printed on page 989 of the House Journal, Engrossed Senate Bill No. 2083 is amended as follows:

Page 1, line 1, after "Act" insert "to create and enact a new section to chapter 50-06.2 of the North Dakota Century Code, relating to disqualifying transfers for determining eligibility for service payments for elderly and disabled;"

Page 1, line 2, after "disabled" insert "; and to provide statements of legislative intent"

Page 1, after line 3, insert:

"SECTION 1. A new section to chapter 50-06.2 of the North Dakota Century Code is created and enacted as follows:

Disqualifying transfers. An individual is not eligible to receive benefits under this chapter if, at any time before or after making application, the individual or the individual's spouse has made any assignment or transfer of any asset for the purpose of making that individual eligible for the benefits. Assignment or transfer includes any action or failure to act which effects a transfer, renunciation, or disclaimer of any asset or interest in an asset that the individual might otherwise assert or have asserted, or which serves to reduce the amount that an individual might otherwise claim from a decedent's estate, a trust or similar device, or another individual obligated by law to furnish support."

Page 2, line 24, remove the overstrike over "fifty", remove "twenty", and replace "all other" with "liquid"

Page 2, after line 24, insert:

"SECTION 3. LEGISLATIVE INTENT - SERVICE PAYMENTS FOR ELDERLY AND DISABLED - SLIDING FEE SCALE - INCOME NOT EXCEEDING TWENTY-FIVE THOUSAND DOLLARS. It is the intent of the fifty-eight legislative assembly that the department of human services reduce the income limit levels used for determining copayments for recipients of services under the service payments for elderly and disabled program as of April 1, 2003, by one hundred dollars for each monthly income level for recipients with liquid assets not exceeding twenty-five thousand dollars and that the department disregard a portion of income relating to verified prescription drug costs of the recipient for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 4. LEGISLATIVE INTENT - SERVICE PAYMENTS FOR ELDERLY AND DISABLED SLIDING FEE SCALE - INCOME EXCEEDING TWENTY-FIVE THOUSAND DOLLARS. It is the intent of the fifty-eighth legislative assembly that the department of human services reduce the income limit levels used for determining copayments for recipients of services under the service payments for elderly and disabled program as of April 1, 2003, by two hundred fifty dollars for each monthly income level for recipients with liquid assets exceeding twenty-five thousand dollars but which do not exceed fifty thousand dollars and that the department disregard a portion of income relating to verified prescription drug costs of the recipient for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 5. LEGISLATIVE INTENT - SERVICE PAYMENTS FOR ELDERLY AND DISABLED - INCOME AND ASSET VERIFICATION. It is the intent of the fifty-eighth legislative assembly that the department of human services verify all income of recipients of services under the service payments for elderly and disabled program by reviewing and maintaining information contained on federal tax forms or similar documents and that the department of human services gather information on the value of income-producing and other assets, excluding an applicant's primary home, furnishings, and personal items, for the biennium beginning July 1, 2003, and ending June 30, 2005."

Renumber accordingly

Date: April 3, 2003
Roll Call Vote #: One

2003 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2083

House Appropriations - Human Resources Division Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 38202.0302

Action Taken Do Pass As Amended

Motion Made By Rep. Warnke Seconded By Rep. Kempenich

Representatives	Yes	No	Representatives	Yes	No
Rep. Jeff Delzer, Chairman	X				
Rep. Amy Warnke, Vice Chair	X				
Rep. Larry Bellew					
Rep. Keith Kempenich	X				
Rep. James Kerzman	X				
Rep. Ralph Metcalf	X				

Total (Yes) Five No 0

Absent Rep. Bellew

Floor Assignment Rep. Warnke

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

REPORT OF STANDING COMMITTEE (410)
April 4, 2003 3:32 p.m.

Module No: HR-61-8877
Carrier: Warnke
Insert LC: 38202.0303 Title: .0500

REPORT OF STANDING COMMITTEE

SB 2083, as engrossed: Appropriations Committee (Rep. Svedjan, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (21 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). Engrossed SB 2083 was placed on the Sixth order on the calendar.

In lieu of the amendments adopted by the House as printed on page 989 of the House Journal, Engrossed Senate Bill No. 2083 is amended as follows:

Page 1, line 1, after "Act" Insert "to create and enact a new section to chapter 50-06.2 of the North Dakota Century Code, relating to disqualifying transfers for determining eligibility for service payments for elderly and disabled;"

Page 1, line 2, after "disabled" Insert "; and to provide statements of legislative intent"

Page 2, line 24, remove the overstrike over "fifty", remove "twenty", and replace "all other" with "liquid" and after the period Insert:

"SECTION 2. A new section to chapter 50-06.2 of the North Dakota Century Code is created and enacted as follows:

Disqualifying transfers. An individual is not eligible to receive benefits under this chapter if, at any time before or after making application, the individual or the individual's spouse has made any assignment or transfer of any asset for the purpose of making that individual eligible for the benefits. Assignment or transfer includes any action or failure to act that effects a transfer, renunciation, or disclaimer of any asset or interest in an asset that the individual might otherwise assert or have asserted, or which serves to reduce the amount that an individual might otherwise claim from a decedent's estate, a trust or similar device, or another individual obligated by law to furnish support.

SECTION 3. LEGISLATIVE INTENT - SERVICE PAYMENTS FOR ELDERLY AND DISABLED - SLIDING FEE SCALE - INCOME NOT EXCEEDING TWENTY-FIVE THOUSAND DOLLARS. It is the intent of the fifty-eighth legislative assembly that the department of human services reduce the income limit levels used for determining copayments for recipients of services under the service payments for elderly and disabled program as of April 1, 2003, by one hundred dollars for each monthly income level for recipients with liquid assets not exceeding twenty-five thousand dollars and that the department disregard a portion of income relating to verified prescription drug costs of the recipient for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 4. LEGISLATIVE INTENT - SERVICE PAYMENTS FOR ELDERLY AND DISABLED SLIDING FEE SCALE - INCOME EXCEEDING TWENTY-FIVE THOUSAND DOLLARS. It is the intent of the fifty-eighth legislative assembly that the department of human services reduce the income limit levels used for determining copayments for recipients of services under the service payments for elderly and disabled program as of April 1, 2003, by two hundred fifty dollars for each monthly income level for recipients with liquid assets exceeding twenty-five thousand dollars but which do not exceed fifty thousand dollars and that the department disregard a portion of income relating to verified prescription drug costs of the recipient for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 5. LEGISLATIVE INTENT - SERVICE PAYMENTS FOR ELDERLY AND DISABLED - INCOME AND ASSET VERIFICATION. It is the intent of the fifty-eighth legislative assembly that the department of human services verify all income of recipients of services under the service payments for elderly and disabled program

REPORT OF STANDING COMMITTEE (410)
April 4, 2003 3:32 p.m.

Module No: HR-61-6877
Carrier: Warnke
Insert LC: 38202.0303 Title: .0500

by reviewing and maintaining information contained on federal tax forms or similar documents and that the department of human services gather information on the value of income-producing and other assets, excluding an applicant's primary home, furnishings, and personal items, for the biennium beginning July 1, 2003, and ending June 30, 2005."

Renumber accordingly

(2) DESK, (3) COMM

Page No. 2

HR-61-6877

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Operator's Signature

10/15/03
Date

2003 SENATE HUMAN SERVICES
CONFERENCE COMMITTEE
SB2083

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10/15/03
Date

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2083

Senate Human Services Committee

☒ Conference Committee

Hearing Date April 9, 2003

Tape Number	Side A	Side B	Meter #
1	X		0 - 1660
Committee Clerk Signature <i>Donna Kramer, Clerk</i>			

Minutes:

SENATOR LEE opened the conference committee for SB 2083.

Roll call was read. Members present: **Senator Judy Lee, Senator Fischer, Senator Polovitz, Representative Weisz, Representative Price, and Representative Sandvig.**

REPRESENTATIVE PRICE: Reviewed the amendments that the House did. What we tried to accomplish was to serve the greatest number of people with the greatest number of needs. There had been no data backup new language in the Intent counties have to provide info to the department. Based on some of the numbers we got and the survey we got back based on 88 individuals, they had a breakdown of incomes. Implemented sliding fee scale ...more restrictive than the one in place Dropped it \$100 and allowed prescription drug regards had history of SPED of what the legislature has done historically ... fair amount of growth built in

Page 2

Senate Human Services Committee

Bill/Resolution Number SB 2083

Hearing Date April 9, 2003

Continued discussion on the amounts allotted for SPED and the eligibility requirements. ...

disqualifying transfers estate recovery was not added ... will be cautious. ... Homemaker services were discussed ...

SENATOR FISCHER: In Section 5 , the department to review and maintain information on eligibility.

REPRESENTATIVE PRICE: Counties to provide. Continued discussion on liquid assets and income producing assets - determination

SENATOR FISCHER made a motion that the Senate accede to House amendments.

SENATOR POLOVITZ seconded the motion.

Roll call was read. 6 yeas 0 nays. Motion carried.

Conference Committee was adjourned. (Meter # 1660)

Date: April 9, 2003
Roll Call Vote # ①

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB ~~2047~~ 2083

Senate Conference Committee

☒ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Senate accede to House amendments

Motion Made By Sen. Fisher Seconded By Sen. Polovitz

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee	✓		Representative Weisz	✓	
Senator Fischer	✓		Representative Price	✓	
Senator Polovitz	✓		Representative Sandvig	✓	

Total (Yes) 6 No 0

Absent _____

Floor Assignment _____

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

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Operator's Signature

10/15/03
Date

REPORT OF CONFERENCE COMMITTEE (420)
April 10, 2003 2:43 p.m.

Module No: HR-65-7364

Insert LC: .

REPORT OF CONFERENCE COMMITTEE

SB 2083, as engrossed: Your conference committee (Sens. J. Lee, Fischer, Polovitz and Reps. Welsz, Price, Sandvig) recommends that the **SENATE ACCEDE** to the House amendments on SJ pages 1161-1162 and place SB 2083 on the Seventh order.

Engrossed SB 2083 was placed on the Seventh order of business on the calendar.

(2) DESK, (2) COMM

Page No. 1

HR-65-7364

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10/15/03
Date

2003 TESTIMONY

SB 2083

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Operator's Signature

LaCosta Rickford

Date

10/15/03

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Operator's Signature: Deborah Rickford Date: 10/15/03

By 2015 there will be 130,345 persons over 65 in North Dakota or roughly 1/5 the State's population.
By 2015 there will be 15,000 persons over the age of 85 in North Dakota or roughly the population of Dickinson, the 5th largest city in North Dakota.

The Adult Services Committee of the ND County Social Service Boards Director's Association recognizes that the older persons and persons with physical disabilities prefer to maintain their independence and privacy as long as possible.

The Home and Community Based Service programs, created and enacted by the ND Legislature in 1983, provide high quality, cost effective and accessible services to meet the growing needs for North Dakota's citizens.

The program goals include:

- Allowing older persons and persons with physical disabilities of all ages the choice to live independently in their own homes.
- Improving the quality of life for seniors and persons with physical disabilities.
- Providing an array of services aimed at preventing premature or inappropriate institutionalization.
- Service delivery by local Qualified Service Providers in your community.
- Consolidating/coordinating services.
- Accessing services from all available

What is Home and Community Based Services (HCBS)?

It is part of a continuum of care providing a choice of in home services to appropriately enable individuals to remain in their own homes or their communities and to delay or prevent institutional care. Access to services is made through local County Social Services HCBS Case Managers.

What is HCBS Case Management?

HCBS Case Management is a process in which a *licensed social worker* assesses the needs of the client, arranges, coordinates, monitors and evaluates for services and advocates to meet the specific client's needs in the least restrictive environment.

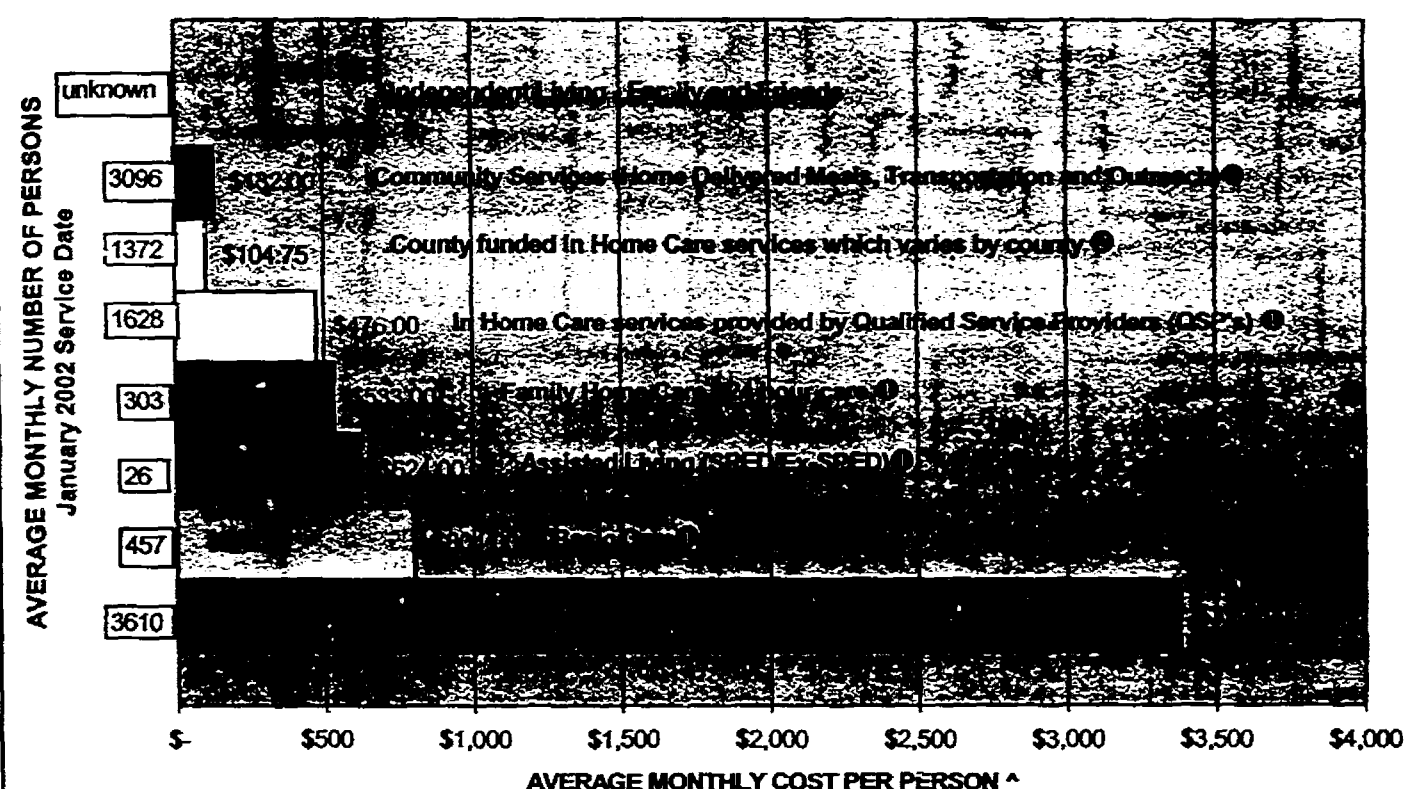
Where can HCBS Services be accessed?

Services can be accessed through the HCBS Case Manager by contacting your local County Social Service office.

What In-Home Care Services are available?

- Case Management—service coordination
- Homemaker—cleaning, laundry, cooking
- Personal Care—activities of daily living
- Respite Care—temporary caregiver relief
- Chore Services—housework or yard work
- Emergency Response System—Lifeline
- Family Home Care—family caregiver
- Adult Foster Care—supervised family living
- Information and Referral

CONTINUUM OF THE SERVICE NEEDS OF THE AGED AND DISABLED



^Excludes administration, indirect and casemanagement costs.

● Fiscal Administration - DHS- 7-31-2002;

● County data - survey - NDCSSBDA - October, 2002;

● Older Americans Act - DHS 3-2002

TESTIMONY
SB 2083 – SENATE HUMAN SERVICES
JUDY LEE, CHAIRPERSON
JANUARY 13, 2003

Chairman Lee and members of the Senate Human Services Committee, my name is Linda Wright. I am the Director of the Aging Services Division, Department of Human Services. Senate Bill 2083 has been introduced at the request of the Department of Human Services.

The only changes recommended in North Dakota Century Code Section 50-06.2-03 are found on lines 6, 23 and 24 of the bill. Lines 6 and 23 contain a word change from "persons" to "individuals". The significant change is found on line 24, changing financial eligibility for the Service Payments for Elderly and Disabled (SPED) program from \$50,000 in assets to \$25,000 in assets. The individual's primary home is not considered an asset.

Reducing the amount of assets a potential recipient of SPED funded services may have is one of many cost cutting measures that have been recommended or implemented by the Department in an effort to keep spending within the allocated budget for the biennium.

The SPED program is currently frozen due to a greater need for services than the budget will support. This is the third biennium in a row where the need for home and community based services has exceeded the budget. There are currently 78 persons waiting for SPED funded services plus 60 individuals requesting service, but not determined eligible. We anticipate that the freeze on any new clients will continue through the remainder of the current biennium.

Reducing the assets limitation from \$50,000 to \$25,000 will affect an estimated 172 current clients. Those clients would be ineligible for SPED funded services until their assets are no greater than \$25,000. Basically, this narrows the focus of the limited SPED resources to address the needs of those people who are the least able to afford services.

Attached is a copy of the form used by case managers to determine financial eligibility for the SPED program. Please note that SPED clients must also meet functional impairment criteria in order to be eligible for services.

If you have any questions, I would be happy to answer them at this time.

LIQUID ASSETS SELF-DECLARATION

Name		ID Number
Address		County
<p>For purposes of the Home and Community Based Services to the Aged and Disabled Program, Liquid Assets includes all of the items listed below. Liquid Assets include taxable, tax-exempt, and tax-deferred funds.</p> <p>The value of the liquid assets is based on the most recent statement or current market value. Funds held in any type of joint account are considered an available asset to each co-owner unless you can verify in writing that you do not have recognized authority to direct their disbursement.</p>		
1. CROP In Storage (not feed or seed)	\$ _____	Value of other than primary residence per "true and full value" from tax record:
2. CASH		
Cash On Hand	\$ _____	\$ _____
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	
Money Market funds	\$ _____	
Certificates of Deposit (CD's)	\$ _____	
3. BONDS		
U.S. Savings Bonds	\$ _____	
U.S. Treasury Bonds	\$ _____	
Other Bonds (List below):	\$ _____	
_____	\$ _____	
_____	\$ _____	
4. RETIREMENT PROGRAMS		
IRAs	\$ _____	
Keough Plans	\$ _____	
401 (k) or 403 (b)	\$ _____	
Annuities (list below):	\$ _____	
_____	\$ _____	
_____	\$ _____	
5. MUTUAL FUNDS:		
_____	\$ _____	
_____	\$ _____	
6. STOCKS (list)		
_____	\$ _____	
_____	\$ _____	
7. TRUSTS	\$ _____	
8. OTHER (list)		
_____	\$ _____	
_____	\$ _____	
TOTAL	\$ _____	
<p>I hereby certify that the above statements are true to the best of my knowledge. If requested, I will provide verification of the information provided. I understand that if any information is willfully withheld, I am not eligible for services subsidized by tax dollars.</p>		
Date	Signature	

-63-

LaCosta Rickford
Operator's Signature

10/15/03
Date

ATTACHMENT B

Additional information regarding reducing liquid assets for SPED (Service Payments for Elderly and Disabled):

- If Senate Bill 2083 is not passed; \$1,737,434 would need to be added back into the Department of Human Services budget for the 2003-2005 biennium.
- Reducing liquid assets from \$50,000 to \$25,000 would impact 172 current clients.
- Due to a greater demand for home and community based services, exceeding the appropriated budget for the last three bienniums', this change allows limited SPED resources to address the needs of those least able to afford services.
- During an audit of the SPED and Expanded SPED programs by the State Auditor's office, a concern was expressed by the auditors regarding the need to assure that individuals on limited incomes receive first priority for services.
- It is difficult to compare nursing spousal impoverishment provisions with the SPED liquid assets provisions as many of the SPED recipients who have any kind of recipient liability are single persons.
- There are currently 79 persons waiting for SPED services due to a freeze on the program with an additional 87 individuals inquiring about home and community based services. Reducing the liquid assets would reduce some of the pressure on the funding for home and community based services.

Exhibit
#4

TESTIMONY
SB 2083 - PROTECTION AND ADVOCACY PROJECT
SENATE APPROPRIATIONS
RAY HOLMBERG, CHAIRMAN
January 28, 2003

Chairman Holmberg, and members of the Senate Appropriations Committee, I am Bruce Murry, an employee of the North Dakota Protection and Advocacy Project. After consulting a variety of persons with disabilities, P&A opposes Senate Bill 2083.

SB 2083 would halve the resource limit for Service Payments for Elderly and Disabled (SPED). SB 2083 would eject 172 people requiring support services in their homes from the program. The SPED program is currently frozen, has a waiting list of seventy-eight, and has had to deny services to sixty more that the Department knows of. People removed from the program now may not be able to have services restored after they have depleted their own resources. Many of these people would face institutionalization at greatly increased cost.

The SPED program is an important component of Home and Community Based Services (HCBS). HCBS is emerging as a shared value of consumers, this Committee, the Governor, the Department, and advocates. SPED provides limited services in the home to avoid institutionalization. SPED preserves personal dignity and helps control the rising costs of long term care. Because SPED delivers services to people who need them in a more cost efficient manner, cutting SPED eligibility would undermine personal dignity, independence, and the state's budgetary situation. A program that saves money and for which demand outstrips availability should not be cut.

Thank you for this opportunity and I will address any questions you may have.

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10/15/03
Date

TESTIMONY BEFORE THE SENATE HUMAN SERVICE COMMITTEE

REGARDING SENATE BILL 2083

January 13, 2003

Chairman Lee, members of the committee, my name is Kathy Hogan. I am the Director of Cass County Social Services and I am here today representing the County Social Service Directors Association.

The Directors Association understands the serious financial situation that the state of North Dakota and the Department of Human Services is facing in both the current biennium and in the 2003-2005 biennium which prompted this change. We are currently working with a number of low income elderly who are eligible for the SPED program but are receiving services because of lack of funds. Changing eligibility requirements will reduce the numbers of clients served and it will reduce the state's costs but what will be in the impact on clients.

For some individuals \$50,000 in assets sounds like a lot of money, but for most of the elderly we serve, this money is in some type of retirement account that they have saved through a life time with the intention of living off the interest. Assuming that they earn about 5% interest - \$50,000 would earn about \$200/month for income. For many of the individuals we serve that money is a major income source with social security that pays for the rent, food, and prescription drug costs, Medicare supplemental insurance and very basic needs. If they are no longer eligible for the SPED program and need in-home care services, they will be forced to decide between basic needs, spending down their retirement or not having services. It is anticipated that the majority will decline services and when medical complications develop, higher level of care such as assisted living or nursing homes may be needed. Some counties may chose to provide services to this group with county funds but that creates both significant in-equity in services across the state and increased pressure on local property taxes.

We recognize that service reductions will happen in North Dakota because of the budget shortfall and that changing eligibility standards protects the poorest of the poor. This change will seriously impact vulnerable elderly with limited resources.

I am willing to answer any questions.

AARP North Dakota
Senate Human Services Committee
January 13, 2002

Regarding SB 2083

Chairman Lee and members of the Senate Human Services Committee. My name is Marlowe Kro. I am Associate State Director for AARP North Dakota. I appreciate the opportunity to comment on Senate Bill 2083.

In principle, we are opposed to reducing the asset limit for SPED eligibility. We all know those people receiving SPED services are already of very limited means. Many of these people are using savings to supplement basic household expenses, pay for prescription drugs and handle unexpected expenses.

Senate Bill 2083 is intended to reduce the number of clients on SPED to the truly needy. We are concerned that this step may ultimately result in forcing people into more expensive institutional care that has a higher asset limit.

In home care services represent a great part of the future of long-term care. People want to stay home as long as possible and helping them stay home has been found to be the most fiscally responsible avenue in state after state across the nation.

That said, we are also cognizant of the extraordinary budget circumstances facing North Dakota this session and we understand the need to balance options. We believe it is in our citizens' and states' best interest to explore every option and opportunity to broaden and enhance home and community based services.

In this instance, and in recognition of the big picture, we are cautiously supporting a do-pass recommendation on Senate Bill 2083.

107 West Main Avenue, Suite 125 | Bismarck, ND 58501 | 701-221-2274 | 701-255-2242 fax | 1-877-434-7598 TTY
James G. Parkel, President | William D. Novelli, Executive Director and CEO | www.aarp.org

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**NORTH DAKOTA DEPARTMENT
OF HUMAN SERVICES**

John Hoeven, Governor
Carol K. Olson, Executive Director

Medical Services

(701) 328-2321
Toll Free 1-800-755-2604
Fax (701) 328-1544

Provider Relations (701) 328-4030

1/17/2003

To: Senator Judy Lee
From: Barbara Fischer, Manager Long Term Care and Hospital Services
Subject: Eligibility requirements SPED, ExSPED, HCBS

Attached is a summary of the services available, the program eligibility requirements, the financial eligibility requirements, and funding source for SPED, Expanded SPED, the Elderly and Disabled Waiver and the TBI waiver. Also, included is a short narrative on each of the programs and a simplified flowchart illustrating the processes used to determine the program an individual receives services under.

Generally, if an individual is in need of nursing facility care and is Medicaid eligible he/she will qualify for the HCBS waiver and can not receive services under SPED. Likewise if an individual is in need of basic care services and is Medicaid eligible he/she will receive services under ExSPED. There are some exceptions but they are few.

If you would like additional information please contact me at 328-4578.

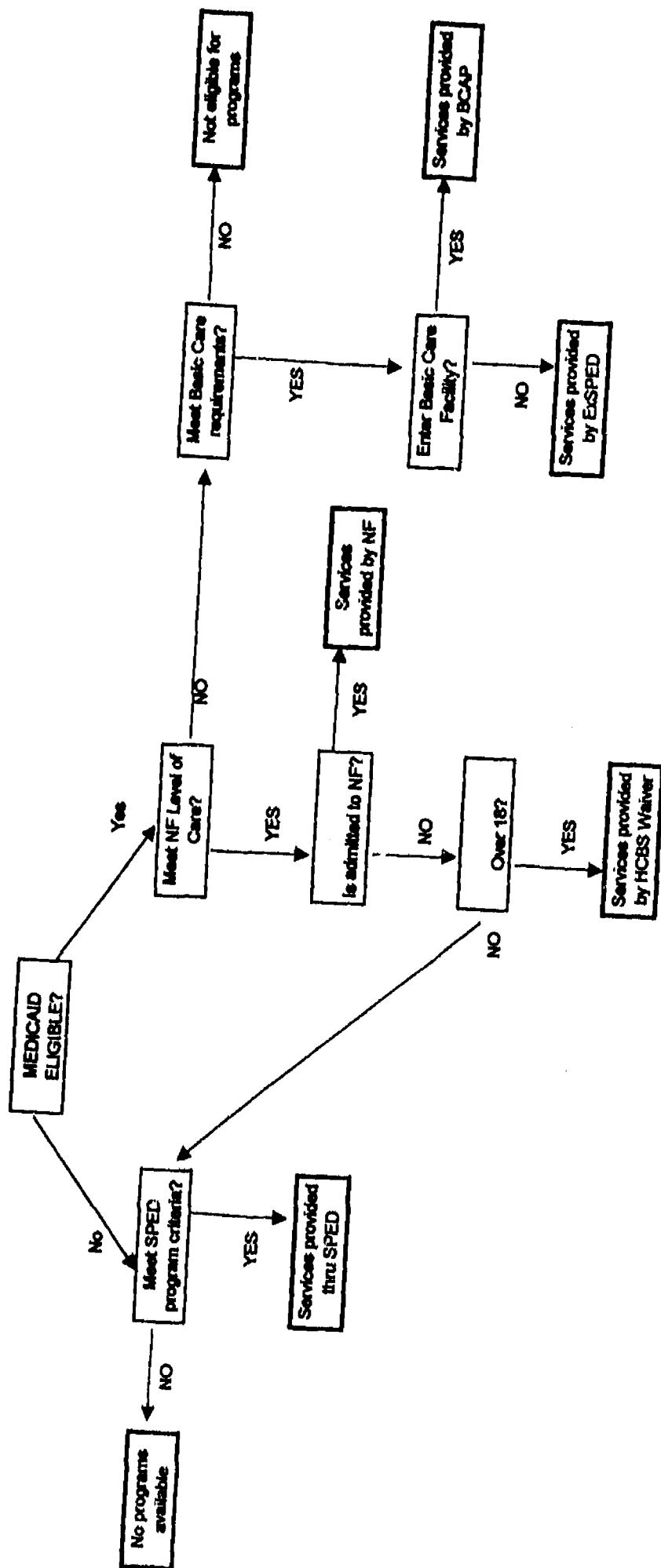
600 East Boulevard Avenue Department 325 -- Bismarck, ND 58505-0250
www.state.nd.us/humanservices

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HOW AN INDIVIDUAL QUALIFIES FOR VARIOUS PROGRAMS



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FUNDING SOURCE ELIGIBILITY **HOME AND COMMUNITY BASED SERVICES FOR THE AGED AND DISABLED**

Aging Services Division
 North Dakota Department of Human Services

SPED* PROGRAM	EXPANDED SPED PROGRAM (September 1994)
Homemaker Chore Respite HCBS Case Manager Personal Care Service Adult Foster Care Adult Day Care (7/93) Family Home Care Environ Modification (10/99)	Homemaker Chore Respite HCBS Case Management Personal Care Service Adult Foster Care Adult Day Care (7/93) Family Home Care Environ Modification (10/99)
Authorized transfer from the SPED Program Pool: <u>SPED PROGRAM POOL CRITERIA</u> Impaired in 4 ADLs, OR in 5 IADLs with total of 8 points (or living alone, 6 points); impairments must have lasted or are expected to last 3 months or more -OR- If under age 18, screened for nursing facility care Not eligible for Waiver, OR is adversely impacted	Eligible for Basic Care Assistance Program Medical Assistance (recipient/ eligible) Not severely impaired in ADLs: Toileting Transferring Eating Impaired in 3 of 4 IADLs: Meal Preparation Doing Housework Doing Laundry Taking Meds -OR- Needs supervision or structured environment
Sliding Fee Scale Resources less than \$50,000	Manual Chapter 510-05, Medical Eligibility Factors
95% State General Funds 5% County Match (1/94)	State General Funds

* Service Payments for Elderly and Disabled

** NDCC 50-24.5-02 provides for eligible recipients of the Expanded SPED Program to receive services in "congregate housing".

12-02

ND Department of Human Services

Aging Services Division

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FUNDING SOURCE ELIGIBILITY HOME AND COMMUNITY BASED SERVICES

Aging Services Division
North Dakota Department of Human Services

	MEDICAID WAIVER Traumatic Brain Injured	MEDICAID WAIVER Aged & Disabled
	Homemaker Chore* Respite TBI Case Management* Personal Care Service Prevocational Services Supported Employment Service Behavioral Management/Programming Transitional Living* TBI Residential Care* Substance Abuse Counseling Environ Modification Training for Family Caregivers Special Equipment Non-Medical Transportation	Homemaker Chore Respite HCBS Case Management Personal Care Service Adult Foster Care Adult Day Care Non-Med Transportation Environ Modification Train Family Caregivers Special Equipment Adult Residential Svc. (10/98)
	Medicaid Recipient Diagnosis of TBI or Acquired Brain Injury Screened at Nursing facility level-of-care Over age 18 and not under an IEP Disabled as determined by SSD criteria Capable of directing his/her own care or have a responsible party act in the recipient's behalf as determined by the interdisciplinary ICP team Have had a neuropsychological evaluation	Age 65 and over -OR- If under age 65, determined disabled by SSA criteria Medicaid recipient Screened in need of nursing facility care Provider is not spouse, nor parent, (if minor child)
	Manual Chapter 510-05, Medical Eligibility Factors	Manual Chapter 510-05, Medical Eligibility Factors
	Federal/State Match	Federal/State Match

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In 1983 State law established the provision of specific in-home and community-based services to delay or prevent institutionalization. It is based on a social model instead of the traditional medical model. The focus is on the person's ability to function in their home and community - ability to care for him/herself and other living skills are considered. The client participates in the cost of services based on sliding-fee-scale adjusted for family size and income. Funding is 95% State general funds and 5% county match. The maximum allowed per recipient per month is \$1,200.

Authorized transfer from the SPED Program Pool: **SPED PROGRAM POOL CRITERIA:**

- Liquid assets of less than \$50,000, and
 - Unmet cost for the service(s), and
 - Impaired in 4 ADLs, OR in 5 IADLs with total of 8 points (or living alone, 6 points) and
 - Impairments must have lasted or are expected to last 3 months or more,
- OR**
- If under age 18, screened for nursing facility level-of-care, and
 - Not eligible for Aged & Disabled nor TBI Waivers, and
 - Not living in an institution, dormitory, or congregate housing, and
 - Need for service is not due to mental illness nor mental retardation, and
 - Capable of directing own care or have legally responsible party, and
 - Has need within scope of covered services

HCBS Case Management
Personal Care Service
Adult Day Care
Chore Service
Environmental Modification

Respite Care (\$550 max/mo)
Adult Family Foster Care
Homemaker (\$135 max/mo)
Family Home Care (\$700 max/mo)

Clients select their provider(s) from the QSP LIST issued by the Aging Services Division to the county social service office for each service.

Lacosta Rickford
Operator's Signature

10/15/03
Date

This State funded program is a companion to the Basic Care Assistance Program that pays for care in basic care facilities. The eligibility criteria are the same. If services can be provided in the home and community, institutionalization (basic care facility) is avoided. The Expanded SPED Program is funded 100% with State general funds. The maximum allowed per month per recipient is \$1,200.

- Recipient or eligible for Medical Assistance, and
- Receiving or eligible for SSI, and
- Not severely impaired in ADLs: toileting, transferring, eating, and
- Impaired in 3 of 4 IADLs: meal preparation, housework, laundry, taking medications
- OR -
- Has health, welfare, or safety needs, including supervision or structured environment, otherwise requiring care in a basic care facility, and
- Not living in an institution or dormitory. Law provides for coverage in congregate housing once administrative code is completed, and
- Has needs within scope of covered services.

HCBS Case Management
 Personal Care Service
 Adult Day Care
 Chore Service
 Emergency Response System
 Adaptive Assessment

Respite Care (\$550 max.)
 Adult Family Foster Care
 Homemaker (\$185 max.)
 Non-Medical Transportation
 Family Home Care (\$700 max.)
 Environmental Modification (Limited)

Clients select their own provider(s) from the "QSP LIST" Issued by the Aging Services Division to the county social service office for each service.

HOME AND COMMUNITY-BASED SERVICES (HCBS) WAIVER

A home and community-based services (HCBS) waiver is an agreement between the U.S. Health Care Financing Administration (HCFA) and the State's Medicaid Agency. HCBS waivers enable the eligible individual to choose between institutional care or, if his/her needs can still be met, living in community. In 1981 the federal government acknowledged the Medicaid Program had a bias toward funding institutional care, such as nursing homes. HCBS waivers were developed as a means of countering that bias, with the stipulation that the cost of community support services cannot cost more than institutional care. The Waiver provides federal matching funds for needed services otherwise not available under the State's Medicaid Program. A maximum of \$2,400 per recipient per month is allowed.

ELIGIBILITY CRITERIA

- Medicaid recipient, and
- Screened at nursing facility level-of-care, and
- At least 65 years of age OR disabled by Social Security Disability criteria, and
- Capable of directing his/her own care or legal authority, and
- Lives in own home/apartment (not dormitory or other group housing), and
- Has service/care need(s) that can be met within scope of this Waiver.

HCBS SERVICES PROVIDED UNDER WAIVER

HCBS Case Management	Adult Family Foster Care (\$1,600 max/mo)
Personal Care Service	Homemaker (\$185 max/mo)
Chore Service	Non-Medical Transportation
Adult Day Care	Environmental Modification
Specialized Equipment	Training Family Members
Respite Care (\$550 max/mo)	Adult Residential Service

PROVIDER REQUIREMENTS

Clients select their provider(s) from the "QSP LIST" issued by the Aging Services Division to the county social service office for each service provided in that county.

12/02

mwevr

ND Department of Human Services

Aging Services Division

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HEALTH CARE FINANCING ADMINISTRATION (HCFA) AND THE STATE'S MEDICAID AGENCY

A home and community-based services (HCBS) waiver is an agreement between the U.S. Health Care Financing Administration (HCFA) and the State's Medicaid Agency. HCBS waivers enable the eligible individual to choose between institutional care or, if his/her needs can still be met, living in community. In 1994 North Dakota received approval for a Medical Waiver for TBI.

ELIGIBILITY CRITERIA

- Receiving Medicaid, AND
- Screened in need of nursing facility level-of-care AND
- Disabled by social security criteria AND
- Over 18 years of age (does not have IEP) AND
- A diagnosis, which is not degenerative or congenital, of traumatic brain injury or acquired brain injury (e.g. anoxia, infections, CVA, aneurysms, tumors which are not expected to result in death, toxic chemical reactions) resulting in significant emotional, behavioral, or cognitive impairments AND
- Be capable of directing care as determined by inter-disciplinary team or, if not, legal party to act in their behalf AND
- Neuropsychological

SERVICES AVAILABLE UNDER MEDICAID

TBI Case Management
Personal Care Service
Chore Service
Transitional Care
Specialized Equipment
Respite Care
Prevocational Services
Supported Employment

TBI Residential Care
Homemaker
Non-Medical Transportation
Environmental Modification
Training Family Members
Substance Abuse Counseling
Behavior Management

PROVIDER REQUIREMENTS

Clients select their provider(s) from the "QSP LIST" issued by the Aging Services Division to the county social service office for each service provided in that county.

12/02

mwevr

ND Department of Human Services

Aging Services Division

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Senate Appropriations Committee
January 28, 2002

Regarding SB 2083

Chairman Holmberg and members of the Senate Appropriations Committee. My name is Marlowe Kro. I am Associate State Director for AARP North Dakota. I appreciate the opportunity to comment on Senate Bill 2083.

Senate Bill 2083 is intended to reduce the number of clients on SPED to the truly needy. We are concerned this step may ultimately result in forcing people into more expensive institutional care that has a higher asset limit.

In home care services represent a great part of the future of long-term care. People want to stay home as long as possible and helping them stay home has been found to be the most fiscally responsible avenue in state after state across the nation.

We are opposed to reducing the asset limit for SPED eligibility. We all know the people receiving SPED services are already of very limited means. Many of these people are using savings to supplement basic household expenses, pay for prescription drugs and handle unexpected expenses.

We are cognizant of the extraordinary budget circumstances facing North Dakota this session and we understand the need to balance options. We believe it is in our citizens' and states best interest to explore every option and opportunity to broaden and enhance home and community based services.

When we testified on Senate Bill 2083 before the Senate Human Services Committee, we recommended a very reluctant "do pass." We have had opportunity to re-examine the impact of this bill on North Dakota citizens. We have learned that nearly 200 individuals will be adversely impacted if this bill passes. If even one individual is adversely impacted by this bill, we believe it is one individual too many. On behalf of our 73,000 ND AARP members I recommend a do not pass on Senate Bill 2083.

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January 28, 2003

Exhibit
#3

SENATE APPROPRIATIONS COMMITTEE
SB 2083

CHAIRMAN HOLMBERG AND COMMITTEE MEMBERS:

My name is Jack McDonald. I'm appearing here today on behalf of The Arc. The Arc is an open membership organization made up of people with mental retardation and other related developmental disabilities, their families, friends, interested citizens, and professionals in the disability field.

The Arc of North Dakota has over 1,200 committed members and friends...your neighbors and constituents...in chapters in **Grand Forks, Fargo, Valley City, Jamestown, Bismarck, Dickinson and Bowman.**

While we fully understand the circumstances that led to this bill, we **OPPOSE** reducing the asset level for access to SPED and thus reducing the availability of SPED to another 172 needy North Dakotans. The SPED freeze is bad enough; why add to that misery with this?

The Governor stressed the availability of home care in his State-of-the-State address. Nearly every article you read about trends in the area of care of the developmentally disabled and the aging stress the desire and need to develop more and better home health care alternatives.

Yet SPED, and expanded SPED, that are designed to help more people stay at home, are being cut back. It just doesn't make sense.

We urge that you give this bill a **DO NOT PASS**. We understand this is a lot to ask. But a lot is needed for North Dakotans with disabilities. If you have any questions, I will be happy to try to answer them. **THANK YOU FOR YOUR TIME AND CONSIDERATION.**

Jack McDonald
Operator's signature

10/15/03
Date

Testimony on SB 2083
House Human Services Committee
March 12, 2003

Chairwoman Price and members of the House Human Services Committee, thank you for the opportunity to provide comments on SB 2083. My name is Ray Weisgarber and I am the Executive Director of Bethany Homes in Fargo. Bethany Homes provides a continuum of care including home health care, adult day services, independent living, assisted living and skilled nursing care.

I am here today to talk about Bethany Towers I and II, which are assisted living facilities registered with the Department of Human Services. These projects were built in the 60's and 70's with Section 202 HUD loans and are currently undergoing major renovations as the result of two Assisted Living Conversion Program grants from HUD. There are a total of 151 single room units in these two projects. Both are attached to the nursing facility.

The residents in Bethany Towers are primarily lower income individuals many whom have "aged in place." The average age of the individuals living in Bethany Towers is 86 years. Many of these people have personal care needs which are for the most part provided by our licensed home care agency, Bethany Home Health Care. Residents are, however, free to chose any provider for personal care services.

In the past, many of the individuals living in Bethany Towers have been in a financial position to pay for personal care and other health related services. However in recent years, more and more of the tenants are no longer able to pay for these services including medication set ups and reminders, home health aide services, etc. I believe this is due to the development of more assisted living facilities in our community which cater to individuals who are in a financial position to pay for more upscale accommodations and amenities. As a result, the tenants living and moving into Bethany Towers are primarily lower income seniors with limited resources.

As we identify personal care needs for these lower income individuals, we look to the SPED program as one source of paying for these needed services. Until about six months ago, residents living in Bethany Towers were not eligible to access SPED services because the individual living units do not have kitchens (fridges and stoves) although these are available in a lounge area on each floor of the complexes. After working with the Department for over a year and with the assistance of Linda Wright, we were able to update this rule allowing these residents to become eligible for the SPED program. At about the same time as this rule change was made, the SPED program was essentially frozen due to a lack of available funds.

We are finding that more and more of the individuals living in Bethany Towers are in need of personal care services and are not financially able to pay for those services. The SPED program is one of the few available options for these individuals to receive necessary services and therefore able to continue to live in this setting.

As the administrator of a nursing facility, assisted living facility, adult day services program and a home health agency, I know first hand the funding needs of each of these components of the continuum of care. I also know the difficult position legislators are in today regarding the Department of Human Services budget and the state budget in general. More money is needed for nursing facilities and more money is needed for the Home and Community Based Services portion of the budget than has been appropriated by the Senate in order to provide quality care and services to the residents who live in each of these environments.

I do not know what the asset test should be for an individual's eligibility for SPED or any of the other home and community based services. I do believe, however, that with the state's economic situation being what it is, we need to be sure that the policies for our elderly population target those with the greatest physical and economic needs.

The SPED program needs to be funded at a level to allow us to help these individuals remain as independent as possible for as long as possible. Our model at Bethany is designed to accomplish that, however adequate funding must be available to pay for these support services. I believe we do a very good job of keeping these individuals from being admitted to the nursing facility for as long as possible. However the challenge becomes much more difficult when SPED funds are not available.

I do not believe funding for the SPED program should come at the expense of nursing facilities nor should nursing facility funding come at the expense of home and community based services funding. Both programs need to be adequately funded for the system to function as it should as both are very important components of the continuum of care.

Thank you for the opportunity to share my comments with you. I will do my best to answer any questions you may have.

Ray Weisgarber, Executive Director
Bethany Homes
201 South University Drive
Fargo, ND 58103-1775
(701) 239-3000

TESTIMONY
HOUSE HUMAN SERVICES
CLARA SUE PRICE, CHAIRPERSON
SENATE BILL 2083
MARCH 12, 2003

Chairman Price and members of the House Human Services Committee, my name is Linda Wright. I am the Director of the Aging Services Division, Department of Human Services. I am testifying today in opposition to Senate Bill 2083, as amended.

Senate Bill 2083, in its original form, was introduced at the request of the Department of Human Services. We must now oppose the bill, however, due to the amendments. The original intent of Senate Bill 2083 which would have reduced the financial eligibility for Service Payments for Elderly and Disabled (SPED) from \$50,000 in liquid assets to \$25,000 in liquid assets was one of several cost cutting measures recommended or implemented by the Department of Human Services.

We have been forced to freeze both the SPED and Expanded SPED programs to new clients in the current biennium. There are currently 77 individuals waiting for SPED services; 18 waiting for Expanded SPED and an additional 142 individuals who have inquired about services. Governor Hoeven recognized the need to support home and community based services and provided additional funding for SPED and Expanded SPED. The amendments to SB 2083 were also included in SB 2012; the Department of Human Services budget; reducing SPED by \$4,612,684 and Expanded SPED by \$300,000. (See attachment A).

The amendments to SB 2083 (page 2, lines 23 & 24) will eliminate an estimated 456 current recipients from the SPED program. This is in addition to the 172 current recipients impacted by changing the liquid

assets from \$50,000 to \$25,000 which was in the original bill. The impact of the amendments on current recipients and potential future recipients is devastating.

The current eligibility for SPED is based on financial eligibility; no more than \$50,000 in liquid assets; and functional impairments. The financial eligibility includes the clients' paying their share for the services based on a sliding fee scale. Attachment B is the sliding fee scale.

Attachment C is a fact sheet about SPED. Please note the eligibility criteria for SPED listed on the backside of the fact sheet. The eligibility criteria for the program is already quite restrictive. You will also note that the average cost per client per month for the SPED program was only \$416.00 in 2001.

Attachment D is the history of the SPED program from 1995 through 2001. The number of clients in the SPED program has increased significantly during that time period. The average cost per client per month has increased from \$263.00 in 1996 to \$409.00 in 2001. The increase in the average cost per client is due to the additional needs of the clients as well as inflationary rate increases approved by the Legislature in previous bienniums.

The need for SPED funded services has been greater than the appropriated budget. In previous years, funding from other sources in the Department's budget covered the deficits in SPED. In the current biennium, this was not an option thereby resulting in the implementation of several cost cutting measures; including freezing the program to any new clients. If these cost cutting measures had not been implemented, we were projected to exceed the SPED budget by \$2.5 million dollars. Attachment E outlines the projected number of clients and the cost per client based on the Governor's budget. Attachment F outlines the impact of the amendments to SB2083. You will note that the Senate amendments would reduce the

number of clients to 1294 starting in July 2003. The January 2003 caseload for SPED was 1386 clients with 79 additional people on the waiting list.

The amendments to SB2083 would require the SPED program to be more restrictive than Medicaid eligibility. It would also require that each present and future SPED client have all of their assets appraised including the property on which their house is located; any vehicle; household furnishings; jewelry and on and on. There is currently no mechanism in place to gather the information on all assets or to verify it. Case managers are not trained to assess values of other assets nor is it a case management function to do so. The estimated cost of verifying all assets is included in the fiscal note accompanying this bill.

The amendments to SB2083 are a giant step backwards in long term care system reform. The Department of Human Services strongly urges a do not pass recommendation on SB2083; and coordination with the House Appropriations sub-committee to restore the SPED budget to the amount included in the Governor's budget.

I would be happy to answer any questions at this time.

Long-Term Care budget

	2001 - 2003 Budget	Increase / Decrease	2003 - 2005 Governor's Budget	Senate Increase / Decrease	2003 - 2005 Budget "To House"	Inc / Dec from 01-03 to House
SPED	13,415,595	5,423,442	18,839,037	(4,612,684)	14,226,353	810,758
Expanded SPED	1,203,280	577,314	1,780,594	(300,000)	1,480,594	277,314
Aged & Disabled Waiver	8,519,405	958,707	9,478,112	0	9,478,112	958,707
TBI Waiver	1,818,500	455,572	2,274,072	0	2,274,072	455,572
Targeted Case Management	1,107,750	0	1,107,750	0	1,107,750	0
Total	26,064,530	7,415,035	33,479,565	(4,912,684)	28,566,881	2,502,351
General	10,152,250	6,182,390	16,334,640	(4,682,049)	11,652,591	1,500,341
Federal	7,993,297	972,844	8,966,141	0	8,966,141	972,844
IGT	7,236,832	0	7,236,832	0	7,236,832	0
County	682,151	259,801	941,952	(230,635)	711,317	29,166

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Deborah Rickford
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10/15/03
Date

ATTACHMENT B

HUMAN SERVICE ADMINISTRATION
FEES FOR SERVICENorth Dakota Department
of Human Services ManualDivision 02
Program 220Service 206
Chapter 01NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MONTHLY INCOME BILLING RATE SCHEDULE
EFFECTIVE AUGUST 1, 2001*

FAM ILY SIZE	100% DISCNT. OR NO FEE	90% DISCNT. OR 10% FEE	80% DISCNT. OR 20% FEE	70% DISCNT. OR 30% FEE	60% DISCNT. OR 40% FEE	50% DISCNT. OR 50% FEE
1	0 - 950	951-1026	1027-1102	1103-1177	1178-1253	1254-1328
2	0-1242	1243-1341	1342-1439	1440-1538	1539-1636	1637-1735
3	0-1535	1536-1657	1658-1779	1780-1901	1902-2023	2024-2145
4	0-1827	1828-1973	1974-2118	2119-2263	2264-2408	2409-2553
5	0-2120	2121-2289	2290-2457	2458-2625	2626-2793	2794-2962
6	0-2413	2414-2605	2606-2796	2797-2988	2989-3180	3181-3372
7	0-2467	2468-2663	2664-2859	2860-3055	3056-3251	3252-3447
8	0-2523	2524-2723	2724-2924	2925-3124	3125-3325	3326-3525
9	0-2577	2578-2781	2782-2986	2987-3191	3192-3396	3397-3601
10	0-2632	2633-2841	2842-3050	3051-3259	3260-3468	3469-3677
11	0-2687	2688-2901	2902-3114	3115-3327	3328-3541	3542-3754
12	0-2742	2743-2959	2960-3177	3178-3395	3396-3613	3614-3831

* Based on median income in 1990. Adjusted for family size -- re-evaluated August 1 2001.

(Continued on next page)

Manual Letter: #2719

-67-

Date Issued: 11-01

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LaCosta Rickford

10/15/03

Date

HUMAN SERVICE ADMINISTRATION FEES FOR SERVICE

North Dakota Department
of Human Services Manual

Division 02
Program 220

Service 206
Chapter 01

FAMILY SIZE	40% DISCNT. OR 60% FEE	30% DISCNT. OR 70% FEE	20% DISCNT. OR 80% FEE	10% DISCNT. OR 90% FEE	0% DISCNT. OR 100% FEE
1	1329-1404	1405-1479	1480-1555	1556-1630	1631+
2	1736-1834	1835-1932	1933-2031	2032-2130	2131+
3	2146-2267	2268-2389	2390-2511	2512-2633	2634+
4	2554-2699	2700-2844	2845-2989	2990-3134	3135+
5	2963-3130	3131-3298	3299-3467	3468-3636	3637+
6	3373-3563	3564-3755	3756-3946	3947-4138	4139+
7	3448-3643	3644-3839	3840-4035	4036-4231	4232+
8	3526-3725	3726-3925	3926-4126	4127-4326	4327+
9	3602-3806	3807-4011	4012-4216	4217-4420	4421+
10	3678-3886	3887-4095	4096-4304	4305-4513	4514+
11	3755-3968	3969-4181	4182-4394	4395-4608	4609+
12	3832-4049	4050-4267	4268-4485	4486-4702	4703+

Manual Letter: #2719

-68-

Date Issued: 11-01

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Fact Sheet

Home & Community-Based Services

Services Payments for the Elderly and Disabled (SPED) program & Expanded-SPED program

Background:

As people age or experience injury, their abilities can change. People choose to address their changing needs in individual ways, and "one size" does not fit

all. North Dakota provides home and community-based services through several programs that serve different needs.

These programs address consumer choice, and also focus on individual needs.

Programs include:

- Service Payments for the Elderly and Disabled (SPED) program,
- Expanded Service Payments for the Elderly and Disabled (Expanded-SPED) program, and
- Medicaid waivers for home and community-based services.

The SPED program provides services for people who are older or physically disabled and who have difficulty completing tasks that enable them to live independently at home.

The Expanded Service Payments for the Elderly and Disabled program (Expanded-SPED) was launched in 1994 to pay for in-home and community-based services for people who would otherwise receive care in a licensed basic care facility. The program was developed based on the rationale that if the state was going to pay for basic care services for low-income individuals, it should also pay for less expensive alternatives to allow those same people to stay in their homes. Expanded-SPED clients must be Medicaid recipients.

The SPED and Expanded-SPED programs pay for a variety of services to sustain individuals in their homes and communities. Services funded by these programs are provided by both independent contractors and agency providers who meet competency criteria. Services are

available in many rural and urban areas, and individuals can choose who provides their care.

People who meet the criteria for nursing home care, but have needs that can be met while living in their own homes may be eligible for services funded under another program, the Medicaid waiver. (A separate fact sheet is available explaining eligibility criteria and the services provided under the waiver.)

Covered Services:

- **Case Management** - Assesses needs, helps with care planning, provider selection, referrals, and service monitoring
- **Respite Care** - Provides temporary relief to the full-time caregiver
- **Personal or Attendant Care Service** - Helps with bathing, dressing, transferring, toileting, and supervision
- **Adult Family Foster Care** - Provides a safe, supervised family living environment, 24-hours per day in a state-licensed setting
- **Homemaker** - Provides house cleaning, laundry, and/or meal preparation services
- **Chore Service** - Includes snow removal and heavy cleaning
- **Emergency Response System (Lifeline)** - Provides telephone emergency response
- **Family Home Care** - Reimburses a family caregiver who meets the relationship requirements defined by state law and resides in a client's home 24-hours per day
- **Environmental Modifications (Limited)** - Modifies the home to enhance client independence (e.g., install safety rails)

OVER →

Qualifying for Services:

SPED Program Criteria

- Liquid assets of less than \$50,000, and
- Inability to pay for services, and
- Impaired in four Activities of Daily Living (ADLs) involving basic needs such as bathing, dressing, toileting, eating, etc., OR in five Instrumental Activities of Daily Living (IADLs) that require a higher level of cognitive or physical ability to perform such as driving, managing money, shopping, etc., and
- Impairments must have lasted or are expected to last three months or more

OR

- If under age 18, screened for nursing facility level-of-care, and
- Is not eligible for Aged & Disabled nor Traumatic Brain Injury (TBI) Waivers, and
- Is not living in an institution, dormitory, or congregate housing, and
- The need for service is not due to mental illness or mental retardation, and
- Is capable of directing own care or has a legally responsible party, and
- Has needs within the scope of covered services

Expanded-SPED Criteria

- Receives or is eligible for Medicaid, and
- Receives or is eligible for Social Security Income (SSI), and
- Is not severely impaired in the ADLs of toileting, transferring, eating, and
- Is impaired in three of four IADLs: meal preparation, housework, laundry, or taking medications

OR

- Has health, welfare, or safety needs, including supervision or structured environment, otherwise requiring care in a basic care facility, and
- Is not living in an institution or dormitory, and
- Has needs within the scope of covered services

Did You Know:

- SPED funding is 95 percent state general funds and 5 percent county match;
- Expanded-SPED funding is 100 percent state general funds.
- In addition, some individuals who do not qualify for the SPED and Expanded-SPED programs, receive home and community-based services provided through funding from County Social Service Boards.
- In 2001, it cost an average of \$416 per month to provide services to a SPED client and \$324 per month for an Expanded-SPED client. This is for services only. The client pays for living expenses.

Program Participation Data Calendar Year 2001

Program	Clients	Annual Expenditures
SPED	2,341	\$7,104,191
Expanded SPED	264	\$682,507

Percentage of clients younger than age 65	SPED	Expanded-SPED
	19%	40%

Percentage of clients age 85 and older	SPED	Expanded-SPED
	31%	15%



To Apply for Services
Contact a County Social
Service Office

Another Resource:

North Dakota Senior Info Line
1-800-451-8693
www.ndseniorinfo.com

Prepared August 2002
N.D. Dept. of Human Services, Aging Services Division
600 South 2nd Street, Suite 1C
Bismarck, ND 58504 Ph. (701)328-8910

La Costa Rickford
Operator's Signature

10/15/03
Date

ATTACHMENT D

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES SPED (Service Payments for Elderly and Disabled) Average Monthly Cost Per Recipient By State Fiscal Year

State Fiscal Year	Average Monthly Clients	Total Yearly Costs	Average Monthly Cost Per Recipient ³	
1996	876	2,759,484	263	
1997	1,042	3,487,902	279	
1998	1,209	4,752,483	328	
1999	1,285	5,332,642	346	
2000	1,282	5,678,889	369	
2001	1,385	6,800,309	409	
2002	1,503	7,526,816	417	
2003 ¹	1,255	5,751,322	382	
2004	1,805	9,116,478	421	Executive Budget Request
2005	1,925	9,722,559	421	Executive Budget Request
2004 ²	1,349	6,813,368	421	Bill 2012 To House
2005 ²	1,468	7,412,985	421	Bill 2012 To House

¹ Based on actual expenditures through January 2003 and projected need for the remaining months of the Biennium. The SPED Program initiated a recipient pool starting in June 2002 to limit the number of individuals receiving services. The SPED program also initiated a recipient freeze effective December 2002 which did not allow new clients to access the program.

² These amounts include the estimated effects of Bill 2083's eligibility changes as reflected in Bill 2012 To The House.

³ The Average Monthly Cost Per Recipient was rounded to the nearest whole dollar.

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
SPED (Service Payments for Elderly and Disabled)
Average Monthly Cost Per Recipient By Biennium

State Biennium	Average Monthly Clients	Total Biennial Costs	Average Monthly Cost Per Recipient ³	
1995-1997	959	6,247,386	271	
1997-1999	1,247	10,085,125	337	
1999-2001	1,333	12,479,198	390	
2001-2003 ¹	1,119	13,278,138	494	
2003-2005	1,865	18,839,037	421	Executive Budget Request
2003-2005 ²	1,409	14,226,353	421	Bill 2012 To The House

¹ Based on actual expenditures through January 2003 and projected need for the remaining months of the Biennium. The SPED Program initiated a recipient pool starting in June 2002 to limit the number of individuals receiving services. The SPED program also initiated a recipient freeze effective December 2002 which did not allow new clients to access the program.

² These amounts include the estimated effects of Bill 2083's eligibility changes as reflected in Bill 2012 To The House.

³ The Average Monthly Cost Per Recipient was rounded to the nearest whole dollar.

ATTACHMENT E

North Dakota Department of Human Services
Long-Term Care: ACC 3652 — Table 5: LDC (Service Payments for Elderly and Disabled)

2003 - 2005 Biennium

Comparison of Eligibles, Recipients, Units of Services, and Expenditures by Source of Funds

Month	Persons Eligible	Persons Receiving	Utilization Rate	Weeks Used	Units of Service	Cost per person	Cost per unit	Budgeted				
	Budget	Budget	Budget	Budget	Budget	Budget	Budget	Total	State	Federal	County	Other
Aug-03	47,387	1,750	0.003222	4		420.89		738,552	680,325	9,405	38,826	0
Sep-03	47,387	1,760	0.007428	5		420.89		740,766	684,323	9,405	37,038	0
Oct-03	47,387	1,770	0.003338	4		420.89		744,975	688,321	9,405	37,249	0
Nov-03	47,387	1,780	0.003331	4		420.89		748,184	702,320	9,405	37,459	0
Dec-03	47,387	1,790	0.007555	5		420.89		753,393	706,318	9,405	37,670	0
Jan-04	47,387	1,800	0.003489	4		420.89		757,602	710,317	9,405	37,880	0
Feb-04	47,387	1,810	0.003549	4		420.89		761,811	714,315	9,405	38,091	0
Mar-04	47,387	1,820	0.007681	5		420.89		766,020	718,314	9,405	38,301	0
Apr-04	47,387	1,830	0.003653	4		420.89		770,229	722,313	9,405	38,511	0
May-04	47,387	1,840	0.007706	5		420.89		774,438	726,311	9,405	38,722	0
Jun-04	47,387	1,850	0.003760	4		420.89		778,647	730,310	9,405	38,932	0
Jul-04	47,387	1,860	0.003813	4		420.89		782,855	734,307	9,405	39,143	0
Aug-04	47,387	1,870	0.007882	5		420.89		787,064	738,306	9,405	39,353	0
Sep-04	47,387	1,880	0.003918	4		420.89		791,273	742,304	9,405	39,564	0
Oct-04	47,387	1,890	0.003971	4		420.89		795,482	744,859	9,405	39,774	1,844
Nov-04	47,387	1,900	0.003919	5		420.89		799,691	0	9,405	39,985	750,301
Dec-04	47,387	1,910	0.010577	4		420.89		803,900	0	9,405	40,195	754,300
Jan-05	47,387	1,920	0.003103	5		420.89		808,109	0	9,405	40,405	758,299
Feb-05	47,387	1,930	0.010162	4		420.89		812,318	0	9,405	40,616	762,297
Mar-05	47,387	1,940	0.010235	4		420.89		816,527	0	9,405	40,826	766,296
Apr-05	47,387	1,950	0.010288	4		420.89		820,736	0	9,405	41,037	770,294
May-05	47,387	1,960	0.003272	5		420.89		824,944	0	9,405	41,247	774,292
Jun-05	47,387	1,970	0.010393	4		420.89		829,153	0	9,405	41,458	778,290
Jul-05	47,387	1,980	0.010446	4		420.89		833,362	0	9,405	41,668	782,289
Total		44,780		104		420.89		18,839,037	10,773,053	225,720	941,852	6,898,302
SFY 2004		21,660		52		420.89		9,116,478	8,547,794	112,800	455,824	0
SFY 2005		23,100		52		420.89		9,722,559	2,225,299	112,800	488,128	6,898,302

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Date

North Dakota Department of Human Services
Long-Term Care: ACC 3652 — Table 5: SPED (Service Payments for Elderly and Disabled)
2003 - 2005 Biennium

Comparison of Eligibles, Recipients, Units of Services, and Expenditures by Source of Funds

Month	Persons Eligible	Persons Receiving	Utilization Rate	Weeks Used	Units of Service	Cost per person	Cost per unit	Budgeted				
								Total	State	Federal	County	Other
Aug-03		1,294		4		420.88		544,832	507,885	9,405	27,232	0
Sep-03		1,304		5		420.88		548,941	511,984	9,405	27,442	0
Oct-03		1,314		4		420.88		553,049	515,982	9,405	27,652	0
Nov-03		1,324		4		420.88		557,258	519,980	9,405	27,863	0
Dec-03		1,334		5		420.88		561,467	523,989	9,405	28,073	0
Jan-04		1,344		4		420.88		565,676	527,987	9,405	28,284	0
Feb-04		1,354		4		420.88		569,885	531,986	9,405	28,494	0
Mar-04		1,364		5		420.88		574,094	535,984	9,405	28,705	0
Apr-04		1,374		4		420.88		578,303	539,983	9,405	28,915	0
May-04		1,384		5		420.88		582,512	543,981	9,405	29,126	0
Jun-04		1,394		4		420.88		586,721	547,980	9,405	29,336	0
Jul-04		1,404		4		420.88		590,930	551,978	9,405	29,547	0
Aug-04		1,414		5		420.88		595,138	555,976	9,405	29,756	524,802
Sep-04		1,424		4		420.88		599,347	0	9,405	29,967	559,975
Oct-04		1,434		4		420.88		603,556	0	9,405	30,178	563,973
Nov-04		1,444		5		420.88		607,765	0	9,405	30,388	567,972
Dec-04		1,454		4		420.88		611,974	0	9,405	30,598	571,970
Jan-05		1,464		5		420.88		616,183	0	9,405	30,809	575,969
Feb-05		1,474		4		420.88		620,392	0	9,405	31,020	579,967
Mar-05		1,483		4		420.88		624,601	0	9,405	31,209	583,966
Apr-05		1,492		4		420.88		627,808	0	9,405	31,398	587,965
May-05		1,501		5		420.88		631,756	0	9,405	31,588	590,783
Jun-05		1,510		4		420.88		635,544	0	9,405	31,777	594,362
Jul-05		1,519		5		420.88		639,182	0	9,405	31,968	597,818
Total		33,801		104		420.88		14,228,353	6,381,014	225,720	711,317	6,888,302
SFY 2004		16,188		52		420.88		6,813,388	6,359,838	112,860	340,889	0
SFY 2005		17,613		52		420.88		7,412,965	31,175	112,860	370,848	6,888,302

See Accompanying Notes To The 2003 - 2005 Biennium Budget

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Operator's Signature

La Costa Rickford

10/15/03

Date

NORTH DAKOTA PROTECTION AND ADVOCACY PROJECT
SENATE BILL 2083
MARCH 12, 2003
HOUSE HUMAN SERVICES COMMITTEE
HONORABLE CLARA SUE PRICE, CHAIRMAN

Chairman Price, and members of the House Human Services Committee, I am Bruce Murry, an employee of the North Dakota Protection and Advocacy Project. After consulting a variety of persons with disabilities and agencies, P&A opposes Senate Bill 2083.

The Service Payments for Elderly and Disabled (SPED) program is an important component of Home and Community Based Services (HCBS). SPED provides limited services in the home to avoid institutionalization. SPED preserves personal dignity and helps control the rising costs of long term care. In current and proposed law, the SPED recipient pays for services on a sliding-fee scale.

SB 2083 as Introduced would have eliminated 172 people from the SPED program. It would have done so by reducing *liquid* asset limits from \$50,000 to \$25,000. As amended, SB 2083 would eject 628 people from SPED. The asset limit would plummet to \$20,000, including *all assets* except the house itself, liquid or not. Those removed could not access SPED at all - with or without a sliding fee scale.

The SPED program is currently frozen, and in February had a waiting list of seventy-eight. In February, the Department knew of sixty more individuals who were denied services. In addition, some County Social Services offices have pragmatically suggested people not apply for SPED, as it would do them no good.

The age-distribution of North Dakota's population, perhaps even more than the US population in general, has aged markedly over the last ten years. It will continue to do so. Census data show that out-migration has not lessened this trend. However, the number of North Dakotans in nursing homes has not grown in the last ten years. To the contrary, the number of nursing home beds has declined by at least 500. HCBS has grown by at least that many clients. This is strong evidence that people really are choosing HCBS over nursing home care. It is strong evidence that HCBS is not merely attracting people who would not otherwise go to a NH - a fear referred to as the "woodwork theory." In fact, five people are currently receiving HCBS because their needs were *too intense* to be met by nursing homes.

LaCosta Rickford
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The State can stretch its limited dollars using HCBS programs such as SPED. The National Conference of State Legislatures provides articles and studies that indicate HCBS spending really does save money.¹

A recent joint-study by NDSU and UND² finds that there are four key areas for targeted legislation. First among these were to prioritize program initiatives and tax incentives for HCBS. The study finds that people who are in the greatest need for services reside in the state's rural areas and small communities, and that HCBS will reduce the demand for institutional care and, in turn, the financial burden on the state.

It is reasonable to believe that some North Dakotans who are denied SPED will spend their remaining assets by funding their own care for a time. However, when their assets drop below the threshold, there is no reason to believe they will get back on the program. The SPED program has a history of program freezes and demand outstripping appropriations. Many of these people would face institutionalization at greatly increased cost.

Cutting the asset limits for the SPED program encourages North Dakotans who need long term care to move to a nursing home. The Legislature has protected the assets of a person moving into a nursing home and that person's spouse. The home, the land it is on, \$90,660 in liquid assets, \$6,000 in funeral and other assets, and \$2,267 in monthly income may be retained by the spouse. This is in stark contrast to the SPED program where the protection would be limited to \$20,000 for all assets but the house, and even the land the house sits on is not protected. This imbalance creates strong pressure to move to the nursing home, even though the government will pay a much higher price.

Americans have the right to receive public benefits in the least restrictive environment available. In the U.S. Supreme Court's 1999 Olmstead decision, it ruled that it is unlawful to place someone in an institution when they are willing and able to live in the community, and the state can provide programs that would allow them to do so. Additional information is in Attachment A.

SPED delivers services to people who need them in a more cost efficient manner. Cutting SPED eligibility would undermine personal dignity, independence, and the state's budgetary situation. The Legislature should not cut a program for which demand outstrips availability when it saves money and improves quality of life.

Thank you for this opportunity and I will address any questions you may have.

¹ See STATE HEALTH LAWMAKERS' DIGEST, National Conference of State Legislatures, Volume 1, Number 1. The Article is available online at <http://www.ncsl.org/programs/health/forum/shld/11.pdf>.

² 2002 North Dakota Needs Assessment of Long-Term Care.

BACKGROUND ON OLMSTEAD v. L.C.

The *Olmstead* decision interpreted Title II of the Americans with Disabilities Act (ADA) and its implementing regulation, which oblige states to administer their services, programs, and activities "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." (28 CFR 35.130(d)). In doing so, the U.S. Supreme Court answered the fundamental question of whether it is discrimination to deny people with disabilities services in the most integrated setting appropriate. The Court stated directly that "Unjustified isolation . . . is properly regarded as discrimination based on disability."

Under the Court's decision, **states are required to provide community-based services for persons with disabilities who would otherwise be entitled to institutional services** when: (a) the state's treatment professionals reasonably determine that such placement is appropriate; (b) the affected persons do not oppose such treatment; and (c) the placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others who are receiving state-supported disability services.

Significantly, the Court suggested that a state could establish compliance with Title II of the ADA if it demonstrates that it has:

- ✦ a comprehensive, effectively working plan for placing qualified persons with disabilities in less restrictive settings, and
- ✦ a waiting list that moves at a reasonable pace not controlled by the State's endeavors to keep its institutions fully populated.

On 1/14/00, the U.S. Department of Health & Human Services (HHS) sent a letter to all state Medicaid directors regarding *Olmstead* and what states needed to do to comply with the decision. The enclosure to this letter offers some recommendations about key principles and practices for states to consider as they develop a comprehensive, effectively working plan for placing qualified persons with disabilities in less restrictive settings.

It strongly recommends that States:

1. Provide an opportunity for interested persons, including individuals with disabilities and their representatives, to be integral participants in plan development and follow-up;
2. **Take steps to prevent or correct current and future unjustified institutionalization of individuals with disabilities;**
3. **Ensure the availability of community-integrated services;**
4. **Afford individuals with disabilities and their families the opportunity to make informed choices regarding how their needs can best be met in community or institutional settings;**
5. Take steps to ensure that quality assurance, quality improvement and sound management support implementation of the plan.



**House Human Services Committee
March 12, 2003**

Regarding SB 2083

Chairperson Price and members of the House Human Services Committee, my name is Dick Weber. I am a member of the Executive Council for AARP North Dakota. Today I am speaking in opposition to Senate Bill 2083.

Senate Bill 2083 will add even more institutional bias to our continuum of care, puts limits of unknown impact on the Service Payments for Elderly and Disabled (SPED), and could have a negative impact on our state budget and our citizenry over time.

Even with the SPED asset level at its current level of \$50,000, it would be more practical for an individual to choose institutional care over the in-home care that is provided to SPED clients. Currently under Medicaid rules for nursing home assistance, a community spouse is allowed \$90,660 in assets, plus a monthly income of \$2,266 per month. Yet the nursing home population continues to decline while the amount of individuals accessing in-home services is so overwhelming that SPED has been frozen since December. Why? Because North Dakotans would rather take care of themselves in their own homes.

There are two schools of thought on the impact of SB 2083. One version is that over 450 people will be denied services. Where will these people go? These are people who need help with meals, medication, and personal care. If they try to care for themselves without a helping hand, how many will we see in emergency rooms, hospitals, and other, more expensive forms of long term care?

107 West Main Avenue, Suite 125 | Bismarck, ND 58501 | 701-221-2274 | 701-255-2242 fax | 1-877-434-7598 TTY
James G. Parkel, President | William D. Novelli, Executive Director and CEO | www.aarp.org

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The other school of thought is that there will be very few clients affected by this change. There is no solid evidence that the new asset level, even including all assets, will reduce access to services. If so, how do we provide care for people with \$4.6 million cut out of an already-conservative budget as proposed by the Governor?

Neither of these scenarios looks positive or provides a proactive solution to the current budgeting situation. Senate Bill 2083 was intended to reduce the number of clients on SPED. However, we believe it would further impoverish people who are trying to make it on their own and perhaps force them into more expensive institutional care.

In today's economy, \$50,000 doesn't represent a lot of money or last very long. When the other eligibility requirements of SPED are considered, it is clear we are talking about a group of people with very limited incomes. Many of these people are using their savings to supplement basic household expenses, pay for prescription drug costs, and pay their property taxes. We should allow them that much dignity.

We must also take the Olmstead Decision into consideration. The U.S. Supreme Court stated in July, 1999, that states have a responsibility to provide services to people with disabilities in the most integrated setting appropriate. North Dakota has been building a system of home and community-based services since 1983. But, we can't expect a system to grow when we don't give providers even an inflationary increase and we are forced to freeze access to services for years at a time.

In-home care services represent a proactive approach to the future care of our elderly and disabled. People want to stay home as long as possible, and helping them stay home has been found to be the most economical avenue in state after state across the nation.

77.3% of North Dakotans 65+ owns their homes. In a 2002 survey, 86% of AARP North Dakota members maintained that it is important to them to remain at home as long as possible as they age. With numbers like these, we shouldn't be limiting the very programs that help people to stay independent. We should be enhancing and broadening those services and helping people to remain viable members of their communities.

I'd like to call your attention to the attachment to my testimony. This information addresses issues associated with SB 2083 and the broader spectrum of home and community based services for North Dakota citizens.

Senate Bill 2083 also redefines assets to include everything except the home. Is it fair to ask our elderly and disabled to give up their family heirlooms, the treasures of a lifetime, or their transportation...before they can seek help to care for themselves? And, do we really want our County Social Service workers spending their time evaluating property, estimating vehicles, and pricing furnishings?

The impacts of this bill on clients, on state and county employees, on the future of SPED, and potentially on our state finances are all negative. Therefore, AARP North Dakota strongly recommends a do-not-pass on Senate Bill 2083.

Continuum of Long Term Care Facts and Trends
March 12, 2003

Many North Dakota citizens understand the continuum of long term care to be either:

1. Home and Community Based Services (HCBS) or
2. Institutional Care, primarily in a nursing home (NH)

ND public funded HCBS care eligibility:

Medicaid Waiver:

- Must be Medicaid eligible
- Meet NH level of care

SPED Program:

- Impaired in 4 or more ADLs or 5 IADLs
- meet financial eligibility limits

ND public funded NH care eligibility:

Medicaid:

- Must be Medicaid eligible
- Meet NH level of care

NH equivalent reference:

- Impaired in 2 ADLs

Numerous studies and surveys document home and community based service is clearly preferred by older Americans and people with disabilities.

According to the National Conference of State Legislatures:

- Roughly \$3 out of every \$4 Medicaid long-term care funds go toward institutional care—primarily nursing homes with the remaining quarter spent on home and community-based services (HCBS). Per-person costs are less for HCBS than for institutions on average.

According to the National Association of Area Agencies on Aging research:

- As individual's age, and chronic conditions increase, the need for long-term care services grows. Long-term care refers to a broad range of services, paid and unpaid and provided in a variety of settings, for persons who need assistance with daily activities due to a physical or mental limitation.

- Independence, dignity, and choice are values held strongly by individuals experiencing physical or cognitive limitations and impairments.

- **Over 80% of people who have long term care needs rely on family members and friends to provide uncompensated care giving, at an estimated value of \$196 billion annually.**

- More than eleven million Americans of all ages need long term care as a result of physical or cognitive limitations. Two-thirds (7,260,000) are over the age of 65 and require assistance with activities of daily living, such as eating, bathing, dressing or getting around. Only about two million of these people reside in nursing homes.

- Federal policies do not adequately recognize that the most cost-effective form of long term care is provided through home and community based services such as home-delivered meals, homemaker services, personal and respite care that enable people to remain independent in their own homes and communities.

- By shifting national policies toward home and community-based services, the quality of lives of older adults will improve, taxpayers will be spared the cost of premature and expensive institutional care, and our nation's core values will be honored.

A recent study by the Assistant Secretary for Planning and Evaluation with the U.S. Department of Health and Human Services found:

- the average spending on the aged and disabled under the Medicaid home and community based waiver saved money. Providing for an individual under the waiver program costs \$5,820 a year compared to \$29,112 for nursing home care.

According to the Alzheimer's Association, the average cost of care in a nursing home for a person with Alzheimer's disease is three and a half times more costly than caring for that person at home (\$47,000 vs. \$12,500).

President Bush's New Freedom Initiative is intended "...to ensure that all Americans have the opportunity to live close to their families and friends, to live more independently, to engage in productive employment and to promote community life."

The General Accounting Office (GAO) findings state: Home and community-based care typically costs less than nursing facility care on a per-person basis.



TESTIMONY ON SB 2083

3406 Dominion Street • Bismarck, ND 58503 • (701) 258-7489 • Fax (701) 258-7491

Chairman Price and members of the House Human Services Committee my name is Penni Weston and I am the Administrator of Edgewood Vista in Bismarck. Edgewood Vista has 58 assisted living apartments, 28 basic care beds and a 14 bed Alzheimer's unit.

I am opposed to engrossed SB 2083 as it appears before you today. My reason for opposing the bill is two fold:

1. The language passed by the Senate which changes "assets" to "of all other assets" has far reaching effects that I don't believe may have been considered when the change was made. Prior to this change, only liquid assets were considered in determining eligibility for the program. With the inclusion of "all other assets" family heirlooms, belongings and personal mementos must now be considered. This is problematic for two reasons. Human Service case managers do not have training in identifying the value of land, appliances, jewelry, clothing, antiques, etc. There is no assurance that all case managers will be able to be equitable in their evaluation of the worth of these items. If the expectation is that not case managers, but instead licensed appraisers must make this determination, then who will pay for this? Extra steps will then need to be added to the process which will only delay individuals from receiving much needed services in a timely manner.

Let me give you one example: Hazel is 78 and is the primary care giver for her husband, John (80) who has recently been released from the hospital after suffering a stroke. The stroke has caused John to have some memory impairment and weakness in his arms and legs. He is able to ambulate with a walker but does require Hazel to help him get in and out of a chair and bed and she must give him his medications three times daily. Their monthly combined social security income is \$1800.00. They live in an apartment which is handicapped accessible. Hazel has come to the local social service office to arrange for some assistance for her husband for bathing as well as help in cleaning their apartment and doing laundry. She has heart problems and has been advised by her physician to get some assistance in caring for her husband and home.

Hazel has a diamond wedding set that she has worn on her finger for over 60 years. She cherishes this along with her gold plated dinner ware given to her by her parents on her wedding day. This one carat diamond ring has certainly increased in value by today's market as has her dinner ware. SB 2083 as currently written may force Hazel into selling these cherished items in order for her and her husband to meet the criteria to obtain the assistance required to care for her husband at home.

2. Hazel does have another option which leads me to my second reason as to why this current language has far reaching effects. Hazel can place her husband in the local nursing home where he can receive the care he needs. He does meet the

Assisted Living/Basic Care/Alzheimer's

criteria for skilled nursing placement. Please refer to the attached document entitled Level of Care/Continued Stay Review Determination. This is the form that is used to determine whether or not an individual requires skilled nursing care. You will not that by using this form, John meets the admission criteria for skilled nursing under section B. He must have help in taking his medications due to his memory impairment and he requires assistance from Hazel or another individual greater than 60% of the time in transferring.

John does NOT require 24 hour NURSING care but does require personal care services on a 24 hour basis. His care is not intermittent as without someone present 24 hours per day he would not be able to get out of bed or in and out of a chair. Even though he meets the criteria to live in a skilled facility, his wife would be able to safely meet his needs at home with the mere assistance of SPED services of housekeeping weekly and assistance with bathing.

You might be wondering why I am interested in this bill when it does not directly affect the residents I care for. There is, however a very indirect effect on my facility. This story is one that is not fictitious but represents just one of many families who come to my facility seeking help when they don't know what else to do. They are adamant that they do not want their loved one in a nursing home and seek out my facility because they want to remain living together and would like to get meals, housekeeping, etc. in assisted living. Many of these couples DO NOT have the financial resources to live in assisted living. I am happy to be able to direct them to Burleigh County Social Services to seek out the assistance they need from Home and Community Based Services such as SPED which will allow them to remain together in the least restrictive, most cost effective environment.

In summary, I would ask for your consideration in restoring the language in the original SB 2083 which attempts to tighten the criteria for this program to be fiscally responsible but not creating new problems which can artificially force citizens into more costly institutional care.

I would be happy to answer any questions of the committee.

LaCosta Rickford
Operator's Signature

10/15/03
Date

North Dakota Level of Care/Continued Stay Review Determination Form*

(*To be maintained in medical record transferred with the resident)

Name: _____
 c/o: _____
 Address: _____
 City/State/Zip: _____
 County: _____
 Current Living Arrangement: _____

Payment Status: _____
 Medicaid #: _____
 SS#: _____ DOB: _____
 Gender: _____ Marital Status: _____
 Height: _____ Weight: _____
 Contact Person/Phone: _____

Requested Screen Type:
 NF ☐ Swing Bed ☐
 HCBS Waiver ☐
 Status Change: MI ☐ MR ☐
 TBI Waiver ☐
 Requesting Facility: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____

In determining NF/SB eligibility, the individual must require or meet a minimum of one of the criteria listed in "Section A" or two criteria included in "Section B" or all criteria in "Section C" or all the criteria in "Section D".

Section A

- _____ 1) Nursing Facility stay is, or is anticipated to be, temporary for receipt of Medicare Part A benefits. Nursing facility stay may be based on this criterion for no more than 14 days beyond termination of Medicare Part A benefits;
- _____ 2) The individual is in a comatose state;
- _____ 3) The individual requires use of a ventilator for at least six (6) hours a day;
- _____ 4) The individual has respiratory problems that require regular treatment, observation, or monitoring that can only be provided by or under the direction of a registered nurse (or in the case of a facility which has secured a waiver of the requirements of 42 CFR 483.30(b), a licensed practical nurse) and she/he is incapable of self care;
- _____ 5) The individual requires constant help at least 60% of the time with at least two of the following Activities of Daily Living (ADL's): Toileting (process of using toileting equipment and cleansing self), eating (process of getting food from receptacle into the body), transferring (process of moving to and from bed, chair, toilet), locomotion (process of navigating home environment with or without

adaptive devices, as appropriate) Constant help is required if the individual requires a caregiver's continual presence or help, without which the activity would not be completed. Identify and describe: _____

_____ 6) The individual requires aspiration for maintenance of a clear airway;

_____ 7) The individual has dementia, physician diagnosed or supported with corroborative evidence, and as a result of that dementia, the individual's condition has deteriorated to the point that a structured, professionally staffed environment is needed to monitor, evaluate, and accommodate the individual's changing needs. Describe needs and provide date of onset/initial diagnosis: _____

Section B (If no criteria in Section A are met, a(n) applicant/ resident is medically eligible for NF level of care if at least two of the following criteria apply:

- _____ 1) The individual requires administration of a prescribed: a) injectable medication; or b) intravenous medication and solutions on a daily basis; or c) routine oral medications, eye drops, or ointments on a daily basis. List relevant medications: _____

_____ 2) The individual has one or more unstable medical conditions requiring specific and individual services on a regular and continuing basis that can only be provided by or under the direction of a registered nurse (or, in the case of a facility which has secured a waiver the requirements of 42 CFR 483.30(b), a licensed practical nurse). Identify diagnosis and describe services needed: _____

_____ 3) The individual is determined to have restorative potential and can benefit from restorative nursing or therapy treatments (e.g., gait training, bowel and bladder training) which are provided at least five days per week. Identify restorative procedures required: _____

_____ 4) The individual needs administration of feedings by nasogastric tube, gastrostomy, jejunostomy, or parenteral route. Specify: _____

CONTINUED ON FOLLOWING PAGE

First Health PLAN Form 301

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Date 10/15/03

NORTH DAKOTA LEVEL OF CARE (CONTINUED)

Level: e Screen (Continued)

Name:
Additional Notes/Comments:

5) The individual requires care of decubitus ulcers, stasis ulcers, or other widespread skin disorders. Specify:

6) The individual requires constant help at least 60% of the time with one (1) of the following: Toileting (process of using toileting equipment and cleansing self), eating (process of getting food from receptacle into the body), transferring (process of moving to and from bed, chair, toilet), locomotion (process of navigating home environment with or without adaptive devices, as appropriate). Constant help is required if the individual requires a caregiver's continual presence or help, without which the activity would not be completed. Specify and describe:

Section C:

If no criteria in Section A and/or insufficient criteria in Section B was met, an applicant/resident who applies to or resides in a nursing facility for geriatric individuals with physical disabilities may demonstrate that nursing facility level of care is necessary if:

1) The individual is determined to have restorative potential. Describe:

Section D:

If no criteria in "Section A", "Section B", or "Section C" are met, the individual who applies for care in a nursing facility may demonstrate that a nursing level of care is medically necessary if:

- 1) The individual has an acquired brain injury, including anoxia, cerebral vascular accident, brain tumor, infection, or traumatic brain injury; and
- 2) As a result of the brain injury, the individual requires direct supervision at least eight hours a day

Name/Title of Person Completing Form

Name/Location of Facility

Telephone Number

First Health Use Only: Determination			
Approved:	NF	SB	
	TBI Waiver	HCBS Waiver	
Requested Information For: QA Other			
Denied:	NF	Other:	
MID Determination:			
Approved:	NF	Other:	
Denied:	NF	Other:	
MID Signature:		Date:	
Reviewer Signature:		Date:	

LaCosta Rickford
Operator's Signature

10/15/03
Date

Senate Bill 2083

Chair Price and members of the House Human Services Committee, my name is Mary Devlin. I am a case manager for Home and Community Based Services in McLean County. I am here today to discuss with you my concerns regarding the impact of SB 2083 on the elderly and disabled adults in our communities.

As a Home and Community Based Services Case Manager I assist the elderly and disabled individuals to obtain the services and resources they need to safely remain in their own homes. When an individual applies for in-home care services it is my job to do an assessment of that person's needs and determine if options are available that would allow the applicant to retain their independence and self sufficiency in their own home. During this assessment, I explore all resources available to them, including the availability of family who may be able to participate in their care needs. A comprehensive plan of care is developed, with the client's participation that encourages maximum independence and self-care.

Included in the plan of care are links to other service programs such as: Meals on Wheels, economic assistance, transportation, and Qualified Service Providers to assure the client's total needs are met. I monitor the plan of care on a regular basis, reassess information and implement appropriate changes, as the client's care needs change.

I ask you to consider a person who is a paraplegic and needs a specialized van in order to access services. These vans can be expensive to purchase. If this van were in their name, as I understand the current amendments to SB 2083, it would then become a resource I would have to consider when determining eligibility for this individual. This individual currently needs daily care to bathe and dress as well as other personal and environmental care. I should also mention that this person receives some family support and assistance in addition to home and community based services.

When assessing recipients of Home and Community Based Services, I often hear them say they thought they had adequate resources for the rest of their lives but have seen their resources eaten up by the

soaring cost of medication and increased cost of living. For the elderly client, these resources are not going to be replenished. Home and Community Based services are aimed at assisting people to remain as independent as possible. If we are not able to meet their needs, living in a more restrictive institutional setting at a higher cost is most likely the option they will be forced to choose.

I am concerned about the clients who may still reside "on the home place." There may be farmland connected to this property that would have to be considered an asset. I am concerned about making Home and Community Based Services assets or resource levels so severe that the person may qualify for other economic assistance programs through our agency but will not be able to access Home and Community Based Services. I am concerned about the length of time it will take to provide someone with services while waiting for insurance companies, family members, banks, etc. to return information to me in order to assess their financial eligibility. Some individuals find it difficult to remember this information and rely on family or others to keep track of financial details.

My training as a Social Worker has provided me the skills to assess and identify the needs of the clients I work with. I have been trained to advocate for clients, implement services, work effectively with people, utilize problem solving skills, implement plans of care and enable individuals to understand and use all options and resources necessary to meet their needs. My Social Work training has not included assessing the value of land, cars, antiques, personal possessions, how to monitor when a stock increases or decrease in value, know the value of a contract for deed, a life estate, or how to understand farm markets.

I thank you for your time and appreciate the opportunity to share my concerns about Senate Bill 2083 and its impact on a most vulnerable segment of our population, our elderly and disabled.

I will attempt to answer any questions you may have.

LaCosta Rickford
Operator's Signature

10/15/03
Date

SB2083

Chairman Price and members of the House Human Services Committee, my name is Marie Thompson. I am a case manager for Home and Community Based Services in Burleigh County.

I would like to share with you a situation that would be impacted by SB2083. Joan (fictitious name), who is in her 50's, is severely disabled from Multiple Sclerosis, and cannot walk nor stand and needs to use a wheelchair. She receives personal care services several times a day as she lives with elderly parents, who are unable to provide these tasks because of their own health conditions. Joan is already paying for some of these cares privately as her service needs exceed the SPED maximum. With her liquid assets and her handicapped accessible van, (which is driven by family members as she is unable to drive), SB2083 would make her ineligible for SPED services.

As I understand the current bill, there could be a potential for an individual to be eligible for Medicaid and yet not be eligible for SPED services. Medicaid does have some asset exemptions, such as owning one vehicle and personal property, which would make the SPED program more restrictive than Medicaid. I have attached to my testimony a copy of the Medicaid brochure, which lists some of the exemptions. Another concern is having to look at all assets (other than their home), as opposed to just liquid assets. Trying to determine their value could significantly delay an individual's access to services.

Elderly couples could also be impacted by this bill. Each individual could have the Medicaid maximum of \$3000 in resources and \$3000 in a burial account, which would give them \$12,000 in Medicaid allowable assets. If the couple had a vehicle worth more than \$8,000, they would be eligible for Medicaid, but not eligible for the SPED program.

In summary, at a minimum, please consider SPED asset criteria being consistent with Medicaid eligibility guidelines.

My preference would be continuing to use liquid assets to determine SPED eligibility.

I would like to thank the committee for your time and consideration. If you have any questions, I would be happy to try and answer them.

What services and medical costs does Medicaid cover?

Medicaid will pay for the services listed below. Some people are required to pay copayments for starred(*) services.

COVERED SERVICES:

- ▶ Doctor visits/services *
- ▶ Hospital services (Limits apply) *
- ▶ Lab and X-ray
- ▶ Dental care (Limits apply) *
- ▶ Eye care (Limits apply)
- ▶ Prescribed Drugs
- ▶ Family planning services provided by a doctor or family planning center
- ▶ Prosthetics (artificial limbs), braces, and related equipment
- ▶ Home health care
- ▶ Chiropractic services (Limits apply) *
- ▶ Out-of-state services if pre-approved by North Dakota Medicaid
- ▶ Physical and occupational therapy
- ▶ Podiatric services (Foot specialist)
- ▶ Long-term care services (may range from home and community based services such as homemaker, personal care, adult day care, chore services or respite care, to nursing facility)
- ▶ Group home care for people with developmental disabilities



- ▶ Transportation (With limits)
- ▶ Screening, diagnosis and treatment for children younger than age 21 through the Health Tracks Program (formerly EPSDT)
- ▶ Orthodontic services may be provided if referred by the Health Tracks Program
- ▶ Emergency room care is covered if the attending physician determines it is an emergency medical condition. Non-emergency conditions must be treated during physician or clinic office hours.

▶ Medicare Part A and Part B premiums, co-insurance or deductibles

Do people have to pay copayments?

Individuals DO NOT have to pay copayments if they are:

- ▶ Younger than age 21, or
- ▶ Living in a nursing facility, swing bed, intermediate care facility for the mentally retarded, the State Hospital, or the Anne Carlsen School, or
- ▶ Pregnant, or
- ▶ Need emergency services, or
- ▶ Receive family planning services, or
- ▶ Medicare pays for part of the service

N.D. Department of Human Services
Medical Services Division
State Capitol - Judicial Wing
600 East Boulevard Avenue
Bismarck, ND 58505-0250

DN #555 (10-02)

How much are copayments?

Copayment amounts:

Chiropractic visit.....\$1 each visit
Doctor office visit.....\$2 each visit
Outpatient hospital visit.....\$3 each visit
Inpatient hospital stay.....\$50 each stay
Dental office visits.....\$2 each visit
Prescriptions brand name.....\$3 each

Does the Medicaid program take people's property?

The Medicaid program will not put a lien against property.

Medicaid may use the estate recovery process on estates of people who were age 55 or older when they received Medicaid coverage. When those individuals die, Medicaid may recover the cost of benefits paid out, BUT ONLY IF there is NOT a surviving spouse, or a child who is younger than 21 or is blind or permanently and totally disabled.

Non-discrimination Notice

Anyone who believes he or she has been discriminated against because of race, color, religion, national origin, age, sex, political beliefs, disability or status with respect to marriage or public assistance, in accordance with Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, the Age Discrimination Act, the Americans with Disabilities Act, and the North Dakota Human Rights Act, may file a written complaint of the alleged discrimination. Written complaints should be filed with the county social service board, the North Dakota Department of Human Services, 600 East Boulevard Avenue, Bismarck, N.D., 58505-0250, or the U.S. Department of Health and Human Services, Washington, D.C. 20201.

For more information or to apply for Medicaid coverage, contact your local county social service office.

Need Health Coverage?

CHECK OUT NORTH DAKOTA MEDICAID

N.D. Department of Human Services Medical Services Division

For more information or to apply for Medicaid coverage, contact your local county social service office.

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Operator's Signature: Deborah Rickford 10/15/03 Date

If you don't have health insurance or if your health insurance does not cover all your needs, Medicaid might be able to help.

Medicaid pays for health services for qualifying families with children, and people who are pregnant, elderly, or disabled. Over 40,000 people in North Dakota are receiving this important health coverage.

QUALIFYING FOR MEDICAID COVERAGE

You must be a state resident and must qualify financially.

YOU MUST ALSO BE:

- ▶ Pregnant, OR
- ▶ Blind, disabled, or age 65 or older, OR
- ▶ A member of a family with children, OR
- ▶ Age 21 or younger or age 65 or older and receiving services at the State Hospital, OR
- ▶ Younger than age 21 and living on your own or in a licensed foster home, OR
- ▶ An adopted child younger than 21 who has special health needs or meets other criteria, OR
- ▶ A woman screened through the North Dakota Department of Health's Women's Way program who needs treatment for breast or cervical cancer



WHAT ARE THE FINANCIAL REQUIREMENTS

Eligibility is based on income and, in some cases, assets.

Some assets are not counted when determining eligibility.

ASSETS THAT DO NOT AFFECT ELIGIBILITY:

- ▶ Home
- ▶ Personal belongings and clothing
- ▶ Household goods and furniture
- ▶ One car
- ▶ Certain burial plans
- ▶ Property that produces earned income (such as a farm or business)

ASSET LIMITS

There is no asset limit for children, families or pregnant women in the children and families coverage group (effective January 1, 2002) or women who apply under the Women's Way program.

Generally, a person who is blind, disabled, or age 65 or older can have up to \$3,000 in countable assets (such as savings accounts, checking accounts, stocks, bonds or other types of assets) to qualify for Medicaid. The limit for couples is \$6,000.

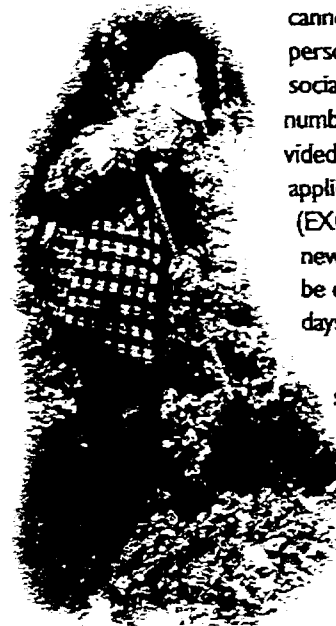
You may qualify even if you have more assets. For example, the wife of a person in a nursing home can have more assets. You are encouraged to apply, if you think you may qualify.

TRANSFERS OF INCOME OR ASSETS

Giving property or income away or selling property for less than its value may affect a person's eligibility for long-term-care services such as nursing care services, home and community based services, or swing bed care in a hospital. For more information, please contact your county social service office.

SOCIAL SECURITY NUMBER

Anyone applying for Medicaid coverage must, by law, provide his or her social security number or proof that he or she has applied for a number. This applies for each person in the household who is seeking Medicaid coverage (public law 42 U.S.C. 1320b-7).



Medicaid cannot cover a person until a social security number is provided, or has been applied for (EXCEPTION: newborns may be eligible for 60 days from birth).

The social security number is used to verify income, assets, and eligibility.

APPLYING FOR MEDICAID

Contact a county social service office to apply, or to request a Medicaid application by mail. County social service offices verify information. You may have to provide documents proving age, citizenship, income, assets, or other information.



COMMON QUESTIONS

When does eligibility begin?

If you are approved for Medicaid, the Medicaid program may pay for health services provided to you up to three months before the month the county social service office receives your signed application.

What if I do not agree with the county social service office's action?

You can request a fair hearing if you do not agree with a decision about Medicaid eligibility. Please read the information on your eligibility notice. To request a hearing, you can contact your local county social service office.

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Operator's Signature: *Robert A. Rickford* 10/15/03
Date

TESTIMONY BEFORE THE SENATE HUMAN SERVICE COMMITTEE

REGARDING SENATE BILL 2083

March 12, 2003

Chairman Price, members of the committee, my name is Kathy Hogan. I am the Director of Cass County Social Services and I am here today representing the County Social Service Directors Association.

The Directors Association understands the serious financial situation that the state of North Dakota and the Department of Human Services is facing in both the current biennium and in the 2003-2005 biennium which prompted the original bill and the proposed Senate changes. We are currently working with a number of low income elderly who are eligible for the SPED (Service Payment for Elderly and Disabled) program but are not receiving services because of lack of funds. Changing eligibility requirements will reduce the numbers of clients served and thus the state's costs. The critical question is what will be in the impact on clients.

For some individuals, \$50,000 in liquid assets sounds like a lot of money, but for most of the elderly we serve, this money is in some type of retirement account that they have saved through a lifetime with the intention of living off the interest. Assuming that they earn about 5% interest - \$50,000 would earn about \$200/month for income. For many of the individuals we serve that money is a major income source along with social security that pays for their rent, food, and prescription drug costs, Medicare supplemental insurance and very basic needs. If they are no longer eligible for the SPED program and need in-home care services, they will be forced to decide between basic needs, spending down their retirement or not having services. It is anticipated that the majority will decline services and when medical complications develop, higher level of care such as assisted living or nursing homes may be needed. Some counties may chose to provide services to this group with county funds but that creates both significant inequity in services across the state and increased pressure on local property taxes.

We are particularly concerned about the proposed Senate budget amendments that will require that all assets, not just liquid assets be considered in determining eligibility. This will require an estimated 2 to 3 additional hours of staff time to review all aspects of an elderly individual or

couples financial situation. Often times, the clients that we are assessing for eligibility are facing some type of crisis that resulted in the referral for services. Many clients do not have good financial records and the overall process of assessing financial assets will be both time consuming and difficult. It is anticipated that many clients will simply withdraw from the application process.

We recognize that service reductions will happen in North Dakota because of the budget shortfall and that changing eligibility standards protects the poorest of the poor. However, this change will also seriously impact vulnerable elderly with limited resources.

I am willing to answer any questions.

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LaCosta Rickford
Operator's Signature

10/15/03
Date

SB 2083

County Income Survey Results

Information regarding Single Person Households

From the County survey conducted, information from 89 cases was forwarded to Aging Services. The 89 cases are individuals that live alone.

Of the 89 cases, the following income ranges were found:

INCOME RANGES

\$500 and under	10 clients
\$501 through \$700	39 clients
\$701 through \$900	24 clients
\$901 through \$1000	5 clients
\$1001 through \$1100	5 clients
\$1101 through \$1200	2 clients
\$1201 through \$1291	4 clients

Of the 89 cases, only one person is considered to have self employment income. This individual's monthly income is in the \$1201 through \$1291 range

Information regarding Multiple Person Households

From the County survey conducted, information from 50 cases was forwarded to Aging Services. The 50 cases are individuals that live with one or more persons.

Of the 50 cases, the following income ranges were found:

INCOME RANGES

\$500 and under	4 clients
\$501 through \$700	12 clients
\$701 through \$900	13 clients
\$901 through \$1000	1 client
\$1001 through \$1100	4 clients
\$1101 through \$1200	7 clients
\$1201 through \$1300	2 clients
\$1301 through \$1400	4 clients
\$1401 through \$1500	0 clients
\$1501 through \$1600	1 client
\$1601 through \$1700	0 clients
\$1701 through \$1800	1 client
\$1801 through \$2332	1 client (resides in a five person household)

Of the 50 cases, only three clients are considered to have self employment income. The individual's monthly incomes are in the \$500 & less range, \$700-\$900 range, and the \$1700 - \$1800 range.

Snapshot of current clients from HCBS programs:

Adams: Most of our clients live alone and do not have family nearby to assist them. If they do have family around, they do not feel their family has time to help them, with all their commitments. Several of them are isolated, and while the services are to keep them in their home, it also provides a crucial element of socialization. We have a few client in the assisted living facility and believe that the funding we provide helps pay for the services they require. One client is disabled due to a stroke and his needs have his caregiver maxed out on QSP Personal Care/Homemaker. One client, who is nearly blind, lives with her middle-aged developmentally disabled daughter. Without our homemaker services, I worry about how they would live. We started services for one woman and her husband became ill. Our homemaker helps both of them in their home. A terminally ill client needs someone to check on him daily to be sure he is taking his medication. His only daughter lives about 50 miles away.

Barnes: Most live alone, most have family in the area although some do not. Most have limited income and assets. Almost all of them would need an advocate as they are too aged or disabled, and also sometimes because of independence/pride, would indicate that they would be "ok" without the services – that they "get by". Many of the clients live in elderly housing, where their rent is no more than 30% of their income, and their basic utilities are included in their rent. A lot of them purchase home delivered meals to meet their nutritional needs.

Benson: Clients live hand to mouth. Income is minimal, assets almost non existent, especially on the reservation. Off reservation, most of the clients have designated their assets for burial, in compliance with Medical Assistance regulations. The balance of their income is used to meet daily living needs and to purchase medications. Those eligible to get meds through the VA, do so. Most are eligible for Fuel Assistance. I assist with the application for MA, Fuel, Food Stamps, Veterans benefits, Pharmacy Med Programs, etc. It all takes time and requires different verifications as each program has different requirements. On the reservation, client can get med through HIS. They also have a choice between FS and commodities, as do non- natives living on the reservation. Very few live in their own homes, most live in some type of low-income apartment, a few live with family. On the reservation, it is either rental or tribal housing. If clients have families in the area, those families are involved, however the clients are quite aged and the children assisting are also in advanced age. Clients require a lot of personal care. We have a lot of clients who are very ill and limited in their physical abilities to do for themselves. Caregivers are going into their homes multiple times per day to provide cares, give meds, etc., especially if clients are not living with family. Families are wearing out due to the needs of their loved ones and their own health problems.

The outlook in Benson County is not good without the SPED Program. The clients do not have the income to pay even a minimal amount for services. The result will be nursing home placement at a much higher cost. This will remove the clients from Benson County as we only have one basic care facility and no nursing homes. So the loss of SPED services not only impacts the clients, but the communities as well. With the loss of

the clients, small community economics are also affected. Businesses lose income and the jobs of the current caregivers are lost, causing them too, to go out of the community and out of Benson County to work.

Homecare is a part of the continuum of care. We use in-home services appropriately, as do we use basic care and skilled care appropriately. After all, we are all taxpayers. We want the most for our dollars. Most of all, we want what's best for those we serve and for our communities. We are cost effective. A lot of time is donated. Friends and neighbors helping, as they are able. We have an excellent network that really works. We are also planning for our future. Let's hope all of you in Aging and the Legislators are doing the same. We'll all have a need someday, maybe sooner than any of us plan.

Billings/Golden Valley: Our typical clients live alone either in their own homes or rent an apartment at the Golden Valley Manor. They generally don't have much for assets other than their home. Most live on their Social Security and have enough saved for their burial. Clients do have family members who live in other communities and are not able to get her regularly to assist the client.

Bottineau: "Minnie" is an 87 year- old woman who resides in her own home in town. Her two-story house is small and Minnie occupies the main floor because she is unable to negotiate stairs. The main floor living area consists of a small living room, small bedroom and a kitchen/dining room area. Her furniture is "dated" and simple. For example, Minnie has silver chrome kitchen chairs and table. She has a twin-size bed to sleep on. There is no garage and the driveway is gravel. Minnie does not own a washing machine or dryer. Two years ago, her church purchased carpeting for Minnie. In the past two years, Minnie has had to replace her bathroom floor that was decaying and her living room window due to moisture and cold air. The waiting list for Community Action is long and these projects needed immediate replacement.

Minnie had a CVA, which resulted in weakness to her right side extremities. Many years ago, she fell and sustained fractures to her left foot and left hand/wrist. She has experienced weakness to her left hand and foot since the fall. Minnie is dependent on using a walker or cane to ambulate. In 1999, she was diagnosed to have breast cancer. Her right breast and lymph nodes were removed. She has recovered well but continues to have impaired range of motion to her right arm and shoulder. Minnie has arthritis, especially to her knees and hip. Her elevated blood pressure is generally controlled with oral medication. Minnie has abdominal hernias. Minnie receives \$580.00 a month from Social Security. She is eligible for Medicaid and fuel assistance. Following are monthly living expenses:

Her share of fuel assistance	\$ 30.00
Recipient Liability	60.00
Water bill	34.50
Utility bill	34.71
Telephone	37.29
House taxes	16.35
Mutual insurance on a \$445.00 value life insurance policy	21.17
Senior Meals 5 times a week & \$25.00 a week groceries	150.00
Incontinent supplies	30.00

Total fixed expenses

\$414.02

Over the counter medications including Tylenol, baby aspirin, Vitamin E, Vitamin B, Milk of Magnesia, stool softener, Metamucil and miscellaneous expenses Laundromat, laundry detergent, hair care products, soap, lotion for dry skin, cleaning products, paper products, clothing, home repairs, etc, all are paid with the \$165.98 left after the monthly bills are paid.

Minnie is content and happy to reside in her own home. She receives Home and Community Based Services of Homemaker Services, Personal Care Services, a Medical Alert, and snow removal during the winter for a cost of approximately \$360.00 a month in the winter and \$310.00 in the summer. Minnie states she would be unable to live independently without Home and Community Based Services. She would need to be admitted to a nursing home, which would be a much higher cost.

Bowman/Slope: Husband/wife; husband has CP & colostomy; FHC thru SPED & PC & CM thru MW; wife also works PT; 2 step-sons 19 yrs and early 20's who work full-time (Bowman)

Husband/wife; husband diabetic with leg ulcers & severe heart problems; FHC thru SPED & CM & ERS thru MW; grown children don't live in the area (Bowman)

Father/daughter: FHC thru SPED, PC/CM thru MW; gentleman has paralysis from past strokes. (Slope)

Elderly lady with past hear valve repair & CHF; was in swing bed for 1 year; in own apt., daughter assists with laundry, bookkeeping but also works FT; HM/PC/CM thru SPED; NMT thru block grant (Bowman)

21 year old girl with CP & brain stem damage at birth; living independent; HM/PC/CM thru SPED & NMT thru block grant & family. (Bowman)

Brother/sister; brother had brain injury from auto accident; FHC/PC/CM thru SPED (Slope)

3 BCAP individuals

Cass: Elderly, female, isolated, living in subsidized housing Heavier care clients tend to have family members involved in either providing the care or supplementing care, most of the others do not have a lot of family support (children out of state, family alienated or client just not requiring a lot of involvement at this time). Assets are put aside for funeral expenses, pay for medications. A few are using them to pay for private assisted living facilities like Riverview or Bethany Towers because their income does not cover the cost.

Dunn: Our clients live mainly in their own homes or in HUD Housing Units. Many clients do not have families in the area, some have outlived their families and the ones with families are sometimes the caregivers, having given up a lot to care for the client/family member.

Eddy: A typical client is living alone or with an elderly spouse and the children are not living in the area. The typical client receives a fixed income from Social Security. Some liquid assets are designated for burial. They are also used for cost of living when income falls short. Medications take a big chunk of the client's income (even on MA, they may

have a recipient liability and are paying for medication). If they are not medically needy, they are paying for health insurance every month. If they own their own home, the lawn must be mowed and snow removed. They pay this out of their monthly income. If they own a car it is used for doctor appointments, buying groceries or short trips in town. Most of the elderly only buy what is needed. They do not believe in wasting anything. Many of them do not drive or have a car and so rely on friends or other services for transportation. They are content to stay in their own home for as long as possible whether this is a house or an apartment. Services are usually minimal - extending from an hour a week to 3-4 hours a week. Most individuals prefer to do as much for them as they can.

Grand Forks: Live alone in their own apartment and get HUD assistance; low income, more fragile and more physically disabled; require some form of assistance with transportation, ex. Dial-a-ride, senior citizens van, family; limited assets; medication; money set aside for burial; over the counter items; Depends, Ensure, Vitamins; special diets, diabetic.

Grant: A widow person between the ages of 85-97. No family lives in the area. They live off only their SS check, need savings for burial. They pay for rent, medicine (\$100-300), senior meals, groceries, health insurance, and cable TV. Most do not have cars. If they could drive they can't afford to pay for car insurance and the licensing and gas. They don't buy any clothes or new items except food. Their only money they spend on entertainment is cable TV. They live month to month on the SS check. The average SS check is @\$600. Living in a rural area most doesn't have any family around. Occasionally family members will come to visit. I'm guessing most do not have monthly visits from family. More like 2-4 times a year. They rely on their elderly neighbors to help them. Most of these neighbors are not the healthiest but can help in getting the mail and items from the store. Their neighbor's health would not allow them to assist in housekeeping or bathing. Most of these elderly neighbors help many people as there is so few of them. The few "healthy elderly neighbors" that can drive have a car full when they go. They take them to the Dr and the store. The clients we are serving are more elderly. We have many in their mid 90's. Think about it, their own children are in their 70's and have their own health issues.

Griggs: Clients are very physically frail individuals. I would estimate 1/2 of the ones that would become ineligible would be in the nursing home without the personal cares. Assets are generally CD's, Life Estates and Land that supplements their modest social security checks. Additional: I worked up an economic picture on a SPED case that I have all financial information on an 86 year old lady who lives in her own apartment receiving services of SPED, TCM, County Health Nurse, Lifeline, Medicaid, Housing Assistance, Food Stamps and lives on \$545.00 social security with \$27.00 SSI income each month. I computed the assistance dollars of all areas listed above along with Senior Meals/Transportation. It costs approximately \$11,600/yearly to maintain her in her own apartment. Using the lowest rates of the Griggs County Nursing Home it would cost \$42,000/yearly at the nursing home. This individual would be in a nursing home in less

than 1 month without in-home care services. Economically it makes sense to keep her independently living as long as possible and she want to live in her own setting.

Hettinger: Of the 30 clients we presently have: 19 have no family to assist them, 8 have family members who are QSP's and 3 have some family to partially assist them 18 own their own homes (values being \$40,000 for one, \$25,000 for one, \$10,000 for 11 and \$5,000 for 5) 2 live in homes that are not theirs (with no rent being paid), and 9 live in apartments (8 or which are low-income units). 13 need liquid assets to meet monthly needs, 3 have no liquid assets and 2 consider the liquid assets (farm) as part of their livelihood.

Kidder: Clients are very frugal and tend not to spend their money. They live poorly and their liquid assets are held only for emergency purposes. Mandy don't have vehicles as they are unable to afford the upkeep. Most of them have families near by, however, both adults tend to be employed outside the home for economic reasons, therefore, unable to care for their loved ones. Services are quite limited in the rural areas, making it difficult for folks to remain in their own homes.

LaMoure/Dickey: Many of the clients live in apartments and have limited budgets to pay their bills. Those who have savings slowly use it to cover medical expenses such as prescriptions and uncovered Medicare costs. The clients are very appreciative of the services they receive and comment that they would not be able to stay in their homes if we were not assisting them. Some of our clients have families in the area that do assist, but many feel they can not ask for their help as they would be an inconvenient to their family who needs to enjoy their children. Some family members choose not to participate in the parents needs and that is not an option for them to ask family for assistance.

Logan: Our typical clients are on a fixed income, or have some assets (money in the bank, still own land, vehicles). It varies in each part of the county. Some rent apts, some own their own homes.

McHenry: Five out of 10 of the cases live alone, 2 cases of these 5 families is the PAC. Three of them are under homemaker services through the county. Four out of 10 cases have a family and are under FHC. This is more reasonable and makes the client happier than going into a care facility. One of the 10, lives with their companion. If this client did not have the companion it would be difficult to remain at home. Most are aged clients with aged family helping care for them. Any liquid assets are used for basic needs to survive. These families live in very modest homes and few have vehicles. The ones with vehicles are driving older vehicles to afford them. Two families need vehicles to get disabled member (client) to and from appointment. These special vehicles could put families over asset level if counted due to the type they are for physically limited individuals. If families did not have their transportation would be a great issue. Most of these families struggled to stay at home and do try to use commodities and other services to make ends meet. The clients extended family (children) do not have the means to provide care for the clients, as they work and struggle to make ends meet for their

families. If the families would lose these problems it would become a difficult situation for all clients, including financial hardships.

McIntosh: Most clients in McIntosh don't have assets other than their social security checks and a small amount in the bank. They live in apartments and have just enough money to get by. Usually there are relatives in the area who visit them from time to time. The relatives are willing to help but they are very busy with their own lives and can't provide the needed time to spend with the individuals.

McKenzie: Most of the elderly in McKenzie County like to stay in their own homes as long as possible maybe too long in some cases. Some qualify for medical assistance but most are in the group with assets higher than the \$6000 for Medicaid or with income that creates an RL of several hundred dollars. This does not take a lot of income. Most of our clients are 80 years and older. Their minds are good but they are not able to care for their home or their personal needs. Because of their age, most of their children are in their 60's and 70's and not able to provide that type of care. Most of the young people are not here to help either set of individuals. Our agency has 2 in-home care specialist that cover all of McKenzie County. Without HCBS, there is no other hope for care among the elderly. To date, not a lot of people have taken part in the program but with the current status of aging, no family to provide care, one senior center and one nursing home, the need will be there. If it's not available, people will have to leave a community they have known all their lives. Watford City works hard as do other rural communities to attract younger people. Maintaining a high standard of care for the elderly would be beneficial for both groups and our economy.

McLean: Primarily female and many live in a house although they may not own it. Average age is approximately 75 (primarily because we have a number of younger, disabled women) and 12/20 live with family or non-related providers (FHC or AFFC). While they are living with family members, these members have come to care for their parent/sibling and have left jobs because we have had some type of reimbursement. If these problems were gone, it is my opinion that the relative could not exist without income and they would be forced to leave. Liquid assets are used for funeral expenses and for making ends meet when it comes to medication and other living expenses. Oddly enough, the older the client, the more chance they are to live alone in an apt with Homemaker support. Some have families in the area and more and more do not.

Mercer: About 30% male, 70% female, all live in town, about 30% in their own home, 70% in apartments. Main issues with assets is land that is still income producing, clients living off this income. Those not on MA struggle to pay necessities and buy meds each month.

Oliver: 16 % male 84% female, 50 % live in their own homes, 50% in apts. 1 lives on a farm with children, rest in town. Most struggle to buy meds and pay monthly bills.

Morton: Most clients live in some type of elderly apt setting or their own home where they have lived for many years. Most have some relatives in the area for some occasional

needs, though the family members are generally employed and availability is limited. Most of the "liquid assets" are savings accounts, IRAs, CDs, etc. Very few own vehicles, at least not of any real value. A few have farmland, and the income from that has been counted toward the monthly fee. We have a few younger disabled clients who have young families, so they have very little in "liquid assets" but own some property like cars.

Mountrail: 39 live in houses, 19 in apartments, 40 have family in the area however not all have family that will assist them. 13 are FHC. Liquid assets are used for day- to- day living expenses or for insurance payments, etc.

Nelson: There are 30 clients currently being served in Nelson County. The majority of them are female. About 50% are living in apartments. The majority do not have family who are willing or able to assist them. Liquid assets are currently being used to pay for medical expenses such as medications. Those who are still living in their own houses use some of their liquid assets to pay for the upkeep on their homes.

Pierce: Most of my clients live alone. They don't have family who live in the area so many depend on neighbors, who are elderly and frail themselves, to do things for them. Many don't qualify for medical assistance due to excess resources although they live on a very limited income. When interest rates were higher they were able to supplement their income. Now many of them are needing to use their savings to help pay for their medication. Some have put money into an account for their burial.

Ransom: Most of my HCBS clients tell me that they "dip" into their assets to supplement their living expenses because their medication costs are so exorbitant; they also have some money set aside for burial expenses. The majority of our HCBS clients live alone and are 85 years and older, with several being in their nineties. Many of these same clients live in low- income housing and most of them are women. By far, the majority of my clients do not drive or should not drive, so they have to rely on senior services or the homemaker service to transport them to do their shopping; they have to schedule their out of town medical appointments for a certain day of the week, so they can make use of the senior bus/van. A lot of clients do not have children living nearby and their neighbors are also elderly. Since our clients are so elderly, even those with children nearby, can't count on too much from the children as they too, are elderly and/or limited by health impairments. I do have cases where both the parent and the child are receiving in-home services due to age related disabilities. And, as we are well aware, the younger generation is leaving North Dakota.

Renville: Most of my clients are in their late 70s and 80s, with a few in their 90s. If they have adequate assets they are privately hiring someone for services so those who now receive county funded services have limited assets and income-usually only Social Security. Many live in senior housing and do not have relatives in the area or do not have relatives who are able to assist them.

Richland: Most clients are living month to month on a fixed income of Social Security. The vast majority have no liquid assets aside from what remains of their social security check that particular day. A majority of the clients we serve DO NOT have family in the area, as many of the children live out of state. Most of the client's friends are the same age and have similar health problems and are unable to help. The days of neighbor helping neighbor are pretty much not in existence anymore-sadly that is a thing of days gone by. Most clients are residing alone in apartments.

Rolette: Rolette County's clients are predominantly poor. Normally clients live very budget conscience daily lives. With the high cost of prescription medication, those who have liquid assets pay the cost of medication with their money.

Sargent: Most of my clients are in their 80's and they live in low-income apartments. Most of their income now is being used to pay for their prescription drugs. They only have Social Security for income. One client receives money from the children. The client could not pay for everything without this assistance. Without home and community based services, most of my clients would need to enter a nursing home in the near future. The state would be forced to pay the cost of the nursing home care for these clients. Most of my clients have very little in liquid assets. Two clients are not elderly, but disabled and receive SSI of Social Services benefits. Both have serious health issues and are worried that their medication will not be covered by the State.

Sheridan: Most of the clients live alone, if there are children most are not even living in the state. Most clients are at the poverty level and assets are used to meet day- to-day expenses.

Stark: Our clients with liquid assets are using the interest off of it to pay for their medications, as their social security checks don't cover these. They all live on a tight budget. Transportation to/from grocery store and clinic are expensive and food in the smaller rural grocery stores is more expensive. Also, most of our clients have no family or no family living in the area. They are very dependent on in-home services to meet many of their basic needs.

Stutsman: Many of these clients have family that are already helping them and probably cannot help anymore. If it is FHC, those providers have quit jobs and will probably have to go to work somewhere if the FHC payments stop. If the client lives alone and loses the services that we are providing, they will have to go into nursing homes and will use up their extra money very quickly.

Towner: There are approximately 15 clients that are being served in Towner County. The majority of them are female. 4 of them are in a Basic Care Facility, 1 is in the AFFC home, 1 is receiving FHC and the rest live on their own. Liquid assets are currently being used to pay for medical assets and perhaps the upkeep on their homes. Many clients have state to me that they go to Canada to get their medications because it is so close. Many of our client families are unable to assist them.

Trall: They are usually living alone; have visual impairments and limited mobility with unsteady gait requiring the use of canes, walkers or wheelchairs; have few assets or social support. These clients also have limited family involvement for a number of reasons, such as family living out of state or out of town, family members are also elderly, or family members work full time and have their own family commitment's. Some clients are also diagnosed or suffering from a mental illness that makes it difficult for them to function normally. They often have no means of transportation. They are incontinent or have problems with their bowels, thus require personal care and sometimes help with dressing. Many have no laundry facilities of their own and need to be driven to laundry facilities.

Walsh: Most of my clients live in their own home. Most of them suffer with some type of arthritis. I have several clients that cannot open their hands up because of the crippling arthritis. They require assistance in opening cans, containers, bottles, paying bills, buttoning shirts and pants. Many have conditions that require surgery, but they are not candidates because of their age or fear of other complications. Several have had surgery that didn't work for them. An example of this is shoulder surgery. I have several clients that can no longer lift their arms past their shoulders or above their head. A person doesn't realize how important that function is until you open up the cupboard to grab a cup off the shelf or a pan from the bottom drawer and on to the stove or get in the shower to wash your hair let alone try and fix it. Several clients have had a stroke and have limited use of one side of their body. They can't lift both legs to get in and out of the shower. They can't operate a vacuum, wash their floor, clean the bathroom and maintain their balance at the same time. Many clients have a heart condition and get short of breath just walking across the floor.

Their liquid assets are used for home repairs, maintenance, emergencies, medications, and are being saved for their burial so this isn't a burden to their family. Many of my clients do not have family in the area. The people who do have family in the area, it's usually a son and they don't feel comfortable asking them to assist with personal cares. This holds true for both male and female clients. The clients that have family in the area, most of the family members work outside the home and have their own families to take care of. Most of the time I hear that they don't want to bother them because they do enough for their elderly parent(s). Family assist with keeping their parent's yards cleared and cleaned, running errands, assisting them to the doctor, bringing over groceries, checking to make sure they have fuel oil, bringing them the mail, assisting with home repairs and just checking in on them.

I hear from all of my clients how beneficial the Home and Community Based Services program is. They don't know what they'd do without the assistance. They all believe they would need some type of institutional care if it wasn't for this program and their first worry is the cost of institutional care. I have come to find out that the elderly are quite skilled at living within their means and want to die with this dignity. They want to be able to "get by" and by remaining in their own homes they are able to accomplish this. They all want to remain in their own home for as long as humanly possible. We all do. With the help of this program, it is a very real possibility.

Ward: Most live in apartment settings, a few in houses. Liquid assets are used for medications, hearing aids, dentures, and glasses. Sometimes clients use their LA to assist grown children and a few supplement their HCBS.

Wells: A typical client is living alone or with an elderly spouse and the children are not living in the area. The typical client receives a fixed income from Social Security. Some liquid assets are designated for burial. They are also used for cost of living when income falls short. Medications take a big chunk of the clients income (even on MA, they may have a recipient liability and are paying for medication). If they are not medically needy, they are paying for health insurance every month. If they own their own home, the lawn must be mowed and snow removed. They pay this out of their monthly income. If they own a car it is used for doctor appointments, buying groceries or short trips in town. Most of the elderly only buy what is needed. They do not believe in wasting anything. Many of them do not drive or have a car and so rely on friends or other services for transportation. They are content to stay in their own home for as long as possible whether this is a house or an apartment. Services are usually minimal-extending from an hour a week to 3-4 hours a week. Most individuals prefer to do as much for themselves as they can.

Williams: I am not sure how to answer this question. I have several younger disabled individuals who live in their own home with family members caring for their needs. These disabled individuals are not able to stay home with out help. I just am not sure about whether or not the family would care for them or not. It is hard to say, who's that dedicated, especially if the family member is able to work outside the home. The income has to come from somewhere. These two people cannot live with nothing. It is my experience that family is too busy, too far away, or just not willing to help out. Family is not the best resource we have because they are so uninvolved. My other clients are evenly distributed between the other age groups, I do not have one age that stands out. If there are any liquid assets they are used for prescriptions. The cost of medicine for the frail elderly is astronomical. Most of the clients live frugally, they live on less money than anyone I know. One lady was ironing her Christmas wrap from the year before so she could recycle it. They live for the time the caregiver comes to bathe them or vacuum or do laundry. Many of them do not get out of the house much, and get no company. Most of the older clients are not out to get something for nothing. They are living on \$600 -900 a month. They spend nothing on themselves for entertainment or pleasure. They manage to have enough to eat every day and pay for their expenses. Very few of them have any extravagances, not entertainment centers, no satellite TV, no computers or internet, some of them do not have cars, they share newspapers, magazines or anything else that can be used again.

March 12, 2003

HOUSE HUMAN SERVICES COMMITTEE
SB 2083

REPRESENTATIVE PRICE AND COMMITTEE MEMBERS:

My name is Jack McDonald. I'm appearing here today on behalf of The Arc. The Arc is an open membership organization made up of people with mental retardation and other related developmental disabilities, their families, friends, interested citizens, and professionals in the disability field.

The Arc of North Dakota has over 1,200 committed members and friends...your neighbors and constituents...in chapters in **Grand Forks, Fargo, Valley City, Jamestown, Bismarck, Dickinson and Bowman.**

While we fully understand the circumstances that led to this bill, we **OPPOSE** reducing the asset level for access to SPED and thus reducing the availability of SPED to hundreds of North Dakotans. The SPED freeze is bad enough; why add to that misery with this?

The Governor stressed the availability of home care in his State-of-the-State address and his budget. Nearly every article you read about trends in the area of care of the developmentally disabled and the aging stress the desire and need to develop more and better home health care alternatives.

Yet SPED, and expanded SPED, that are designed to help more people stay at home, are being cut back. It just doesn't make sense.

We urge that you give this bill a **DO NOT PASS**. We understand this is a lot to ask. But a lot is needed for North Dakotans with disabilities. If you have any questions, I will be happy to try to answer them. **THANK YOU FOR YOUR TIME AND CONSIDERATION.**

La Costa Rickford
Operator's Signature

10/15/03
Date

provision of covered home and community-based services to eligible aged and disabled persons.

17. "SPED program pool" means the list maintained by the aging services division of the department that contains the names of those individuals who meet the eligibility criteria to receive services under the SPED program and for whom SPED program funding is available when the individual's name is transferred from the SPED program pool to SPED program active status.

History: Effective June 1, 1995.

General Authority: NDCC 50-06.2-03(6)

Law Implemented: NDCC 50-06.2-01(3), 50-06.2-03(5)

75-03-23-02. Eligibility criteria.

1. An applicant shall be entered in the SPED program pool before service payments may be authorized. The department shall allow entry into the SPED program pool to occur:
 - a. When the county social service board of the county where the applicant resides or will receive services submits a form in the manner prescribed by the department; or
 - b. When the applicant meets the special circumstances provided in section 75-03-23-03.
2. An applicant's resources must not exceed fifty thousand dollars for the applicant to be eligible for services under the SPED program. For purposes of this section, resources are cash or similar assets that can be readily converted to cash and include residences owned by the applicant other than the applicant's primary residence.
3. An applicant eighteen years of age or older is eligible for the SPED program pool if:
 - a. The applicant has functional impairment in activities of daily living or in instrumental activities of daily living as specified by the department in policies and procedures to indicate applicant eligibility;
 - b. The applicant's functional impairment has lasted, or can be expected to last, three months or more;
 - c. The applicant's functional impairment is not the result of a mental illness or a condition of mental retardation, or a closely related condition;
 - d. The applicant is living in a housing arrangement commonly considered a private family dwelling and not in an institution, dormitory, or congregate housing arrangement;

50-06.2-02

PUBLIC WELFARE

3. To provide a continuum of community-based services adequate to appropriately sustain individuals in their homes and in their communities and to delay or prevent institutional care.
4. To preserve, rehabilitate, and reunite families.
5. To assist in securing referral or admission of individuals to institutional care when other forms of care are not appropriate.

Sources: S.L. 1961, ch. 489, § 1; 1963, ch. 523, § 1; 1967, ch. 575, § 1.

50-06.2-02. Definitions. As used in this chapter:

1. "Comprehensive human services" means services included in the comprehensive human services plan published by the state agency and human services required by state law or state agency regulation or federal law or regulation as a condition for the receipt of federal financial participation in programs administered under the provisions of this title.
2. "County agency" means the county social service board in each county of the state.
3. "County plan" means the county human services plan required by section 50-06.2-04.
4. "Family home care" means the provision of room, board, supervisory care, and personal services to an eligible elderly or disabled person by the spouse or by one of the following relatives, or the current or former spouse of one of the following relatives, of the elderly or disabled person: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew. The family home care provider need not be present in the home on a twenty-four-hour basis if the welfare and safety of the client is maintained.
5. "Human service center" means a regional center established under section 50-06-05.3.
6. "Qualified service provider" means a county agency or independent contractor which agrees to meet standards for service and operations established by the state agency.
7. "State agency" means the department of human services.

Sources: S.L. 1961, ch. 489, § 2; 1963, ch. 523, § 2; 1967, ch. 575, §§ 1, 2; 1965, ch. 456, § 2, § 96; 1963, ch. 523, § 2; 1967, ch. 575, § 20.

50-06.2-03. Powers and duties of the state agency. The state agency has the following powers or duties under this chapter:

1. To act as the official agency of the state in the administration of the human services programs for individuals and families in conformity with state and federal requirements.
2. To prepare, at least biennially, a comprehensive human services plan which must:

COMPREHENSIVE HUMAN SERVICES PROGRAMS 50-06.2-03

- a. Include human services determined essential in effectuating the purposes of this chapter.
- b. Detail the human services identified by the state agency for provision by human service centers and the services which the county agencies have agreed to make available in approved county plans as a condition for the receipt of any funds allocated or distributed by the state agency.
3. To make available, through county agencies or human service centers, any or all of the services set out in the comprehensive human services plan on behalf of those individuals and families determined to be eligible for those services under criteria established by the state agency.
4. To supervise and direct the comprehensive human services administered by county agencies and human service centers through standard-setting, technical assistance, approval of county and regional plans, preparation of the comprehensive human services plan, evaluation of comprehensive human services programs, and distribution of public money for services.
5. Within the limits of legislative appropriations and at rates determined payable by the state agency, to pay qualified service providers, which meet standards for services and operations, for the provision of the following services as defined in the comprehensive human services plan which are provided to persons who, on the basis of functional assessments, income, and resources, are determined eligible for the services in accordance with rules adopted by the state agency:
 - a. Homemaker services;
 - b. Chore services;
 - c. Respite care;
 - d. Home health aide services;
 - e. Case management;
 - f. Family home care;
 - g. Personal attendant care;
 - h. Adult family foster care; and
 - i. Such other services as the state agency determines to be essential and appropriate to sustain individuals in their homes and in their communities and to delay or prevent institutional care.
6. To take actions, give directions, and adopt rules as necessary to carry out the provisions of this chapter.

For purposes of this chapter, resources do not include the person's primary home and the first fifty thousand dollars in assets.

Sources: S.L. 1961, ch. 489, § 3; 1963, ch. 52, § 97; 1963, ch. 523, § 3; 1967, ch. 575, § 3; 1969, ch. 575, § 3.

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Operator's Signature

Date

LIQUID ASSETS SELF-DECLARATION

Name		ID Number
Address		County
<p>For purposes of the Home and Community Based Services to the Aged and Disabled Program, Liquid Assets includes all of the items listed below. Liquid Assets include taxable, tax-exempt, and tax-deferred funds.</p> <p>The value of the liquid assets is based on the most recent statement or current market value. Funds held in any type of joint account are considered an available asset to each co-owner unless you can verify in writing that you do not have recognized authority to direct their disbursement.</p>		
1. CROP in Storage (not feed or seed)	\$ _____	Value of other than primary residence per "true and full value" from tax record:
2. CASH		
Cash On Hand	\$ _____	\$ _____
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	
Money Market funds	\$ _____	
Certificates of Deposit (CD's)	\$ _____	
3. BONDS		
U.S. Savings Bonds	\$ _____	
U.S. Treasury Bonds	\$ _____	
Other Bonds (List below):		
_____	\$ _____	
_____	\$ _____	
4. RETIREMENT PROGRAMS		
IRAs	\$ _____	
Keough Plans	\$ _____	
401 (k) or 403 (b)	\$ _____	
Annuities (list below):		
_____	\$ _____	
_____	\$ _____	
5. MUTUAL FUNDS:		
_____	\$ _____	
_____	\$ _____	
6. STOCKS (list)		
_____	\$ _____	
_____	\$ _____	
7. TRUSTS	\$ _____	
8. OTHER (list)		
_____	\$ _____	
_____	\$ _____	
TOTAL	\$ _____	
<p>I hereby certify that the above statements are true to the best of my knowledge. If requested, I will provide verification of the information provided. I understand that if any information is willfully withheld, I am not eligible for services subsidized by tax dollars.</p>		
Date	Signature	

La Costa Rickford
Operator's Signature

10/15/03
Date

**SERVICE PAYMENTS FOR ELDERLY AND DISABLED PROGRAM
POLICIES AND PROCEDURES**

North Dakota Department
of Human Services Manual

Division 20
Program 610

Service 670
Chapter 05

05-60-20. SFN 820, Liquid Assets Self-Declaration (Revised 1/00 ML #2548)

APPENDIX D

After the Index at the end of this manual is a copy of SFN 820, Liquid Assets Self-Declaration, that is used for the SPED Program eligibility.

The applicant/client must complete the SFN 820, Liquid Assets Self-Declaration, at the time of application and annually thereafter. THE VALUE OF THE RESOURCES IS BASED ON THE MOST RECENT STATEMENT OR CURRENT MARKET VALUE.

The following is provided to aid in completing the form.

1. Crop inventory: Non-contract crops held in storage at the discretion of the owner, who is the applicant/client, is considered a liquid asset for purposes of the SPED Program. The owner/applicant/client is delaying selling the products for income tax purposes OR waiting for price increases. However, crops being held for feed or for planting would not be included as an available asset. The cash value is based on the market price on the date of application or annual review.
2. Cash On Hand: Coins and currency.
3. Checking Accounts: Includes share draft accounts at credit unions and savings & loan institutions; all checking accounts that the applicant/client is authorized to write checks against.
4. Savings Accounts: The balance as shown on the most recent statement on all savings accounts held solely or jointly by the applicant/client.
5. Money Market Funds: A type of mutual fund that allows investors to write checks against their account in established increments, usually \$500.
6. Certificates of Deposit (CD): The face value, purchase amount, of the CD is to be reported. Accrued interest, if any, added to the CD is reported as income; therefore, considered in establishing the client's participation rate on the sliding-fee-scale.

**SERVICE PAYMENTS FOR ELDERLY AND DISABLED PROGRAM
POLICIES AND PROCEDURES**

North Dakota Department
of Human Services Manual

Division 20
Program 610

Service 670
Chapter 05

7. Bonds: A bond shows a debt on which the issuing company promises to pay the bond-holders a specified amount of interest for a certain length of time.
 - a. U.S. Savings Bonds: Series EE or HH Bonds
 - b. U.S. Treasury Bonds
 - c. Municipal (Muni) Bonds: Are issued by states, cities, counties or other local entities. The income is generally exempt from federal income tax and in many cases is not taxed by the state in which they are issued. The face value is a liquid asset; the earnings are reported as income.
 - d. Other Bonds: The bonds listed above are most common. The applicant/client could also have corporate, zero coupon, coupon, convertible, and/or serial bonds. The value of any of those bonds on date of application/review must be provided.
8. Retirement programs: Earnings on the following retirement programs are tax deferred until taking payouts. At that time the income is reflected on their federal income tax form.
 - a. IRAs (Individual Retirement Accounts): Withdrawal of these funds prior to age 59 2 results in a 10% penalty of principal and interest. If the applicant/client has not reached 59 2 years, the IRAs would be exempt. See 05-20-15-05. Exempt (Liquid) Resources.
 - b. 401(k) and 403(b) Plans: Tax deferred programs provided by an employer that enable part of the employee's salary to be set aside each year. Such plans allow for withdrawal upon: Termination of employment at any age; retirement; approval of a claim for extreme financial hardship; death. At age 70 2 withdrawal must begin.
 - c. Keogh Plans: Retirement plan for self-employed person. Applicants/clients (previously) engaged in farming may have Keogh Plans.
 - d. Annuities: Money invested in tax deferred contract with a life insurance company that results in tax-deferred earnings.

Manual Letter: #2800

-48-

Date Issued: 06-02

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Operator's Signature

LaCosta Rickford

Date

10/15/03

**SERVICE PAYMENTS FOR ELDERLY AND DISABLED PROGRAM
POLICIES AND PROCEDURES**

North Dakota Department
of Human Services Manual

Division 20
Program 610

Service 670
Chapter 05

9. Mutual funds: Invested funds are professionally managed. The earnings are reported as income.
10. Stocks: The current value of the stocks is to be listed regardless of whether dividends are paid by the corporation. The dividends are countable as income.
11. Trust: The value of a revocable trust would be included in the liquid asset determination but NOT the value of an irrevocable trust.
12. Other: The face value of loans that the applicant/client has made to others (money owed to the applicant/client) is also a liquid asset. Common loans are notes, and mortgages. Contracts for Deed and Limited Partnerships are excluded due to the difficulty of establishing a current market value for such instruments on the open market.

Copies of this form can be obtained from the Department through the regular request procedure.

05-60-20-05. Verifying Liquid Assets

Effective July 1, 2002, verification of liquid assets is required when the applicant/client shows tax-exempt or tax-deferred income on SFN 820, Liquid Assets Self-Declaration. The applicant/client must provide their most recent federal income tax form 1040 AND the most recent quarterly or annual statement from the company(s) holding such liquid assets. A copy of these forms must be retained in the casefile. If the applicant/client does not make the documents available, eligibility cannot be established. Therefore, eligibility is denied or terminated.

By these document, the HCBS case manager can confirm the value of the liquid assets as well as the income derived from same. The HCBS case manager should review the section "Income" on the 1040 to determine if all income was reported on SFN 1226, Responsible Party Financial Information.

Manual Letter: #2800

-49-

Date Issued: 06-02

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10/15/03
Date

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2083

Page 2, line 23, overstrike "resources do not include the", remove "individuals", and overstrike "primary home"

Page 2, line 24, overstrike "and the first", replace "twenty" with "twenty-five", remove the overstrike over "in", replace "of all other" with "liquid", and after "assets" insert ", the individual must meet all asset tests required under chapter 50-24.5"

Renumber accordingly

with above \$25,000,

2

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2083

Page 2, replace lines 23 and 24 with "For purposes of this chapter, ~~resources do not include the person's primary home and the first fifty~~ except for twenty-five thousand dollars in liquid assets, the individual must meet all asset tests required under chapter 50-24.5."

Renumber accordingly

**SPED and Expanded SPED
COST CUTTING MEASURES IMPLEMENTED
in 2001 - 2003 Biennium**

1. Retroactive to October 1, 2001 through December 31, 2002, charge non-medical transportation services for clients over age 60 to the Older Americans Act. 90% of the clients currently receiving services are over age 60. Additional Older Americans Act federal funds were appropriated by Congress in Fiscal Year 2002. Transportation is an allowable OAA service.
2. Eliminate non-medical transportation under SPED/Expanded SPED. Provide through the (OAA) contracts, including escort/shopping assistance effective January 1, 2003.
3. Limit family members who are providing care to "family home care" only; do not allow personal care as an option. This would reduce the maximum reimbursement allowed per client per month from \$1,200 to \$700.
4. Lower the cap for Homemaker Services from \$185 to \$135.
5. Partially freeze the SPED program beginning June, 2002. Fully freeze the program effective December 1, 2002, with some exceptions. Partially freeze the Expanded SPED program beginning June, 2002.
6. Pay for qualified family home care situations with National Family Caregivers Support program funds. Payments of \$325 per month or less for caregivers providing care to a family member age 60+ would be charged to the OAA National Family Support Program (retroactive from October 1, 2001 through June 30, 2003).
7. Effective July 1, 2002, for new clients, or for current clients at the first of the month following the next quarterly contact prior to October 1, 2002, Family Home Care providers will no longer be paid to perform environmental tasks. The tasks not covered are: managing money, communications, shopping, housework, laundry, transportation and meal preparation. These tasks are performed by the provider for him/herself in conjunction with living in the same household as the client.
8. Limit emergency response system only to persons living alone. There were 409 recipients in February 2002. 80% of those recipients live alone.
9. Freeze reimbursement for case management assessments for anyone other than current clients or those who qualify for the Medicaid Waiver or for exceptions to SPED or Expanded SPED.
10. Hold provider rates at existing levels not allowing the 2.3% inflationary rate increase approved by the Legislature for the second year of the biennium.

Total Cost Savings = \$2.5 million

Lacosta Rickford
Operator's Signature

10/15/03
Date

2003 - 2005 Biennium

Reduce liquid assets eligibility for SPED from \$50,000 to \$25,000.

Total Estimated Cost Savings = \$1,737,434

OTHER MEASURES (2001 - 2003 Biennium)

1. Eliminate shopping as a reimbursable task of live in personal care.
2. Capped reimbursement for personal care services provided in assisted living facilities, effective March 1, 2003.

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10/15/03
Date

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICE
Bill 2012 To The House
Senate Eligibility Program Changes

<u>SPED Recipients</u>	<u>Beginning Recipients</u>	<u>Ending Recipients</u>
Executive Budget	1,750	1,980
Bill 2012 To The House	1,294	1,519
Net Change	(456)	(461)

<u>Expanded SPED Recipients</u>	<u>Beginning Recipients</u>	<u>Ending Recipients</u>
Executive Budget	210	233
Bill 2012 To The House	173	194
Net Change	(37)	(39)

<u>Pool Totals as of 3-12-03</u>	<u>Unduplicated Recipients</u>
SPED	76
Expanded SPED	19
Total Recipients	95

<u>Program Inquiries as of 3-12-03</u>	<u>Unduplicated Recipients</u>
Program Inquiries*	163

<u>January Recipients</u>	<u>Unduplicated Recipients</u>
SPED	1,386
Expanded SPED	159
Total Recipients	1,545

* These individuals have not been assessed and, therefore, can not be assigned to a service.

Rep. Robin Wenz 04.02.03
SB 2083

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2083

Page 1, line 2, after "disabled" insert ", and to create and enact two new sections to chapter 50-06.2 of the North Dakota Century Code, relating to disqualifying transfers and recoveries from decedent's estates"

Page 2, line 4, remove the overstrike over "fifty", remove "twenty", and replace "all other" with "liquid"

Page 2, after line 24, insert:

"Section 2. Two new sections to chapter 50-06.2 of the North Dakota Century Code is created and enacted as follows:

Disqualifying transfers. No individual may be found eligible for benefits under this chapter if, at any time before or after making application, the individual or the individual's spouse has made any assignment or transfer of any asset for the purpose of making that individual eligible for those benefits. "Assignment or transfer" includes any action or failure to act which effects a transfer, renunciation, or disclaimer of any asset or interest in an asset which the individual might otherwise assert or have asserted, or which serve to reduce the amounts that an individual might otherwise claim from a decedent's estate, a trust or similar device, or another individual obligated by law to furnish support.

Renumber accordingly

Rep. Robin Weisz. 04.02.03
SB2083

It is the intent of the 58th legislative assembly that the Department's sliding fee schedule in place at April 1, 2003 is to be decreased by \$100 at each level for those clients with liquid assets from \$0 - \$25,000 and to incorporate a disregard for prescription drug costs.

It is the intent of the 58th legislative assembly that the Department's sliding fee schedule in place at April 1, 2003 is to be decreased by \$250 at each level for those clients with liquid assets from \$25,001 - \$50,000 and to incorporate a disregard for prescription drug costs.

It is the intent of the 58th legislative assembly that all income of SPED clients will be verified by requiring a federal tax form 1040 or other equivalent document to be maintained on file and submitted to the Department for statewide analysis. All income will be offset by verified prescription drug costs. Information relative to all income producing and other assets, excluding the home, household goods and personal items shall be documented by the counties and submitted to the Department for statewide analysis.

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Operator's Signature

LaCosta Rickford

10/15/03

Date

Rep. Robin Weisz. 04.02.03
SB 2083

SPED

Decrease Sliding Fee Schedule \$100 - (With Prescription Disregard)

Liquid Assets \$0 - \$25,000

Family Size of 1

	Percentage of Fee Discount									
	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%
Income Ranges after Disregard	0 - 650	651 - 726	727 - 802	803 - 877	878 - 953	954 - 1028	1029 - 1104	1105 - 1179	1180 - 1255	1256 - 1330
Random Sample of Current Caseload	57	8	4	2	3	2	3	1		
% of Current Cases in Range (Based upon Random Sample)	71%	10%	5%	3%	4%	3%	4%	1%	0%	100%

Decrease Sliding Fee Schedule Ranges by \$250 - (With Prescription Disregard)

Liquid Assets \$25,001 - \$50,000

Family Size of 1

	Percentage of Fee Discount									
	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%
Income Ranges after Disregard	0 - 500	501 - 576	577 - 652	653 - 727	728 - 803	804 - 878	879 - 954	955 - 1029	1030 - 1105	1106 - 1180
Random Sample of Current Caseload	4	1	1	1	1	0	0	0	0	8
% of Current Cases in Range (Based upon Random Sample)	5%	1%	1%	1%	1%	0%	0%	0%	0%	10%

SB 2012 as Amended by the Senate	Estimated Program Need (Including Change in Fee Schedule, Estate Recovery, & Dis. Transfer)	Increase in Approp.
Appropriation	14,226,353	3,206,839
Beginning Caseload	1,294	1,715
Ending Caseload	1,519	1,945
Average Monthly Caseload	1,408	1,830
Increase in Avg. Monthly Caseload (from SB 2012 as amended by Senate)		422
Average Cost Per Case		400.94
Increase in Avg. Monthly Client Cost		19.95
Total Dollars paid by Clients	6,399,620	1,733,572

Estimated Program Need (Including Change in Fee Schedule, & Dis. Transfer) No Estate Recovery	Increase in Approp.
17,609,285	3,382,972
1,715	
1,945	
1,830	
422	
400.94	
19.95	
1,733,572	

What SB 2012 Proposed House Amend. (With Change in Fee Schedules) will fund	
16,068,458	
1,612	
1,728	
1,670	
262	
400.94	
19.95	
1,581,938	

Table for Income Random Sampling 2003_SPED 4/1/2003 dm

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Operator's Signature La Costa Rickford

Date 10/15/03

2083

North Dakota Department of Human Services
Aging Services Division
SPED (Service Payments to Elderly and Disabled)

1999 - 2001 Biennium			
Month	Persons Receiving (unduplicated monthly)		Cost Per Person
	Appropriation	Actual	
Aug-99	1,470	1,340	337.89
Sep-99	1,478	1,322	337.89
Oct-99	1,486	1,314	337.89
Nov-99	1,494	1,306	337.89
Dec-99	1,502	1,298	337.89
Jan-00	1,510	1,290	337.89
Feb-00	1,518	1,282	337.89
Mar-00	1,526	1,274	337.89
Apr-00	1,534	1,266	337.89
May-00	1,542	1,258	337.89
Jun-00	1,550	1,250	337.89
Jul-00	1,558	1,242	337.89
Aug-00	1,566	1,234	337.89
Sep-00	1,574	1,226	337.89
Oct-00	1,582	1,218	337.89
Nov-00	1,590	1,210	337.89
Dec-00	1,598	1,202	337.89
Jan-01	1,606	1,194	337.89
Feb-01	1,614	1,186	337.89
Mar-01	1,622	1,178	337.89
Apr-01	1,630	1,170	337.89
May-01	1,638	1,162	337.89
Jun-01	1,646	1,154	337.89
Jul-01	1,654	1,146	337.89
Aug-01	1,662	1,138	337.89
Sep-01	1,670	1,130	337.89
Oct-01	1,678	1,122	337.89
Nov-01	1,686	1,114	337.89
Dec-01	1,694	1,106	337.89
Jan-02	1,702	1,098	337.89
Feb-02	1,710	1,090	337.89
Mar-02	1,718	1,082	337.89
Apr-02	1,726	1,074	337.89
May-02	1,734	1,066	337.89
Jun-02	1,742	1,058	337.89
Jul-02	1,750	1,050	337.89
Aug-02	1,758	1,042	337.89
Sep-02	1,766	1,034	337.89
Oct-02	1,774	1,026	337.89
Nov-02	1,782	1,018	337.89
Dec-02	1,790	1,010	337.89
Jan-03	1,798	1,002	337.89
Feb-03	1,806	994	337.89
Mar-03	1,814	986	337.89
Apr-03	1,822	978	337.89
May-03	1,830	970	337.89
Jun-03	1,838	962	337.89
Jul-03	1,846	954	337.89
Aug-03	1,854	946	337.89
Sep-03	1,862	938	337.89
Oct-03	1,870	930	337.89
Nov-03	1,878	922	337.89
Dec-03	1,886	914	337.89
Jan-04	1,894	906	337.89
Feb-04	1,902	898	337.89
Mar-04	1,910	890	337.89
Apr-04	1,918	882	337.89
May-04	1,926	874	337.89
Jun-04	1,934	866	337.89
Jul-04	1,942	858	337.89
Aug-04	1,950	850	337.89
Sep-04	1,958	842	337.89
Oct-04	1,966	834	337.89
Nov-04	1,974	826	337.89
Dec-04	1,982	818	337.89
Jan-05	1,990	810	337.89
Feb-05	1,998	802	337.89
Mar-05	2,006	794	337.89
Apr-05	2,014	786	337.89
May-05	2,022	778	337.89
Jun-05	2,030	770	337.89
Jul-05	2,038	762	337.89
Aug-05	2,046	754	337.89
Sep-05	2,054	746	337.89
Oct-05	2,062	738	337.89
Nov-05	2,070	730	337.89
Dec-05	2,078	722	337.89
Jan-06	2,086	714	337.89
Feb-06	2,094	706	337.89
Mar-06	2,102	698	337.89
Apr-06	2,110	690	337.89
May-06	2,118	682	337.89
Jun-06	2,126	674	337.89
Jul-06	2,134	666	337.89
Aug-06	2,142	658	337.89
Sep-06	2,150	650	337.89
Oct-06	2,158	642	337.89
Nov-06	2,166	634	337.89
Dec-06	2,174	626	337.89
Jan-07	2,182	618	337.89
Feb-07	2,190	610	337.89
Mar-07	2,198	602	337.89
Apr-07	2,206	594	337.89
May-07	2,214	586	337.89
Jun-07	2,222	578	337.89
Jul-07	2,230	570	337.89
Aug-07	2,238	562	337.89
Sep-07	2,246	554	337.89
Oct-07	2,254	546	337.89
Nov-07	2,262	538	337.89
Dec-07	2,270	530	337.89
Jan-08	2,278	522	337.89
Feb-08	2,286	514	337.89
Mar-08	2,294	506	337.89
Apr-08	2,302	498	337.89
May-08	2,310	490	337.89
Jun-08	2,318	482	337.89
Jul-08	2,326	474	337.89
Aug-08	2,334	466	337.89
Sep-08	2,342	458	337.89
Oct-08	2,350	450	337.89
Nov-08	2,358	442	337.89
Dec-08	2,366	434	337.89
Jan-09	2,374	426	337.89
Feb-09	2,382	418	337.89
Mar-09	2,390	410	337.89
Apr-09	2,398	402	337.89
May-09	2,406	394	337.89
Jun-09	2,414	386	337.89
Jul-09	2,422	378	337.89
Aug-09	2,430	370	337.89
Sep-09	2,438	362	337.89
Oct-09	2,446	354	337.89
Nov-09	2,454	346	337.89
Dec-09	2,462	338	337.89
Jan-10	2,470	330	337.89
Feb-10	2,478	322	337.89
Mar-10	2,486	314	337.89
Apr-10	2,494	306	337.89
May-10	2,502	298	337.89
Jun-10	2,510	290	337.89
Jul-10	2,518	282	337.89
Aug-10	2,526	274	337.89
Sep-10	2,534	266	337.89
Oct-10	2,542	258	337.89
Nov-10	2,550	250	337.89
Dec-10	2,558	242	337.89
Jan-11	2,566	234	337.89
Feb-11	2,574	226	337.89
Mar-11	2,582	218	337.89
Apr-11	2,590	210	337.89
May-11	2,598	202	337.89
Jun-11	2,606	194	337.89
Jul-11	2,614	186	337.89
Aug-11	2,622	178	337.89
Sep-11	2,630	170	337.89
Oct-11	2,638	162	337.89
Nov-11	2,646	154	337.89
Dec-11	2,654	146	337.89
Jan-12	2,662	138	337.89
Feb-12	2,670	130	337.89
Mar-12	2,678	122	337.89
Apr-12	2,686	114	337.89
May-12	2,694	106	337.89
Jun-12	2,702	98	337.89
Jul-12	2,710	90	337.89
Aug-12	2,718	82	337.89
Sep-12	2,726	74	337.89
Oct-12	2,734	66	337.89
Nov-12	2,742	58	337.89
Dec-12	2,750	50	337.89
Jan-13	2,758	42	337.89
Feb-13	2,766	34	337.89
Mar-13	2,774	26	337.89
Apr-13	2,782	18	337.89
May-13	2,790	10	337.89
Jun-13	2,798	2	337.89
Jul-13	2,806	0	337.89
Aug-13	2,814	0	337.89
Sep-13	2,822	0	337.89
Oct-13	2,830	0	337.89
Nov-13	2,838	0	337.89
Dec-13	2,846	0	337.89
Jan-14	2,854	0	337.89
Feb-14	2,862	0	337.89
Mar-14	2,870	0	337.89
Apr-14	2,878	0	337.89
May-14	2,886	0	337.89
Jun-14	2,894	0	337.89
Jul-14	2,902	0	337.89
Aug-14	2,910	0	337.89
Sep-14	2,918	0	337.89
Oct-14	2,926	0	337.89
Nov-14	2,934	0	337.89
Dec-14	2,942	0	337.89
Jan-15	2,950	0	337.89
Feb-15	2,958	0	337.89
Mar-15	2,966	0	337.89
Apr-15	2,974	0	337.89
May-15	2,982	0	337.89
Jun-15	2,990	0	337.89
Jul-15	2,998	0	337.89
Aug-15	3,006	0	337.89
Sep-15	3,014	0	337.89
Oct-15	3,022	0	337.89
Nov-15	3,030	0	337.89
Dec-15	3,038	0	337.89
Jan-16	3,046	0	337.89
Feb-16	3,054	0	337.89
Mar-16	3,062	0	337.89
Apr-16	3,070	0	337.89
May-16	3,078	0	337.89
Jun-16	3,086	0	337.89
Jul-16	3,094	0	337.89
Aug-16	3,102	0	337.89
Sep-16	3,110	0	337.89
Oct-16	3,118	0	337.89
Nov-16	3,126	0	337.89
Dec-16	3,134	0	337.89
Jan-17	3,142	0	337.89
Feb-17	3,150	0	337.89
Mar-17	3,158	0	337.89
Apr-17	3,166	0	337.89
May-17	3,174	0	337.89
Jun-17	3,182	0	337.89
Jul-17	3,190	0	337.89
Aug-17	3,198	0	337.89
Sep-17	3,206	0	337.89
Oct-17	3,214	0	337.89
Nov-17	3,222	0	337.89
Dec-17	3,230	0	337.89
Jan-18	3,238	0	337.89
Feb-18	3,246	0	337.89
Mar-18	3,254	0	337.89
Apr-18	3,262	0	337.89
May-18	3,270	0	337.89
Jun-18	3,278	0	337.89
Jul-18	3,286	0	337.89
Aug-18	3,294	0	337.89
Sep-18	3,302	0	337.89
Oct-18	3,310	0	337.89
Nov-18	3,318	0	337.89
Dec-18	3,326	0	337.89
Jan-19	3,334	0	337.89
Feb-19	3,342	0	337.89
Mar-19	3,350	0	337.89
Apr-19	3,358	0	337.89
May-19	3,366	0	337.89
Jun-19	3,374	0	337.89
Jul-19	3,382	0	337.89
Aug-19	3,390	0	337.89
Sep-19	3,398	0	337.89
Oct-19	3,406	0	337.89
Nov-19	3,414	0	337.89
Dec-19	3,422	0	337.89
Jan-20	3,430	0	337.89
Feb-20	3,438	0	337.89
Mar-20	3,446	0	337.89
Apr-20	3,454	0	337.89
May-20	3,462	0	337.89
Jun-20	3,470	0	337.89
Jul-20	3,478	0	337.89
Aug-20	3,486	0	337.89
Sep-20	3,494	0	337.89
Oct-20	3,502	0	337.89
Nov-20	3,510	0	337.89
Dec-20	3,518	0	337.89
Jan-21	3,526	0	337.89
Feb-21	3,534	0	337.89
Mar-21	3,542	0	337.89
Apr-21	3,550	0	337.89
May-21	3,558	0	337.89
Jun-21	3,566	0	337.89
Jul-21	3,574	0	337.89
Aug-21	3,582	0	337.89
Sep-21	3,590	0	337.89
Oct-21	3,598	0	337.89
Nov-21	3,606	0	337.89
Dec-21	3,614	0	337.89
Jan-22	3,622	0	337.89
Feb-22	3,630	0	337.89
Mar-22	3,638	0	337.89
Apr-22	3,646	0	337.89
May-22	3,654	0	337.89
Jun-22	3,662	0	337.89
Jul-22	3,670	0	337.89
Aug-22	3,678	0	337.89
Sep-22	3,686	0	337.89
Oct-22	3,694	0	337.89
Nov-22	3,702	0	337.89
Dec-22	3,710	0	337.89
Jan-23	3,718	0	337.89
Feb-23	3,726	0	337.89
Mar-23	3,734	0	337.89
Apr-23	3,742	0	337.89
May-23	3,750	0	337.89
Jun-23	3,758	0	337.89
Jul-23	3,766	0	337.89
Aug-23	3,774	0	337.89
Sep-23	3,782	0	337.89
Oct-23	3,790	0	337.89
Nov-23	3,798	0	337.89
Dec-23	3,806</		

5B 2003

North Dakota Department of Human Services
Aging Services Division
Expanded SPED (Service Payments to Elderly and Disabled)

1999-2001 Biennium			
Month	Persons Receiving (unduplicated monthly)		Cost Per Person
	Appropriation	Actual	
Aug-99	110	163	316.50
Sep-99	110	186	316.50
Oct-99	110	181	316.50
Nov-99	112	170	316.50
Dec-99	112	176	316.50
Jan-00	112	184	316.50
Feb-00	113	184	316.50
Mar-00	113	174	316.50
Apr-00	113	176	316.50
May-00	113	171	316.50
Jun-00	116	187	316.50
Jul-00	116	176	316.50
Aug-00	119	185	322.63
Sep-00	119	170	322.63
Oct-00	119	182	322.63
Nov-00	121	174	322.63
Dec-00	121	175	322.63
Jan-01	121	187	322.63
Feb-01	122	187	322.63
Mar-01	122	179	322.63
Apr-01	122	180	322.63
May-01	124	185	322.63
Jun-01	125	179	322.63
Jul-01	125	180	322.63
Biennium	2,810	4,256	319.58
Totals	2,810	4,256	319.58
FY 00	1,350	2,083	316.50
FY 01	1,460	2,173	322.63

Legislative Appropriation	State	County	RTT
Actual Expenditures	882,944	882,944	0
Budget Over(Under) Exp.	1,238,082	1,238,082	0
	(449,839)	(449,839)	0

2001-2003 Biennium			
Month	Persons Receiving (unduplicated monthly)		Cost Per Person
	Appropriation	Actual	
Aug-01	177	180	275.95
Sep-01	177	158	275.95
Oct-01	177	163	275.95
Nov-01	177	167	275.95
Dec-01	177	164	275.95
Jan-02	177	173	282.02
Feb-02	177	185	282.02
Mar-02	177	183	282.02
Apr-02	177	183	282.02
May-02	177	180	282.02
Jun-02	177	188	282.02
Jul-02	177	208	282.02
Aug-02	177	189	282.02
Sep-02	177	181	282.02
Oct-02	178	181	282.02
Nov-02	178	165	282.02
Dec-02	178	169	282.02
Jan-03	178	159	282.02
Feb-03	178	154	282.02
Mar-03	178	178	282.02
Apr-03	178	178	282.02
May-03	178	178	282.02
Jun-03	178	178	282.02
Jul-03	178	178	282.02
Biennium	4,258	3,337	282.59
Totals	4,258	3,337	282.59
FY 02	2,126	2,139	279.48
FY 03	2,134	1,198	285.88

Legislative Appropriation	State	County	RTT
Actual Expenditures	1,204,289	1,204,289	0
Budget Over(Under) Exp.	1,216,864	1,222,691	0
	(18,783)	(18,783)	0

03-05 Budget, Executive Budget			
Month	Persons Receiving (unduplicated monthly)		Cost Per Person
	Appropriation	Actual	
Aug-03	210	210	334.95
Sep-03	211	211	334.95
Oct-03	212	212	334.95
Nov-03	213	213	334.95
Dec-03	214	214	334.95
Jan-04	215	215	334.95
Feb-04	216	216	334.95
Mar-04	217	217	334.95
Apr-04	218	218	334.95
May-04	219	219	334.95
Jun-04	220	220	334.95
Jul-04	221	221	334.95
Aug-04	222	222	334.95
Sep-04	223	223	334.95
Oct-04	224	224	334.95
Nov-04	225	225	334.95
Dec-04	226	226	334.95
Jan-05	227	227	334.95
Feb-05	228	228	334.95
Mar-05	229	229	334.95
Apr-05	230	230	334.95
May-05	231	231	334.95
Jun-05	232	232	334.95
Jul-05	233	233	334.95
Total	5,216	5,216	334.95
SPY 2004	2,386	2,386	334.95
SPY 2005	2,730	2,730	334.95

Total	State	Federal	County	RTT
1,780,594	1,780,594			

03-05 Budget, "To House"			
Month	Persons Receiving (unduplicated monthly)		Cost Per Person
	Appropriation	Actual	
Aug-03	173	173	334.95
Sep-03	174	174	334.95
Oct-03	175	175	334.95
Nov-03	176	176	334.95
Dec-03	177	177	334.95
Jan-04	178	178	334.95
Feb-04	179	179	334.95
Mar-04	180	180	334.95
Apr-04	181	181	334.95
May-04	182	182	334.95
Jun-04	183	183	334.95
Jul-04	184	184	334.95
Aug-04	185	185	334.95
Sep-04	186	186	334.95
Oct-04	187	187	334.95
Nov-04	188	188	334.95
Dec-04	189	189	334.95
Jan-05	190	190	334.95
Feb-05	191	191	334.95
Mar-05	191	191	334.95
Apr-05	192	192	334.95
May-05	192	192	334.95
Jun-05	193	193	334.95
Jul-05	194	194	334.95
Total	4,420	4,420	334.95
SPY 2004	2,142	2,142	334.95
SPY 2005	2,278	2,278	334.95

Total	State	Federal	County	RTT
1,480,594	1,480,594			

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La Costa Rickford 10/15/03
Operator's Signature Date

Proposed Amendments to SB 2036

Page 1, line 23, overstrike "five" and insert immediately thereafter "ten"

Page 2, line 1, overstrike "handicap" and insert immediately thereafter "disability", replace "is" with "has been diagnosed by a licensed physician to be", and replace "handicap" with "disability"

La Costa Rickford
Operator's Signature

10/15/03
Date