19.0775.06000

FISCAL NOTE

Requested by Legislative Council
04/18/2019

Amendment to: HB 1517

1 A. **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.*

	2017-2019 Biennium		2019-2021 Biennium		2021-2023 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$469,961	$469,960	$469,961	$469,960
Appropriations			$469,961	$469,960	$469,961	$469,960

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

	2017-2019 Biennium	2019-2021 Biennium	2021-2023 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

HB1517 Requires program management, an assessment and regional crisis support services for the Life Skills and Transitional Center.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Sections 1, 2, 3 & 5 have no fiscal impact.

Section 4 requires the department to establish a regional crisis support team for individuals with intellectual or developmental disabilities. 7.5 FTE would be needed to provide timely crisis assistance to these individuals. The appropriation for this request is also included in SB 2012.

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.*

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.*

Sections 1, 2, 3 & 5 have no fiscal impact.

Section 4 requires the department to establish a regional crisis support team for individuals with intellectual or

developmental disabilities. Total cost for the 7.5 FTE needed to provided timely one-on-one crisis assistance to these individuals is $939,921, of which $469,961 is general fund. The appropriation for these FTE is included in SB 2012.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 2019-2021 biennium, the Department of Human Services would have a general fund increase of $469,961 and a federal fund increase of $469,960 along with 7.5 FTE. This appropriation is included in SB 2012.

Name: Donna Aukland

Agency: Human Services

Telephone: 701-328-4924

Date Prepared: 04/18/2019

19.0775.05000

FISCAL NOTE

Requested by Legislative Council
03/12/2019

Amendment to: HB 1517

1 A. **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.*

	2017-2019 Biennium		2019-2021 Biennium		2021-2023 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$469,961	$469,960	$469,961	$469,960
Appropriations			$469,961	$469,960	$469,961	$469,960

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

	2017-2019 Biennium	2019-2021 Biennium	2021-2023 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

HB1517 Requires program management, an assessment and regional crisis support services for the Life Skills and Transitional Center.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Sections 1, 2 & 4 have no fiscal impact.

Section 3 requires the department to establish a regional crisis support team for individuals with intellectual or developmental disabilities. 7.5 FTE would be needed to provide timely one-on-one crisis assistance to these individuals. This request is also included in SB 2012.

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.*

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.*

Sections 1, 2 & 4 have no fiscal impact.

Section 3 requires the department to establish a regional crisis support team for individuals with intellectual or developmental disabilities. Total cost for the 7.5 FTE needed to provided timely one-on-one crisis assistance to these individuals is $939,921, of which $469,961 is general fund. These FTE are included in SB 2012.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 2019-2021 biennium, the Department of Human Services would have a general fund increase of $469,961 and a federal fund increase of $469,960 along with 7.5 FTE.

Name: Donna Aukland

Agency: Human Services

Telephone: 701-328-4924

Date Prepared: 01/21/2019

19.0775.04000

FISCAL NOTE

Requested by Legislative Council
02/13/2019

Amendment to: HB 1517

1 A. **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.*

	2017-2019 Biennium		2019-2021 Biennium		2021-2023 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$469,961	$469,960	$469,961	$469,960
Appropriations			$469,961	$469,960	$469,961	$469,960

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

	2017-2019 Biennium	2019-2021 Biennium	2021-2023 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

HB1517 Requires program management, an assessment and regional crisis support services for the Life Skills and Transitional Center.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Sections 1, 2 & 3 have no fiscal impact.

Section 4 requires the department to establish a regional crisis support team for individuals with intellectual or developmental disabilities. 7.5 FTE would be needed to provide timely one-on-one crisis assistance to these individuals. This request is also included in SB 2012.

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.*

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.*

Sections 1, 2 & 3 have no fiscal impact.

Section 4 requires the department to establish a regional crisis support team for individuals with intellectual or developmental disabilities. Total cost for the 7.5 FTE needed to provided timely one-on-one crisis assistance to these individuals is $939,921, of which $469,961 is general fund. These FTE are included in SB 2012.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 2019-2021 biennium, the Department of Human Services would have a general fund increase of $469,961 and a federal fund increase of $469,960 along with 7.5 FTE.

Name: Donna Aukland

Agency: Human Services

Telephone: 701-328-4924

Date Prepared: 01/21/2019

19.0775.03000

FISCAL NOTE

Requested by Legislative Council
01/14/2019

Bill/Resolution No.: HB 1517

1 A. **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.*

	2017-2019 Biennium		2019-2021 Biennium		2021-2023 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$930,552	$930,552	$930,552	$930,552
Appropriations			$930,552	$930,552	$930,552	$930,552

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

	2017-2019 Biennium	2019-2021 Biennium	2021-2023 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

HB1517 Requires licensure, a standardized assessment tool and regional crisis support services at the Life Skills and Transitional Center.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 & 2 has no fiscal impact.

Section 3 has no fiscal impact as the department has established and implemented a standardardized assessment tool to assess individuals with an intellectual disability at the Life Skills and Transition Center and the State Hospital.

Section 4 requires the department to establish a team of at least two to provide crisis support services for individuals with an intellectual disability in each region. 16 additional FTE are required to provide these services. A professional staff and direct care staff is needed in each section for a total estimated cost of $1,861,104 for the 2019-2021 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.*

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.*

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tool to assess individuals with an intellectual disability at the Life Skills and Transition Center and the State Hospital.

Section 4 requires the department to establish a team of at least two to provide crisis support services for individuals with an intellectual disability in each region. 16 additional FTE are required to provide these services. A professional staff and direct care staff is needed in each section for a total estimated cost of $1,861,104 for the 2019-2021 biennium.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 2019-2021 biennium, the Department of Human Services would have a general fund increase of $930,552 and a federal fund increase of $930,552 along with 16 FTE.

Name: Donna Aukland

Agency: Human Services

Telephone: 701-328-4924

Date Prepared: 01/21/2019

2019 HOUSE HUMAN SERVICES

HB 1517

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1517
1/22/2019
31228

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Nicole Klaman

Explanation or reason for introduction of bill/resolution:

Relating to the licensure of life skills and transition center by the department of human services; and to provide for a legislative management study.

Minutes: 4

Chairman R. Weisz: Opened meeting.

Representative Mary Schneider: Introduced bill, See **attachment 1**
(Time stamp 0:08:22)

Chairman Weisz: This version includes all amendments to date, correct?

Rep. Schneider: Yes

Chairman Weisz: Further questions? Seeing none, further support?

Pam Mack, Director of Advocacy Services for the Protections & Advocacy Project (P&A): In support, See **attachment 2**
(Time stamp 0:13:52)

Chairman Weisz: Questions? Seeing none, further support?

Roxane Romanick, Executive Director Designer Genes of ND, Inc.: In support, See **attachment 3**
(Time stamp 0:18:43)

Chairman Weisz: Questions? Seeing none, further support?

Tom Eide, Director of Field Services and Chief Financial Officer for the Dept. of Human Services: In support, see **attachment 4**
(Time stamp 0:23:47)

Chairman Weisz: What part do you like in this bill?

Tom Eide: The intent of the bill is to provide consistency for Life Skills and Transition Center (LSTC) along with the other ICF providers.

Representative Gretchen Dobervich: You are requesting resources for 7.5 positions for cares and also 24-hour mobile crisis team. If those are not granted, what is the backup plan?

Tom Eide: We have requested those in the executive budget. Should none of it be approved through appropriations we have a 10 FTE team that exists in Grafton which we use remotely for telephone support. We engage them locally and use other resources from the LSTC team broadly.

Chairman Weisz: Further questions? Opposition?

Opposition: None

Chairman Weisz: Closed hearing

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1517
2/12/2019
32598

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Nicole Klaman

Explanation or reason for introduction of bill/resolution:

Relating to the licensure of life skills and transition center by the department of human services; and to provide for a legislative management study.

Minutes:

Chairman Weisz: opened meeting

(0:02:11)
Representative Mary Schneider: This bill is to help make services and assessments for people with developmental disability consistent and standard. Once Amended, this bill will provide the same accreditation review that the community programs get for developmental disabilities instead of being reviewed under the medical model of Title 19 standards.
Life Skills and Transition Center, under the Health Department, did not assess people the same way the community programs did. It's my understanding, they have since began working out this process, as it is a part of this bill. These assessments are important when placing people in these restrictive settings within our communities. They help determine the individual's needs.
We have removed Crisis Support Services position, this eliminated the fiscal note. This worked out because the governor's budget included those.
Another concern was the Legislative Management Study. We decided to make this consistent with the Senate's requirements on one of their bills. We will now provide report to the Legislative Management, a group that is already active. This report will accomplish and provide the same things that the study did.
(0:07:59)

Chairman R. Weisz: Page 3 line 1, Do you want to add the word "developmental"?

Rep. Schneider: Absolutely, thank you. On all the references containing "intellectual" disability, we ask that they include developmental. To read: "Intellectual or developmental disability"

Vice Chair Karen Rohr: Section 2 on Amendment is new; "Program Management for a resident". Will this be a new or additional cost?

Rep. Schneider: Their funding is already covering that. They didn't have consistent program management so if you came in from the community you may not get program management like you did. Funding is not provided through this bill because these plans are ongoing and LSTC has included them in their budget. And the Community already had it for people coming out of LSTC. It was not a requirement and was not getting done.

Representative Todd Porter: With the state funded accreditation process; Do Sections 2 and 3 exceed, meet or fall below what the National Accreditation standards are? Why are we paying for accreditation and then putting things on top of what the National Accreditation system would be?

Rep. Schneider: We are not. We are helping LSTC meet the program requirements under the DD system which they are not doing now.

Rep. Porter: If we have told them in Section 1, that they need to be accredited. LSTC by the accreditation council on services of people. So they aren't following section 1 at all?

Rep. Schneider: Their licensure accreditation is coming out of Title 19, which is a pretty extensive Federal type survey. They have licensure that applies to group homes that are on the campus of LSTC. They have not been applying it to the institutional settings. Now all of LSTC is going to have to comply with the accreditation council standards.

Rep. Porter: How can they do Section 2 and 3 without money and without a fiscal note?

Rep. Schneider: I asked them and they didn't. They have been planning certain things and they think they can carry it out without funding.

Rep. Porter: Are they accredited or not?

Rep. Schneider: They are accredited by non DD standards, only with provisions to make corrections. I have that report. They would not meet DD standards now but are planning to do that. The standards they are trying to meet are Title 19 standards.

Rep. Porter: Section 1 lines 14 and 15. They are or they aren't accredited?

Rep. Schneider: They are in group homes; they are not in institutional facility.

Chairman Weisz: It appears there is confusion between DD and life skills.
It's not the same thing. Can we get a motion on the amendment?

Representative Gretchen Dobervich: Move to adopt amendment

Representative M. Ruby: Second
(0:14:11)

Chairman Weisz: Discussion on the amendment

Rep. Schneider: If part of the Amendment could be to add intellectual or developmental disability?

Chairman Weisz: Yes, I assumed that would be included.

Voice Vote: Motion to adopt Amendment 19.0775.03004 carries
(0:14:49)

Rep. Dobervich: Move Do Pass as Amended.

Rep. Ruby: Second
(0:15:10)

Chairman Weisz: The attempt is to try to make the process between developmental disabled community (DD) and the Life skills transition centers to be more seamless, so they work together instead of separate entities. Is this correct?

Rep. Schneider: That is exactly right and I think it will save the state a lot of money.

Chairman Weisz: From your perspective, the goal would be decreased numbers at The Centre. Instead they will be provided community care for a longer period of time.

Rep. Schneider: That is correct, and it will cut the cost of care considerably. Interim testimony stated a lot of those folks could be served in the community. However, there is a continuing need for crisis placement in and Out. We couldn't establish whether that was true or not due to lack of information.

(0:16:52)

Roll Call Vote Yes 13 No 0 Absent 1
Do Pass as Amended carries

(0:17:21)

Representative Mary Schneider: Carrier

DF 2/12/19
1 of 2

19.0775.03004
Title.04000

Adopted by the Human Services Committee

February 12, 2019

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1517

Page 1, line 1, replace "two new sections" with "a new section to chapter 25-04 and a new section"

Page 1, line 2, replace "the assessment of" with "program management for residents of the life skills and transition center and regional crisis support services for"

Page 1, line 2, after "intellectual" insert "or developmental"

Page 1, line 2, remove "and"

Page 1, line 3, replace "sections" with "section"

Page 1, line 3, replace "25-16-01" with "subsection 4 of section 50-06-37"

Page 1, line 4, replace "the licensure" with "accreditation"

Page 1, line 4, replace "by the department of human services" with "and assessment of intellectual or developmental disabilities"

Page 1, line 5, after "a" insert "report to the"

Page 1, line 5, remove "study"

Page 1, line 9, remove "**- Licensure**"

Page 1, line 10, remove "1."

Page 1, remove lines 17 through 24

Page 2, replace lines 1 through 10 with:

"**SECTION 2.** A new section to chapter 25-04 of the North Dakota Century Code is created and enacted as follows:

Program management for a resident.

The department shall assign a developmental disabilities program manager to each eligible individual who resides at the life skills and transition center. The department shall ensure active program management is maintained for eligible individuals residing at the life skills and transition center.

SECTION 3. AMENDMENT. Subsection 4 of section 50-06-37 of the North Dakota Century Code is amended and reenacted as follows:

4. The department shall contract with a team of support intensity scale assessors by September 1, 2011. The team shall begin assessing immediately the identified client pilot group identified by the consultant contracted in subsection 2. Assessments must be completed for all eligible individuals residing at the life skills and transition center and for eligible individuals with intellectual or developmental disabilities in long-term care facilities who wish to enter a less restrictive setting."

DP 2/12/19
2 of 2

Page 2, line 13, after "**intellectual**" insert "**or developmental**"

Page 2, line 15, after "intellectual" insert "or developmental"

Page 2, line 15, remove "Each regional crisis support services local team must include at least two"

Page 2, line 16, remove "individuals with available contracted support."

Page 2, line 17, after "intellectual" insert "or developmental"

Page 2, replace lines 18 through 25 with:

"**SECTION 5. REPORT TO LEGISLATIVE MANAGEMENT.** The department of human services shall provide the legislative management a status report on:

1. The ongoing work of the department to improve community provider capacity, including any barriers encountered; and

2. The system of services for individuals with an intellectual or developmental disability, including a review of the existing service system, funding, and unmet needs."

Renumber accordingly

Date: 2/12/2019
Roll Call Vote- 1

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1517

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 19.0775.03004

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Dobervich Seconded By Rep Ruby

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz, Chairman			Gretchen Dobervich		
Karen M. Rohr, Vice Chair			Mary Schneider		
Dick Anderson					
Chuck Damschen					
Bill Devlin					
Clayton Fegley					
Dwight Kiefert					
Todd Porter					
Matthew Ruby					
Bill Tveit					
Greg Westlind					
Kathy Skroch					

Total (Yes) _____ No _____

Absent 1

Floor Assignment _____

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

Motion to adopt amendment carries

Date: 2/12/2019
Roll Call Vote #: 2

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1517

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 19.0775.03004

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Dobervich Seconded By Rep. Ruby

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz, Chairman	X		Gretchen Dobervich	X	
Karen M. Rohr, Vice Chair	X		Mary Schneider	X	
Dick Anderson	X				
Chuck Damschen	X				
Bill Devlin	X				
Clayton Fegley	X				
Dwight Kiefert	------	------			
Todd Porter	X				
Matthew Ruby	X				
Bill Tveit	X				
Greg Westlind	X				
Kathy Skroch	X				
	x				

Total (Yes) 13 No 0

Absent 1

Floor Assignment Rep. Schneider

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

Do Pass as Amended Carries

REPORT OF STANDING COMMITTEE

HB 1517: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1517 was placed on the Sixth order on the calendar.

Page 1, line 1, replace "two new sections" with "a new section to chapter 25-04 and a new section"

Page 1, line 2, replace "the assessment of" with "program management for residents of the life skills and transition center and regional crisis support services for"

Page 1, line 2, after "intellectual" insert "or developmental"

Page 1, line 2, remove "and"

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Page 1, line 5, remove "study"

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Page 1, line 10, remove "1."

Page 1, remove lines 17 through 24

Page 2, replace lines 1 through 10 with:

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Program management for a resident.

The department shall assign a developmental disabilities program manager to each eligible individual who resides at the life skills and transition center. The department shall ensure active program management is maintained for eligible individuals residing at the life skills and transition center.

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Page 2, line 17, after "intellectual" insert "or developmental"

Page 2, replace lines 18 through 25 with:

"**SECTION 5. REPORT TO LEGISLATIVE MANAGEMENT.** The department of human services shall provide the legislative management a status report on:

1. The ongoing work of the department to improve community provider capacity, including any barriers encountered; and

2. The system of services for individuals with an intellectual or developmental disability, including a review of the existing service system, funding, and unmet needs."

Renumber accordingly

2019 SENATE HUMAN SERVICES

HB 1517

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1517
2/27/2019
Job # 32919

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to the licensure of life skills and transition center by the department of human services; and to provide for a legislative management study.

Minutes: Attachments # 1-2

Madam Chair Lee opens the hearing on HB 1517.

(00:28-05:58) Representative Mary Schneider of District 21, introduces HB 1517 and offers testimony of support. Please see **Attachment #1** for testimony.

Senator Hogan: In the original bill we also included the state hospital to have the standardized assessment. In terms of that discussion what was the thinking when that came out?

Representative Schneider: It didn't come out intentionally on my part, but I thought we were all on the same page of including long term care which remained in there through the various amendments and the state hospital. I did not spot that it was missing in the end so I apologize to the committee and the department if I was the one who left that out. The head of the state hospital was present during the initial discussions with the department and DD services and she was fine with the assessment applying to folks who have developmental disabilities at the state hospital as long as the state hospital did not have to do the assessments.

Senator Hogan: Because the theory being you want a client regardless of location to have the same assessment so that the continuity of care is assured.

Representative Schneider: That is correct. I did in a former amended version of this also included basic care and other care in the community that is no longer in this bill because the department was not quite ready to go that broadly.

Madam Chair Lee: Who do you see doing the assessments?

Representative Schneider: The DD division.

(09:50-12:20) Roxane Romanick, Executive Director of Designer Genes of ND, INC. Testifying in support of HB 1517. Please see **Attachment #2** for testimony.

Senator Anderson: Explain to me how this person who is not in the DD system or at the transition center, where do they get their assessment? How do they seamlessly fit into the crisis management if they don't have that criteria established for that?

Roxane Romanick: My guess is, it could potentially be for example, a ten-year-old that has not decided that they needed program management services but they are struggling with behaviors, we would not see the assessment being relevant to that but perhaps access to the regional crisis system. They may come to the developmental disability system for assistance or to the human service center and perhaps would be able to have the documentation in hand from being on an individual education plan at school and have the ability to access some of those crisis support services if needed. All of that would have to be worked out, that would probably be an individual who would be referred to developmental disabilities and have to go through their eligibility criteria but we would hope that somehow, if the family is in crisis and we are looking at an out of home placement, the documentation around having an intellectual disability would be in hand. For most of our individuals with down syndrome, unless they are being home schooled, 100% of them are on an individual education plan and have testing from the schools that some of that would be in hand to document that diagnosis.

(14:45-17:55) Tom Eide, CFO and Field Service Director for DHS. Offering neutral testimony on HB 1517. Testimony is as follows: I just wanted to clarify a couple of things for the committee. The state hospital is not listed on there and I think the conversation around that was when a DD client ends up at the state hospital it is a short-term stay, it's a behavioral modification as a mental health issue as opposed to encumber the state hospital with that process, that process should be handled somewhere else it is just relevant to that length of stay, whereas LSTC are performing all the SIS and ICAP scores there. Our intention is, I think they are all virtually complete as well as the DD program management is now assigned to all the clients at the LSTC so it is just the difference between what the state hospital is versus what LSTC or even a nursing facility is where you are looking for that longer term care. The funding piece, in SB 2012 we have actually asked for this similar type of layout where we want a resource in each region that is specific to serving the DD clients which we call the CARES team and we are expanding that role. The CARES team that exists in part remotely but in large part in Grafton right now and their job is to facilitate and enabling clients to stay in their community, providing onsite resources to the providers and the clients and this is the expansion of that, that was requested in the budget. The mobile crisis team from the human service center was also funded, which is about putting resources 24 hours a day in each of the regions that can respond to a mental health crisis and the CARES team will work in conjunction with that. The model and the logistical piece that we are putting with the mobile crisis team is important because they are going to get that first call. If they discover that their mental or behavioral health issue is really regarding a DD client, the CARES team would be brought in to coordinate that care. The final piece I bring up is the life skills transition center is already accredited and will continue as such. One of the conversations were around licensure; we asked not to be a part of the licensing conversation in part because it gives

LSTC the flexibility to serve the kids or adults that are falling between the gaps and we are dealing with an issue specific to that right now where you have someone who is in the facility that is not the right level of care, they need additional care but they are not qualifying through a DD system. LSTC and the state hospital at times needs the flexibility to grab individuals that can't get service anywhere else and take them in, even though they are outside of what would be the typical person served in that particular thing.

Senator K. Roers: The point for me that was well taken about the state hospital is when patients are there they are in an acute crisis and I'm not sure that is when you would want to do an assessment of their long term needs. I think that is a point well taken.

Senator Hogan: When that person in the acute crisis is going back to a new placement you need the SIS score to make sure you get the appropriate level of care and so it is that continuity of care that was originally being looked. If they were in a crisis for two or three weeks, they might come home needing a different level. I would also like to talk about this accreditation issue because the DD licensure standards have different standards in terms of practice. LSTC is meeting all of those standards for all of the individuals who are developmentally disabled at this point?

Tom Eide: We are meeting all the accreditation standards under CQL. We are working on different things on restraints that we have been working towards and I think we are close to achieving all of those and there are other issues about the licensure whether or not we are compliant. Our goal is that we want to be in concert with all of those rules around the state but the interpretation of rules in the accreditation thing is something we want to work with all of our providers on to make sure that all of our ICF's in the state feel comfortable taking care of these difficult clients as well. The LSTC is taking caer of the most difficult clients in our state. LSTC are taking care of the most difficult clients in our state and the challenge is that our community ICF's are resistant to taking these most difficult clients and we need to cooperate with all the agencies in the state to understand what that is and look at how we handle crisis, difficult interventions, and even physical restraints to make sure that they feel empowered to take care of these clients in a way that is approporaite. We need to look at that as a system and really evaluate that, and I think the intention is really about are we doing things at the life skills center that inappropriate. I think we need to work at those rules across the entire system to understand it and allow our local ICF's to be successful in taking care of these difficult clients because no one wants their clients in their home community more than the staff at Grafton.

Senator Hogan: If you have a standardized assessment used in all places and standardized rules so that all of those systems apply to the entire continuum which I think is the purpose of this bill. As long as everybody knows that is what we are moving towards so we don't have separate sets of rules based on placements. I am pleased to hear that the SIS assessments are done on most of the clients now?

Tom Eide: There was one or two left here a couple of weeks ago and I think they were getting wrapped up to.

Tina Bay, Developmental Disabilities Division: I think when we were on the other side we were looking at maybe six left that needed to have assessments. We had already changed

our process and practice that people were at the LSTC would have those assessments done. Something too with the state hospital, more than likely if they are in the DD system they have already had an assessment so when they went to the state hospital they have that assessment and they have that score. When they do come out and their needs have changed significantly they can request an out-of-sequence. If somebody is in the state hospital for two to three weeks, chances are we are not going to be able to get an assessment done in that time frame because one of the requirements of the assessment is you have a qualified responder and they have to know the client for at least 90 days so the state hospital staff would not be able to do that. We have a contract with a vendor to do that so the ability to have someone there on site.

Senator Hogan: That might create a problem for the client because they may come out with different needs than when they went it and then to get that new adjustment may be a bit of a challenge, would you agree?

Tina Bay: It may, but we have also addressed it through our outlier process that they can request an outlier even if we don't know exactly how many hours they may need, we have changed where we can go ahead and put that outlier in place and then once that new assessment is done, adjust the new outlier to address it.

Senator Hogan: Those are the kinds of flexibilities that we need to be client focused.

Madam Chair Lee: We have people who we know that have significant challenges whether it is behavioral issues, violent outbursts, and sexual aggressiveness. It is a special challenge I think for community providers to manage that with all that is going on with the kind of atmosphere in which the individual might live in the community whether it is in a group home or some other type of home setting. The point is we can't be jeopardizing other residents and staff either. I think we need to make sure that the individuals are properly served in every possible way but we also need to make sure that we aren't putting people at risks who may be in close proximity to those individuals and without extraordinarily different reimbursement.

Madam Chair Lee closes the hearing on HB 1517.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1517
3/5/2019
Job # 33245

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to the licensure of life skills and transition center by the department of human services; and to provide for a legislative management study.

Minutes: No Attachments

Madam Chair Lee opens the discussion on HB 1517.

Madam Chair Lee: I am not personally enchanted with this bill. The prime sponsor is convinced that the people are not being adequately cared for and I am not convinced that they are not because having been there on several occasions that is not my experience. It also said on page 2 subsection 4 or section 3 "assessments must be completed for all eligible individuals residing there". They would already have a program manager so it doesn't need to be done in order to determine what the programs are, "and eligible adults with intellectual or developmental disabilities in a long-term care facility who wish to enter a less restrictive setting". They can get them now if they ask to move to a less restrictive setting so it doesn't necessarily need to be done, just routinely.

Senator K. Roers: What I'm hearing from you is that this is already being done and we don't need to change the law to make it happen?

Madam Chair Lee: That was my impression from the notes that I made.

Senator K. Roers: Except for section 4?

Madam Chair Lee: That is where the fiscal note comes from.

Senator Anderson: When I look at the fiscal note it says that this is also included in SB 2012.

Madam Chair Lee: I think we need to have Tom Eide or Tina Bay come back again. Life skills and transition center assessments which we know have already been done except for six and they would already have a program manager and for somebody who is in long-term

care settings that they ask to move to a less restrictive setting, it is then done. The fiscal note was something of concern to us.

Senator Hogan: In terms of the program management for the residents and getting the assessments done was one of the big pieces but the discharge planning between life skills and community providers still is a bit of a challenge sometime and this bill was trying to make that more seamless and for example, the daily payment rate office assessment process is so significantly different between the skills center and the community providers that the whole outlier interface, that's why this bill was done was trying to make sure that the institution and the community providers were doing things the same way so we didn't have people falling through the cracks.

Senator Clemens: But its already in SB 2012 now too.

Senator Hogan: The money is; I don't think we need the money.

Madam Chair Lee: I don't know if that is legit, its talking about that I think because of the crisis support teams but it's one thing to have collaborative planning I get that part.

Senator K. Roers: The questions that we had about the fiscal not but also just in general how necessary you feel this bill is compared to what current reality is. I believe that when Mrs. Bay spoke she said there were only six residents left that hadn't been assessed so if that is true do we really need a law to make you do it, is kind of where some of the questions came from.

(06:00) Tom Eide, Chief Financial Officer Director of Field Services for Department of Human Services: What are we already doing and what is the status of each of the points of this bill, could I address it that way? If you look at the different pieces that are discussed here, the accreditation of the life skills and transition center is already accredited. I believe that is an already required piece and that is not a problem for us and infact we are actually pursuing accreditation with distinction from CQL (Council of Quality and Leadership) now. Which is kind of a bonus level if you will of recognizing how well we are doing in pursuit of quality.

Senator K. Roers: So you have chosen to be licensed but it was never required before? I mean accredited.

Tom Eide: We are required to accredited through law now.

Senator Hogan: The original bill had licensing in it and why don't you explain the difference between licensing and accreditation.

Tom Eide: Accreditation is really a federal standard and CQL is one of those agencies that was chosen by the state as recognized accreditation. All ICF's (Intermediate Care Facility) have to be accredited. The licensing is specific to what is required from our state, from the DD (Developmental Disabilities) division to license and ICF. We have asked not to be a part of licensure not to avoid some of their requirements but in reality LSTC (Life Skills Transition Center) does exceptional things for this particular cliental for example, there is an individual who needs the services of a DD provider but is technically not yet qualified for DD services,

we are bringing that client to LSTC because we have the right programming, until that individual is qualified for DD programming they couldn't have access to an ICF. Our fear is that if you license us that is an individual that has no place to go. That is one of our pieces.
Senator K. Roers: Can you explain to me on line 15 what is the difference by changing it from "or" to "and if deemed necessary"?

Tom Eide: I can't speak to what that might be specifically after there, I would refer to Senator Hogan.

Senator Hogan: When the department suggested that we take the licensing out there are particular rules about reporting abuse and neglect that are only in licensing and not in accreditation and so this would allow the department that the rules that apply to community providers would apply if deemed necessary so there was consistency, but then without having the whole licensing process because I think DHS was concerned about if we had a licensing problem with a safety net and your situation. This was kind of compromised language to make sure the clients were covered by the rules that were deemed necessary particularly the abuse neglect reporting and PNA's role but not having the whole licensing standards so it was selective, and we are giving the department permission to do that.

Tom Eide: We actually work with PNA in a lot of this stuff already. We are not required to report all the events that go on and so I don't know if that adds a lot of value or not, to the point of is it necessary legislation would these changes be necessary. I think we are complying with the lion share of this already and especially right now the DD world is going through so relatively dramatic change not just from a payment system standpoint but from all the other pieces that we are working on right now. We are trying to consolidate; it's got a specific note here about the CARES team. The CARES team is a part that is funded through SB 2012 right now, we made that specific request. It was an OAR (Optional Adjustment Request) that was approved on the executive budget, it was added into SB 2012 when it went to the senate side of appropriations. The lions share, this is in place. I think that this would be an interesting piece of legislation to reconsider in the next biennium because at that point we will have consolidated our campus yet again we would have implemented a cares team that actually is out in the communities coordinating with a mobile crisis team that is also a part of our SB 2012 budget. Maybe using this as a reference in the next biennium and look at this and go, are there any other gaps that we aren't covering through our normal course of business and if there are address them then. There is a lot of moving pieces, they are all the right moving pieces I think too from the LSTC stand point.

Senator K. Roers: Did I hear you say that maybe this is better left on the shelf for the next two years that it is slightly premature or implemented and we will come back to it in two years.

Tom Eide: I would like to see this shelved for a couple of years and come back to it. I think there is some good guidance in here but I would like to see us execute the next step of what we got in process. The last year and a half, the amount of interaction and positive progress that we have made with people like those on the transition committee with working with PNA, and our relationship with other legislators around what we are doing in LSTC. It seems like we have gone through a pretty dramatic improvement over the last 12 months. I would like to continue that before we put things into law that we might better rephrase the next time around. That is kind of where I'm at in the process.

Senator Hogan: the other place that this came from was the DD community provider who felt like as they were part of the transition team that they weren't on the same playing scale. Do you see this as creating any new barriers or is this just where we are moving because I don't see anything in this that would change what you are already visioning.

Tom Eide: I think one of the inconsistencies is that a lot of this conversation ends up around restraints, physical restraints of clients. I think where the disconnect is that many of our ICF's will view that as life skills can do restraints and we can't. That is not the truth, life skills can do restraints and an ICF can do restraints as well they are provided very plainly under the guidelines of CQL and what those mean. Certain restraints are not allowed, we don't do those restraints either, we are CQL compliant. It is to encourage PNA, the local providers, our own work, and even with accreditation boards to talk about how to monitor and implement those restraints because if a local ICF could be comfortable doing a simple restraint to promote safety, I think that perceived difference between what we do there and what they can do in their own city would go away. LSTC is the same level of care but with a much higher support system, in a way we are very much Anne Carlsen. We provide medically complicated clients that additional care. We talk those that are more complicated behavioral health need and so we have more behavioral health that we will apply to a DD client then is available at some of these other place. Those are some of the conversations and maybe that is why I want to have more of that conversation. I feel like we have made so much progress within the last year I would like to continue it and find that middle ground where everyone is agreeing that we are on the same place.

Senator O. Larsen: Do you have a concern that as we continue to make that group smaller and smaller that we are losing staff and that entity that could be problematic when we have somebody in Minot, even though we are doing the restraints, the facility isn't adequate for that one person to reboot and take them out of the system and come back. Are we jeopardizing that when we look at this about trying to continue to make that entity up there smaller and smaller?

Tom Eide: I think that is a conversation that we have been trying to have for the past year is where should LSTC be at. I think that the agreement that we have come to broadly with providers and other stake holders is that LSTC needs to exist. There is a place for it in the state, whether it should be 40 or 70 clients in that facility, I think that is a discussion that will continue until I am no longer apart of the planet Earth. However, what we are trying to do is change a little bit of the mission of what we do. I think that in prior times LSTC was seen as just another residence for complicated patients that could exist in Grafton and it was long term, we are trying to change that. If you look at what our budget goals are, we are trying to get ourselves down to that 50 client range, and we are actually trying to create crisis beds within those numbers, we want to have four adult crisis beds and four adolescent crisis beds. The idea is just what you talked about, the client starts failing in Bismarck because they have some behavioral health things that have changed and their medication regimen has changed and they need help. We need to do two things, we need to train the providers how to handle these new complications and we also need to help get the client back to a place where they can exist in that environment and those crisis beds are very much intended to do that. That is the CARES team goal is that we will provide training to the local provider and we will work

with the client as well at the same time trying to get them back to their community where they belong.

Senator Anderson: Talk to us about the 7.5 FTE's and what is in SB 2012 and what your plan is for the crisis intervention program and how that would actually work that you don't have now.

Tom Eide: The goal there is really to get resource into each of the regions so there are two things going on and I'm going to talk about what is in SB 2012. Which really includes the FTE's that are asked for here. We will create a CARES resource and a CAREs resource could be a behavioral analyst, or it could be another specialist of the type and we will have one in each region. Their goal is to respond to crisis situations as part of their responsibility.

Senator Anderson: Is that a 24-hour response?

Tom Eide: Yes, but the other ask that we have in our SB 2012 budget is a mobile crisis team with all of the human service centers which is more of a behavioral health related thing. That grouping is a 24/7 group so, lets imagine that if I am at HIT here in Bismarck and I have a client that is in crisis, I can call the mobile crisis team and go Bob is having a really bad time right now and we are in danger. The mobile crisis team will respond, the minute that they recognize that this is a client from the DD system the next step is to involve the CARES resource as well to help facilitate whatever planning needs to happen, maybe it is bringing the client to Grafton or bringing different resources to HIT here in Bismarck to help them support the client. It's in conjunction with that to make it 24/7, taking the CARES team and building a 24/7 response team just around that wouldn't be very cost effective there would be a lot of down time but combining it with that mobile crisis team gives us that 24/7 response time but gives us a specialty needed to deal with the particular needs of that client. The other thing that resource does is that before Bob ever hit crisis level we want them to go, you know Bob's behavior is changing and this CARES person from that region can then go onsite immediately and go let's talk to Bob and see what's going on with him and do some assessing and maybe before we hit crisis level, add resource to temporarily train the provider or to help Bob get through the moment. Does that make sense?

Senator Anderson: This mobile crisis team, is there one of those in each region is that the idea?

Tom Eide: Currently we have a crisis team in Fargo that is well developed and we have most of that team developed in Jamestown. The goal of the budget ask that we have is we will have a crisis team in every region and so that they can be ready to respond. You wouldn't ask somebody from Fargo to respond to a call in Williston. In reality the call is going to go to a centralized place so when I dial the 11 number to get me this support it is going to go to a central call system and they will refer it to whoever is in that area to respond.

Madam Chair Lee: Our goal all along is to do mobile crisis units in every region. We just haven't had the money to do it and I'm glad to see it in the budget.

Senator Hogan: Because it is referenced as a fiscal note in this bill, it is in both places.

Madam Chair Lee: Do you want us to hold on to this one until you see what happens to SB 2012?

Senator Hogan: It's a process question, that right.

Tom Eide: If this bill continues to exist, I would see it as prudent to keep the appropriation attached to it so that if we lose it in one place we still have a chance.

Senator K. Roers: That was my question was to keep section 4 and potentially everything else may be redundant or premature at this time.

Senator Hogan: Because the life skills training is just beginning to implement the new standardized assessment and the integration of admission and discharged off that assessment process, this sets the direction that we want to make sure to integrate both the community and assistance. That is really what this bill started as. Do you see that this bill will create any additional work for you or is it just directive in terms of wanting to improve that client based integration?

Tom Eide: The only pieces of concern around this would be the parts in one that talk about, if deemed necessary would there be additional work that is put on the agency in an unintentional fashion because of some agency making a statement or a request.

Senator Hogan: We got to that language with Tina Bay that is where that came from so that is why we did it that way because that was her suggestion.

Madam Chair Lee: Well, do we need it at all?

Senator Hogan: Its beginning to look at the standardization of the protocols particularly on things like restraints and that is what we were trying to get to.

Madam Chair Lee: But the accreditation, I don't see that as being exactly that same thing.

Senator Hogan: Its standards.

Senator K. Roers: As I read this if the change wasn't there in section 1, I don't see how it would be any different than it is today. It already talks about standards applicable, the only word changing is taking it from "or" to "and if deemed necessary".

Senator Hogan: I see what you're saying because they have that option now. It's already there, ok.

Madam Chair Lee: I don't want anybody unhappy with the outcome here but it seems to me that it is all the same. Let's talk about section 2 as long as we are making our way through here. We learned that they already have program managers when they get there at least that was my note.

Senator Hogan: And they are implementing the assessment process now and that is the new piece.

Madam Chair Lee: The assessments, if they are not going to be for a long term resident the assessment requires that somebody know them for at least 90 days.
Tom Eide: The program management piece, the only thing that gets in the way right now as we are going through the process of assigning all the clients is that there are guardians that are very resistant to having an appropriate manager assigned to their client. Often times they have a controlled situation when this client is at Grafton and they don't want to change it. That is the only resistance or potential where we could be found in non in compliance and so that is a challenging situation at times.

Madam Chair Lee: I don't imagine that you can throw somebody out.

Tom Eide: No. If I can continue, the assessments are something that we are getting done and one of the things that was in this originally was that the state hospital do the same thing, we talked about that specifically that from a length of stay and requirement assessment that doesn't make sense. The only time that this would come at risk that I can imagine would be as the life skills center becomes more of a crisis center would there be moments where that person doesn't exist. For instance, an individual that is transferred and out of the DD system now goes up there, no one will be in a position to truly do an assessment on that individual for some time because you would have to know of that individual for that length of time and what if we were to transfer that person into another level of care we would not perform that. That seems to me to be a bit of the exception to the rule but still it is an exception that I can imagine happening. The other piece that is added in this is that nursing facilities/long term care facilities are required to engage in this as well. I don't see that as much an issue it may add some burden to Tina Bay's team perhaps but, frankly anyone in this extended process is going to have to have this assessment if they are going to get care anywhere.

Madam Chair Lee: She also had mentioned that the client at any time can request to be in a less restrictive setting and that puts those wheels in motion so that is already in play too. What happens if somebody is placed because of a behavioral issue and we heard about some adolescent boys who are bigger than their mom this morning in our medical marijuana hearings and we heard about it often here before so if somebody comes into the system as a result of Autism Spectrum Disorder or some other situation that is causing this behavioral issue but they are not intellectually disabled then they can't really be in the DD system, where do they fit?

Tom Eide: That is one of the big questions. At LSTC right now we can make an exception to take a client like that, we don't get the federal funds on it but, we will make that exception and figure out where they should go. Where they get placed, you look at PRTF's (psychiatric residential treatment facilities) the challenge with them is with our providers in this state are not particularly skilled in handling that aggressive intellectually challenged individual and so we end up, if you look at our out of state placement list, you're going to see 15 individuals who are not placed in this state and they are placed in a situation, there are a couple facilities in Utah that do that really well. That is usually what happens with individuals like that and we have often heard we don't want people in Grafton they should be in their community and yet our next solution is to send them to Utah so at some point the state will need to address that. The new family first act, the fact that we are going to train QRTP's (qualified residential treatment program) they will place the RCCF's (residential child care facility) that is also

perhaps a Segway to get our PRTF's then we can train them up to handle some of those tougher clients. Home on the Range is an example and the Boys and Girls Ranch, they do take those clients on occasion and they do an exceptional job but they are the exception to the rule. These are gaps in our system that we have identified previously. I think that as a department and perhaps for me too, I'm learning more about them as I dig into it and try to start filling those gaps.

Senator O. Larsen: I just wanted to comment on the Boys and Girls Ranch because my son ran one of those and that place is packed. You don't just show up there like you should be able to.

Madam Chair Lee: The one in Fargo is a neat facility, if you haven't been there may be its time for another tour we have to do that sometime. Very dedicated and committed staff there that is for sure. We are trying to figure out how to do the right thing here.

Senator Hogan: I'm hearing that you want to keep section 4 in than the rest of the bill doesn't really do much hurt other than section 1?

Tom Eide: Yes, if the bill is going to move on I would prefer to keep the appropriation and the requirement for the resource in there I think that's beneficial in the case of not going the right direction. It's a curious option to me to see how we might look at this in two years because I think there could be a lot of positive changes going on and I am very thankful for what we have gone through the last year.

Senator K. Roers: I heard section 2 could be harmful because of the issue with guardians, that they could be held in non-compliance of law.

Senator Hogan: Perhaps section 2 would force those guardians to recognize there is a role, and maybe put them in a position of saying that you have to do it.

Madam Chair Lee: I don't think I want to be the one telling them.

Senator Hogan: But then it's not him telling him.

Madam Chair Lee: It's you telling them because it's a state government thing that they are doing. I'm not sure that I want to be in that spot.

Senator Hogan: Sometimes those guardians have such strong opinions that someone who could really benefit from a community provider won't even consider it so that is one of the DD case management roles so you might actually want this.

Madam Chair Lee: Sometimes those individuals who were removed as a result to that and it isn't that it was an inappropriate decision based on their capabilities but because of course at that time we had no community support. We have come beyond that part but if we don't have the right kinds community supports not only just an apartment and somebody who is going to show up and help them with activities of daily living which isn't the right acronym to use for group homes but the neat thing about Grafton is that they engage those residents there and not only do many of them work in the community but they have dances that are

community and LSTC events, valentine parties with the king and queen. It isn't that they aren't apart of the community in the same sense as the veterans at the veteran's home are very much a part of Lisbon and having them personally involved with both of them one way or another. It is very hard for me to absolute about everybody being out of those place because for some of them its home, so ultimately the older residents at LSTC are going to age out of there and so some of this is going to be with natural attrition but in the mean time for those that have lived there for much of their lives and have other challenges with their lives, to move them into new surrounding even though I might think it's a better deal, doesn't necessarily mean that it is better for them. I think that the guardians are trying to do the right thing recognizing what is home to the people who are there. We just heard the bills on long-term care and somebody having to be moved out at the end of life because they can have family providing part of the hospice care and how hard that is with people and not recognizing what the individual might want to have for whatever period of time it might be. If somebody is 60 years old and have lived there since they were a kid that is a pretty radical change. I think even though we know it might be perfectly possible for them to live with community supports in an apartment, it is lonesome and don't see the people that they have been around.

Senator Hogan: But Grafton has done such a good job of building community based services so that they are still in the community with their supports at a lower level of service. They have probably the richest DD provider network, to keep them in their community.

Madam Chair Lee: The specialist center at the LSTC also to deal with the unique needs of the residents who are there so it isn't that I'm opposed to closing it if there were no need for it but, I see a need for it until we find a better way to do it, they are able to make sure these people who may not, maybe they are sexually aggressive or behaviorally aggressive in a group home and it hasn't been happy for them and it is threatening for the other residents and the staff, they can't be there and they have to leave now. They have to go somewhere and they can't go home so I don't know.

Tom Eide: One of our state admissions is that we are the safety net for the state. We are to ensure that they don't leave the state.

Madam Chair Lee: With that thought in mind, it sounds like section 1 we really don't need. Is there any reason to keep section 2? The program management part because they already have a program manager.

Senator K. Roers: The only upside is that it would force those few situations where the guardian is pushing back and I'm not sure I'm ready for that so that might be a two years from now.

Madam Chair Lee: So we would just say the department shall ensure active program management it maintained for eligible individuals? That is pretty benign isn't it?

Senator Hogan: You're okay with that?

Madam Chair Lee: And Tina Bay had said that there is already a program manager for everybody. She had six assessments left.

Senator K. Roers: So, to me section 3 is redundant.

Madam Chair Lee: Okay.

Senator Hogan: I think because it is so new I would really like to keep it in because how your using the assessments coming in and going out is new and because it is just being done for the first time, it's a new practice.

Senator K. Roers: So, when I read it, it must be completed for all patients and yet when we talked about it just now, the problem is if they come in in crisis and nobody has known them for requisite amount of time, they no longer can do that for all patients.

Senator Hogan: Tina Bay felt that they could.

Senator K. Roers: See, and I heard the opposite.

Madam Chair Lee: I wrote down that she can't do it because there isn't anybody who knows them for 90 days.

Senator K. Roers: That was relative to the state hospital but I believe it applies here as well so, I think that when trying to encourage we may make a rule that may be not possible to implement.

Madam Chair Lee: Or can we figure out a better way to reword it about supporting the idea, must is a hard word obviously. We have already heard that in long term care they can do it anyways so that group doesn't matter. We are really only looking at, under number 4. Well the first two is already in statute right? So we are looking at sentence two about assessments having to be completed for everybody.

Senator Hogan: Number two, subsection two applies to the other providers and I wonder if on the community side are there ever any exceptions to the SIS assessments on the community based services?

Tom Eide: That is a better Tina Bay question. I'm trying to think of if I know any but I can't think of one right now other than a new entrance to the system.

Senator Hogan: Even a new entrant has a preliminary system because they do it based on the information that they have and then they can re-do it in three months so everybody has a basic assessment when they are admitted. I'm trying to get to the consistency so the institution and the community based are similar in terms of protocols because of new people going into ICFMR's often go in with a preliminary assessment and then its redone.

Madam Chair Lee: So how would you suggest that we do section 3?

Senator Hogan: One way we could do it, is within a time frame. 6 months or 3 months. This is the basis for where your, and because we are using a standardized assessment across all of the systems that is why we are trying to get to that point.

Madam Chair Lee: Also in the first sentence it says it's going to be done by 2011, you think we should delete that?
Senator Hogan: I think we should change it.

Senator Anderson: I think we already have the 90-day timeline that we have been discussing. I sense that what the problem is here is that the people where this person wants to move to a less restrictive setting and those people are receiving them feel like they want direction from the case manager about what they can do when this person comes in, that is my sense. If that assessment can't be done for 90 days, it doesn't make any sense to set more or less than that amount of time because if this person is only there for 60 days and now they want to move to a less restrictive area it's not going to be done unless we make some temporary provision to right something new in the criteria for assessment that accommodates. I can imagine that most of these people have come in in crisis are probably over the crisis in a week or two or maybe even a few days.

Tom Eide: It depends.

Senator Anderson: Are you going to keep them there automatically for 90 days then before they can go someplace. If they are not, then what is the alternative if you are not going to keep them.

Tom Eide: Our goal is definitely to change the perspective because the expectation right now is when you go to life skills you are going to be there for six months to a year and then we are going to slowly figure it out. These crisis beds that we are going to are really intended to be a maybe several day stay, or several weeks stay but the idea is to help the client get stabilized, help the provider get ready and return this client back. In that case that I just spoke of that client has already had this assessment, they might need to update the assessment based on the change in behavior but we would still prefer that be the obligation of the home provider not our facility.

Senator Anderson: Your saying they had the assessment before they came to you is that what you are saying?

Tom Eide: The case that I just described yes, that would be the case.

Senator Anderson: Then what is the complaint about if they want to go back and they are not. I don't understand where the gap is.

Senator Hogan: If they have been there for a year, they have never had a re-assessment so you're not looking at the current status of somebody. They might have had an assessment if they are there nine months or 12 months, then they haven't had an assessment so your trying to find a placement without an assessment. It is keeping it current.

Madam Chair Lee: Can we just say something that would be just like that. I would like to suggest also that we would delete by September 1, 2011 and just talk about having a team of support intensity scale assessments.

Senator Hogan: At one point in another bill we took out the SIS by a standardized assessment.

Madam Chair Lee: Well if there is another phrase we should use instead of the SIS.

Senator Hogan: Because the code people had suggested that we not use

Madam Chair Lee: What was the phrase?

Senator Hogan: I think it was

Madam Chair Lee: Tina Bay would know but there is another phrase than having the SIS.

Tom Eide: We use an icap to assess our adolescence we don't use a SIS score.

Madam Chair Lee: Which is why it was recommended that we use a more inclusive term. Should we say standardized then?

Senator Hogan: The goal is to make sure that the community and the institutions are the same because then they work. (Inaudible)

Senator K. Roers: I pulled up this 50-06.37 that this is a part of and all of it is using that kind of once it is developed do this kind of language so I'm wondering if this might not be a bad time to clean up this whole section.

Madam Chair Lee: Instead of saying the department shall contract how about saying the department shall conduct standardized assessments. Regularly, I don't know pick a time. We aren't going to put a time number in there but there should be.

(49:00-50:11) The committee has informal conversation.

Madam Chair Lee: I'm just throwing this out and it's the goal even if this isn't the right verbiage, shall conduct standardized assessments or regularly scheduled, if they don't need it then they shouldn't have it done just stick with standardized.

Senator Hogan: (inaudible)

Madam Chair Lee: We don't need to team shall begin assessing immediately and then assessments must be completed, we don't need any of it do we all we need is the sentence about conducting standardized assessments.

Senator Hogan: (inaudible)

Madam Chair Lee: Okay, so you want to say standardized assessments of residents and the life skills transition of the LSTC? Then the rest of it we really don't need. The department shall conduct standardized assessments of residents of the life skills and transition center and then the rest goes away.

Senator Hogan: The nice thing about eligible individuals in the original language is your non DD person that ends up at (inaudible)

Madam Chair Lee: Should we put eligible individuals instead of residents.

Tom Eide: That is in there.

Madam Chair Lee: Not anymore. Couldn't we just say the department shall conduct standardized assessments of eligible individuals LSTC, then the rest of that can go can it not?

Senator Hogan: Yup.

Madam Chair Lee: So all that is left then is really section (Inaudible)

Senator Hogan: He wants us to keep section 4.

Madam Chair Lee: I know but the one sentence in section 2 "the department shall ensure active program management is maintained for eligible individuals" so we keep that. We throw away section three with the exception of the first sentence we just re-wrote and then we keep section 4. Did you want it worded that way or did you have any recommendations Mr. Eibe about changes, is that okay the way it is?

Tom Eide: The only edit that I might have now that I am looking at it again is "the regional crisis support services team shall provide timely one-on-one crisis assistance." I might take off the one-on-one because I don't know what that means.

Madam Chair Lee: I agree. The report to legislative management is relevant and helpful?

Senator Hogan: (Inaudible)

Tom Eide: I would agree, even if this wasn't in legislation with the continued work of people who are on the transition committee or other activities that just makes sense to educate the interim committees and what is going on.

Madam Chair Lee: We would like to hear it I think it's interesting.

Senator Hogan: (Inaudible)

Madam Chair Lee: We are keeping section 5. The only additional question is whether or not you want to follow up on what Senator K. Roers suggested which is getting that anticipated date change stuff out of there because now you are already doing it.

Tom Eide: That makes sense.

Madam Chair Lee: Delete obsolete date, how does that sound?

Tom Eide: I am glad to review the amended bill before it goes up as engrossed.

Madam Chair Lee: Needless to say, you are a part of this party.

(55:20-58:20) The committee has informal conversations.

Madam Chair Lee: We don't have to get it out on the floor quickly because it is important to protect that until we see what happens with that so when we do get it back and we do what we are going to do, don't send it out until we have all really recognized where SB 2012 is going.

Senator Hogan: (Inaudible)

Madam Chair closes the discussion on HB 1517.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1517
3/11/2019
Job #33513

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to the licensure of life skills and transition center by the department of human services; and to provide for a legislative management study.

Minutes: Attachment #1

Madam Chair Lee opens the discussion on HB 1517 and Alex (Senate Human Services Intern) passes out a Christmas tree bill. (Please see Attachment #1)

Senator Hogan: This one is ensuring that people who are at the like skills training center have the same assessment and case management as clients in the community to help the transition between LSTC and the community.

Madam Chair Lee: We learned that the these will not be needed unless a client wanted to be moved to a less restrictive setting if it was in a long-term care facility. So we deleted all of one, two, and three.

Senator Hogan: On two, they have to maintain program management which I think is critical. The other piece is the wording on line 5, now line 4 on page 2; can we add "the standardized assessment" because that makes me a little concerned. They could use a different standardized assessment at LSTC than they did in the communities. The original goal was to make sure the assessment was consistent.

Madam Chair Lee: So you want it to be singular instead of plural?

Senator Hogan: Yes, "shall conduct the standardized assessment" because there is a state standardized assessment.

Senator K. Roers: So the original language that when we were talking to Bruce that it's an eligible individual and not just residents?

Senator Hogan: Maybe we want not residents but eligible individuals because the DD non DD thing that Tom Eide was showing. That is a good catch.

Madam Chair Lee: I think that Jonathan Alm was helping with language and the DHS people bailed out on us now. So what we would have then would be; "the standardized assessment of eligible residents of the life skills and transition center" and that would be all that would remain from section 3. That would also mirror the language in sections 2. Now in section 4 we said; "to provide timely crisis assistance". Yes, one-on-one. Wait, I had one-on-one drawn through. That's not supposed to be there on line 17 it should be out.

Senator Anderson: The fiscal note pertains mostly to that section 4 right. Do you expect that to be the same?

Madam Chair Lee: We probably will need a new fiscal note.

Senator K. Roers: No, it is in SB 2012.

Madam Chair Lee: Oh yes, that is right.

Senator Hogan: I think Mr. Eide asked us to take that out because he didn't want to have the expectation of one-on-one.

Madam Chair Lee: I had written, creates some kind of resource perhaps require advance behavior analysts to respond to crisis will work with 24/7 crisis mobile units from the regional human service centers. I'm not going to worry about the fiscal note because it says that one, two, and three has no impact and after the amendment section four won't have an impact either I don't think but, we will probably have to get that official fiscal note.

Senator Anderson: Are you going to ask for a revised fiscal note then?

Madam Chair Lee: Yes, we need to do that.

Senator Anderson: I think we have to adopt the fiscal note first then we can request the new fiscal note. **I move the amendment.**
Seconded by Senator K. Roers

ROLL CALL VOTE TAKEN

6 YEA, 0 NAY, 0 ABSENT
MOTION CARRIES TO ADOPT AMENDMENTS

Senator Anderson: I'm going to ask to wait until we see that fiscal note before we vote on the bill.

Madam Chair Lee: I'm okay with that.

Madam Chair Lee closes the discussion on HB 1517.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1517
3/11/2019
Job # 33514

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to the licensure of life skills and transition center by the department of human services; and to provide for a legislative management study.

Minutes: No Attachments

Madam Chair Lee and the committee comes to the conclusion that they do not have to wait for a new fiscal note to vote on HB 1517 because the appropriation was already included in SB 2012 and would not affect the outcome of HB 1517.

Madam Chair Lee: With that thought in mind, what is the committee's pleasure?

Senator K. Roers: I move a **DO PASS, AS AMENDED.**
Senator Hogan

ROLL CALL VOTE TAKEN
5 YEA, 1 NAY, 0 ABSENT
MOTION CARRIES DO PASS, AS AMENDED.
Senator Clemens will carry HB 1517 to the floor.

Madam Chair Lee closes the discussion on HB 1517.

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Adopted by the Senate Human Services Committee

March 11, 2019

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1517

Page 1, line 4, remove "section 25-04-02.1 and"

Page 1, line 5, remove "accreditation of"

Page 1, line 6, replace "life skills and transition center and" with "the"

Page 1, remove lines 9 through 18

Page 1, remove line 22

Page 1, line 23, remove "individual who resides at the life skills and transition center."

Page 2, line 5, overstrike "contract with a team of support intensity scale assessors by"

Page 2, overstrike line 6

Page 2, line 7, overstrike "pilot group identified by the consultant contracted in subsection 2."

Page 2, line 7, remove "Assessments must"

Page 2, replace lines 8 through 10 with "conduct the standardized assessment of eligible individuals residing at the life skills and transition center."

Page 2, line 17, remove "one-on-one"

Page 2, line 18, after "**MANAGEMENT**" insert "**- SYSTEM OF SERVICES FOR INDIVIDUALS WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY**"

Renumber accordingly

Date: 3/11/19
Roll Call Vote #: 1

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1517

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Section 3, delete obsolete dates. Section 4, delete "one-on-one"

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Anderson Seconded By Roers

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee	X		Sen. Kathy Hogan	X	
Sen. Oley Larsen	X				
Sen. Howard C. Anderson	X				
Sen. David Clemens	X				
Sen. Kristin Roers	X				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

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

Delete section 1

Delete the first sentence in section 2, and leave "the department shall ensure active program management is maintained for eligible individuals residing at the life skills and transition center."

Date: 3/11/19
Roll Call Vote #: 2

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 517

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Roers Seconded By Hogan

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee	X		Sen. Kathy Hogan	X	
Sen. Oley Larsen	X				
Sen. Howard C. Anderson		X			
Sen. David Clemens	X				
Sen. Kristin Roers	X				

Total (Yes) 5 No 1

Absent 0

Floor Assignment Sen Clemens

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

REPORT OF STANDING COMMITTEE

HB 1517, as engrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1517 was placed on the Sixth order on the calendar.

Page 1, line 4, remove "section 25-04-02.1 and"

Page 1, line 5, remove "accreditation of"

Page 1, line 6, replace "life skills and transition center and" with "the"

Page 1, remove lines 9 through 18

Page 1, remove line 22

Page 1, line 23, remove "individual who resides at the life skills and transition center."

Page 2, line 5, overstrike "contract with a team of support intensity scale assessors by"

Page 2, overstrike line 6

Page 2, line 7, overstrike "pilot group identified by the consultant contracted in subsection 2."

Page 2, line 7, remove "Assessments must"

Page 2, replace lines 8 through 10 with "conduct the standardized assessment of eligible individuals residing at the life skills and transition center."

Page 2, line 17, remove "one-on-one"

Page 2, line 18, after "**MANAGEMENT**" insert "**- SYSTEM OF SERVICES FOR INDIVIDUALS WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY**"

Renumber accordingly

2019 SENATE APPROPRIATIONS

HB 1517

2019 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1517
3/22/2019
JOB #34177

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Alice Delzer and Alicia Larsgaard

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to create and enact a new section to chapter 25-04 and a new section to chapter 50-06 of the North Dakota Century Code, relating to program management for residents of the life skills and transition center and regional crisis support services for individuals with an intellectual or developmental disability; to amend and reenact subsection 4 of section 50-06-37 of the North Dakota Century Code, relating to the assessment of intellectual or developmental disabilities; and to provide for a report to the legislative management. (DO PASS)

Minutes: No testimony submitted

V. Chairman Wanzek: Called the Committee to order on HB 1517. All committee members were present except Chairman Holmberg. Sheila M. Sandness, Legislative Council and Stephanie Gullickson, OMB were also present.

Senator Mathern: District 11, Fargo: We have a long history of a facility in Grafton which we call the Life Skills and Transitional Center. In the appropriations committee, over the last decade, you have been dealing with issues of how many people have developmental disabilities that should be at that facility and how many people we should fund to have in our local communities. This bill has two main features. First, we need to make sure that people who are at the Life Skills and Transition Center, have the proper assessment skills applied. There has been some concern that the assessment skills that are used in our group home facilities in our communities might be more demanding than what we apply to our residents at the center. This bill would say those assessment kinds of activities that we require in group homes, are the same things that would be required in the facility in Grafton. Another feature of the bill would be that we make sure there are regional crisis support services for those with developmental disabilities. Often, a person in a group home facility is developing behaviors that that facility cannot manage. That places that person at the center in Grafton. The intent here is to build on what we have learned that a lot of these behaviors that seem unmanageable, really relate to that proper training of the staff. That training can be provided on the regional level so when there is a disruption, there is a program in place to help that local facility deal with the disruption and take the crisis into a process of solving the problem locally versus referring the person to the center in Grafton. This is something that is important to do, not only to maintain that person's community connection but to also make sure not to

push the budget too high at Grafton. Also to make sure they get the proper training. I suspect the challenge of this bill, is similar to the last two bills we have had. The House has passed a very positive bill, the Senate has passed a very positive bill and the policy committees have agreed that this is a service we should provide but the funding was not in the bill. It would be my recommendation to pass this bill and the challenge to the House would be to fund the bill in SB 2012 which they have in their possession.

V. Chairman Wanzek: When I read the fiscal note, it says this request is also included in SB 2012. Is that correct?

Senator Dever: I question why it did not go through House Appropriations. Maggie said she thought it was included in 2012. It was part of crisis services that we did include.

(0.05.53) Donna Aukland, DHS: These are the 7.5 FTE's that were included in SB 2012 that you passed out that way. It was also included in the policy for here. I believe the fiscal note just stayed on in case something happened on the House side and we needed to bring it back in the bill. They are included and they are in the budget and they are the 7.5 FTE in the regional areas for the Human Service Centers to do that crisis work to keep people in the community.

Senator Erbele: We have 7.5 FTE in 2012 but they are not funded in 2012?

Donna Aukland: Yes, they are funded and they are in there. This bill is also just is giving intent to say that we have to have this crisis team. The reason why there wasn't an appropriation added to it was because it was in that bill. In case the House didn't approve that in 2012 they wanted to leave that avenue to go here and to have the intent in the bill that we need to have this crisis team.

Senator Erbele: This bill is just a policy then and that we are already covered.
That was confirmed by Donna.

Senator Bekkedahl: I want to go back to your analysis on 1395 which was the child abuse bill. You had 1.5 FTE at a cost of $371,000 per biennium. This one has 7.5 FTE with a cost of $940,000 for the biennium. If you try to do apples to apples here, this 7.5 should be $1.8 M or the $371,000 should behalf of what it is. Is it a difference in the level of the expertise of the personnel needed to be hired for these positions?

Donna Aukland: Yes. In 1395, you need a clinical specialist where they would be a degreed person. In the cares team, there is going to be half of them that are DCAs which are high school level equivalent and then another professional position that is not quite the level of the clinical specialist in 1395. It is a higher level of degree in 1395 that is necessary.

V. Chairman Wanzek: invited Representative Schneider, the sponsor of the bill to speak.

(0.08.57) Representative Schneider, District 21: I understand Senator Mathern stepped up for me. This bill was designed to streamline and make more efficient the system of developmental disabilities providers and services so that the Life Skills and Transition Center was originally to be accredited under the same standards as the community programs. I

understand you were talking about the crisis teams. We had a separate crisis system in there until we found out it was in the Governor's budget and in another bill. We have had two parallel systems. This bill will help them work together in a way that is consistent so that we are able to compare services and systems in the community accurately with those of the Life Skills and Transition Center and have a better flow between the two by having the program managers consistent at both levels. I wanted the accreditation to be the same, both under the DD (Developmental Disabilities) system so that we could be comparing apples to apples. I understand that was amended out of the Senate version which I do not have in front of me.

Senator Poolman: I was wondering if that was amended out because you refer directly to the SIF and then it has changed to a standardized assessment. Are we calling the SIF the standard assessment statewide or is that a way of saying they still get a different assessment?

Representative Schneider: The consistency between the SIF (Social Innovation Fund) and the LSTC (Life Skills Transition Center) and in the programs was the original intent. We have had some issues with the SIF and there are other instruments that may be better in the future. So the language was changed not to undermine consistency but in case that state comes up with a better assessment tool, we want it to apply to both groups.

Senator Oehlke: In the bill it talks about crisis support. In the fiscal note it mentions that there would be crisis support relative to crisis assistance. If there any definition of what a crisis is? One of the reasons I asked this questions is because we are talking about people with developmental disabilities in the first place and I witness situations that the normal person would say is a crisis. For that individual and caregiver, it is a daily routine. What is the definition? How do you know when to exercise a team and provide support, spend the money, and provide the FTE? How do you know?

Representative Schneider: If the crisis is not already defined by Human Services in other aspects, it is best defined by those close to the team. I do not mean that we cannot have a written definition of that but perhaps it would be more of an administrative rules issue. The client deserves the crisis services. What might be a crisis for one, might not be for another. I don't know if the department has defined that elsewhere. I would leave that to the service providers and their procedures for calling in a crisis team.

Senator Oehlke: Would the crisis team support someone who is not developmentally disabled too? For example, I am in a coffee shop and my wife meets me there and she tells me that somebody hit this lady on the street and she fell down. The police came and the officer came in because he knew my wife was a witness. He asked her what she saw. She said by the time she parked her car all she could see was the woman on the ground and the guy standing over her. There was another person there. He said well, a developmental disabled person was walking his bicycle down the street with this caregiver. The person in question that became a victim, was this annoying lady in town. She got in his face and told him people like him should not be on the street. She kept ranting at him until he finally looked at her and bonked her on the head because she was short she went right to the ground. He was not overly stressed about that situation. It did not become a big deal for him and his caregiver that was a stressful situation. A couple days later, that same person comes into my office ranting because these people should not be allowed on the sidewalk. She is the one

that had the crisis problem. In the coffee shop, everyone laughed because no one had sympathy for this person because that is just the way she was. Would she have gotten crisis service because of this? Would it be just for the developmentally disabled person? Do they both get it? How does that work?

Representative Schneider: We have different kinds of crisis within your question. I think for someone who is assaulted by a developmentally disabled person, we would expect that all of us who are around would be helpful too. That duty would really flow to first responders, or to the justice system. There are things within the justice system when working with developmentally disabled people that are specialized individual justice plans for some and other things. I think the type of crisis is more a crisis that it impacts the person's placement and might otherwise institutionalize them where if we have a crisis team to respond with medication changes or other interventions that might keep a person in a community program which is much less legally intrusive and less expensive rather than have them institutionalized at Grafton. I think the crisis teams in here are more directed towards those kinds of crisis and we have other people in the community system to respond to the descriptors you shared with us.

Senator Oehlke: I get it. That is why I brought this situation up. I think it was handled. Does this bill do something different than the community, the caregivers, the facility, and Human services? Would there be something more in that situation that this bill does that is not already being done?

Representative Schneider: Yes. It addresses the crises in placement and in life issues that might be impacted by interventions that might not be in place, medications that might need to change, psychiatric interventions that might be critical. We don't really have that now. We don't want people to go into the more expensive and less restrictive alternative at Grafton because we do not have the people or the tools in the community to handle crises for individuals in community placement. The crises team approach will be helpful and will more than pay for itself.

Senator Mathern: I came up to describe the bill and open the hearing when we did not have the sponsor here. I would like to add to Senator Oehlke's scenario and question. This could be a very important use of the crisis team. If this gentleman who bopped this lady maybe had done that before, maybe that facility he was associated with said we can no longer handle him because he bops ladies on the head. There is a certain behavior we are misunderstanding so he needs a higher level of care that we can provide in Devils Lake. Maybe he needs to go back to Grafton. I can see this crises intervention team helping that provider he is with to understand how they can change his behavior to stop him from bopping people on the head. I hope we can pass the bill. It is a way of keeping our citizens in their community. Sometimes they need a little extra help and that is what the crisis team would be providing to that community.

Chairman Holmberg: Anyone else testifying on 1517? Hearing none, we will close the hearing.

Senator Mathern: Moved a do pass on HB 1517. 2nd by Senator Dever.

A Roll Call vote was taken. Yea:14. Nay: 0; Absent: 0.

Senator Clemens from Human Services will carry the bill.

The hearing was closed on HB 1517.

Date: 3-22-2019
Roll Call Vote #: 1

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1517

Senate Appropriations Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen Mathern Seconded By Sen Dever

Senators	Yes	No	Senators	Yes	No
Senator Holmberg	✓		Senator Mathern	✓	
Senator Krebsbach	✓		Senator Grabinger	✓	
Senator Wanzek	✓		Senator Robinson	✓	
Senator Erbele	✓				
Senator Poolman	✓				
Senator Bekkedahl	✓				
Senator G. Lee	✓				
Senator Dever	✓				
Senator Sorvaag	✓				
Senator Oehlke	✓				
Senator Hogue	✓				

Total (Yes) 14 No 0

Absent 0

Floor Assignment HS Clemens

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

REPORT OF STANDING COMMITTEE

HB 1517, as engrossed and amended: Appropriations Committee (Sen. Holmberg, Chairman) recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1517, as amended, was placed on the Fourteenth order on the calendar.

2019 CONFERENCE COMMITTEE

HB 1517

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1517
4/11/2019
34691

☐ Subcommittee
☒ Conference Committee

Committee Clerk: Nicole Klaman by Marjorie Conley

Explanation or reason for introduction of bill/resolution:

Relating to the licensure of life skills and transition center by the department of human services; and to provide for a legislative management study.

Minutes:

Chairman Anderson: Have Senate explain amendments and changes

Senator Clemens: Titling of the bill, line 6 because we are emphasizing the assessment of intellectual disabilities. The things we omitted were for condensing and emphasizing reasons. 4 things this bill addresses. Line 11 didn't change. The part we added in Section 2, line 17 " conduct the standardized assessment" that's what we added. If you look again on version 5000 took out 1 on 1, there may be times when more than 1 person would be addressed.

ChaIrman Anderson: Rep Schneider carried this.

Rep. Schneider: Was there a discussion of the accreditation paragraph that was removed? Will you give me some advice on that?

Senator Lee: Tina Bay would be able to explain this.

Tina Bay, Dept Human Services: I was not there when the additional discussion went on. I don't know why the accreditation was removed. They are required to be accredited anyway.

Rep. Schneider: You don't accredit the DD standards to the institutional part of the campus. The intermediate transition center is not licensed. Because of this law, their care facility is accredited.

Tina Bay: The main campus intermediate care facility of the life skills in terms of transition center is not licensed by the division. All of our other community providers are required to be licensed. Because of this law and century code both the life skills and transition center

their campus and their intermediate care facility is accredited as well. That is a licensing requirement we have for all of our providers. Intermediate care facilities are also required to be certified by the department of health. Life skills and transition also does that certification, but because we don't license the life skills and transition center their main campus, they don't follow our requirements as far as the certification. We don't see those results for the intermediate care facility because we don't license that facility. We are not required to see those results.

Rep. Schneider: The goal was to have some consistency on the assessment, programing and standards. Do you see value in that and any suggestions on how we can get to that?

Senator Anderson: Accreditation is by an external group because you meet these basic standards.

Rep. Schneider: The assessment isn't the issue, it's the standards between the assessment between the facilities. One assessed under community standards and the institutional part of it is under the Department of health. The intent of the bill when written, it contained licensure, we wanted to get to the point. We can't have it licensed or we would have a constitutional crisis. I'm trying to get to consistency and uniformity to the facilities. We could apply the standards
that they apply for group homes and that would be accrediting it but we would still have those standards apply uniformly. I am trying to get to some consistency and uniformity on the standards we apply, not to the clients but to the facilities.

Senator Anderson: You were attempting to set up an accreditation process that no longer exists. They don't accredit those facilities, they license them.

Senator Lee: We understood and might mention, Senator Hogan was very involved but the intent was to make sure every individual will be assessed across the board. We know it's intended to be a safety net. We were comfortable with specifying these standards would be used across the board.

Chairman Anderson: Is the level of disability at Grafton different than the other areas of the state or is it at a higher level?

Senator Lee: If we do not adequately fund these facilities and their providers. If we don't adequately fund this, we are going to continue to struggle with serving those people with the most severe disabilities. They require very intensive care, one on one treatment. If we are not paying these providers enough to do that kind of intensive care, they aren't going to be able to do it. Some of them are older people and they have probably been there their whole lives. They are aging out eventually and that will take care of that part, but it is its' own entity. It is recognized by the Federal Government as the only facility that provides services for both developmental disabilities which is in a community setting that has both group homes and intermediate care.

Chairman Anderson: Is this place unique or are there other places in the state that handle this type of disability? I assume that Jamestown handles these types of things too.

Tina Bay: It's classed as an intermediate care facility, the state operates that facility. The level of care is the same across the board.

Chairman Anderson: Is there a lot of movement in and out of there?

Tina Bay: Not as much as what we would like to see.

Rep. Tveit: Are you running at capacity?

Tina Bay: Their numbers are at 42, for funding and they are at 65.

Senator Anderson: Is the hang up the accreditation?

Tina Bay: The language that is in there is the "accreditation body" that does the accreditation right now for life skills and all of our community providers.

Senator Anderson: The reason that we took it out is that we felt that it wasn't necessary because they were doing the accreditation and they plan to continue that, however, if it makes the house feel more comfortable there is really not much down side to leaving it in there because that is what they are doing and this is the organization that accredits them now.

Rep. Schneider: Tina the institutional part of Grafton is surveyed and accredited by something different than the community programs?

Tina Bay: Accreditation, certification (Dept of Health), licensing but not the life skills transition. These are the three things that our community providers are required to do. We review all of the results and if we see a system issue, we deal with that on our community providers.

Rep. Schneider: So then different programming standards could be applied to a person coming in from the community if they go into the institutional part of Grafton?

Tina Bay: We may have different or additional policies.
26:11

Rep. Schneider: Are they important or critical or important and affect people's lives? That is where I am trying to get the consistency here. Could you give us some examples of those so we see how critical and important they might be.

Tina Bay: During one of the interim committees, when we were in Grafton, there were some providers that discussed some issues with restraints and certainly life skills and transition center, they have the accreditation and the certification requirements, but they were able to do certain restraints where our community providers because of our licensing requirements and another layer of policy are not able to do that.

Sen. Lee: We need to recognize there is a different group that have stronger challenges coming into the life skills and transition center. I certainly do not want to violate the rights of anyone, but there does need to be some way to control a behavior that is out of control. I think it would be challenging to have exactly the same rules as all of the group homes.

Tina Bay: Yes, the level of care is the same. The bottom line is something has occurred at the community service level that a provider can no longer safely serve that client. There is a different level of care.

Rep. Schneider: Could we meet again?

Chairman Anderson: If we can reschedule.

Closed the Conference of HB1517.

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1517
4/15/2019
34780

☐ Subcommittee
☒ Conference Committee

Committee Clerk: Nicole Klaman by Marjorie Conley

Relating to program management for residents of the life skills and transition center and regional crisis support services for individuals with an intellectual or developmental disability; relating to the assessment of intellectual or developmental disabilities; and to provide for a report to the legislative management.

Minutes: Attachment 1

Tveit, Rep. Schneider. Rep. Members present: Sen. Clemens, Sen. J.Lee, Sen H Anderson, Rep. D. Anderson

Chairman Anderson: Call to order Conference Committee for HB 1517.

Rep. Schneider: (Attachment 1) As we discussed last time, I don't think we had any problems acceding to the senate's amendments and in all other areas except in the section 1 that first paragraph that begins with 25-04-02.1. The senate had removed that and what the amendment today ends in .04002 and we have both the Christmas tree version and the regular version of that amendment. It just puts back the original accreditation paragraph as it was and one sentence to clarify what was always described as the purpose of that paragraph was to make consistent between the group homes and the two buildings at the life skills and training center make that consistent with the community programs and with the group homes on the campus that they would be following the Department of Human Services to the mental disability policies regarding client services.

Chairman Anderson: Any discussion or do you want some time to look it over?

Sen. Lee: (Mic was not on)

Rep.Schneider: If the Protection Advocacy would like to address this issue, I would be happy to give it to you. We can certainly enter whatever comments you have for the record.

Pamela Mack, Advocacy Director with the North Dakota Protection and Advocacy Project: In looking at the language that was added to the bill, I think some of the intent behind it is to really try to create some uniformity or some consistency between our community based services and our services that are at the center portion of the life skills and transition center.

Currently we do have two different sets of policies and procedures that govern the services and because of that there are some differences and or discrepancies between the services that can be provided within the LSTC on the campus and within our community providers. So at times that creates challenges when we are looking at whether people are able to leave the institution because if they are receiving a certain set of programmatic support that they do within the center those cannot be replicated within the community. That does have to do with some of the behavioral supports practices or the medication management practices that their policies and procedures are different and so in turn the providers within the community cannot replicate those. At the same token when we have people go into the institution creating barrios for the institutionalization is one of the things that we have identified on the providers' side that is making it more challenging and so by creating some uniformity amongst those different entities we would hope that our service delivery system becomes more seamless. Those are the things that that language was hoping to address.

Sen. Anderson: When you say hoping to address, does this address it and solve the problem that we are looking at?

Pamela Mack: I believe that this language would create that uniformity and that adoption of policies that are consistent across the service delivery system. Yes, I believe that it would.

Sen. Lee: What would change? Part of the reason that I'm asking this question is because the people who are in the life skills and transition center are not identical in their needs and services to the needs of the people in the group homes and community based settings. It doesn't seem unreasonable to be that there would be perhaps medication management or behavioral management programs that are delivered there because that's the reason that some of them are there is because of behavioral issues, sexual aggression whatever happens to be. It would be dangerous to other individuals with whom they would be housed or working or who are attending their needs in a group home. How are you going to solve that difference in the needs of the individuals being served by making everything uniform?

Pamela Mack: I think while there may be differences in the types of services that are delivered really what the LSTC I think often times brings is a level of expertise and or higher levels of training to some of their skilled DSP's. With a confined environment, it is a little bit easier to create those consistencies in programmatic support and yet we have found that many people have left the institution that had been there for many years and are very successful in the community. We have in many instances created consistent support for people across that spectrum and while they may have more challenging behavior and or risks that are associated with that. There is not necessarily a difference in the types of services that could or should be used to support them. One of the things that we are finding is that the differences create challenges with that discharge process. While they have more challenging needs, I don't think the changes that would need to be made to create uniformity in the policies and procedures would change the LSTC's ability to be that crisis unit or that short term stabilization process to be able to meet their needs. I do think the uniform adoption of policy could be done and I don't think it would change the role that the LSTC is able to provide for services.

Rep. Tveit: Are there times when an individual moves to another location? How do you gauge when that individual is ready to move across or not?

Pamela Mack: I believe that people do consistently move from the community back to the LSTC and or may enter the LSTC and then at times do go back in if they have a period of instability or if they have a period of time when they need additional support and then they look at going back out. We do have instances when they go back out and go back in and

sometimes there are a number of years between those admissions and discharges. I think the LSTC has recently adopted what is called a transition document that they are establishing for each of the clients. I think the intent behind that is to really help that team within the LSTC identify what supports a person would need within the community to be able to leave the institution and do that successfully. There are some efforts being done by the department to address and to transition out or identify what needs a person has but along with that we want to make sure that there is an operational process that is uniform so that the system doesn't become a barrier and that it is a persons' unique needs that keeps them at the LSTC and not the process.

Rep. Tveit: This statement would help you to become more uniform in how you operated both units and to be able to monitor the transitions as they come forward?

Pamela Mack: Yes, I believe so.

Sen.Clemens: Do you make regular visits at the LSTC and when was the last time you had a visit there?

Pamela Mack: We do have a full time advocate that from Protection and Advocacy that I supervise that is housed on the grounds of the LSTC and so she is there on a daily basis. I have regular contact with her and periodically through my supervision visit, I do go to the Life Skills and Transition Center. I don't recall exactly when my last visit was there. It was before the legislative session.

Chairman Anderson: So those assessments are occurring daily? You don't have a time frame?

Pamela Mack: As far as the assessment, that is done at a point in time to assess a persons' needs. The assessment will be done every three years, which I believe is the same cycle of completion for all services in the adult population.

Chairman Anderson: Is there any time circumstance that you would shorten that time frame?

Pamela Mack: Absolutely. The department has established a number of different methods or times when that assessment can be redone if there is a significant life altering event.

Chairman Anderson: Who requests that, the guardian?

Pamela Mack: I believe that any team member through the team process and though the guardian can request it and then it goes through the process with the department and the DD program manager.

Chairman Anderson: So if you do move someone to a different facility, how soon do you follow up on the move to be sure that it was the right decision?

Pamela Mack: There are processes whenever someone is discharged that the LSTC remains Involved for a period of time. The team of the community based provider has benchmarks when they need to meet to do an admissions meeting within 30 days. They need to meet again to do an initial plan so that there is a comprehensive plan for the services for the person and that team is continually monitoring whether or not those services in the community are meeting the clients' needs and they can pull in the LSTC for technical assistance or support whenever they need to, to make sure the person continues to do well. That often is the function of the cares team.

Rep. Schneider: Even though the assessment is every three years, but there is pretty much continually program planning development and implementation. There is a lot of other planning and evaluation of goals and objective types of things.

Pamela Mack: That is correct. There is always by each of the team an ongoing monitoring of services and involvement to insure that the services whether it is LSTC or the community side. That is standard practice.

Chairman Anderson: Any further questions for Pam?

Sen. Lee: We have been talking about the human services department, how about if we ask someone from the department of human services to answer those same questions?

Tom Eide, CFO for DHS also Director of Field Services: What's the difference between what's required of LSTC and what's required of a typical ICF provider? The big difference is that we don't license LSTC and we can't. Part of the challenge and understanding is LSTC has 50 clients right now in their ICF portion of their system. Many of them are the ones that are ejected from the local community providers. Our goal is to try and get them back with a local community provider. With our budget for LSTC for next year, we are trying to consolidate them, we are trying to bring them down from multiple buildings usage and try to narrow that down to getting to be a couple of buildings for clients. Clearly, we are trying to get as many as we can into the community as much as reasonable as well. There are some clients that will stay in Grafton until the end of the days, that's their home at this point. The goal is to reduce that. We are establishing the cares in which is originally part of this bill to create these response teams.

Chairman Anderson: How long have you been in the practice and making the move to get to be more efficient or has that just started?

Tom Eide: That just started. One of my favorite things because I'm an operations guy, so that has been my response as I have come on board and worked with LSTC and the state hospital as well. How do we get operational and far more efficient.

Chairman Anderson: Time frame?

Tom Eide: We have already started on the work. We have been remodeling Cedar Grove and Maplewood are the two buildings that we are focusing on and updating the kitchens. A lot of vocational work too. That goes on and I don't think we will be done until roughly November when we will be largely through the remodel project and we will get all the clients repositioned in those units.

Chairman Anderson: Anyone else have any questions?

Rep. Schneider: Help me understand this; Are Cedar Grove and Maplewood accredited by CQO?

Tom Eide: CQO credits the whole program. They go through all the buildings, but then also CMS and the department of health go through the buildings as well, from the safety stand point and all the other pieces that we need.

Rep Schneider: The certification that's done by the health department and Title 19 go to The department of human services.

Tom Eide: No, we get the CMS tags. Between that and the department of health and they are sent back to the superintendent (Sue Forester) but then copies are sent to myself and to Chris Jones. The department of human services has access to those. They are not sent to Tina, but I would share them with her.

Rep. Schneider: When I asked Tina she had read the health department certification, which is one of the reasons for having the uniformity and consistency across the system for all the DD programmatic services. You have read the 1019 surveys for Maplewood and Cedar Grove?

Tom Eide: I would imagine I have seen them, but I can't recall specifics on those off my head. I have seen the CMS tags.

Rep. Schneider: I have seen many examples of how they are not compliant. Where they are not compliant is with DD programmatic things. If they were with the DD, they would have to comply with programmatic implementation. I am really concerned and am trying to do what might be appropriate to fix some of the problems I'm seeing in the health department that the DD Division is not focusing.

Tom Eide: They cannot report the DD Division that would be inappropriate based on the way their constitution is set up. The tags that you will find that are in there, but those exist in a lot of ICF's and we work through them, we correct them. I had the three year list of CMS tags. What existed one year didn't exist the next, but then something new popped up because regulations changed and rules changed and we have try to address those things.

Rep. Schneider: We are talking about what they couldn't do is recurrent require licensure. With accreditation we are trying to apply consistency and assess parameters and tools to Cedar Grove and Maplewood. This is a repeated issue. The accreditation would look at programs that would apply and might provide some of that uniformity and consistency applied to the group homes right on campus.

Tom Eide: From accreditation stand point, absolutely. We want to be accredited. We are after the distinction of recognition now because we think that is important and some of the issues I don't know the age them. LSTC has gotten better over the last few years, but we still have a lot of work to do. Actually the new facilities will help a lot just from a physical environment standpoint creates some more fresh look. But also from a staffing standpoint, being able to get all of our staff in one area.

Sen Lee: We are hearing about other things that should be done, would you agree or disagree with that? We don't have enough money for a home and community based service to provide the expensive list of services that some of the residents need. The challenge is that they cannot hire enough people because they haven't got enough money to do that.

Tom Eide: Literally we are in this conversation with Ann Carlson to describe their medically involved in medically intense individuals right now. At some point we have to address the complexities so we can add on payments. The conversation this morning literally went down the path of what about the behavioral complexities.

Chairman Anderson: Closed the meeting

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1517
4/17/2019
34815

☐ Subcommittee
☒ Conference Committee

Committee Clerk: Jeanette Cook by Marjorie Conley

Explanation or reason for introduction of bill/resolution:

A bill relating to program management for residents of the life skills and transition center and regional crisis support services for individuals with an intellectual or developmental disability; relating to the assessment of intellectual or developmental disabilities; and to provide for a report to the legislative management.

Minutes: Attachment 1

Members present Sen Clemens, Sen. Lee, Sen. Anderson, Chairman Anderson, Rep. Tveit,
Rep. Schneider.

Chairman Anderson: Reopened discussion on HB 1517. The last time that we were here Rep. Schneider introduced an amendment. Jonathan Alm is here to answer questions if you have any.

Sen. Clemens: Do you have the amendments before you .04000?

Rep. Schneider: The Christmas Tree version is .04002.

Sen. Clemens: To continue on with discussion last time we met and we were discussing policies so does anyone have a comment on that?

Senator Lee provided a copy of the amendments. See attachment #1.

Time was spent looking at the new amendments.

Senator Clemens read the amendment being proposed. (Attachment #1)

Rep. Schneider: Do you know what those few changes are so I don't have to compare them.

Senator Clemens: Dealing with policy, so on page 1, we will be moving line 22.

Senator Lee: This restores accreditation.

Rep. Schneider: The other changes are consistent with the senate amendments as you gave them to us before as far as I can see. Is that correct? We talked about being willing to accede to those changes.

Senator Lee: The only addition that we are suggesting is on page 2 line 21 on the .04000 version.

Rep. Schneider: It removed the sentence that I had submitted on the amendment that appeared on line 18 of .04002, which was to insure consistency in service delivery across the service system, the life skills and transition center shall adopt and implement the policies or the department of human services relating to client services. That line is consistent with the goal of the whole bill when it was originally proposed and was amended in the committee. When it came to you of course it was just consistency standardization so that DD clients wherever they were could have the same expectations of service quality. In that sentence, it really isn't very intrusive and it isn't very strict and by that I mean it applies to services not facilities because there were concerns expressed in the department and in the committee that this was a different setup and maybe the facilities themselves couldn't comply with the standard group home facilities. It was something that Sue Forester said in meetings that they working toward and almost there in fact they could comply with. That sentence doesn't have a time dead line. It is in there as kind of a very very weak substitute for what originally was in the bill as a licensure request by the DD department to get those standards in place. Could we consider leaving that in as an aspirational standard at the end of the accreditation paragraph?

Senator Clemens: I am in the understanding that the policies between the two is what might create some conflict.

Senator Lee: There was some limitations to what is to be done because of the LSTC being a constitutionally designated facility.

Jonathon Alm, Attorney with Department of Human Services: The constitutional piece has kind of been taken out because Rep. Schneider's amendment talks about that we have to comply with the policies. The difference is the policies were created and administrative rules too, but I work with programs and we did a very large overwrite and rewrite of the policies. When we did that, we did not look at LSTC when we were doing that, we looked at the DD population that the DD program looks after and so I do not know how those conflicts are supposed to be, how we can accomplish everything. That was not part of our long review. That took 2 years to do and so there are a lot of unintended consequences that could result from that shall comply with the policies and procedures that we don't know yet. The amendment that was discussed that it talks about reviewing the policies, so that is something that we have said that Rep. Schneider represented that life skills is looking at, but we just can't say shall do it to move forward.

Rep. Schneider: Could you clarify who is working on the committee and what a predictable time table might be.

Tom Eide, **Director of Field Services**: The transition task force is working on a lot of these things obviously. We continue to try and figure those things out. Our big goal in the transition task force now though is how do we get the local ICF's, the community ICF's prepared to take these more difficult clients. The concern of inconsistencies which is what happens at LSTC. Adding the review to that study makes sense because now we can go in and we can look at what does it take our local ICF's get our clients out of Grafton when appropriate and into their communities. How do they make sure that they don't eject a client who has behavioral issues or other concerns and then look at the policies that are out there and can we look and make sure that our local providers can take these clients.

Rep. Schneider: I am hearing a commitment to looking at standardization and consistency between the community programs and LSTC. Is that correct?

Tom Eide: I would say we would like to look at it, yes. I wouldn't even dare commit that they are going to be consistent, because we might discover as we look at the policies that there is perhaps a disagreement of some level where that needs to happen LSTC versus what needs to happen at the local providers is different for some reason. I can't imagine what that might be right now, with the exception of, we take clients at LSTC that are not part of the DD and ID population right now, which is a substantial difference from the ICF's and it is a difference I don't want to see eliminated so that we can continue to keep a couple more kids in state versus sending them out of state. We are now sending 30 to 40 kids out of state for treatment between PRTF's that can't handle these kids or ICF's that can't handle these kids or we don't even have the room at LSTC for them. Those are concerns that we are trying to address.

Rep. Schneider: I will follow up with that. I am good with giving you time to look at those things and I certainly commend you on looking at the problems on both ends of the issue in being providers in the community what they need to be able to take folks that even are more challenging whether it be money or support or training or the crisis people. I think that is a wonderful idea, but I do appreciate your commitment to having consistent standards for DD folks for wherever they are. If you do have people that are not DD and then not in favor of that at all at Grafton, but if you do make a carving out an exception for them where I hope that the process is not making it consistent for people who are DD.

Tom Eide: Those are things that we can certainly look at as we go through this study is how to better handle that. It really goes into the bigger issues of we still have gaps in our system where we don't have all the levels of care and all the existing care we need. How do we provide funding and care for medically involved in medically intensive clients who are on that DD payment scale. We are trying to address that specifically. At some point, we are going to have to come up with a behavioral involved and behavioral intensive rate and program requirements as well at some point. That might be the logical next step. That might be the piece that allows our local communities to get the resources they need to take care of these more challenging individuals. Those are things we can explore and part of this is that I am still new to this game.

Rep. Schneider: We are into the changes that have deference to the work and discussion we've had to come to some kind of agreement here. It is one that you

know that will be looking for these policy changes and particularly things that have already been outlined to our committee if not to this group about differences in the standards where things are not reported to PMA and certain conditions and where restraints are used at LSTC for folks who would not be allowed to be restrained and some of those things are important and we're intended to be addressed by this. If we accede to the senate changes we know that is still important to us and appreciate your attention to this.

Tom Eide: We may not come to this conclusion, but the policies can be the same, however, to be able to specifically articulate what's different, the LSTC policy is going to say this, the rest of the providers will be held to this end. Hopefully, we can create an agreement that maybe that's an acceptable thing and maybe it is not. Until we explore that understand drill into it find out why kids cannot stay in local communities or adults cannot stay in local communities why we send people out of state, that's what I want to get to and I think we started that work in the transition task force, now we get a chance to finish it.

Senator Lee: As I have said before, it is a unique population there. There aren't the community facilities besides they can't be served there in many of those cases because they have been there and there have been problems and have been taken out immediately and sent somewhere and it is our safety net, so I think it is going to be very hard to say everybody who is in LSTC is going to have even their currently is going to be able to be covered with a different plan for a resident. I continue to struggle with the fact that consistency to me means pretty close to identical. I don't think that it can be because of the individuals who are there, are each unique on the own, his or her own needs. It is a challenge for that, so that really is what I guess. We are getting closer to a solution with that. One of the options it looks like would be some additional enhancements of the ICF levels of care and that might enable higher levels of payment.

Rep. Schneider: I appreciate Senator Lee's comments and I know there are some folks with high level needs, perhaps Tom Eide knows how many folks are slated to be put into the community and are just waiting for placement. I think it is over half of them are ready for community placement.

Tom Eide: I saw one list that had already had 13 clients. They are ready to move, but we are trying to find placement. How do we find local providers that are willing to take those clients. They have unique needs.

Chairman Anderson: Any other questions?

Rep. Schneider: With the proposed amendment that came today from the senate that replaced a section that had been removed by the original senate favored the current senate version if we adopted the current amendment, so maybe we have to work with the first bill and then the amendments or maybe there is a quicker way that one of you know that to get to the amended version of today.

Senator Lee: We could say that we adopt this language and ask that the intern work with Jonathan Alm or Legislative Council to put it in proper form and style for attaching

it to the more recent version of the bill, because that is all we really need to do. It isn't that we really changed the language. If you want, we would come back and see it in that form again it shouldn't take more than a few minutes to address the needs if you are comfortable with the way the language reads.

Chairman Anderson: Should we schedule another meeting? Meetings over.

Chairman Anderson: Reopen the meeting and vote on this.

Rep. Schneider: Move that we adopt the version proposed by amendment today. Recommends that the Senate Recede from the Senate amendments and amend.

Rep. Tveit: Second.

Motion carried.

Roll Call Votes Yes 6 No 0 Absent 0

House Carrier is Rep. Schneider. Senate Carrier is Senator Clemens.

DS 4/17/19

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Title.06000

Prepared by the Legislative Council staff for
Conference Committee
April 17, 2019

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1517

That the Senate recede from its amendments as printed on page 1377 of the House Journal and page 910 of the Senate Journal and that Engrossed House Bill No. 1517 be amended as follows:

Page 1, remove line 22

Page 1, line 23, remove "individual who resides at the life skills and transition center."

Page 2, line 5, overstrike "contract with a team of support intensity scale assessors by"

Page 2, overstrike line 6

Page 2, line 7, overstrike "pilot group identified by the consultant contracted in subsection 2."

Page 2, line 7, remove "Assessments must"

Page 2, replace lines 8 through 10 with "conduct the standardized assessment of eligible individuals residing at the life skills and transition center."

Page 2, line 17, remove "one-on-one"

Page 2, line 18, after "**MANAGEMENT**" insert "**- SYSTEM OF SERVICES FOR INDIVIDUALS WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY**"

Page 2, line 21, after "encountered" insert "and policy review"

Renumber accordingly

Date: 4/17/2019
Vote: 1

2019 HOUSE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL **HB 1517** as (re) engrossed

House Human Service Committee

Action Taken

☐ **HOUSE accede to Senate Amendments**
☐ **HOUSE accede to Senate Amendments and further amend**
☐ **SENATE recede from Senate amendments**
☒ **SENATE recede from Senate amendments and amend as follows**

☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Rep. Schneider Seconded by: Rep. Tveit

Representatives	4/11	4/15	4/17	Yes	No	Senators	4/11	4/15	4/17	Yes	No
Chairman D. Anderson	X	X	X	X		Senator David Clemens	X	X	X	X	
Rep. Bill Tveit	X	X	X	X		Senator Judy Lee	X	X	X	X	
Rep. Mary Schneider	X	X	X	X		Senator Howard Anderson	X	X	X	X	
Total Rep. Vote				3		Total Senate Vote				3	

Vote Count Yes: 6 No: 0 Absent: 0

House Carrier Rep. Schneider Senate Carrier Sen. Clemens

LC Number 19.0775 . .04003 of amendment

LC Number . .06000 of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Insert LC: 19.0775.04003
House Carrier: Schneider
Senate Carrier: Clemens

REPORT OF CONFERENCE COMMITTEE

HB 1517, as engrossed: Your conference committee (Sens. Clemens, J. Lee, Anderson and Reps. D. Anderson, Tveit, Schneider) recommends that the **SENATE RECEDE** from the Senate amendments as printed on HJ page 1377, adopt amendments as follows, and place HB 1517 on the Seventh order:

That the Senate recede from its amendments as printed on page 1377 of the House Journal and page 910 of the Senate Journal and that Engrossed House Bill No. 1517 be amended as follows:

Page 1, remove line 22

Page 1, line 23, remove "individual who resides at the life skills and transition center."

Page 2, line 5, overstrike "contract with a team of support intensity scale assessors by"

Page 2, overstrike line 6

Page 2, line 7, overstrike "pilot group identified by the consultant contracted in subsection 2."

Page 2, line 7, remove "Assessments must"

Page 2, replace lines 8 through 10 with "conduct the standardized assessment of eligible individuals residing at the life skills and transition center."

Page 2, line 17, remove "one-on-one"

Page 2, line 18, after "**MANAGEMENT**" insert "**- SYSTEM OF SERVICES FOR INDIVIDUALS WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY**"

Page 2, line 21, after "encountered" insert "and policy review"

Renumber accordingly

Engrossed HB 1517 was placed on the Seventh order of business on the calendar.

2019 TESTIMONY

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Testimony of

Representative Mary Schneider

Before the

HOUSE HUMAN SERVICES COMMITTEE

REPRESENTATIVE ROBIN WEISZ, CHAIRMAN

January 22, 2019

HB 1517

At first glance HB 1517 appears to have four distinct parts related to developmental disabilities: licensure, client assessment, crisis support and a study of needed services. Its goal is the same for all, however--to improve consistency and uniformity for persons needing services for intellectual disabilities, and to enhance the availability, quality, uniformity and comprehensiveness of community services for them--wherever those individuals reside.

Throughout the interim, those of us who served on both the Health Services and Human Services Committees saw and heard about examples of a fragmented service delivery system, resulting in problems for agency staff, service providers and clients.

Sometimes the Life Skills and Transition Center was on one track, the Division of Developmental Disabilities on another, and clients with intellectual and developmental disabilities in the State Hospital, long term care, basic care and congregate care on neither, or a third track. For clients with intellectual and developmental disabilities that creates difficulties. For the agency staff, it creates challenges. For community providers it sometimes creates confusion and frustration. For all the system components it creates inefficiencies, inequities and unevenness. It's not anyone's intent or anyone's fault. It's just hard to change. Many people and many organizations and many bureaucracies fear or resist

change. And that's what HB 1517 is designed to help. Encouraging or entrenching some unifying factors in the assessment of clients and establishing comprehensive and consistent evaluation of programs and facilities, will streamline and stabilize the service delivery system for all clients with intellectual and developmental disabilities.

By history, geography and law, the Life Skills and Transition Center (LSTC now, but formerly the Grafton State School) has been a sort of stand-alone entity. It has a rather unique position (like the State Hospital) of being enshrined in the North Dakota Constitution. It also was the subject of a federal lawsuit and subsequent court orders and monitoring.

At the same time, as a consequence of the litigation, the state was required to develop community programs and services. Those were built up semi-separately, outside of LSTC. There was institutional suspicion at that time that the developmental disabilities community system would supplant Grafton State School, which caused some resistance to integration with the community system. Many aspects of LSTC continued for a time under a more medical and institutional model, while community program development modernized the means and methods of serving clients with special needs. Throughout, at that time, persons with intellectual and developmental disabilities in the State Hospital and nursing homes were often outside either system.

While there have been many, and milestone, improvements in system integration, collaboration and cooperation between DD community programs and LSTC, there are still some separations and differences that cause barriers in what otherwise could be a seamless system of standards and services.

One of the differences that is addressed in HB 1517 involves criteria for licensing between LSTC and community programs. It would be most helpful to have the same standards applying to facilities and services, whether those are community programs or the LSTC. People with intellectual and developmental disabilities may move between the two systems, but the standards can be very different between the two. HB 1517 would apply the criteria used to license our state's many and various community facilities for persons with intellectual and

developmental disabilities to the segments of LSTC that don't currently undergo review under those standards.

Another important difference has been assessments of people with intellectual and developmental disabilities. Community programs use a common tool to evaluate clients' intellectual and developmental disabilities, and yet others at the State Hospital, in nursing homes, basic care and congregate care, and those living at LSTC, until recently, did not have the same standard assessment for people with intellectual and developmental disabilities. Standardizing and requiring a uniform system of client assessment has many advantages, particularly in planning and placement in needed community residences and services.

Crisis management has also differed, and has been concentrated largely at LSTC, rather than being disbursed throughout the community regions, thereby accessible to persons with intellectual and developmental disabilities living there.

We have a lot to be proud of in the major changes that our state has made in the development, implementation and coordination of services to individuals with intellectual and developmental disabilities. We have made many improvements, but there are still ways to make progress to improve what we do and how we do it.

HB 1517 would study the assessments, when completed, and determine what services, support and funding is necessary to allow and assist persons with intellectual and developmental disabilities to remain in their community. With that study may come ideas for ways to further increase effectiveness, efficiency, and efficacy of services to individuals with intellectual and developmental disabilities. And we might even save some money.

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Sixty-sixth
Legislative Assembly
of North Dakota

HOUSE BILL NO. 1517

Introduced by

Representatives Schneider, Adams, Eidson, Hager, Holman

Senator Hogan

A BILL for an Act to create and enact a new section to chapter 25-04 and two new sections to chapter 50-06 of the North Dakota Century Code, relating to the program management of an individual who resides at the life skills and transition center and the assessment of individuals with an intellectual or developmental disability; and to amend and reenact sections 25-04-02.1 and 25-16-01 of the North Dakota Century Code, relating to the licensure of life skills and transition center by the department of human services; and to provide for a legislative management study.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 25-04-02.1 of the North Dakota Century Code is amended and reenacted as follows:

25-04-02.1. Accreditation of life skills and transition center - Licensure.

1. The department of human services shall request appropriations and resources sufficient to ensure maintenance of the life skills and transition center's accreditation by the accreditation council on services for people with developmental disabilities and certification by the health care financing administration ~~or~~and, if deemed necessary, by similar accrediting and certifying organizations and agencies possessing standards applicable to an individual with a developmental disability and disciplines needed to provide quality services to individuals served.
2. Upon a showing the life skills and transition center satisfies the requirements of licensure, the department of human services shall issue a license as required under section 25-16-03.

SECTION 2. A new section to chapter 25-04 of the North Dakota Century Code is created and enacted as follows:

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Program management for resident.

The department shall assign a developmental disabilities program manager to each individual who resides at the life skills and transition center. The department, through the division that addresses developmental disabilities, shall ensure active program management is maintained for those individuals admitted to the life skills and transition center.

SECTION 3. AMENDMENT. Section 25-16-01 of the North Dakota Century Code is amended and reenacted as follows:

25-16-01. Definitions.

In this chapter unless the context or subject matter otherwise requires:

1. "Department" means the department of human services.
2. "Treatment or care center" means an entity providing services to individuals with developmental disabilities and licensed by the department to provide services. The term includes the life skills and transition center.

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

Assessment of individuals with an intellectual or developmental disability.

The department shall ~~establish and~~ implement or continue to utilize a standardized assessment tool such as the American association on intellectual and developmental disabilities' supports intensity scale to assess individuals over the age of three years old with an intellectual or developmental disability who are ~~served~~eligible for program management services through the department, including those individuals at the life skills and transition center and the state hospital; and those individuals in long-term care, basic care, and congregate care facilities who may enter less restrictive settings.

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

Regional crisis support services for individuals with an intellectual or developmental disability.

The department shall establish regional crisis support services for individuals with an intellectual or developmental disability. ~~Each regional crisis support services local team must include at least two individuals with available contracted support.~~ The regional crisis support

services teams shall provide timely one-on-one crisis assistance to individuals with an intellectual or developmental disability.

SECTION 6. LEGISLATIVE MANAGEMENT STUDY - ASSESSMENT OF INDIVIDUALS WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY. During the 2019-20 interim, the legislative management shall consider studying the results of the standardized assessment of individuals with an intellectual or developmental disability. The study must consider which services, support, and funding are necessary to allow individuals with an intellectual or developmental disability to live in and remain in their community. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement the recommendations, to the sixty-seventh legislative assembly.

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House Human Services

Sixty-six Legislative Assembly of North Dakota

House Bill No. 1517

January 22, 2019

Good afternoon, Chairman Wiesz and Members of the House Human Services Committee. I am Pam Mack, Director of Advocacy Services for the Protection & Advocacy Project (P&A).

P&A is an independent state agency. Its mission is to advocate for the human, civil, and legal rights of people with disabilities. P&A strives to ensure that every individual with a disability is treated with the same dignity and respect as all other ND citizens.

P&A is here today to support HB 1517 and the outcomes that it creates relative to the continuum of Developmental Disabilities (DD) services within the state of ND.

Section 1 of the bill adds the requirement of licensure for the Life Skills & Transition Center (LSTC) for all services provided. Currently, the LSTC supports people with disabilities in two different areas of services. Within the Center itself, there are 53 adults and 15 youth, with those clients being served in an Intermediate Care Facility (ICF). In addition, 10 clients are served through the DD waiver on the campus of the LSTC. What is most significant about these different services is not where the service is

provided, but in how the service is provided. The 68 clients served within the Center itself are under the umbrella of an ICF; however, the LSTC is the only ICF within the state of North Dakota that is not licensed by the Department of Human Services (DHS). This varies from the 10 clients who are served on the campus by the LSTC through the DD waiver. The LSTC is licensed by DHS to provide these services. While I did my best to create clarity, this is very confusing.

While on the surface this may not seem significant, it is in how the lack of licensure affects the continuum of services for people with disabilities. A lack of licensure for the clients served within the ICF setting of the LSTC results in inconsistent development and implementation of services. For example, currently DHS establishes policies and procedures that all licensed DD providers must follow, with the intent being to ensure consistency and quality of service delivery. While these policies and procedures do apply to waivered services on campus, they do not apply to services provided in the ICF setting on campus. A key example of this is a person who is in waivered services is protected from seclusion and prone restraint because DD licensure prohibits those procedures from being used; however, a person served within the ICF setting on campus does not have this same protection. This means we have two different sets of rules, on one campus, which directly contradict one another.

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Licensure of all services provided at the LSTC is also important as it creates a consistent manner in which all services in the state of ND are provided. Sue Foerster, Superintendent of the LSTC testified during the DHS budget hearing last week that the LSTC is striving to ensure that all services provided at the LSTC are consistent with the community-based providers. This is being done to promote the ease in transitioning people out of the LSTC. The lack of consistency has been a barrier to people leaving the institution in the past. P&A strongly supports that all services provided in the state, to include those at the LSTC, are provided in a consistent manner and licensure would accomplish this.

P&A is also in support of a standardized assessment tool being completed and in place for all clients with Developmental Disabilities, despite their living arrangement. The assessment tool is currently linked to the funding for services and should be in place for anyone residing at the LSTC, NDSH, in a Long Term Care, Assisted Living, or a community-based setting.

Section 4 addresses the need for crisis support services and P&A strongly supports this need. The Transition to Community Task Force has identified the need for capacity building within our current service delivery system. When information regarding admissions to the LSTC has been analyzed, many factors have been identified; with two of the factors being the need for medical and behavioral health support. There is a significant need in our service delivery system to address these supports within our

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communities, thus preventing people from having to leave their home communities for services in institutional settings.

P&A is also in support of the Legislative Management study in the 2019-2020 interim to further study ways to ensure that people with Developmental Disabilities are able to live within the community with adequate supports and services.

Thank you for your consideration. I'm happy to answer questions.

DESIGNER GENES
A·DOWN·SYNDROME·SUPPORT·NETWORK

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HB 1517
House Human Services
Tuesday, January 22, 2019

Chairman Weisz and Members of the House Senate Committee:

My name is Roxane Romanick and I'm representing Designer Genes of ND, Inc., as their Executive Director. Designer Genes' membership represents 220 individuals with Down syndrome that either live in our state or are represented by family members in North Dakota. Designer Genes' mission is to strengthen opportunities for individuals with Down syndrome and those who support them to earn, learn, and belong.

Generally, our organization is in favor of this bill, particularly Section 5. We feel the supports to individuals eligible for the Individuals with Intellectual Disabilities/Developmental Disabilities (IID/DD) Medicaid Waiver need quality supports to make choices and live as independently as possible in the community. The funding mechanism, funding adequacy, provider stability, and the overall program management system need to be responsive and supportive from a client-based perspective. Recently, I was contacted by an adult sibling who is concerned about his brother's ability to continue to live independently in the community due to staffing needs. The staffing needs are based on both the level of support assigned to him due to his SIS score as well as the ability of the provider to provide quality support. The sibling explained that he has counted 18 different direct care staff involved with his brother over the past year and seemed to encounter someone new each time he came over to visit his brother. Unless we continue to monitor quality outcomes for home and community based services, the system will continue to default towards institutionalized care.

We also support additional crisis response for individuals living with Down syndrome and other intellectual disabilities closer to their homes. Due to our individuals with Down syndrome having a propensity towards dual diagnoses of autism, sensory processing concerns, and executive functioning challenges, we need this assistance across the lifespan and hope that this service will not just be prioritized for adults.

The following modifications to this bill are being requested:

1. In Section 2, providing more specification on **who** we're targeting for an assessment. We want to assure that this requirement does not extend to children under 3 in the ND Part C Early Intervention system and who are also eligible for Developmental Disabilities (DD) Program Management services, as services for this population must be determined based on the needs stated within their Individual Family Service Plans. This requirement comes through Part C of the Individuals with Disabilities Education Act (IDEA).
2. In Section 2, more specification around the purpose for an assessment is needed. Assessments and evaluations are both used for eligibility and level of care in the Developmental Disability system. The Supports Intensity Scale (S.I.S.) is the current tool for adults and it is used to determine resource allocation, which is a very different function.
3. And again, we'd like language in Section 3 that assures that any individual across the lifespan, even if they have not been diagnosed with an intellectual disability, such as a young child, have access to the

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regional crisis support system. We also are concerned about individuals having to go through rigorous eligibility processes to access these services if they are not within the DD Program Management system.

I will answer any questions and thank you for your time.

Roxane Romanick, Executive Director
Designer Genes of ND, Inc.
701-391-7421 info@designergenesnd.com

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Department of Human Services
House Bill 1517 - House Human Services Committee
Representative Robin Weisz, Chairman

January 22, 2019

Chairman Weisz and members of the House Human Services Committee, I am Tom Eide, Director of Field Services and Chief Financial Officer for the Department of Human Services. I am here to testify regarding House Bill 1517.

I would like to provide some information regarding several sections of this bill and provide some items to consider.

First in Sections 1 and 2 of this bill it indicates that Life Skills and Transition Center (LSTC) must be licensed. Currently, LSTC is accredited by the Council of Quality and Leadership (CQL) as are all other Intermediate Care Facilities in our state. In fact, it continues to achieve accreditation and receives high quality reports as indicated by receiving Person Centered Excellence Accreditation in December, 2015. The LSTC continues to demonstrate progress on their 4 year accreditation plan as evidenced by off-site visits in June, 2017 and December, 2018. LSTC also undergoes CMS (Centers for Medicare and Medicaid Services) certification on an annual basis for each residential building. While LSTC will continue to pursue and receive this accreditation, licensing would not be appropriate given the requirement for LSTC status in North Dakota's Constitution.

North Dakota Constitution, Article IX, Section 12 requires LSTC to be located at or near the city of Grafton and provide services, as a facility, for individuals with developmental disabilities. If this Legislative Assembly requires LSTC to be licensed, it is the Department's position that this proposed law could create a conflict with North Dakota's Constitution if LSTC's license is later revoked for some unforeseen reason. Under this Bill, LSTC would not be able to operate without a license.

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In Section 3 of this bill, it requires the Department to establish and implement a standardized assessment tool. While the use of various assessments is consistent with current practices for specific purposes within various Department programs and services, requiring the Department specifically in this bill to establish and implement a standardized assessment tool for all individuals with an intellectual disabilities that receives any service from the Department may be unnecessary and burdensome as some individuals will not be applying for or receiving services from the Department's Developmental Disabilities Division. For example, language in Section 3 places this requirement on the North Dakota State Hospital (NDSH). NDSH is a psychiatric facility and requiring the use of a standardized assessment tool would be inconsistent for a facility of that type. Technically, the way the bill is written it could be interpreted that anyone receiving SNAP, TANF or other benefits would be subject to this requirement. If the intent of this bill is to require the Department to conduct assessments on all individuals with intellectual disabilities that it serves in various capacities, an appropriation will be needed. Please know that a standardized assessment tool provided by the Department's Developmental Disabilities Division is used in the discharge planning of clients when appropriate.

In Section 4 of this bill, I want to highlight what is in the executive budget as presented to appropriations. We have requested the resources, including 7.5 full-time equivalent positions (FTE) to enhance our CARES (Clinical Assistance, Resources and Evaluation Service) team in each region. In addition, we have requested resources to build a 24-hour mobile crisis teams in each region to support behavioral health needs. Our intention is that these teams would work in concert to meet crisis needs throughout our state.

This concludes my testimony and I am happy to answer any questions.

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House Bill 1517 Presentation-Senate Human Services Committee
Senator Judy Lee, Chairperson

by Representative Mary Schneider
February 27, 2019

Madam Chair and Members of the Committee:

HB 1517 is designed to make policies, procedures and standards for services used by people with developmental and intellectual disabilities more seamless, standardized, and streamlined.

As you, Madame Chair, and other members of the Committee know, the Life Skills and Transition Center (LSTC), formerly the Grafton State School, and North Dakota's continuum of community residences, programs and services, were born and grew up in very different ways.

What has now become LSTC was part of our state Constitution. In contrast, a lawsuit and resulting federal court order required the rapid development of community alternatives to institutionalization, beginning in the 1980s.

Sometimes the LSTC was on one track through the Health Department, and the Division of Developmental Disabilities community programs on another through the Department of Human Services (and clients with intellectual and developmental disabilities in the State Hospital, long term care or basic care facilities on a third).

For clients that creates difficulties and inconsistencies. For agency staff, it creates challenges. For community providers it sometimes creates confusion and frustration. For all the system components it creates inefficiencies, inequities and unevenness. It's not anyone's intent or anyone's fault. It's just hard to change, especially when multiple systems and agencies are involved. And that's what HB 1517 is designed to help.

Under HB 1517, licensing of community programs and accreditation of LSTC would be under the same DD standards. Currently, there are even two separate systems used on LSTC's campus--the first is one for the institution, using Intermediate Care Facility (ICF/CQL) standards--a more medical model with review and reporting going to the Health Department. LSTC, however, is the only ICF in ND that is not also licensed by the Department of Human Services. There is a second set of standards for clients served in group homes at LSTC which, like community facilities and services that are governed by development disability standards, which are under the Department of Human Services, DD Division. The differences in the standards can be significant and can result in inconsistent treatment of individuals with intellectual and developmental disabilities, depending on where they live.

Under HB 1517, there will also be individual assessments of residents in community placement and in the institution at Grafton which will use the same instrument, and all individuals will have a program manager, and active program management. In the past, the LSTC and community programs have been on separate tracks in those areas, so comparisons and consistency were challenging. That has undermined efficiency, effectiveness and economics.

The bill would also establish regional crisis support service teams in addition to crisis services provided to community programs by LSTC, with the goal of addressing immediate client needs, and keeping clients in the least restrictive settings appropriate for them.

With such standardization, streamlining and more seamless service delivery, it will be easier to plan and provide for the programs, residences and services needed by people with developmental or intellectual disabilities.

A report to Legislative Management by DHS should show that. It will chronicle efforts to improve community provider capacity, and review the existing service system, funding, and the unmet needs of individuals with development and intellectual disabilities.

So, this bill is small, but really has four distinct parts: accreditation, client assessment, crisis support and a study of community provider capacity and barriers, existing services, funding and unmet needs. The bill's goal is the same for all parts, however--to improve consistency and uniformity for persons needing services for intellectual and developmental disabilities, and to enhance the availability, quality, uniformity and comprehensiveness of community services for them, wherever those individuals reside.

This bill was moved forward with the input and amendment of the Department of Human Services, the Division of Developmental Disabilities, and LSTC's leadership. It was passed by the House Human Services Committee, 13-0.

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DESIGNER GENES
A·DOWN·SYNDROME·SUPPORT·NETWORK

HB 1517
Senate Human Services
Wednesday, February 27, 2019

Madam Chair Lee and Members of the Senate Human Services Committee:

My name is Roxane Romanick and I'm representing Designer Genes of ND, Inc., as their Executive Director. Designer Genes' membership represents 220 individuals with Down syndrome that either live in our state or are represented by family members in North Dakota. Designer Genes' mission is to strengthen opportunities for individuals with Down syndrome and those who support them to earn, learn, and belong.

Our organization is in favor of this bill and ask for a "Do Pass" vote from this committee. We are particularly supportive of Section 5. We feel the supports to individuals eligible for the Individuals with Intellectual Disabilities/Developmental Disabilities (IID/DD) Medicaid Waiver need quality supports to make choices and live as independently as possible in the community. The funding mechanism, funding adequacy, provider stability, and the overall program management system need to be responsive and supportive from a client-based perspective. Recently, I was contacted by an adult sibling who is concerned about his brother's ability to continue to live independently in the community due to staffing needs. The staffing needs are based on both the level of support assigned to him due to his SIS score as well as the ability of the provider to provide quality support. The sibling explained that he has counted 18 different direct care staff involved with his brother over the past year and seemed to encounter someone new each time he came over to visit his brother. Unless we continue to monitor quality outcomes for home and community-based services, the system will continue to default towards institutionalized care.

We support additional crisis response for individuals living with Down syndrome and other intellectual disabilities closer to their homes as noted in Section 4. Due to our individuals with Down syndrome having a propensity towards dual diagnoses of autism, sensory processing concerns, and executive functioning challenges, we need this assistance across the lifespan and hope that this service will not just be prioritized for adults. We are pleased with the amendments from the House which insures that any individual across the lifespan, even if they have not been diagnosed with an intellectual disability, such as a young child, will have access to the regional crisis support system. We want to make sure that individuals will not have to go through rigorous eligibility processes to access these services if they are not within the DD Program Management system.

I will answer any questions and thank you for your time.

Roxane Romanick, Executive Director
Designer Genes of ND, Inc.
701-391-7421 info@designergenesnd.com

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19.0775.04000

FIRST ENGROSSMENT

Sixty-sixth
Legislative Assembly
of North Dakota

ENGROSSED HOUSE BILL NO. 1517

Introduced by

Representatives Schneider, Adams, Eidson, Hager, Holman

Senator Hogan

A BILL for an Act to create and enact a new section to chapter 25-04 and a new section to chapter 50-06 of the North Dakota Century Code, relating to program management for residents of the life skills and transition center and regional crisis support services for individuals with an intellectual or developmental disability; to amend and reenact section 25-04-02.1 and subsection 4 of section 50-06-37 of the North Dakota Century Code, relating to accreditation of life skills and transition center and assessment of intellectual or developmental disabilities; and to provide for a report to the legislative management.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

~~**SECTION 1. AMENDMENT.** Section 25-04-02.1 of the North Dakota Century Code is amended and reenacted as follows:~~

~~**25-04-02.1. Accreditation of life skills and transition center.**~~

~~The department of human services shall request appropriations and resources sufficient to ensure maintenance of the life skills and transition center's accreditation by the accreditation council on services for people with developmental disabilities and certification by the health care financing administration or and, if deemed necessary, by similar accrediting and certifying organizations and agencies possessing standards applicable to an individual with a developmental disability and disciplines needed to provide quality services to individuals served.~~

SECTION 2. A new section to chapter 25-04 of the North Dakota Century Code is created and enacted as follows:

Program management for a resident.

~~The department shall assign a developmental disabilities program manager to each eligible individual who resides at the life skills and transition center.~~ The department shall ensure active

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program management is maintained for eligible individuals residing at the life skills and transition center.

SECTION 3. AMENDMENT. Subsection 4 of section 50-06-37 of the North Dakota Century Code is amended and reenacted as follows:

4. The department shall conduct the standardized assessments of residents of the life skills and transition center ~~contract with a team of support intensity scale assessors by September 1, 2011. The team shall begin assessing immediately the identified client pilot group identified by the consultant contracted in subsection 2. Assessments must be completed for all eligible individuals residing at the life skills and transition center and for eligible individuals with intellectual or developmental disabilities in long-term care facilities who wish to enter a less restrictive setting.~~

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

Regional crisis support services for individuals with an intellectual or developmental disability.

The department shall establish regional crisis support services for individuals with an intellectual or developmental disability. The regional crisis support services teams shall provide timely ~~one-on-one~~ (strike) crisis assistance to individuals with an intellectual or developmental disability.

SECTION 5. REPORT TO LEGISLATIVE MANAGEMENT. The department of human services shall provide the legislative management a status report on:

1. The ongoing work of the department to improve community provider capacity, including any barriers encountered; and
2. The system of services for individuals with an intellectual or developmental disability, including a review of the existing service system, funding, and unmet needs.

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19.0775.04002
Title.

Prepared by the Legislative Council staff for
Representative Schneider
April 15, 2019

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1517

That the Senate recede from its amendments as printed on page 1377 of the House Journal and page 910 of the Senate Journal and that Engrossed House Bill No. 1517 be amended as follows:

Page 1, line 18, after the period insert "To ensure consistency in service delivery across the service system, the life skills and transition center shall adopt and implement the policies of the department of human services relating to client services."

Page 1, remove line 22

Page 1, line 23, remove "individual who resides at the life skills and transition center."

Page 2, line 5, overstrike "contract with a team of support intensity scale assessors by"

Page 2, overstrike line 6

Page 2, line 7, overstrike "pilot group identified by the consultant contracted in subsection 2."

Page 2, line 7, remove "Assessments must"

Page 2, replace lines 8 through 10 with "conduct the standardized assessment of eligible individuals residing at the life skills and transition center."

Page 2, line 17, remove "one-on-one"

Page 2, line 18, after "**MANAGEMENT**" insert "**- SYSTEM OF SERVICES FOR INDIVIDUALS WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY**"

Renumber accordingly

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4/17-19
#1

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1517

That the Senate recede from its amendments as printed on page 1377 of the House Journal and page 910 of the Senate Journal and that Engrossed House Bill No. 1517 be amended as follows:

Page 1, remove line 22

Page 1, line 23, remove "individual who resides at the life skills and transition center."

Page 2, line 5, overstrike "contract with a team of support intensity scale assessors by"

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Page 2, line 7, overstrike "pilot group identified by the consultant contracted in subsection 2."

Page 2, line 7, remove "Assessments must"

Page 2, replace lines 8 through 10 with "conduct the standardized assessment of eligible individuals residing at the life skills and transition center."

Page 2, line 17, remove "one-on-one"

Page 2, line 18, after "**MANAGEMENT**" insert "**- SYSTEM OF SERVICES FOR INDIVIDUALS WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY**"

Page 2, line 21, after "encountered" insert "and policy review"

Renumber accordingly