2023 SENATE APPROPRIATIONS

SB 2012

Department 325 - Department of Health and Human Services - Human Services Divisions
Senate Bill No. 2012

Executive Budget Comparison to Base Level

	General Fund	Other Funds	Total
2023-25 Executive Budget	$1,990,026,154	$3,458,144,154	$5,448,170,308
2023-25 Base Level	1,554,787,657	2,895,308,345	4,450,096,002
Increase (Decrease)	$435,238,497	$562,835,809	$998,074,306

Selected Budget Changes Recommended in the Executive Budget

	General Fund	Other Funds	Total
Departmentwide			
1. Provides funding for state employee salary and benefit increases, of which $27,595,301 is for salary increases and $9,914,190 is for health insurance increases	$22,572,454	$14,937,037	$37,509,491
2. Adjusts funding to increase general fund support for traditional Medicaid due to changes in the state's federal medical assistance percentage (FMAP)	$21,621,657	$0	$21,621,657
3. Adds funding for Medicaid cost, caseload, and utilization changes, including $344,486,119 for medical services, $108,980,250 for long-term care, and $50,597,755 for developmental disabilities	$122,273,746	$381,790,378	$504,064,124
4. Provides for inflationary increases of 4 percent the 1st year of the biennium and 3 percent the 2nd year of the biennium for human service providers in the 2023-25 biennium	$46,887,871	$46,892,127	$93,779,998
5. Replaces ongoing funding of $31.5 million appropriated during the 2021-23 biennium from the community health trust fund and $1 million of funding from the health care trust fund with funding from the general fund	$32,500,000	($32,500,000)	$0
6. Adds funding for a new Capitol space rent model	$842,674	$0	$842,674
7. Adds **one-time funding** for operating inflation	$10,282,172	$10,282,172	$20,564,344
8. Provides **one-time funding** from the strategic investment and improvements fund (SIIF) for a procurement and grants management system	$0	$11,000,000	$11,000,000
9. Provides **one-time funding** of $60.0 million, of which $20.4 million is from the community health trust fund and $39.6 million is from federal funds, to replace the child support case management system	$0	$60,000,000	$60,000,000
Program and Policy			
1. Increases funding for home- and community-based services (HCBS), including the addition of 14 FTE positions for HCBS case management and other HCBS duties	$9,949,931	$4,749,311	$14,699,242
2. Increases funding to serve vulnerable adults, including guardianship fee increases and the addition of 2 FTE positions for aging services and developmental disabilities investigations	$578,236	$207,736	$785,972
3. Increases senior meal rates from $4.60 to $8.89 for home-delivered meals and from $4.60 to $7.62 for congregate meals and provides for up to two home-delivered meals per day	$12,992,444	$0	$12,992,444
4. Adds funding from the general fund for foster care needs to allow federal temporary assistance for needy families (TANF) funding to be reallocated for economic assistance programs	$7,496,368	$0	$7,496,368
5. Increases funding for child health and well-being to:			
• Add 2 FTE early intervention positions	$173,204	$173,204	$346,408
• Add 4 FTE child response and protection positions	938,472	0	938,472
• Add funding to provide assistance to unlicensed kin caregivers	960,000	0	960,000

• Increase funding for children's advocacy centers to provide total funding of $3.2 million	1,600,000	0	1,600,000
Total	$3,671,676	$173,204	$3,844,880
6. Eliminates the autism spectrum disorder voucher program and increases funding for the autism waiver program	$3,868,959	$4,607,797	$8,476,756
7. Adds funding for medical assistance programs to:			
• Increase the eligibility level the children's health insurance program from 170 to 210 percent of the federal poverty level	$1,389,270	$2,878,042	$4,267,312
• Increase the eligibility level for medically needy individuals from 83 to 90 percent of the federal poverty level	6,300,000	4,200,000	10,500,000
• Increase the maximum benefit level and available slots for the medically fragile waiver	186,400	206,022	392,422
Total	$7,875,670	$7,284,064	$15,159,734
8. Adds 2 FTE positions for developmental disability program management	$162,006	$168,618	$330,624
9. Provides funding for community-based behavioral health and support to:			
• Convert 28.5 temporary human service center positions to FTE positions to provide behavioral health services	$950,906	$0	$950,906
• Add 1 FTE behavioral health services navigator position in the behavioral health division	189,272	0	189,272
• Add 1 FTE substance use disorder voucher program processor position in the behavioral health division	34,674	0	34,674
• Add ongoing funding from the general fund and **one-time funding** from SIIF for pregnant and parenting women residential services, including **one-time funding** for improvements to residential facilities	600,000	1,000,000	1,600,000
Total	$1,774,852	$1,000,000	$2,774,852
10. Increases funding from the general fund for the community connect peer support program and funding from special funds from the Department of Corrections and Rehabilitation for the free through recovery peer support program	$7,019,514	$8,326,380	$15,345,894
11. Provides funding for a workforce initiative to:			
• Add **one-time funding** to increase capacity for the early childhood rating infrastructure	$3,000,000	$0	$3,000,000
• Convert 1 temporary FTE position and add 0.50 FTE position for criminal background check processing	116,473	25,564	142,037
• Add **one-time funding** to further automate the background check process	1,000,000	0	1,000,000
• Add 2 FTE positions to provide assistance to businesses who employ direct care workers to maintain and increase services	49,800	267,941	317,741
• Add **one-time funding** to create quality tiers in the child care reimbursement program	3,000,000	0	3,000,000
• Increase utilization rates of children ages 0 to 3 served by the child care assistance program	22,000,000	0	22,000,000
• Improve the ability of lower income parents to obtain quality child care	12,900,000	0	12,900,000
• Increase funding for kindergarten readiness	2,400,000	0	2,400,000
• Add 2 FTE positions for child care grant and support programs	476,962	0	476,962
• Expand the best in class program	16,000,000	0	16,000,000
• Provide early childhood career development grants	2,000,000	0	2,000,000
• Expand public-private child care benefits using **one-time funding** from the legacy earnings fund	0	5,000,000	5,000,000

• Provide child care business operating grants using **one-time funding** from the legacy earnings fund	0	7,000,000	7,000,000
• Create a pilot program for child care during nontraditional hours using **one-time funding** from the legacy earnings fund	0	1,000,000	1,000,000
Total	$62,943,235	$13,293,505	$76,236,740
12. Adds **one-time funding** for program integrity audits	$2,250,000	$2,250,000	$4,500,000
Field Services			
1. Adds funding for crisis services to:			
• Convert 16 temporary positions to FTE peer support specialist positions	$1,580,901	$0	$1,580,901
• Add 1 FTE nurse position for crisis residential services at the Northwest Human Service Center	182,516	0	182,516
• Add 4 FTE mobile crisis positions	1,050,419	0	1,050,419
• Increase funding for locum tenus contracts	2,475,200	0	2,475,200
• Increase funding for contracted medical providers	6,086,500	0	6,086,500
Total	$11,375,536	$0	$11,375,536
2. Adds **one-time funding** to replace federal and special fund revenue with funding from the general fund due to decreased revenues and increased operating costs at human service centers and the State Hospital	$36,028,141	($36,028,141)	$0
3. Provides **one-time funding** of $735,154 from SIIF to replace the fire alarm system and resurface the parking lot at the Southeast Human Service Center	$0	$735,154	$735,154
4. Provides **one-time funding** of $10 million from SIIF for the architectural design of a new state hospital	$0	$10,000,000	$10,000,000
County Social Services			
1. Transfers $200 million from the tax relief fund to the human service finance fund and appropriates the funding for costs associated with the county social and human services program			
2. Adds funding from the general fund for the costs of 85 FTE positions	$19,816,722	$0	$19,816,723

A summary of the executive budget changes to the agency's base level appropriations is attached as an appendix.

A copy of the draft appropriations bill containing the executive budget recommendations is attached as an appendix.

Selected Bill Sections Recommended in the Executive Budget

Transfers - Sections 3, 4, and 5 would allow the Department of Health and Human Services (DHHS) to transfer appropriation authority between line items in Senate Bill No. 2012 and House Bill No. 1004.

Contingent FTE positions - Section 6 would authorize DHHS to increase direct care FTE positions for field services subject to the availability of funds.

Community health trust fund - Section 7 would identify $20.4 million of funding in the budget is from the community health trust fund for the child support case management system replacement project.

Human service finance fund - Section 8 would identify $200 million of funding in the budget is from the human service finance fund for the county social and human service finance project.

Legacy earning fund - Section 9 would identify $13 million of funding in the budget is from the legacy earnings fund for defraying the expenses of various child care programs.

Special assessments - Section 10 would authorize DHHS to pay special assessments at the State Hospital and Life Skills and Transition Center.

Capital projects - Section 11 would authorize DHHS to proceed with capital projects at the State Hospital.

Permanent supportive housing grants - Section 12 would identify $4,672,536 in the budget is from the general fund for permanent supportive housing grants.

Child care financial assistance - Section 13 would identify $5 million in the budget is for financial assistance and direct payments for child care services.

Medicaid expansion - Section 14 would provide DHHS may not spend more for the Medicaid Expansion program than the amount is appropriated in the bill with certain exceptions.

Children's health insurance program - Section 15 would provide the statutory changes need to increase the eligibility level of the children's health insurance program from 175 to 210 percent of the federal poverty level.

Autism spectrum disorder voucher program - Section 16 would repeal the statutory provisions related to the autism spectrum disorder voucher program.

Building leases - Section 17 would authorize DHHS to enter agreements for the lease of facilities for human service centers.

State Hospital land lease - Section 18 would authorize DHHS to lease land at the State Hospital to the Adjutant General to construct a training and storage facility.

Provider outcomes - Section 19 would provide that DHHS require providers to submit process and outcome measures as requested by the department.

Community behavioral health program - Section 20 would authorize DHHS to transfer funds between line items for the community behavioral health program.

Early childhood information systems - Section 21 would exempt DHHS from state procurement practices for selecting a vendor to develop early childhood information systems.

Carryover exemptions - Sections 22 through 34 would authorize DHHS to continue unexpended appropriations for various purposes into the 2023-25 biennium.

Utilization rate adjustments - Section 35 would provide intent that DHHS seek a deficiency appropriation from the 69th Legislative Assembly if utilization rates exceed estimates used in the budget.

Provider inflation increase - Section 36 would provide for providers to receive an inflationary increase of 4 percent the 1st year and 3 percent the 2nd year of the 2023-25 biennium.

Basic care facility rebasing - Section 37 would provide for DHHS to rebase basic care facility rates.

Federal funding appeal limitation - Section 38 would provide an individual may not appeal a denial of service by DHHS due to the unavailability of federal coronavirus relief funding.

Early childhood program reports - Section 39 would require DHHS to provide reports to the Legislative Management regarding early childhood programs.

Continuing Appropriations

Child support collection and disbursement - North Dakota Century Code Section 14-09-25 - Allows the department to receive child support payments and provide the funds to the custodial parent or appropriate governmental entity for those custodial parents receiving governmental assistance.

Child support improvement account - Section 50-09-15.1 - Allows the department to receive federal child support incentive funds and spend the funds in accordance with its business plan to improve the child support collection process.

Child support cooperative agreements - Section 50-09-33 - Allows the department to accept federal funds and other income generated by the department under a cooperative agreement with an Indian tribe for child support enforcement services for hiring staff and payment of other expenses as necessary for carrying out the department's duties under the agreement.

Transition to independence - Section 50-06-34 - Allows the department to receive grants and other sources of funding for the development of a program for services to transition-aged youth at risk.

Deficiency Appropriations

Senate Bill No. 2025 includes $25 million from the general fund and $285 million from other funds to maintain the current level of Medicaid enrollment during the extension of the public health emergency related to COVID-19.

Significant Audit Findings

The June 30, 2021, State Auditor's report for the Department of Human Services identified the following audit findings:

- **Not verifying income eligibility** - The department is not adequately verifying that individuals applying for the substance use disorder voucher program have income at or below 200 percent of the federal poverty level.
- **Not verifying Medicaid eligibility** - The department paid up to $1,066,655 through the substance use disorder program for services provided to individuals that could have received services through the Medicaid program. This resulted in 293 individuals not being served through the voucher program due to a lack of funding for the program.
- **Employees not properly paid** - Employees at the Life Skills and Transition Center and State Hospital were underpaid by $132,000 due to the department not paying the appropriate shift differential for employees working overnight on a weekend.
- **Noncompliance with performance bonus requirements** - The department paid a total of $157,000 in performance bonuses to employees that were not eligible to receive a bonus. Bonuses were provided to 61 employees who were not employed in state government for at least 1 year before receiving the bonus and 69 bonuses were provided to ineligible temporary employees.

- **Child care correction orders not resolved (prior audit finding)** - The department is not properly monitoring corrective orders issued to child care providers.
- **Timely contact for victims of child abuse (prior audit finding)** - The department is not responding in the required time frame when reports of suspected child abuse are received.
- **Financial statement errors (prior audit finding)** - The department reported incorrect financial statement amounts totaling $629 million to the Office of Management and Budget for the state's annual comprehensive financial report.
- **Drug Rebate and Analysis System receivables balance (prior audit finding)** - There is a lack of internal controls for the Drug Rebate and Analysis Management System which can result in an overstatement of receivables for the Medicaid drug rebate system.

Major Related Legislation

House Bill No. 1026 - Legislative Management study - Provides for a legislative management study regarding the implementation of behavioral health and acute psychiatric treatment recommendations.

House Bill No. 1027 - Community behavioral health clinics - Requires each human service center to become a certified community behavioral health clinic.

House Bill No. 1028 - Community health worker task force - Creates a community worker health task force and provides an appropriation to allow the task force to contract with a third party to provide services to the task force.

House Bill No. 1029 - Community health workers - Provides definitions for the certification of community health workers by DHHS and requires the department to seek a Medicaid state plan amount to authorize Medicaid reimbursement for services provided by community health workers.

House Bill No. 1035 - Cross-disability advisory council - Creates a cross-disability advisory council to advise DHHS regarding the implementation, planning, and design of the cross-disability children's waiver and repeals the autism spectrum disorder task force.

House Bill No. 1036 - TANF benefit level - Establishes the TANF program maximum basis standard of need benefit level to be at least 50 percent of the federal poverty level based on household size.

House Bill No. 1043 - Psychiatric residential treatment facility - Adjusts the admissions requirements for psychiatric residential treatment facilities.

House Bill No. 1044 - Medical assistance primary care provider - Repeals a statutory section that requires the medical assistance program to recognize physician assistants and advanced practice registered nurses as primary care providers.

House Bill No. 1045 - Health care facility survey - Allows the use of a third-party reviewer for health care facility surveys.

House Bill No. 1046 - Human service zone indirect costs - Adjusts the allowable indirect cost payments that may be paid to a human service zone.

House Bill No. 1047 - Health insurance information - Updates the information that needs to be provided to DHHS from health insurers.

House Bill No. 1048 - Developmental disability program administration - Adjusts the duties of DHHS relating to developmental disabilities services, including the requirement for the department to establish funding for family members and corporate guardianships.

House Bill No. 1049 - Adult foster home zoning - Requires adult foster homes to be considered a permitted use in a single-family or equivalent least-density residential zone.

House Bill No. 1050 - Substance use disorder language - Updates language regarding substance use disorder programs.

House Bill No. 1051 - Field services meals - Allows DHHS to provide meals at a fair value or without a charge to employees at the State Hospital, Life Skills and Transition Center, and continually staffed residential units at human service centers.

House Bill No. 1091 - Family foster care for children - Allows for the certification of kinship relatives to provide foster care to children.

House Bill No. 1110 - Autism spectrum disorder voucher program - Increases the eligibility level of the autism spectrum disorder voucher program from 200 to 250 percent of federal poverty level.

Senate Bill No. 2026 - State Hospital building demolition - Appropriates funding to demolish buildings at the State Hospital.

Senate Bill No. 2030 - Study of value-based purchasing - Requires DHHS to study value-based purchasing and to report its funding to the Legislative Management.

Senate Bill No. 2031 - Prescription drug reference rate pilot program - Requires the Insurance Commissioner to create a prescription drug reference rate pilot program.

Senate Bill No. 2034 - Children's Cabinet membership - Adjusts the legislative membership of the Children's Cabinet and adds the Executive Director of DHHS to the membership of the cabinet.

Senate Bill No. 2035 - Guardianship services - Provides an appropriation to DHHS to increase funding for developmental disability guardianships and provides an appropriation to the Office of Management and Budget to increase funding for indigent guardianship grants.

Senate Bill No. 2051 - Criminal history checks - Adjusts the requirements of DHHS to conduct criminal history records checks.

Senate Bill No. 2052 - Life Skills and Transition Center - Adjusts the duties and requirements to access services at the Life Skills and Transition Center.

Senate Bill No. 2071 - Medical assistance for pregnant women - Increases the Medicaid eligibility level for medical assistance for pregnant women from 162 to 200 percent of the federal poverty level.

Senate Bill No. 2077 - Gambling disorder prevention - Allows DHHS to administer a gambling disorder program rather than contracting for services.

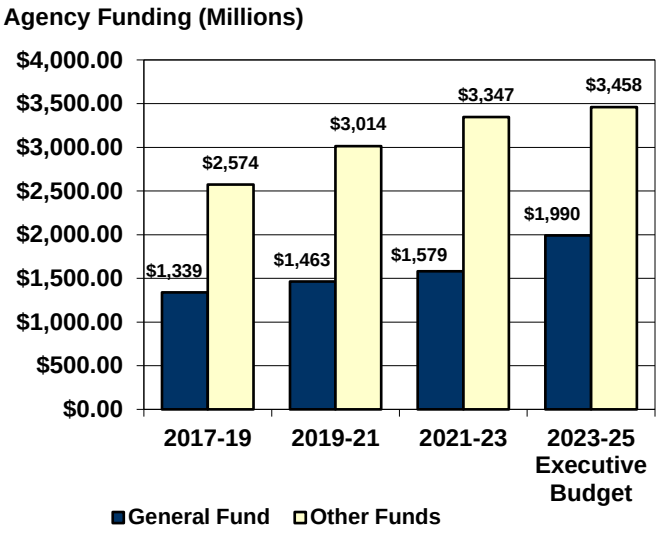
Senate Bill No. 2083 - Behavioral health collaborative care - Authorizes the State Hospital and human service centers to provide behavioral health collaborative care and consultation services.

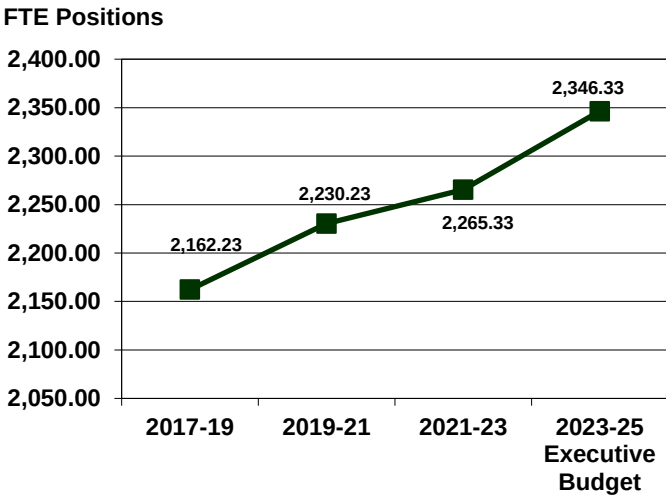
Senate Bill No. 2087 - TANF household size - Removes a provision that prevents an increase in benefits when a child is born to an individual enrolled in the TANF program.

Senate Concurrent Resolution No. 4001 - Public institutions terminology - Adjusts the terminology used in the constitution for public institutions, including the State Hospital and Life Skills and Transition Center.

Historical Appropriations Information

Agency Appropriations and FTE Positions





Ongoing General Fund Appropriations

	2015-17	2017-19	2019-21	2021-23	2023-25 Executive Budget
Ongoing general fund appropriations	$1,262,925,021	$1,313,081,350	$1,461,150,884	$1,554,787,654	$1,934,765,841
Increase (decrease) from previous biennium	N/A	$50,156,329	$148,069,534	$93,616,770	$379,978,187
Percentage increase (decrease) from previous biennium	N/A	4.0%	11.3%	6.4%	24.4%
Cumulative percentage increase (decrease) from 2015-17 biennium	N/A	4.0%	15.7%	23.1%	53.2%

Major Increases (Decreases) in Ongoing General Fund Appropriations

2017-19 Biennium

1. Removed 33 FTE positions from the department	($3,127,902)
2. Reduced funding for staff overtime	($1,082,857)
3. Adjusted funding for child care assistance eligibility	($2,160,357)
4. Adjusted the professional fee schedule to 100 percent of Medicare and provided other policy changes	($10,612,966)
5. Added funding to continue Medicaid Expansion for 19- and 20-year-olds as managed care	$1,653,008
6. Changed a portion of funding sources for various programs from the general fund to the community health trust fund ($18,000,000) and the tobacco prevention and control trust fund ($22,175,000)	($40,175,000)
7. Added funding for nursing home operating margin, rebasing, and incentives	$1,783,181
8. Added funding for money follows the person grants	$527,954
9. Added funding to increase the autism waiver maximum age to 11 years old	$183,609
10. Reduced funding for vacant positions and employee turnover at institutions	($3,250,499)

2019-21 Biennium

1. Added funding for provider inflationary increases of 2 percent the 1st year of the biennium and 2.5 percent the 2nd year of the biennium	$30,155,090
2. Adjusted funding for anticipated changes in the regular FMAP	($25,682,840)
3. Adjusted funding for anticipated changes in the FMAP for Medicaid Expansion ($20,254,376) and the children's health insurance program ($6,152,757)	$26,407,133
4. Added funding for grant cost and caseload changes	$51,128,377

5. Replaced funding provided in the 2017-19 biennium from the tobacco prevention and control trust fund — $34,175,000
6. Replaced one-time funding provided in the 2017-19 biennium for Medicaid Expansion commercial rates — $13,300,000
7. Adjusted funding sources to use funding from the community health trust fund rather than the general fund — ($32,400,000)
8. Added funding for the free through recovery program to provide services to individuals outside of the corrections system — $4,000,000
9. Added funding to expand crisis services — $4,096,174
10. Added funding for the substance use disorder voucher program — $3,053,523

2021-23 Biennium

1. Added funding for cost, caseload, and utilization changes, including $156,789,851 for medical services, $77,698,712 for long-term care, and $41,567,021 for developmental disabilities — $124,345,846
2. Increased funding for substance use disorder vouchers to $15 million and added $2 million for substance use disorder grants — $9,000,000
3. Added funding for a new early childhood program — $1,500,000
4. Reduced funding for long-term care estimated utilization rates — ($9,395,558)
5. Transferred 19- and 20-year old individuals in Medicaid Expansion to fee-for-service arrangement — ($2,413,379)
6. Adjusted funding based on estimated federal medical assistance percentage rates — ($45,779,364)
7. Added provider inflation funding to provide a 2.0 percent increase the 1st year of the biennium and a 0.25 percent increase the 2nd year of the biennium — $18,998,506
8. Added funding for technology contractual services and repairs — $4,010,886

2023-25 Biennium (Executive Budget Recommendation)

1. Adjusts funding to increase general fund support for traditional Medicaid due to changes in the state's FMAP — $21,621,657
2. Adds funding for Medicaid cost, caseload, and utilization changes, including $344,486,119 for medical services, $108,980,250 for long-term care, and $50,597,755 for developmental disabilities — $122,273,746
3. Provides for inflationary increases of 4 percent the 1st year of the biennium and 3 percent the 2nd year of the biennium for human service providers in the 2023-25 biennium — $46,887,871
4. Replaces ongoing funding of $31.5 million appropriated during the 2021-23 biennium from the community health trust fund and $1 million of funding from the health care trust fund with funding from the general fund — $32,500,000
5. Transfer the costs of 85 FTE positions from the human service finance fund to the general fund and other funds — $19,816,722
6. Increases funding for crisis support services — $11,518,430
7. Adds funding for a workforce initiative — $54,566,998
8. Increases funding for senior nutrition services — $12,992,44
9. Adds funding for home- and community-based services — $9,894,731
10. Adds funding to adjust the use of federal TANF funds — $7,496,368

One-Time General Fund Appropriations

	2015-17	2017-19	2019-21	2021-23	2023-25 Executive Budget
One-time general fund appropriations	$18,172,167	$26,000,000	$1,512,603	$24,233,216	$55,260,313

Major One-Time General Fund Appropriations

2017-19 Biennium

1. Added one-time funding for a county social services pilot program — $26,000,000

2019-21 Biennium

1. Added one-time funding for a medically complex children provider funding adjustment — $977,603
2. Added one-time funding for a hyperbaric oxygen therapy pilot project — $335,000

2021-23 Biennium

1. Added one-time funding for the first phase of upgrading the Medicaid management information system $4,326,686
2. Added one-time funding for a child welfare technology project $15,000,000
3. Added one-time funding for changes associated with the implementation of a new nursing facility payment methodology $3,348,000
4. Added one-time funding for heat pump and carpet replacement projects at the Southeast Human Service Center $724,000

2023-25 Biennium (Executive Budget Recommendation)

1. Adds one-time funding to replace federal and special fund revenue with funding from the general fund due to decreased revenues and increased operating costs at human service centers and the State Hospital $36,028,141
2. Adds one-time funding for child care programs associated with a workforce initiative, including funding to expand background checks, to add capacity for early childhood rating infrastructure, and to create quality tiers in the child care reimbursement program $7,000,000
3. Adds one-time funding for program integrity audits $2,250,000
4. Adds one-time funding for inflation $10,282,172

DHHS - Management - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Executive Budget Recommendation			
	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	97.85	$79,695,055	$92,905,425	$172,600,480
2023-25 Ongoing Funding Changes				
Base payroll and budget changes		$5,995,189	$11,524,138	$17,519,327
Salary increase		1,147,998	374,236	1,522,234
Health insurance increase		433,004	141,155	574,159
Workforce initiative	3.00	376,235	26,509	402,744
Home- and community-based services		55,200		55,200
New Capitol space rent model		842,674		842,674
County social services funding shift		19,816,722		19,816,722
Total ongoing funding changes	3.00	$28,667,022	$12,066,038	$40,733,060
One-time funding items				
Workforce initiative one-time		$1,000,000		$1,000,000
Operating inflation		10,282,172	$10,282,172	20,564,344
Procurement and grants software - SIIF			11,000,000	11,000,000
Total one-time funding changes	0.00	$11,282,172	$21,282,172	$32,564,344
Total Changes to Base Level Funding	3.00	$39,949,194	$33,348,210	$73,297,404
2023-25 Total Funding	100.85	$119,644,249	$126,253,635	$245,897,884
Federal funds included in other funds			*$112,179,381*	
Total ongoing changes as a percentage of base level	*3.1%*	*36.0%*	*13.0%*	*23.6%*
Total changes as a percentage of base level	*3.1%*	*50.1%*	*35.9%*	*42.5%*

DHS - Program and Policy - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Executive Budget Recommendation			
	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	682.17	$1,294,528,253	$2,499,452,626	$3,793,980,879
2023-25 Ongoing Funding Changes				
Base payroll and budget changes		$11,576,010	$8,970,473	$20,546,483
Salary increase		3,528,965	4,743,438	8,272,403
Health insurance increase		1,331,062	1,789,141	3,120,203
Cost and caseload increases		122,273,747	381,790,377	504,064,124
FMAP changes		21,621,657	(21,621,657)	0
Provider inflation increase		45,591,613	46,892,127	92,483,740
Home- and community-based services	3.00	9,894,731	2,546,477	12,441,208
Vulnerable adult services	2.00	578,236	207,736	785,972
Senior nutrition services		12,992,444		12,992,444
TANF program adjustments		7,496,368		7,496,368
Child health and well-being	6.00	3,671,676	173,204	3,844,880
Autism waiver and voucher adjustments		4,168,959	4,607,797	8,776,756
Medical assistance program eligbility increase		7,875,670	7,284,064	15,159,734
Developmental disability program management	2.00	162,006	168,618	330,624
Community connect and free through recovery		7,019,514	8,326,380	15,345,894
Community-based behavioral health	2.00	823,946		823,946
Opioid prevention			2,000,000	2,000,000
County social services funding adjustments			535,015	535,015
Workforce initiative	2.50	55,566,998	266,998	55,833,996
Total ongoing funding changes	17.50	$316,173,602	$448,680,188	$764,853,790
One-time funding items				
Workforce initiative one-time		$6,000,000	$13,000,000	$19,000,000
Program integrity audits		2,250,000	2,250,000	4,500,000
Child support project - SIIF			60,000,000	60,000,000
Pregnant and parenting women - SIIF			1,000,000	1,000,000
Autism programs adjustment		(300,000)		(300,000)
Total one-time funding changes	0.00	$7,950,000	$76,250,000	$84,200,000
Total Changes to Base Level Funding	17.50	$324,123,602	$524,930,188	$849,053,790
2023-25 Total Funding	699.67	$1,618,651,855	$3,024,382,814	$4,643,034,669
Federal funds included in other funds			*$2,882,865,322*	
Total ongoing changes as a percentage of base level	*2.6%*	*24.4%*	*18.0%*	*20.2%*
Total changes as a percentage of base level	*2.6%*	*25.0%*	*21.0%*	*22.4%*

DHHS - Field Services - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Executive Budget Recommendation			
	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	1,342.31	$179,323,958	$114,273,299	$293,597,257
2023-25 Ongoing Funding Changes				
Base payroll and budget changes		$5,365,003	$7,438,385	$12,803,388
Salary increase		11,951,565	3,779,803	15,731,368
Health insurance increase		4,067,614	1,416,642	5,484,256
Community based behavioral health	28.50	950,906		950,906
Crisis support services	21.00	11,375,536		11,375,536
Provider inflation adjustment		1,296,258		1,296,258
Total ongoing funding changes	49.50	$35,006,882	$12,634,830	$47,641,712
One-time funding items				
State Hospital design - SIIF			$10,000,000	$10,000,000
Human Service Center deferred maintenance - SIIF			735,154	735,154
Revenue enhancement and staffing		$36,028,141	(36,028,141)	0
Total one-time funding changes	0.00	$36,028,141	($25,292,987)	$10,735,154
Total Changes to Base Level Funding	49.50	$71,035,023	($12,658,157)	$58,376,866
2023-25 Total Funding	1,391.81	$250,358,981	$101,615,142	$351,974,123
Federal funds included in other funds			*$63,157,110*	
Total ongoing changes as a percentage of base level	*3.7%*	*19.5%*	*11.1%*	*16.2%*
Total changes as a percentage of base level	*3.7%*	*39.6%*	*(11.1%)*	*19.9%*

DHHS - County Social Services - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Executive Budget Recommendation			
	FTE Positions	**General Fund**	**Other Funds**	**Total**
2023-25 Biennium Base Level	143.00	$1,240,391	$188,676,995	$189,917,386
2023-25 Ongoing Funding Changes				
Base payroll and budget changes		$18,434	$1,040,347	$1,058,781
Salary increase - State employees		82,130	1,987,165	2,069,295
Health insurance increase - State employees		30,114	705,458	735,572
Zone employee salary increase			8,337,993	8,337,993
Funding adjustments			2,941,770	2,941,770
Home- and community-based services	11.00		2,202,834	2,202,834
Total ongoing funding changes	11.00	$130,678	$17,215,567	$17,346,245
One-time funding items				
No one-time funding items				$0
Total one-time funding changes	0.00	$0	$0	$0
Total Changes to Base Level Funding	11.00	$130,678	$17,215,567	$17,346,245
2023-25 Total Funding	154.00	$1,371,069	$205,892,562	$207,263,631
Federal funds included in other funds			*$3,542,273*	
Total ongoing changes as a percentage of base level	*7.7%*	*10.5%*	*9.1%*	*9.1%*
Total changes as a percentage of base level	*7.7%*	*10.5%*	*9.1%*	*9.1%*

Department of Health and Human Services - Budget No. 325
Senate Bill No. 2012
Other Sections

	Executive Budget Recommendation
Transfers	Sections 3, 4, and 5 would allow the DHHS to transfer appropriation authority between line items in Senate Bill No. 2012 and House Bill No. 1004.
Contingent FTE positions	Section 6 would authorize DHHS to increase direct care FTE positions for field services subject to the availability of funds.
Community health trust fund	Section 7 would identify $20.4 million of funding in the budget is from the community health trust fund for the child support case management system replacement project.
Human service finance fund	Section 8 would identify $200 million of funding in the budget is from the human service finance fund for the county social and human service finance project.
Legacy earnings fund	Section 9 would identify $13 million of funding in the budget is from the legacy earnings fund for defraying the expenses of various child care programs.
Special assessments	Section 10 would authorize DHHS to pay special assessments at the State Hospital and Life Skills and Transition Center.
Capital projects	Section 11 would authorize DHHS to proceed with capital projects at the State Hospital.
Permanent supportive housing grants	Section 12 would identify $4,672,536 in the budget is from the general fund for permanent supportive housing grants.
Child care financial assistance	Section 13 would identify $5 million in the budget is for financial assistance and direct payments for child care services.
Medicaid expansion	Section 14 would provide DHHS may not spend more for the Medicaid Expansion program than the amount is appropriated in the bill with certain exceptions.
Children's health insurance program	Section 15 would provide the statutory changes need to increase the eligibility level of the children's health insurance program from 175 to 210 percent of the federal poverty level.
Autism spectrum disorder voucher program	Section 16 would repeal the statutory provisions related to the autism spectrum disorder voucher program.
Building leases	Section 17 would authorize DHHS to enter agreements for the lease of facilities for human service centers.
State Hospital land lease	Section 18 would authorize DHHS to lease land at the State Hospital to the Adjutant General to construct a training and storage facility.
Provider outcomes	Section 19 would provide that DHHS require providers to submit process and outcome measures as requested by the department.
Community behavioral health program	Section 20 would authorize DHHS to transfer funds between line items for the community behavioral health program.
Early childhood information systems	Section 21 would exempt DHHS from state procurement practices for selecting a vendor to develop early childhood information systems.
Carryover exemptions	Sections 22 through 34 would authorize DHHS to continue unexpended appropriations for various purposes into the 2023-25 biennium.
Utilization rate adjustments	Section 35 would provide intent that DHHS seek a deficiency appropriation from the 69th Legislative Assembly if utilization rates exceed estimates used in the budget.

Provider inflation increases	Section 36 would provide for providers to receive an inflationary increase of 4 percent the 1st year and 3 percent the 2nd year of the 2023-25 biennium.
Basic care facility rate rebasing	Section 37 would provide for DHHS to rebase basic care facility rates.
Federal funding appeal limitation	Section 38 would provide an individual may not appeal a denial of service by DHHS due to the unavailability of federal coronavirus relief funding.
Early childhood program reports	Section 39 would require DHHS to provide reports to the Legislative Management regarding early childhood programs.

Sixty-eighth
Legislative Assembly
of North Dakota

SENATE BILL 2012
(Governor's Recommendation)

Introduced by

Appropriations Committee

(At the request of the Governor)

A bill for an Act to provide an appropriation for defraying the expenses of the department of health and human services; to amend and reenact section 50-29-04 of the North Dakota Century Code, relating to the children's health insurance program; to repeal section 50-06-32.1 of the North Dakota Century Code, relating to autism spectrum disorder voucher program pilot project; to provide an exemption; to provide a statement of legislative intent; to provide a limitation; to provide for a report; to provide for a transfer; to provide an application; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from special funds derived from federal funds and other income, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2023, and ending June 30, 2025, as follows:

Subdivision 1.

MANAGEMENT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries	$ 21,363,562	$ 23,493,136	$ 44,856,698
Operating	151,161,924	49,804,262	200,966,186
Capital Assets	75,000	0	75,000
Total All Funds	$172,600,486	$73,297,399	$245,897,885
Less Estimated Income	92,905,41	33,348,22	126,253,636
Total General Fund	$79,695,070	$39,949,179	$119,644,249

Subdivision 2.

PROGRAM AND POLICY

	Base Level	Adjustments or Enhancements	Appropriation
Salaries	$122,231,310	$22,810,018	$145,041,328
Operating	136,155,763	103,796,398	239,952,161
Capital Assets	10,000	0	10,000
Medicaid Clawback	$39,922,956	9,368,767	49,291,723
Grants	466,994,386	182,584,087	649,578,473
Grants Medical Assistance	3,028,666,457	528,494,527	3,557,160,984
Opioid Prevention	0	2,000,000	2,000,000
Total All Funds	$3,793,980,872	$849,053,797	$4,643,034,669
Less Estimated Income	2,499,452,636	524,930,196	3,024,382,814
Total General Fund	$1,294,528,236	$324,123,601	$1,618,651,855

Subdivision 3.

FIELD SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Institutions - HSC	$293,597,252	$58,376,871	$351,974,123
Total All Funds	$293,597,252	$58,376,871	$351,974,123
Less Estimated Income	114,273,295	(12,658,153)	$101,615,142
Total General Fund	$179,323,957	$71,035,024	$250,358,981

Subdivision 4.

COUNTY SOCIAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
County Social Services	$189,917,386	$17,346,245	$207,263,631
Total All Funds	$189,917,386	$17,346,245	$207,263,631
Less Estimated Income	188,676,995	17,215,567	$205,892,562
Total General Fund	$1,240,391	$130,678	$1,371,069

TOTAL – SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand Total General Fund	$1,554,787,654	$435,238,500	$1,990,026,154
Grand Total Special Funds	2,895,308,342	562,835,812	3,458,144,154
Grand Total All Funds	$4,450,095,996	$998,074,312	$5,448,170,308
Full-Time Equivalent Positions	2,249.33	97.00	2,346,33

SECTION 2. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-NINETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items approved by the sixty-seventh legislative assembly for the 2021-23 biennium and the one-time funding items included in the appropriation in section 1 of this Act:

One-Time Funding Description	2021-23	2023-25
Technology Projects	$67,641,747	0
North Dakota State Hospital Architect and Master Plan	0	$10,000,000
Child Support System Replacement	0	60,000,000
Capital Projects – Southeast Human Service Center	724,000	0
Developmental Disabilities Provider Stabilization Grants	125,000	0
Home And Community-Based Youth Programs	0	(300,000)
Grants, Contracts and Procurement System Replacement	0	11,000,000
Child Care Programs	0	20,000,000
Program Integrity Audits	0	4,500,000
Pregnant and Parenting Women	0	1,000,000
Deferred Maintenance	0	735,154
Inflation	0	20,564,344
Nursing Facility Payment Methodology	7,200,000	0
Total All Funds	$75,690,747	$127,499,498
Less Estimated Income	51,457,531	72,239,185
Total General Fund	$24,233,216	$55,260,313

The 2023-25 biennium one-time funding amounts are not a part of the entity's base budget for the 2025-27 biennium. The department of health and human services shall report to the appropriations committees of the sixty-nineth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2 and 3 of section 1 of this Act, section 1 of House Bill No. 1004, and any remaining appropriation authority for the department of health and human services approved by the sixty-

eighth legislative assembly for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2024, any transfer made in excess of $50,000 and to the appropriations committees of the sixty-nineth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority from line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1004, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly to subdivision 4 of this Act for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2024, any transfer made in excess of $50,000 and to the appropriations committees of the sixty-nineth legislative assembly regarding any transfers made pursuant to this section.

SECTION 5. TRANSFER OF APPROPRIATION AUTHORITY. Section 1 of this Act and section 1 of House Bill No. 1004 includes appropriation authority for the department of health and human services for the biennium beginning July 1, 2023, and ending June 30, 2025. On July 1, 2023, the office of management and budget shall combine the appropriation authority contained in section 1 of this Act section 1 of House Bill No. 1004, and any remaining appropriation authority for the department of health and human services in other bills approved by the sixty-eighth legislative assembly, into one budget for the department of health and human services. The department of health and human services shall submit one budget for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 6. CONTINGENT APPROPRIATION AND AUTHORIZATION. Subject to the availability of generated income, the department of health and human services may adjust or increase full-time equivalent positions of the department of health and human services approved by the sixty-eighth legislative assembly up to fifty full-time equivalent positions for field services to provide direct services. The generated income by the department of health and human services must cover the costs of any additional full-time equivalent positions. The department of health and human services shall notify the office of management and budget and shall report to legislative council each time one or more full-time equivalent positions are authorized under this section.

SECTION 7. ESTIMATED INCOME - COMMUNITY HEALTH TRUST FUND. The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $20,400,000 from the community health trust fund for defraying expenses for the replacement of the child support system.

SECTION 8. ESTIMATED INCOME - HUMAN SERVICE FINANCE FUND. The estimated income line item in subdivision 4 of section 1 of this Act includes the sum of $200,000,000 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 9. ESTIMATED INCOME - LEGACY EARNINGS FUND. The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $13,000,000 from the legacy earnings fund for defraying expenses for the child care assistance programs.

SECTION 10. CAPITAL PAYMENTS. During the biennium beginning July 1, 2023, and ending June 30, 2025, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1012, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly. The department may transfer funds for the payment of special assessments at the state hospital and life skills and transition center ahead of the special assessments schedule. Notwithstanding section 54-27-12, the department may spend for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 11. CAPITAL PROJECTS - EMERGENCY COMMISSION APPROVAL. During the biennium beginning July 1, 2023, and ending June 30, 2025, the department of health and human services is authorized to proceed with the demolition of the administrative building and employee building and associated tunnels at the state hospital. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1012, any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly. The department may transfer funds for the demolition of the identified buildings and associated tunnels and for emergency capital projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $5,000,000 for emergency projects under this section and may seek emergency commission approval to spend more than $5,000,000 under this section.

SECTION 12 PERMANENT SUPPORTIVE HOUSING GRANTS. Subdivision 2 of section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department, and authorize the department to conduct onsite visits to review program operations.

SECTION 13. CHILD CARE FINANCIAL ASSISTANCE – DIRECT PAYMENTS. Subdivision 2 of section1 of this Act includes the sum of $5,000,000, for the purpose of financial assistance and direct payments, for child care services for the biennium beginning July 1, 2023, and ending June 30, 2025. Notwithstanding subsection 3 of section 50-11.1-14.1, the department may provide financial assistance to beneficiaries related to child care services. The requirements of chapter 54-44.4 do not apply to this subsection, including the selection of recipients and the disbursement of funds.

SECTION 14. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Subdivision 2 of section 1 of this Act includes the sum of $942,550,279, of which $94,225,028 is from the general fund, for the medical assistance expansion program for the biennium beginning July 1, 2023, and ending June 30, 2025. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and unwinding of the federal public health emergency, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs.
4. The managed care organization and the department of human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers, and rural health clinics meet the federally required minimum levels of reimbursement.
5. The department of human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance of adequate capacity and services, and coordination and continuity of care.

SECTION 15. AMENDMENT. Section 50-29-04 of the North Dakota Century Code is amended and reenacted as follows:

50-29-04. Plan requirements.

The plan:

1. Must be consistent with coverage provided to children eligible for medical assistance in the state; and
2. Must provide:
   a. A modified adjusted gross income eligibility limit of ~~one~~two hundred ~~seventy-five~~ten percent of the poverty line; and
   b. Current eligibility may be established from the first day of the month in which the application was received. Retroactive eligibility may be established for the three calendar months that immediately preceded the month in which the application was received even if there is no eligibility in the month of application. Eligibility can be established if all factors of eligibility are met during each month.

SECTION 16. REPEAL. Section 50-06-32.1 of the North Dakota Century Code is repealed.

SECTION 17. BUILDING PROJECT - LEASE. The department of health and human services is authorized to enter into agreements with vendors for vendors to build to suit two buildings for the department to lease for the lake region human service center and northwest human service center.

SECTION 18. LEASE OF LAND - STATE HOSPITAL. The department of health and human services and national guard may enter an agreement to lease up to twenty acres of real property associated with the state hospital for the national guard to construct a new training and storage facility.

SECTION 19. PROVIDER PROCESS AND OUTCOME MEASURES. Providers that receive funding from the department of health and human services shall submit process and outcome measures, as required by the department, to the department for programs and services supported by state funding during the biennium beginning July 1, 2023, and ending June 30, 2025, for the department to evaluate the administration of the programs and services using the appropriation for the program or service.

SECTION 20. COMMUNITY BEHAVIORAL HEALTH PROGRAM. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department may transfer funds for the continuation of the community behavioral health program pursuant to subsection 2 of section 54-23.3-10.

SECTION 21. EXEMPTION. The requirements of chapter 54-44.4 do not apply to the selection of a vendor, the procurement award, or payments made under this section regarding an early childhood workforce and professional development information system or an early childhood resource and referral information system.

SECTION 22. EXEMPTION. The sum of $750,000 from the general fund appropriated to the department of health and human services for the purpose of providing suicide prevention grants in chapter 37 of the 2019 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation approved under section 54-44.1-11 for continuation into the 2021-23 biennium are available for the suicide prevention grants during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 23. EXEMPTION. The amount appropriated for the purpose of vulnerable adult protection services program in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the vulnerable adult protection services program during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 24. EXEMPTION. The amount appropriated for the purpose of children and family services transition program in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the children and family services transition program during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 25. EXEMPTION. The amount appropriated for the purpose of money follows the person capacity program in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the money follows the person capacity program during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 26. EXEMPTION. The amount appropriated for the purpose of free through recovery program in chapter 549 of the 2021 Special Session Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the free through recovery program during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 27. EXEMPTION. The amount appropriated for the Medicaid management information system technology stack upgrade in chapter 37 of the 2019 Session Laws and chapter 12 of the 2021 Session Laws are not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation approved under section 54-44.1-11 for continuation into the 2021-23 biennium are available for the completion of the Medicaid management information system technology stack upgrade during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 28. EXEMPTION. The amount appropriated for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation are available for the completion of the Medicaid management modularization information system technology project during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 29. EXEMPTION - INTENT. The amount appropriated for the purpose of projects, financial assistance, grants, and services including Medicaid eligibility system upgrades, child care services, to provide community-based behavioral health services, and for substance use disorder treatment voucher system grants in chapter 550 of the 2021 Special Session Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for projects, financial assistance, grants, and services during the biennium beginning July 1, 2023, and ending June 30, 2025. Notwithstanding subsection 3 of section 50-11.1-14.1, the department may provide financial assistance to beneficiaries related to child care services. Notwithstanding subsection 2 of section 50-06-42.1, the department may award up to four grants rather than two grants for substance use disorder treatment voucher system grants. The requirements of chapter 54-44.4 do not apply to this subsection, including the selection of recipients and the disbursement of funds.

SECTION 30. EXEMPTION. The amount appropriated for the purpose of alternatives-to- abortion services in chapter 550 of the 2021 Special Session Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for alternatives-to-abortion services during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 31. EXEMPTION. The amount appropriated for the modification of the department of human services' eligibility systems in chapter 578 of the 2011 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation approved under section 54-44.1-11 for continuation into the 2013-15 biennium, then the 2015-17 biennium, then the 2017-19 biennium, then the 2019-21, and then 2021-23 biennium are available for the completion of the modification of the eligibility systems project during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 32. EXEMPTION. The amount appropriated for the purpose of federal medical assistance percentage adjustments in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the home and community-based services 10% plan during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 33. EXEMPTION. The amount appropriated for the purpose of COVID-19 response, COVID-19 operating expenses and COVID-19 grants, in chapter 27 of the 2021 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for COVID-19 response, COVID-19 operating expenses, and COVID-19 grants during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 34. EXEMPTION. The amount appropriated for the purpose of defraying expenses relating to the COVID-19 pandemic, COVID-19 operating expenses, and COVID-19 grants in chapter 28 of the 2021 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for expenses relating to the COVID-19 pandemic, COVID-19 operating expenses, and COVID-19 grants during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 35. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-eighth legislative assembly that the department of health and human services seek a deficiency appropriation from the sixty-nineth legislative assembly for any expenditures that exceed appropriated amounts as a result of utilization rates, unwinding of the federal public health emergency, value-based purchasing for nursing facilities, and reduction in federal medical assistance percentage, during the biennium beginning July 1, 2023, and ending June 30, 2025, if funding is not sufficient to pay actual expenses.

SECTION 36. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Section 1 of this Act includes funding for human service provider inflation increases of four percent the first year and three percent the second year of the biennium beginning July 1, 2023, and ending June 30, 2025. The provider inflation increase in this section does not apply to nursing facilities.

SECTION 37. LEGISLATIVE INTENT – REBASE BASIC CARE FACILITIES. It is the intent of the legislative assembly that the department rebase basic care facilities using the median plus methodology for July 1, 2023, rates. Future increases will be authorized based on approved inflationary increases.

SECTION 38. DEPARTMENT OF HUMAN SERVICES - FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of human services due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 39. LEGISLATIVE MANAGEMENT REPORT - FOUR-YEAR OLD PROGRAM - EARLY CHILDHOOD GRANTS. During the 2023-24 interim, the department of health and human services shall provide reports to the legislative management regarding the status of four-year old program approvals, the North Dakota early childhood council, and the early childhood grant for best-in-class four-year old experiences.

SECTION 40. EFFECTIVE DATE. Section 16 of the Act becomes effective on January 1, 2024.

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations

Roughrider Room, State Capitol

SB 2012
1/16/2023

A Bill for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

9:03 AM Chairman Bekkedahl opened the hearing on SB 2012.

Members present: Senators Bekkedahl, Burckhard, Davison, Dever, Dwyer, Erbele, Kreun, Meyer, Roers, Schaible, Sorvaag, Vedaa, Wanzek, Rust, and Mathern. Members absent: Senator Krebsbach

Discussion Topics:

- Department integration
- Goal/Guiding Principle
- Streamlining overlapping services
- New organizational chart
- The science of well-being
- Socioecological model, risk & protective factors
- HHS priorities & action plans
- Social service redesign
- Medicaid, licensing, & certification
- HHS budget overview
- State-of-the-art laboratory
- ND State Hospital
- Strategic investment in North Dakotans
- Workforce solutions
- Early childhood matters
- Economic Assistance Programs
- Human Service Zones
- Childcare Assistance Program
- LIHEAP, SNAP, TANF, & Housing
- Child Support Section
- Measures of success
- Program, service & strategy improvements

9:04 AM - Dr Nizar Wehbi, ND State Health Officer, introduced SB 2012 & gave an overview, identifying the difference between Human Services & Health Departments, and discussing integration of the two. Testimony # 13447

9:36 AM - Chris Jones, Department of Health & Human Services Commissioner, testified on a unified budget. Testimony # 13447

10:21 AM - Jessica Thomasson, Executive Director, Human Services Division, testified on workforce issues & childcare. Testimony #13504

.

10:44 AM - Chairman Bekkedahl recessed the meeting.

10:54 AM – Chairman Bekkedahl reconvened the meeting.

10:54 AM - Kay Larson, Director of Early Childhood Section, discussed availability & access to Early childhood programs, & related issues. Testimony #13506

11:19 AM - Michele Gee, Director of Economic Assistance Section, discussed helping financially strapped families connect to resources. Testimony # 13523

12:01 PM - Jim Fleming, Director, Child Support Section, testified about helping parents & families become self-sufficient; and need for modernized case management programming. Testimony # 13541

12:21 PM - Senator Bekkedahl closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations

Roughrider Room, State Capitol

SB 2012
1/16/2023

A Bill for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:05 PM Chairman Bekkedahl opened the hearing on SB 2012.

Members present: Senators Bekkedahl, Burckhard, Davison, Dever, Dwyer, Erbele, Kreun, Meyer, Roers, Schaible, Sorvaag, Vedaa, Wanzek, Rust, and Mathern.
Members absent: Senator Krebsbach

Discussion Topics:

- Medicaid
- Medicaid recipients
- Medicaid budget requirements
- Long-term care
- Adult and aging services

2:05 PM Krista Fremming, Interim Director with Medicaid, testified on SB 2012. #13578

2:38 PM Leanne Thiel, Medical Field Division in ND Health & Human Services, verbally testified.

2:49 PM Nancy Nikolas Maier, Director of Adult and Aging Services, testified. #13606

3:37 PM Holly Triska-Dally, Office of Refugee Services, testified.

Additional written testimony:
Nancy Maier #13594
Holly Dally #13629

3:59 PM - Senator Bekkedahl closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2012
1/17/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:32 AM Chairman Birkedal opened the hearing on SB 2012.

Members present: Senators Bekkedahl, Krebsbach, Burckhard, Davison, Dever, Dwyer, Erbele, Kreun, Meyer, Roers, Schaible, Sorvaag, Vedaa, Wanzek, and Mathern.

Members absent: Senator Rust

Discussion Topics:

- Health & human services
- Children & family services
- Child welfare system
- Foster care
- Kinship placement care
- Evidence-based prevention services
- Human services zone operations
- Zone boards
- Zone administration
- Zone eligibility
- Zone collaborations
- Funding mechanisms zones
- Shared roles and responsibilities
- Human services funding
- Future plans and improvements
- Vocational Rehabilitation (Voc Rehab) Section
- Voc Rehab program purpose
- Voc Rehab eligibility
- Voc Rehab services
- Employer services
- Voc Rehab return on investment
- Job types
- Employment tax credit
- Disability Determination – SSDI/SSI
- Collaborations
- Benefitted parties
- Volume of determinations

- Developmental disabilities council
- Mission statement
- Programs and policies
- Collaborations and partners
- Future goals
- Development disabilities
- Program managers and management
- Program administrators
- Administration team
- Early intervention
- Referrals
- Medicaid DD waiver services
- Guardianship services
- Workforce development
- Life skills and transition center
- Specialty care and support
- Transition and support services
- Behavioral health
- Autism spectrum disorder
- Residential services admission numbers
- Transition and diversion
- HHS Administration and operations and IT
- Shared services model
- Communication
- Reformatted website
- Budget requests
- IT requests
- Opportunities and challenges

8:34 AM Cory Pedersen, Director Children & Family Services Section, overview of section, testimony/handout and budget requests/changes, testimony # 13798

9:05 AM Kristen Hasbargen, Director of Zone Operations , overview of section and history, testimony/handout and budget requests/changes, testimony # 13814

9:38 AM Chris Jones, Director of ND Dept of Human Resources, offered follow-up answers to committee question, no written testimony

9:49 AM Damian Schlinger, Director of Vocational Rehabilitation, overview of section and budget changes/requests, testimony # 13822

10:15 AM recess

10:26 AM Sheri Seil, Section Director Disability Determination Services, overview of section and budget review/change requests, testimony # 13828

10:35 AM Julianne Horntvedt, North Dakota State Council on Developmental Disabilities, overview of council and budget, testimony # 13830

10:47 AM Tina Bay, Director Developmental Disabilities, overview of program and budget changes/requests, testimony # 13837

11:10 AM Jessica Thomasson, presenting for Heather Jenkins Superintendent Life Skills and Transition Center, overview and history of the center, testimony # 13845

11:34 AM Sara Stolt, HHS Deputy Commissioner, overview of changes within Health and Human Services Commission and budget changes/requests, testimony # 13852

11:59 AM Chairman Bekkedahl closed the hearing.

Kathleen Hall, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2012
1/17/2023

A bill for an act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report

2:00 PM Chairman Bekkedahl called the meeting to order.

Senators Bekkedahl, Burkhard, Davison, Dever, Dwyer, Erbele, Krebsbach, Kreun, Mathern, Meyer, Roers, Schaible, Sorvaag, Vedaa, and Wanzek are present.

Discussion Topics:

- Behavioral health/physical health link
- Substance use disorder
- Prevention works!
- Adult and youth mental illness
- Death by suicide
- Connection of mental health to criminal justice system
- 2018 behavioral health systems study
- Upgrades of service
- School partnership; Simle Middle School pilot project
- Community Connect success
- Departmental integration
- Regional services and assessments
- Statutorily required psychological assessment
- Treatment services
- Treating individuals to treating families
- Crisis care
- National accreditation
- Staff vacancies
- Hospital facilities request and other new requests

2:00 PM Pam Sagness, Executive Director of Behavioral Health, introduced her department's section of SB 2012 and testified for it affirmatively. Testimony #13886

2:35 PM Laura Anderson, Policy Director of Behavioral Health, explained budget changes.

2:42 PM Dr. Laura Kroetsch, Director of Medical Services, described the complexities of diagnosis and treatment. #13912

3:13 PM Dr. Dan Kramer spoke about the volume of service delivery.

3.37 PM Jeff Stenseth verbally provided an overview of the proposed budget.

3:55 PM Debra Eissinger addressed the variety of psychiatric and forensic services provided by the ND State Hospital. #13945

4:05 PM Tonya Perkins, Administrator of the State Hospital, verbally reviewed the new budget requests.

4:13 PM Chairman Bekkedahl closed the hearing.

Carol Thompson, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
1/24/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

9:01 AM Chairman Dever called the public hearing to order. Senators present: Dever, Davison, Burckhard, Kreun, and Mathern.

Discussion Topics:

- Economic assistance
- Childcare assistance
- Early childhood assistance
- Availability, affordability, & quality
- TANF & other programs
- Cost-share model
- Home-based care
- Two-parent families
- Childcare as workforce solution
- Human Service zones

9:01 AM Senator Dever acknowledged the presence of AARP members and commented on the Human Services Budget.

9:06 AM Jessica Thomasson, Executive Director of Human Services Division, testified in favor of SB 2012. No written testimony.

9:11 AM Andrea Pfennig, Greater North Dakota Chamber, spoke in support of the bill. Testimony #15713.

9:44 AM Trina Gress, Community Options, testified in favor. Testimony #16234, #16278, #16277, #16276, #16275, #16274, & #16273.

9:58 AM Chairman Dever closed the meeting.

Additional written testimony:
Jill Olson, #16164; Katherine Grindberg, #16110; Delore Zimmerman, #16097; Janelle Moos, #15826; Roxanne Romanick, #15790; Martin Bratrud, #15738; Stephen Smith, #15360.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
1/24/23 PM

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:04 PM Chairman Dever called the meeting to order. Members present: Senators Dever Davison, Burckhard, Mathern, Kreun.

Discussion Topics:

- Children's Advocacy Centers
- Special needs
- System navigation
- Child abuse concerns
- Available services
- Abuse prevention
- Workforce recruitment, retention & training
- Positive afterschool experiences
- Family to family support
- Parent to parent support
- Autism waivers & vouchers
- Human service zone teams
- Tribal health concerns
- Youth works

2:04 PM (Technical difficulties).

2:05 PM Judy Lee, Senator from District 13, and Director of ND Children's Advocacy Centers, introduced the bill and testified in favor. Testimony #16413.

2:07 PM (Technical difficulties corrected)

2:12 PM Jessica Thomasson, Executive Director of DHHS, testified in favor. No written testimony.

2:19 PM Donene Feist, Director of Family Voices of ND, testified in favor.
Testimony # 15830

2:43 PM Vicki Peterson, Family Consultant for Family Voices of ND, and parent of young adult with autism, spoke in favor. Testimony # 16421

3:01 PM Jessica Dargis, Special Health Services Advisory Council member, CFO for local Developmental Disability provider, & mother of daughter with disability, spoke in favor.
Testimony #15836

3:06 PM Rita Starks, Family Consultant with Family Voices of ND & mother of daughter with special needs, testified in favor. Testimony #16428

3:12 PM Nicki Maddock, mother of child with rare disease, & Bismarck resident, testified in favor. No written testimony.

3:16 PM Roxane Romanick, Exec Director of Designer Genes, testified in favor. Testimony #16087

3:18 PM Desiree Sorenson, Montrail-McKenzie Human Service Zone Director. Thankful testimony. Testimony # 15860

3:43 PM Vicki Peterson, Family Consultant for Family Voices of ND, and parent of young adult with autism, spoke in favor. Testimony # 16421

3:46 PM Greg Kasowski, Executive Director of Children's Advocacy Centers, testified in favor. Testimony #16263

3:51 PM Paula Condol, Children's Advocacy Centers, testified in favor. No written testimony.

3:57 PM Lorraine Davis, CEO of Native Inc, testified in favor. No written testimony.

4:20 PM Kristina Sambor, Youth Works, testified in favor. No written testimony.

Additional written testimony:

Lori Sager, Licensed Social Worker, & Director of The Afterschool Place, testified in favor. Testimony # 15996

4:33 PM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
1/25/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

9:00 AM **Chairman Dever** opened the hearing. Members present: **Senators Dever, Mathern, Davison, Burckhard, and Kreun.**

Note: Technical difficulties, no video until 9:03 AM

DiscussionTopics:

- Four broad areas
- Delivery of service
- Institutionalization
- Community inclusion & involvement
- Stabilization & crisis management
- Workforce priority
- Guardianship
- 24/7 service
- BRICK pay model
- Budget
- Support professionals
- Long-term care
- Nutrition services
- Early Intervention program
- Developmental disability advocacy
- Stabilization & crisis management
- Vocational Rehabilitation
- Disabled service
- 501c3 non-profit

9:02 AM **Jessica Thomasson, Executive Director of Human Services Division**, testified in favor of SB 2012 verbal

9:09 AM **Angela Dinius, Executive Director of ND Association of Community Providers,** testified in favor # 16494

9:15 AM **Lorena Poppe, Owner & CEO of Poppe's Promise, President of the ND Association of Community Providers (NDACP**), testified in favor #16582

9:23 AM **Mike Remboldt, ND Association of Community Providers (NDACP), CEO of HIT, Inc,** testified in favor #16703, 16689

9:44 AM **Julie Erickson, Executive Director of Grand Forks Growth and Support Center (GFGSC),** mother disabled child, testified in favor#16562

9:59 AM **Sargianna Wutzke, Lead Operations Officer for Community Options Inc**. testified in favor # 16497

10:06 AM **Donna Byzewski, Program Director of Corporate Guardianship Program at Catholic Charities of ND** testimony in favor # 16339

10:18 AM **Josh Askvig, ND State Director of American Association Retired Persons (AARP)**, testified in favor #16568,16567

10:29 AM **Renee Kipp, Executive Director of Burleigh County Senior Adults Program,** testified in favor #16714

10:47 AM **Roxanne Romanick, Executive Director of Designer Genes of ND Inc**, testified in favor #16645

10:54 AM **Nikki Wegner, ND Dementia Care Service Program (DCSP) and Alzheimer's Association Minnesota, North Dakota Chapter,** testified in favor #16398, #16397, # 16396

11:03AM **Kirsten Dvorak, Executive Director of Arc of ND**, testified in favor #16729

11:07 AM **Kristie Wolff, Resident of District 34,** parent of a disabled child, testimony neutral verbal

11:22 AM **Royce Schultze, Executive Director of Dakota Center for Independent Living Inc,** testimony in favor #16738

11:34 AM **Kirsten Dvorak, Director of ARC of ND**, mother of a child with disabilities.

Additional written testimony:
Alisha Ankers, Attorney at Law #16444 in favor
Kalen Doeking, Attorney at Law #16442 in favor
Cheryl Bergian Law Office #16389 in favor
Trevor Vannett, ND State Council Development Disabilities #14788 #14787 #14786 in favor
AARP Long Term Services and Supports State Scorecard #16568

11:40 AM **Chairman Dever** adjourned the hearing.

.

Patricia Lahr on behalf of Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
1/25/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:03 PM **Chairman Dever** opened the meeting.
Members present: **Senators Dever, Mathern, Davison, Burckhard, and Kreun.**

Discussion Topics:

- Children's programs
- Diverse populations
- Federal poverty limit
- Medically fragile benefits
- Autism waiver
- Dental services
- Staffing
- Staff cost
- Nursing homes
- Resident transfers
- Inflation
- Mental health coalition
- Tiered system of behavioral health
- Suicide
- 1915(i) program
- IMD waivers
- Utilization of resources
- Workforce retention

Proceedings:
2:04 PM **Krista Fremming, Director, Department of Health & Human Services**, introduced Medicaid and SB 2012. No written testimony.

2:15 PM **Shelley Peterson, Lobbyist #47, President of Long-Term Care Association**, testified in favor. #16843

2:49 PM **Sandy Gerving, Administrator of Marian Manor Healthcare in Glen Ullin**, testified in favor. No written testimony.

2:58 PM **Bruce Murry, Lobbyist** #330 testified in favor. #16766

3:04 PM **Tim Blasl, Lobbyist #123, President of ND Hospital Association**, testified in favor. #16723

3:28 PM **Blair Thoreson, Primacy**, testified in favor. No written testimony.

3:29 PM **Clete Winkelman, Executive Director of Nexus-PATH Family Healing**, testified in favor. #16872

3:48 PM **Dr. Jo Ellison, ND psychologist**, testified neutrally. #16769

3:58 PM **Trina Gress, Vice President of Community Options**, testified in favor. #16748, #16747, #16746

4:08 PM **Ty Hegland, President & CEO of Share House, Fargo & Grand Forks**, testified in favor. No written testimony.

Additional written testimony:
Kory Auch, on behalf of my brother, in favor #16125
Vicki Peterson, parent of autistic child in favor #16692
Senator Dever, introduced SB 2012 in favor #16724
Courtney Koebele, Executive Director ND Medical Association in favor #16780
Katie Jo Ambrust, Grand Forks Housing Authority in favor # 16781

4:15 PM **Chairman Dever** closed the meeting.

Patricia Lahr on behalf of Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
1/26/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

9:04 AM Chairman Dever called the meeting to order. Members present: Senators Dever, Davison, Burckhard, Kreun, Mathern.

Discussion Topics:

- Information accessibility
- Workforce key
- Inflation
- New state hospital
- Amendment
- Behavioral health grants
- School-based behavioral intervention
- Simle school pilot program
- Prevention to avoid crises
- Community involvement
- Available resources & training
- Holistic
- Suicide policies in schools
- Acquired brain injury & effects
- Brain injury network
- Consumer & Parent driven systems
- Crisis stabilization & transitional residential
- Medical monitoring, assessment & treatment
- Children's safe beds
- Dakota Boys & Girls Ranch
- IMD & waivers
- Education for skill development
- Peer support specialists
- Transportation services

9:04 AM Committee discussion

9:16 AM Pam Sagness. Executive Director of Behavioral Health Department, Health & Human Services, introduced the bill. In favor. Testimony #17079

9:24 AM Dean Rummel, Senator, District 37, introduced amendment #23.0266.01004.

9:26 AM David Richter, Representative, District 1, testified in favor. No written testimony.

9:53 AM Vicki Steiner, District 37 Representative, testified in support. No written testimony.

9:59 AM Rebeca Quinn, UND School of Medicine & Health Sciences Center for Rural Health, & HHS Brain Injury Network, testified in favor. Testimony #16515 & #17033

10:16 AM Carlotta McCleary, Executive Director of Mental Health America of North Dakota, speaking on behalf of Mental Health Advocacy Network (MHAN), spoke in favor. Testimony #17108 & # 17100

10:30 AM Carlotta McCleary, Executive Director of ND Federation of Families for Children's Mental health (NDFFCMH), speaking on behalf of ND Behavioral Health Planning Council, Testified in favor.

10:34 AM Chairman Dever called for recess.

10:45 AM Chairman Dever called the meeting back to order.

10:45 AM Kurt Snyder, Executive Director of Heartview Foundation, testified in favor. Testimony #16490

10:58 AM Ty Hegland, President & CEO of Share House, Fargo, testified in favor. Testimony #17419

11:05 AM Jim Vetter, Vice Pres of Treatment Services & Govt Relations at Dakota Boys & Girls Ranch, testified in favor. Testimony #16920

11:09 AM Katie Jo Armbrust, Project Director, Grand Forks Housing Authority, testified in Favor. Testimony #17057

11:20 AM Doreen Eichele, Chief Operations Officer for Dacotah Foundation, testified in favor. Testimony #17126

11:33 AM Trina Gress, Vice President, Community Options, spoke in support. Testimony #17117

11:36 AM Lorraine Davis, NATIVE, Inc., spoke in favor. Testimony #17025

11:45 AM Dustin Eddy. Community member, District 7, and Peer Support Specialist, spoke in favor. Testimony #17139

11:55 AM Trevor Vannett, ND resident, testified in favor. Previous testimony #14786, #14787, & #14788.

Additional written testimony: Dave Marion, #17027; Nan Kennelly, #17004; Debra Johnson, #16896; Patrick Kellam, #16862; Jenifer Illich, #16420.

11:58 AM Chairman Dever, adjourned the meeting.
Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
1/26/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:33 PM – Chairman Dever called the meeting to order.
Members present: Senators Dever, Davison, Burckhard, Kreun, and Mathern.

Discussion Topics:

- HHS detailed budget
- Statutory responsibilities
- Two budgets reconciliation
- Hidden personnel shifts
- Workforce investments
- Tribal partnerships
- Mental health directory
- Childhood services
- Workforce incentives
- From institutions to home
- Medicaid
- Grants for pre-K
- Recovery reinvented
- Human service centers
- ARPA funds

2:37 PM – Chris Jones, HHS Commissioner, introduced the HHS budget, & testified in favor of SB 2012. Testimony #17215

2:43 PM – Arnie Strebe, CFO of HHS, testified in favor. No written testimony.

4:09 PM - Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
1/27/2023

A Bill for an Act to provide an appropriation for defraying the expenses of various divisions of the Department of Health and Human Services; to provide an exemption; and to provide for a report

9:03 AM - Chairman Dever opened the meeting. Present: Senators Dever, Mathern, Davison, Burckhard. Absent: Senator Kreun.

Discussion Topics:

- Paternity establishment
- Parental child support obligation enforcement
- Child support collection system costs
- Integrated case management software
- ROI of Child support
- Collaborative agency work
- HHS budget
- New case management system
- HHS contracted services
- Community Health Trust Fund
- Developmental disability determination services
- Developmental disability advocacy
- Effects of other legislative bills

9:06 AM – Jim Fleming, Director of Child Support Division of DHHS, testified. Testimony #17412

9:56 AM – Eric Haas, Assistant CFO of DHHS, testified. (No additional written testimony)

10:01 AM – Sherry Seil, Director of Disability Determination Services, testified. Testimony #17414

10:31 AM - Julianne Horntvedt, Executive Director, ND Council on Developmental Disabilities, testified. Testimony #17423

10:44 AM - Sarah Stolt – Deputy Director of DHHS, testified. (No additional written testimony)

10:51 AM - Arnie Strebe, CFO of DHHS ,testified. (No written testimony)

10:54 AM - Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
1/31/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:29 AM Chairman Dever opened the committee work meeting on SB 2012.
Members present: Senators Dever, Mathern, Davison, Burckhard, and Kruen.

Discussion Topics:

- Safe children & healthy families
- Staffing & team structure changes
- Audit findings& Budget Request
- CFS funding contracts
- Protection/safety/preservation
- Foster care/kinship care
- Termination of parental rights
- HR policies
- State role/County role
- Zone Board role
- 457 Fund & service transfers
- Property Tax Relief transfers
- Redesigned System future

8:30 AM Senator Tim Mathern, of District 11, introduced the Department of Health and Human Services Division & Cory Pederson.

8:31 AM Cory Pederson, Director of Children & Family Services, testified in favor.
Testimony #18104

9:43 AM Chairman Dever recessed the meeting.
10:09 AM Chairman Dever called the meeting back to order.

10:09 AM Kristen Hasbargen, Director of Human Service Zone Operations, testified in favor.
Testimony #18133

10:50 AM Donna Auckland clarified the transfer of funds.

10:57 AM Kristen Hasbargen resumed her testimony.

11:20 AM Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
1/31/2023

A bill for an act to provide an appropriation for defraying the expenses of various divisions of the Department of Health and Human Services; to provide an exemption; and to provide for a report.

2:33 PM - Chairman Dever opened the committee work meeting on SB 2012.

Senators Dever, Mathern, Davison, Burckhard, and Kruen are present.

Discussion Topics:

- Official chain of designation
- Refugee defined
- Office of Refugee Resettlement
- Assessment & placement
- Data Management system
- Refugee support services
- Cash assistance
- Set-aside programs
- Welcoming as Workforce Strategy
- Vocational Rehab structure
- Service to all disability types
- Employment in all areas
- Pre-employment service
- Service Delivery improvements
- ROI
- Budget overview
- Continuation, expansion, & outreach

2:34 PM – Holly Triska-Dally, State Refugee Coordinator, testified affirmatively.
Testimony # 18225

3:22 PM – Damian Schlinger, Director of Vocational Rehabilitation, testified favorably.
Testimony # 18244

4:01 PM – Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
2/1/2023

A bill for an act to provide an appropriation for defraying the expenses of various divisions of the Department of Health and Human Services; to provide an exemption; to provide for a report.

2:30 PM Chairman Dever opened the meeting.
Present: Senators Dever, Davison, Burckhard, Mathern, and Kreun.

Discussion Topics:

- Resource connections
- QA/QC State & Federal reviews
- LIHEAP, TANF, SNAP reviews
- CCDF Grants & money buckets
- Timetables for spending buckets
- Independence.
- Two-parent families
- Housing stability programs
- Budget details
- Cost to continue
- Grant increases & fund transfers
- Policy bills with impact
- One-time requests
- Alternatives to abortion
- SPACES exemption
- Regional processing approach

2:30 PM Michelle Gee, Dir Economic Assistance Section, HHS, testified in favor. #18621

3:59 PM Jessica Thomasson, Executive Director, Human Services Division, testified in favor with no written testimony.

4:08 PM Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
2/2/2023

A bill for an act to provide an appropriation for defraying the expenses of various divisions of the Department of Health and Human services; to provide an exemption; to provide for a report.

2:32 PM Chairman Dever opened the meeting. Present: Senators Dever, Davison, Burckhard, Kreun, and Mathern.

Discussion Topics:

- Nursing care/Basic Care
- LTC & Century Code
- Budget comparisons
- Personal needs allowance
- Children's waiver services
- Home & Community services
- Adult foster/Family home care
- Functional assessment tools
- Budget summary & requests
- USDOJ & ND State settlement
- Guardianship Establishment Fund
- Senior Nutrition Services
- State funds to providers
- HCBS case managers
- Provider-navigators
- Rental assistance

2:35 PM LeeAnn Thiel, Medical Services Division, testified in favor. #18872

2:54 PM Nancy Nikolas Maier, Director Adult/Aging Services, testified in favor #18888

3:25 PM LeeAnn Thiel, Medical Services Division, continued her testimony.

3:49 PM Nancy Nikolas Maier, continued her testimony.

4:34 PM Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
2/3/2023

A bill for an act to provide an appropriation for defraying the expenses of various divisions of the department of Human Services; to provide an exemption; provide for a report.

8:31 AM Chairman Dever opened committee work. Members present: Senators Dever, Burckhard, Mathern, Kreun. Absent: Senator Davison.

Discussion Topics:

- Program management
- Networking for services
- Non-corporate guardians
- Budget considerations
- Contract providers
- Funding
- Crises & stabilization support
- Specialty care & support
- Behavioral, developmental, & physical needs
- History & current services
- Adaptive equipment services
- Team Structure & Budget
- Workforce constraints & adaptive service

8:33 AM Tina Bay, Director of Developmental Disabilities Division, testified neutral. #19066

9:39 AM Vice-Chairman Burckhard called for recess.

9:54 AM Chairman Dever recalled the meeting back to order.

9;55 AM Heather Jenkins, Director of Life Skills & Transition Center in Grafton, ND, testified neutral #19067.

11:01 AM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
2/6/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the Department of Health and Human services

8:33 AM Chairman Dever called the committee work meeting to order.
Members present: Senators Dever, Davison, Burckhard, Mathern, and Kreun

Discussion Topics:

- Goal & governing laws
- Purpose & services
- Fee-for-service Medicaid vs Medicaid expansion
- Payment methods
- Federal Government rulemaking
- Controlling cost growth
- Behavioral health care
- Merits, need, & accountability
- Value-based purchasing & payments
- Budget requests
- Pharmacy cost challenges

8:34 AM Krista Fremming, Interim Director of Medical Services Division, testified in favor. #19291

9:21 AM Chris Jones, HHS Commissioner, testified in favor. No written testimony.

9:27 AM Krista Fremming returned to her testimony.

10:03 AM Recess
10:19 AM Reconvene

10:19 AM Krista Fremming continued her testimony. Testimony #19291

11:00 AM Brendan Joyce, Pharmacy Administration HHS, testified with no written testimony.

11:27 AM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
2/6/2023

A bill for an Act to provide an appropriation for defraying the expenses of various divisions of the Department of Health and Human Services.

2:40 PM - Senator Dever called the meeting to order. Senators Dever, Davison, Burckhard, Mathern, Kreun are present.

Discussion Topics:

- Workforce crisis in ND
- Childcare crisis in workforce
- Crisis for ND population
- ROI for ND
- Multi-level successes
- Prevention as strategy
- State as Catalyst
- Childcare as workforce solution
- Affordability, availability, quality
- Budget issues

2:42 PM Governor Doug Burgum testified affirmatively. (No written testimony)

3:03 PM Chris Jones, HHS Commissioner, testified affirmatively. (No written testimony)

3:16 PM Jessica Thomasson testified about the ND Childcare Proposal.
Testimony #19366

4:19 PM Vice Chairman Davison adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
2/7/2023

A bill for an act to provide an appropriation for defraying the expenses of various divisions of the Department of Health and Human Services

8:37 AM Senator Dever called the meeting to order.
Senators Dever, Davison, Burckhard, Mathern, and Kreun are present.

Discussion Topics:

- Early childhood care purpose & structure
- Grants for programs & workforce
- Budget concerns
- Family engagement
- Federal funding sources
- ND Childcare Proposal
- Multi-streams of income
- Access, affordability, & quality
- HSC clinic leadership restructure
- Independence v disability
- Assessment, treatment, crisis services
- Specialized services
- Workforce issues
- Contracts
- Budget changes
- State Hospital's future development
- General & unique services
- Unique Covid response
- Budget requests
- Sex offender treatment issues
- Maintenance levels

8:38 AM Kay Larson, Dir Early Childhood, testified in favor #19531.

9:38 AM Dr. Dan Cramer, Clinical Director Human Service Centers, testified in favor #19544.

10:01 AM Recess
10:21 AM Reconvene

10:21 AM Dr. Dan Cramer continued his testimony.

11:01 AM Pam Sagness, Executive Director, Behavioral Health, clarified.

11:15 AM Arnie Strebe, CFO of DHHS, & Donna Auckland, clarified.

11:25 AM Chris Jones, HHS Commissioner, testified in favor #19575.

11:37 AM Dr. Eduardo Yabut, ND State Hospital Supt. testified in favor with no written testimony.

12:08 PM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
2/7/2023

A bill for an act to provide an appropriation for defraying the expenses of various divisions of the Department of Health and Human Services

2:40 PM Chairman Dever called the meeting to order.
Senators Dever, Davison, Burckhard, Mathern, and Kreun are present.

Discussion Topics:

- Behavioral health overview
- Overview of programs
- Executive budget request items
- Federal funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Proposed section additions to SB 2012
- Additional considerations
- Relevant Policy bills
- Budget review

2:41 PM Pam Sagness, Executive Director of Behavioral Health Division, HHS, testified in favor of SB 2012. Testimony #19627

3:34 PM Laura Anderson, Behavioral Health Division, Department of Health and Human Services, testified in favor.

3:47 PM Pam Sagness, returned to her testimony.

4:06 PM Laura Anderson continued testimony.

4:27 PM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
2/9/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

3:18 PM Chairman Dever called the meeting to order. Members present: Senators Dever, Davison, Burckhard, Mathern, Kreun.

Discussion Topics:

- Department of Health and Human Services administration & operations
- Shared services model
- FTE overview
- Division impacts highlights
- Ensure quality service delivery
- Improve access
- Drive quality
- Successful delivery & outcomes
- 2023-25 Budget request
- Inflation impacts.
- Impactful Policy Bills
- HHS IT overview
- Background check automation

3:19 PM Sara Stolt, Deputy Commissioner, Administration & Operations, testified, with clarifications by Arnie Strebe, CFO of Department of Health and Human Services, & Donna Aukland, HHS. # 20389.

4:11 PM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
2/10/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report

9:21 AM Chairman Dever opened the meeting.

Chairman Dever and Senators Burckhard, Davison, Kreun and Mathern are present.

Discussion Topics:

- Long term care facilities
- Nursing care costs
- Low interest loans

9:21 AM Senator J. Roers spoke about long term care facilities and possible amendments.

9:28 AM The Committee has discussion on the bill.

9:41 AM Chairman Dever closed the meeting.

Rick Schuchard on behalf of Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
2/14/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:29 AM Chairman Dever opened the meeting. Members present: Senators Dever, Davison, Burckhard, Mathern, Kreun.

Discussion Topics:

- Administration & Management division
- Open positions
- New equity pay system
- County workers
- Criminal background checks
- IT funding
- IBM & Mainframe replacement
- Line item transfer authority
- Economic assistance
- Other bills with impact
- Case management workers
- Intent for lowest income
- Primarily Federal funding
- TANF re-vitalization
- Shared services
- Medical services
- Healthcare Trust fund
- Ongoing availability of services
- Community Health Trust Fund salaries
- Federal Poverty Level
- Aged, blind or disabled
- Early intervention teams
- Clawback expenditures for drugs
- Long term Care
- Corresponding bills
- Inflationary increases
- Crosswalk bills
- Intermittent care rate increase
- Waivers versus vouchers
- Provider rates

8:30 AM Senator Dever introduced SB 2012 and opened general committee discussion on all Department of Health & Human Services Divisions. Executive Budget Long sheet, Testimony # 21249 .Executive Budget Green Sheet, Testimony #21250

8:37 AM **Administration and Management**. Donna Aukland, Assistant Chief Financial Officer, Health & Human Services; & Jessica Thomasson, Executive Director, Human Services Division, clarified points.

9:42 AM **Economic Assistance.** Jessica Thomasson & Arnie Strebe, Chief Finance Officer, Health & Human Services, clarified points.

10:02 AM Chairman Dever called for recess.
10:21 AM Chairman Dever called meeting back to order for general discussion.

10:21 AM **Medical Services**. Krista Fremming, Interim Director of Medical Services Division, Health & Human Services; Eric Haas, Assistant Chief Finance Officer; Arnie Strebe, CFO; & Jessica Thomasson, clarified points and answered questions. #20751

11:23 AM **Long Term Care**. Shelly Peterson, President of Long-Term Care Association; Lyndon Jahner, Accountant, ND Health & Human Services, Jonathan Alm, Attorney with Health & Human Services, and Donna Aukland clarified points, & answered questions.

12:07 PM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB2012
2/14/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

4:14 PM Chairman Dever opened the meeting. Members present: Senators Dever, Davison, Burckhard, Mathern, Kreun.

Discussion Topics:

Aging Services

- Provider inflation
- Dept of Justice coordinator
- Service navigators
- Guardianship establishment
- Senior meal rates
- Carryover authority for vulnerable adults
- Alzheimer's/Dementia care

Children's & Family Services

- Family Voices
- TANF re-utilization
- Study for TANF focus
- Children advocacy centers
- Infrastructure support
- Enhanced management teams
- Interdisciplinary approach
- Unlicensed kinship care
- Family First
- Further strategic conversations

Behavioral Health

- Connection of fragmented parts
- Current base budget
- Various levels of care
- Pregnancy & parenting program
- Community Connect program
- Free three recovery program
- Self-referral
- Small provider support
- Potential amendments
- Private provider grants
- Medicaid reimbursement rate authority
- Budget concerns
- 1915(1) private providers
- Youth programs

- Simle program
- Behavioral health school grants
- Leadership
- Workload capacity as business manager
- Resource acquisition
- Western psychiatric facilities
- Be Hero spending authority
- Housing

4:16 PM Continued general discussion on all divisions of Health & Human Services.

4:17 PM Jessica Thomasson, Executive Director of Health Human Services (HHS), provided information & answered questions.

5:09 PM General discussion of Behavioral Health Division

5:11 PM Pam Sagness, Executive Director of Behavioral Health, HHS, provided information & answered questions.

6:15 PM Chris Jones, Health & Human Services Commissioner, provided clarification & answered questions.

6:20 PM Pam Sagness returned to provide information.

6:50 PM General discussion.

6:53 PM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
2/16/2023

To provide an appropriation for defraying the expenses of various divisions of the dept of health & human services; provide an exemption; provide for a report.

11:39 AM Senator Dever opened the Committee work. Members present: Chairman Dever, Senator Davison, Senator Burkhardt, Senator Kreun, Senator Mathern.

Discussion Topics:

- Study to consider overtime
- Developmental disabilities
- 11% increase to providers

Sen Mathern opened discussion on Sen Burckhard amendment for 11% increase for all DD service payments under DD grants line item. (#22369)

11:41 AM Angela Denuness, Director NDACP, testified in support of amendment.

11:43 AM Eric Hogness explained 11% progress.

Sen Burckhard moved the amendment.

Seconded by Sen Mathern.

11:54 AM Eric Haus, Assist to Sen Hogue clarified amount to DD Fund.

Senators	Vote
Senator Dick Dever	N
Senator Randy A. Burckhard	Y
Senator Kyle Davison	N
Senator Curt Kreun	N
Senator Tim Mathern	Y

VOTE: YES – 2 NO – 3 Absent – 0 Motion Failed

12:00 PM Jessica Thomasson, ND HHS explained SB 2012 to committee.

12:10 PM Chair Dever closed the meeting.

Pam Dever for Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
2/16/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services

4:54 PM Chairman Dever opened the meeting. Members present: Senators Dever, Davison, Burckhard, Mathern, Kreun.

Discussion Topics:

- Provider moratorium
- Amendment
- Funding
- Local Behavioral Health Centers
- Substance Use Disorder vouchers
- Qualifications

4:55 PM Senator Mathern introduced Amendment 23.0266.01010 on SB 2012. Testimony #21036, #21037, #21040

4:56 PM Senator Mathern moved to adopt amendment LC 23.0266.01010. Seconded by Senator Davison. Committee discussion.

5:01 PM Roll call vote.

Senators	Vote
Senator Dick Dever	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y

Motion carried 5-0-0

5:03 PM Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
2/17/2023

To provide an appropriation for defraying the expenses of various divisions of the Dept of Health & Human Services; provide an exemption; provide for a report.

5:20 PM Chairman Dever opened the meeting. Present: Chairman Dever, Senator Burckhard, Senator Davison, Senator Kreun, and Senator Mathern.

Discussion Topics:

- Compensation equity
- Amendments
- Budget
- TheTier

5:21 PM Sen Hogan discussed a proposed budget. There was no written testimony at this time.

5:28 PM Chris Jones, Health & Human Services Commissioner, answered questions.

5:32 PM Senator Hogan returned to her testimony.

5:34 PM Senator Mathern presented The Tier. Testimony #21106

5:37 PM Chris Jones clarified points.

5:45 PM Jessica Thomasson, Executive Director, ND Health & Human Services, gave information and answered questions.

5:55 PM Jessica Thomasson provided more information.

6:16 PM Pam Sagness, Executive Director of Behavioral Health, Health & Human Services, answered questions. Donna Auckland, Assistant Chief Financial Officer, Health & Human Services, and Jonathan Alm, Attorney with Health & Human Services, also answered questions.

7:07 PM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
2/20/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

11:08 AM Chairman Dever called the meeting to order. Members present: Senators Dever, Davison, Burckhard, Mathern, Kreun.

Discussion Topics:

- Sticker shock
- Reduction
- DOCR budget
- State hospital study reduction
- Addition of 'consumer'
- Removal of restoration items
- Human service centers
- Payment multipliers
- Western rehabilitation centers
- Stabilization grants

11:09 AM Committee general discussion.

11:12 AM Brady Larson, Legislative Council, shared budget increases overview. Testimony # 21174

11:34 AM Pam Sagness, clarified issues.

12:00 PM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
2/20/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption

3:51 PM Chairman Dever called the meeting to order. Members present: Senators Dever, Davison, Burckhard, Mathern, Kreun.

Discussion Topics:

- Fiscal analyst's reconsideration
- Recommendation
- Consensus

3:52 PM Committee general discussion of Brady Larson's budget increase decreases. Written testimony only #21174.

3:57 PM Committee agreed by consensus to pass budget to Full Appropriations for amendments & passage.

3:57 PM Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
2/21/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:13 AM Chairman Dever called the meeting to order. Members present: Senators Dever, Davison, Burckhard, Mathern.

Discussion Topics:

- Amendment
- Committee action

8:15 AM Brady Larson presented fiscal & verbiage changes in the amendment. Testimony # 21189.

8:47 AM Senator Davison moved to adopt amendment LC 23.0266.01005.
Senator Kreun seconded.

Senators	Vote
Senator Dick Dever	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y

Motion carried. 5-0-0.

8:48 AM Senator Davison moved DO PASS AS AMENDED.
Senator Mathern seconded.

Senators	Vote
Senator Dick Dever	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y

Motion carried 5-0-0.

Chairman Dever will carry SB 2012.

8:49 AM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2012
2/21/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

10:50 AM Chairman Bekkedahl opened the meeting on SB 2012.

Members present : Senators Bekkedahl, Krebsbach, Burckhard, Davison, Dever, Dwyer, Erbele, Kreun, Meyer, Roers, Schaible, Sorvaag, Vedaa, Wanzek, Rust, and Mathern.

Discussion Topics:

- Department of Health and Human Services
- Amendment review

10:50 AM Senator Dever reviewed the amendment LC 23.0266.01005. (#21209)

11:40 AM Senator Dever moved to adopt amendment LC 23.0266.01005.
Senator Kreun seconded the motion.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Karen K. Krebsbach	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Robert Erbele	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y
Senator Scott Meyer	Y
Senator Jim P. Roers	Y
Senator David S. Rust	Y
Senator Donald Schaible	Y
Senator Ronald Sorvaag	Y
Senator Shawn Vedaa	Y
Senator Terry M. Wanzek	Y

Motion passed 16-0-0.

11:49 AM Senator Dever moved DO PASS AS AMENDED.
Senator Burckhard seconded the motion.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Karen K. Krebsbach	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Robert Erbele	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y
Senator Scott Meyer	Y
Senator Jim P. Roers	Y
Senator David S. Rust	Y
Senator Donald Schaible	Y
Senator Ronald Sorvaag	Y
Senator Shawn Vedaa	Y
Senator Terry M. Wanzek	Y

Motion passed 16-0-0.

Senator Dever will carry the bill.

11:51 AM Chairman Bekkedahl adjourned the meeting.

Kathleen Hall, Committee Clerk

23.0266.01005
Title.02000

Fiscal No. 2

Prepared by the Legislative Council staff for
the Senate Appropriations - Human Resources
Division Committee
February 20, 2023

2-21-23

PROPOSED AMENDMENTS TO SENATE BILL NO. 2012

Page 1, line 2, after "exemption" insert "; to amend and reenact sections 50-06-42, 50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-06-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study"

Page 1, line 2, remove the second "and"

Page 1, line 3, after "report" insert "; and to provide an effective date"

Page 1, remove lines 13 through 24

Page 2, remove lines 1 through 30

Page 3, replace lines 1 through 6 with:

"

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,363,556	$3,045,900	$24,409,456
Operating expenses	151,161,924	89,904,000	241,065,924
Capital assets	75,000	0	75,000
Total all funds	$172,600,480	$92,949,900	$265,550,380
Less estimated income	92,905,426	93,255,417	186,160,843
Total general fund	$79,695,054	($305,517)	$79,389,537

Subdivision 2.

PROGRAM AND POLICY

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$122,081,310	$19,537,197	$141,618,507
Operating expenses	176,078,719	55,722,549	231,801,268
Capital assets	10,000	0	10,000
Grants	467,144,387	190,506,682	657,651,069
Grants - medical assistance	3,028,666,463	556,176,867	3,584,843,330
Opioid prevention	0	2,000,000	2,000,000
Total all funds	$3,793,980,879	$823,943,295	$4,617,924,174
Less estimated income	2,499,452,627	489,283,991	2,988,736,618
Total general fund	$1,294,528,252	$334,659,304	$1,629,187,556

Subdivision 3.

FIELD SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Human service centers	$163,213,829	$26,160,626	$189,374,455
Institutions	130,383,428	33,139,340	163,522,768

Total all funds	$293,597,257	$59,299,966	$352,897,223
Less estimated income	114,273,300	(18,574,719)	95,698,581
Total general fund	$179,323,957	$77,874,685	$257,198,642

Subdivision 4.

COUNTY SOCIAL SERVICE FINANCING

	Base Level	Adjustments or Enhancements	Appropriation
County social services	$189,917,386	$35,444,200	$225,361,586
Total all funds	$189,917,386	$35,444,200	$225,361,586
Less estimated income	188,676,995	35,333,519	224,010,514
Total general fund	$1,240,391	$110,681	$1,351,072

Subdivision 5.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total general fund	$1,554,787,654	$412,339,153	$1,967,126,807
Grant total special funds	2,895,308,348	599,298,208	3,494,606,556
Grant total all funds	$4,450,096,002	$1,011,637,361	$5,461,733,363
Full-time equivalent positions	2,265.33	94.00	2,359.33"

Page 3, replace line 10 with:

"Technology projects	$67,596,372	$72,000,000"

Page 3, replace line 14 with:

"Human service center projects	724,000	735,154"

Page 3, replace lines 16 through 19 with:

"Special session one-time appropriations	138,389,558	0
State hospital design	0	5,000,000
Operating inflation	0	20,564,344
Field services revenue replacement	0	36,028,141
Program integrity audits	0	4,500,000
Pregnant and parenting residential	0	1,000,000
Workforce initiative	0	13,000,000
Total all funds	$216,080,305	$152,827,639
Less estimated income	191,847,089	97,267,326
Total general fund	$24,233,216	$55,560,313"

Page 3, line 23, after "Act" insert ", section 1 of House Bill No. 1004 as approved by the sixty-eighth legislative assembly, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly"

Page 3, line 24, after the period insert "Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority from line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1004 as approved by the sixty-eighth legislative assembly and any remaining appropriation

authority for the department of health and human services approved by the sixty-eighth legislative assembly to subdivision 4 of section 1 of this Act for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services."

2-21-23

Page 3, remove lines 29 through 31

Page 4, replace lines 1 through 6 with:

"**SECTION 4. TRANSFER OF APPROPRIATION AUTHORITY.** Section 1 of this Act and section 1 of House Bill No. 1004 include appropriation authority for the department of health and human services for the biennium beginning July 1, 2023, and ending June 30, 2025. On July 1, 2023, the office of management and budget shall combine the appropriation authority contained in section 1 of this Act and section 1 of House Bill No. 1004, and any other appropriation authority for the department of health and human services in other bills approved by the sixty-eighth legislative assembly, into one budget for the department of health and human services. The department of health and human services shall submit one budget request for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 5. TRANSFER - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - HUMAN SERVICE FINANCE FUND. The office of management and budget shall transfer the sum of $21,600,000 from the strategic investment and improvements fund to the human service finance fund during the biennium beginning July 1, 2023, and ending June 30, 2025."

Page 4, line 8, replace "$187,223,092" with "$221,600,000"

Page 4, line 12, replace "$31,500,000" with "$20,400,000"

Page 4, line 13, replace "in the medical services division" with "of the child support computer replacement project"

Page 4, replace lines 14 through 17 with:

"**SECTION 8. ESTIMATED INCOME - LEGACY EARNINGS FUND.** The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $7,000,000 from the legacy earnings fund for defraying expenses for the child care assistance programs.

SECTION 9. ESTIMATED INCOME - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND. The estimated income line item in subdivision 5 of section 1 of this Act includes the sum of $17,735,154 from the strategic investment and improvements fund for the following purposes:

1. The sum of $11,000,000 for the procurement and grants management system;
2. The sum of $5,000,000 for the design of a new state hospital;
3. The sum of $1,000,000 for pregnant and parenting women residential facilities; and
4. The sum of $735,154 for projects at the southeast human service center.

SECTION 10. CAPITAL PAYMENTS. During the biennium beginning July 1, 2023, and ending June 30, 2025, the department of health and human services is

authorized to expend funds for the payment of special assessments at the state hospital and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1004, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly. The department may transfer funds for the payment of special assessments at the state hospital and life skills and transition center ahead of the special assessments schedule. Notwithstanding section 54-27-12, the department may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 11. CAPITAL PROJECTS - EMERGENCY COMMISSION APPROVAL. During the biennium beginning July 1, 2023, and ending June 30, 2025, the department of health and human services is authorized to proceed with the demolition of the administrative building and employee building and associated tunnels at the state hospital. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1004, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly. The department may transfer funds for the demolition of the identified buildings and associated tunnels and for emergency capital projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $5,000,000 for emergency projects under this section and may seek emergency commission approval to spend more than $5,000,000 under this section.

SECTION 12. CHILD CARE FINANCIAL ASSISTANCE - DIRECT PAYMENTS. Subdivision 2 of section 1 of this Act includes the sum of $1,000,000 for the purpose of financial assistance and direct payments for child care services for the biennium beginning July 1, 2023, and ending June 30, 2025. Notwithstanding subsection 3 of section 50-11.1-14.1, the department may provide financial assistance to beneficiaries related to child care services. The requirements of chapter 54-44.4 do not apply to this subsection, including the selection of recipients and the disbursement of funds.

SECTION 13. PERMANENT SUPPORTIVE HOUSING GRANTS. Subdivision 2 of section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department, and authorize the department to conduct onsite visits to review program operations.

SECTION 14. STATE HOSPITAL PROJECT - COMMUNITY ACUTE PSYCHIATRY - REPORT. Subdivision 3 of section 1 of this Act includes the sum of $5,000,000 from the strategic investment and improvements fund for the design of a new state hospital. As part of the design process, the department of health and human services shall consider statewide acute psychiatric needs, including the establishment of acute psychiatric facilities in Dickinson, Williston, Minot, Devils Lake, and Grand Forks and shall consider collaborating and entering partnerships with local mental health and substance use disorder providers. The department shall present a report to the sixty-ninth legislative assembly regarding options for a new state hospital.

SECTION 15. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Subdivision 2 of section 1 of this Act includes the sum of $942,550,279, of which $94,225,028 is from the general fund, for the medical assistance expansion program for the biennium beginning July 1, 2023, and ending June 30, 2025. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.

2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and unwinding of the federal Medicaid continuous enrollment requirement, and reduction in federal medical assistance percentage.

3. The managed care organization under contract with the department to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs.

4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers, and rural health clinics meet the federally required minimum levels of reimbursement.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance of adequate capacity and services, and coordination and continuity of care.

SECTION 16. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system. ~~(Retroactive application - See note)~~

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services provided by licensed substance abuse treatment programs, excluding regional human service centers~~,~~ and hospital- or medical clinic-based programs for medical management of withdrawal~~, and any institution for mental diseases in~~

~~accordance with subsection 2~~. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.

2. ~~The department shall deny a licensed substance abuse treatment program's substance use disorder treatment voucher system application and deny reimbursement by the substance use disorder treatment voucher system if the licensed substance abuse treatment program is an institution for mental diseases and reimbursement is requested for residential beds added on or after July 1, 2020.~~

~~3.~~ Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

~~4.~~3. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

~~5.~~4. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

a. No more than forty-five percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

b. The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

SECTION 17. AMENDMENT. Section 50-24.1-26 of the North Dakota Century Code is amended and reenacted as follows:

50-24.1-26. Medicaid waivers - In-home services.

The department shall administer Medicaid waivers to provide in-home services to children with extraordinary medical needs and to children up to the age of ~~sixteen~~eighteen diagnosed with an autism spectrum disorder who would otherwise meet institutional level of care. The department may prioritize applicants for the waiver for children with extraordinary medical needs by degree of need.

SECTION 18. AMENDMENT. Section 50-29-04 of the North Dakota Century Code is amended and reenacted as follows:

50-29-04. Plan requirements.

The plan:

1. Must be consistent with coverage provided to children eligible for medical assistance in the state; and

2. Must provide:

   a. A modified adjusted gross income eligibility limit of ~~one~~two hundred ~~seventy-five~~ten percent of the poverty line; and

   b. Current eligibility may be established from the first day of the month in which the application was received. Retroactive eligibility may be established for the three calendar months that immediately preceded the month in which the application was received even if there is no eligibility in the month of application. Eligibility can be established if all factors of eligibility are met during each month.

SECTION 19. REPEAL. Section 50-06-32.1 of the North Dakota Century Code is repealed.

SECTION 20. BUILDING PROJECT - LEASE. The department of health and human services is authorized to enter into agreements with vendors to build two buildings for the department to lease for the lake region human service center and northwest human service center for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 21. LEASE OF LAND - STATE HOSPITAL. The department of health and human services and national guard may enter an agreement to lease up to twenty acres of real property associated with the state hospital for the national guard to construct a new training and storage facility.

SECTION 22. PROVIDER PROCESS AND OUTCOME MEASURES. Providers that receive funding from the department of health and human services shall submit process and outcome measures, as required by the department, to the department for programs and services supported by state funding during the biennium beginning July 1, 2023, and ending June 30, 2025, for the department to evaluate the administration of the programs and services using the appropriation for the program or service.

SECTION 23. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - CONTINGENT FULL-TIME EQUIVALENT POSITIONS - REPORT. Beginning with the effective date of this Act, the department of health and human services shall select three human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department shall pursue additional federal funding as available. Subject to the availability of generated income, the department may add up to fifty full-time equivalent positions for field services to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2025. The department shall report to the office of management and budget and legislative council each time a position is added.

SECTION 24. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and may be continued into the biennium beginning July 1, 2023, and ending June 30, 2025:

1. The sum of $750,000 appropriated from the general fund for suicide prevention grants in chapter 37 of the 2019 Session Laws;

2. The sum of $1,776,000 appropriated from the strategic investment and improvements fund and the sum of $5,328,000 appropriated from federal funds for the Medicaid management information system technology stack upgrade in chapter 37 of the 2019 Session Laws;

3. The sum of $600,000 appropriated from the general fund and the sum of $1,800,000 appropriated from federal funds for the Medicaid management information system technology stack upgrade in chapter 12 of the 2021 Session Laws;

4. The sum of $4,326,686 appropriated from the general fund and the sum of $30,673,314 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;

5. Any amounts appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Session Laws of which the amount appropriated for medical assistance percentage adjustments may be used for the home- and community-based services 10 percent enhancement plan;

6. Any amounts appropriated to the department of health and human services in chapter 550 of the 2021 Special Session Session Laws;

7. Any amounts appropriated to the department of health and human services for COVID-19 relief in chapters 27 and 28 of the 2021 Session Laws;

8. The amount appropriated for the modification of the department of human services' eligibility systems in chapter 578 of the 2011 Special Session Session Laws which was continued into the 2013-15 biennium, then the 2015-17 biennium, then the 2017-19 biennium, then the 2019-21 biennium, and then 2021-23 biennium; and

9. The sum of $2,000,000 appropriated for substance use disorder voucher system grants in chapter 12 of the 2021 Session Laws which may be continued and spent pursuant to section 50-06-42.1.

SECTION 25. EXEMPTION - EARLY CHILDHOOD INFORMATION SYSTEM. The requirements of chapter 54-44.4 do not apply to the selection of a vendor, the procurement award, or payments made under this section regarding an early childhood workforce and professional development information system or an early childhood resource and referral information system for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 26. EXEMPTION - PURCHASE OF CONSUMABLES. The requirements of chapter 54-44.4 do not apply to the purchase of consumables at the department of health and human services continuously staffed residential units during

low-census time periods for the biennium beginning July 1, 2023, and ending June 30, 2025.

2-21-23

SECTION 27. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-eighth legislative assembly that the department of health and human services seeks a deficiency appropriation from the sixty-ninth legislative assembly for any expenditures that exceed appropriated amounts as a result of utilization rates, discontinuation of the federal Medicaid continuous enrollment requirement, value-based purchasing for nursing facilities, and reduction in federal medical assistance percentage, during the biennium beginning July 1, 2023, and ending June 30, 2025, if funding is not sufficient to pay actual expenses.

SECTION 28. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of four percent for each year of the biennium beginning July 1, 2023, and ending June 30, 2025. Section 1 of this Act includes funding for developmental disability service payment inflation increases of seven percent the first year of the biennium and four percent the second year of the biennium beginning July 1, 2023, and ending June 30, 2025. The provider inflation increase in this section does not apply to nursing and basic care facilities.

SECTION 29. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 30. LEGISLATIVE MANAGEMENT STUDY - EARLY CHILDHOOD PROGRAMS AND SERVICES. During the 2023-24 interim, the legislative management shall consider studying the early child care programs and child care services to identify major needs and systemic approaches to stabilize child care infrastructure. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

SECTION 31. LEGISLATIVE MANAGEMENT REPORT - EARLY CHILDHOOD PROGRAMS. During the 2023-24 interim, the department of health and human services shall provide reports to the legislative management regarding the status of early childhood programs managed by the department.

SECTION 32. EFFECTIVE DATE. Section 19 of this Act becomes effective on January 1, 2024."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of Senate Action

	Base Budget	Senate Changes	Senate Version
DHHS - Management			
Total all funds	$172,600,480	$92,949,900	$265,550,380
Less estimated income	92,905,426	93,255,417	186,160,843
General fund	$79,695,054	($305,517)	$79,389,537

FTE	97.85	16.05	113.90
DHHS - Program/Policy			
Total all funds	$3,793,980,879	$823,943,295	$4,617,924,174
Less estimated income	2,499,452,627	489,283,991	2,988,736,618
General fund	$1,294,528,252	$334,659,304	$1,629,187,556
FTE	666.17	21.15	687.32
DHHS - County Social Services Financing			
Total all funds	$189,917,386	$35,444,200	$225,361,586
Less estimated income	188,676,995	35,333,519	224,010,514
General fund	$1,240,391	$110,681	$1,351,072
FTE	159.00	5.00	164.00
DHHS - Field Services			
Total all funds	$293,597,257	$59,299,966	$352,897,223
Less estimated income	114,273,300	(18,574,719)	95,698,581
General fund	$179,323,957	$77,874,685	$257,198,642
FTE	1,342.31	51.80	1,394.11
Bill total			
Total all funds	$4,450,096,002	$1,011,637,361	$5,461,733,363
Less estimated income	2,895,308,348	599,298,208	3,494,606,556
General fund	$1,554,787,654	$412,339,153	$1,967,126,807
FTE	2,265.33	94.00	2,359.33

Senate Bill No. 2012 - DHHS - Management - Senate Action

	Base Budget	Senate Changes	Senate Version
Salaries and wages	$21,363,556	$3,045,900	$24,409,456
Operating expenses	151,161,924	89,904,000	241,065,924
Capital assets	75,000		75,000
Total all funds	$172,600,480	$92,949,900	$265,550,380
Less estimated income	92,905,426	93,255,417	186,160,843
General fund	$79,695,054	($305,517)	$79,389,537
FTE	97.85	16.05	113.90

Department 326 - DHHS - Management - Detail of Senate Changes

	Adjusts Funding for Management[1]	Total Senate Changes
Salaries and wages	$3,045,900	$3,045,900
Operating expenses	89,904,000	89,904,000
Capital assets		
Total all funds	$92,949,900	$92,949,900
Less estimated income	93,255,417	93,255,417
General fund	($305,517)	($305,517)
FTE	16.05	16.05

[1] Funding for management is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes	14.55	$5,995,189	$11,524,138	$17,519,327
Adds funding for salary increases of 4 percent on July 1, 2023, and July 1, 2024		$862,063	$283,496	$1,145,559

Adds funding for increases in monthly health insurance rates from $1,429 to $1,648 per month		436,667	139,099	575,766
Converts 1 temporary position and adds an additional 0.50 FTE position for criminal background check processing	1.50	120,780	26,512	147,292
Adds funding for Americans with Disabilities Act coordination		55,200		55,200
Adds funding for a new Capitol space rent model		842,674		842,674
Reduces funding for overall agency operations		(19,900,262)		(19,900,262)
Total ongoing funding changes	16.05	($11,587,689)	$11,973,245	$385,556
One-Time Funding Items				
Adds one-time funding to continue to automate the criminal background check process		$1,000,000		$1,000,000
Provides one-time funding for operating inflation		10,282,172	$10,282,172	20,564,344
Adds one-time funding from the strategic investment and improvements fund for a procurement and grants software project			11,000,000	11,000,000
Provides one-time funding of $60.0 million, of which $20.4 million is from the community health trust fund and $39.6 million is from federal funds to replace the child support case management system			60,000,000	60,000,000
Total one-time funding changes	0.00	$11,282,172	$81,282,172	$92,564,344
Total changes to base level funding	16.05	($305,517)	$93,255,417	$92,949,900

Senate Bill No. 2012 - DHHS - Program/Policy - Senate Action

	Base Budget	Senate Changes	Senate Version
Salaries and wages	$122,081,310	$19,537,197	$141,618,507
Operating expenses	176,078,719	55,722,549	231,801,268
Capital assets	10,000		10,000
Grants	467,144,387	190,506,682	657,651,069
Grants - Medical assistance	3,028,666,463	556,176,867	3,584,843,330
Opioid prevention		2,000,000	2,000,000
Total all funds	$3,793,980,879	$823,943,295	$4,617,924,174
Less estimated income	2,499,452,627	489,283,991	2,988,736,618
General fund	$1,294,528,252	$334,659,304	$1,629,187,556
FTE	666.17	21.15	687.32

Department 328 - DHHS - Program/Policy - Detail of Senate Changes

	Adjusts Funding for Program and Policy[1]	Total Senate Changes
Salaries and wages	$19,537,197	$19,537,197
Operating expenses	55,722,549	55,722,549
Capital assets		
Grants	190,506,682	190,506,682
Grants - Medical assistance	556,176,867	556,176,867
Opioid prevention	2,000,000	2,000,000
Total all funds	$823,943,295	$823,943,295
Less estimated income	489,283,991	489,283,991
General fund	$334,659,304	$334,659,304
FTE	21.15	21.15

[1] Funding for program and policy is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes	9.15	$11,576,010	$9,505,488	$21,081,498
Adds funding for salary increases of 4 percent on July 1, 2023, and July 1, 2024		2,661,463	3,528,496	6,189,959
Adds funding for increases in monthly health insurance rates from $1,429 to $1,648 per month		1,338,470	1,865,110	3,203,580
Adds funding for estimated cost and caseload increases		122,273,747	381,790,377	504,064,124
Adds funding for annual provider inflation increases of 4 percent		47,443,941	50,139,879	97,583,820
Adds funding for federal medical assistance percentage adjustments based on a rate of 52.50 percent for federal fiscal years 2024 and 2025.		21,621,657	(21,621,657)	0
Economic Assistance				
Transfers temporary assistance for needy families funding currently used for foster care funding			7,496,368	7,496,368
Adds funding to increase the utilization of the child care assistance program for children ages 0 to 3		22,000,000		22,000,000
Adds funding to improve the ability of low-income parents to obtain child care		12,900,000		12,900,000
Increases federal funds authority for the child care and development fund ($2,491,435) and the low-income home energy assistance program ($12,700,000)			15,191,435	15,191,435
Medical Services				
Adds positions to provide assistance to Medicaid providers that employ direct care workers	2.00	48,642	266,995	315,637
Increases the eligibility level for the children's health insurance program from 170 to 210 percent of the federal poverty level		1,389,270	2,878,042	4,267,312
Increases the eligibility level for medically needy individuals from 83 to 90 percent of the federal poverty level		6,300,000	4,200,000	10,500,000

Long-Term Care				
Increases funding for home- and community-based services, including an increase in the personal needs allowance, an increase in adult foster care rates, increasing the family home care rate to $72.50 per day, and other enhancements		8,288,319	2,402,565	10,690,884
Eliminates the autism spectrum disorder voucher program and increases funding for the autism waiver program		4,168,959	4,607,797	8,776,756
Increases the maximum benefit level and available slots for the medically fragile waiver		186,400	206,022	392,422
Aging Services				
Adds 2 FTE home- and community-based services navigator positions and 1 FTE home- and community-based services generalist position	3.00	143,912	143,912	287,824
Increases senior meal rates from $4.60 to $8.89 for home-delivered meals and from $4.60 to $7.62 for congregate meals and provides for up to two home-delivered meals per day		12,992,444		12,992,444
Adds funding to increase aging services guardianship rates		70,500		70,500
Adds an FTE position for compliance and quality assurance	1.00	103,868	103,868	207,736
Adds an FTE position using existing federal funds for services to be provided due to a federal Department of Justice lawsuit	1.00			0
Increases funding for dementia care services grants to provide a total of $1.6 million		305,000		305,000
Children and Family Services				
Adds general fund support for foster care to allow temporary assistance for needy families funding to be redirected to economic assistance programs		7,496,368	(7,496,368)	0
Increases funding for children's advocacy centers to provide total funding of $4.1 million		2,500,000		2,500,000
Adds funding to provide assistance to unlicensed kin caregivers		960,000		960,000
Adds funding for grants to organizations that provide family-to-family support services		175,000		175,000
Behavioral Health				
Adds 1 FTE service navigator position and 1 FTE voucher processor position	2.00	223,946		223,946
Increases funding for the free through recovery program for funds to be received from the Department of Corrections and Rehabilitation for the program to provide total funding of $15.5 million			8,326,380	8,326,380
Increases funding for the community connect program to provide total funding of $15 million		7,019,514		7,019,514
Adds funding related to an opioid settlement			2,000,000	2,000,000

2-21-23

Adds funding for pregnant and parenting women residential services		600,000		600,000
Adds funding for school behavioral health grants to provide total funding of $6.5 million		3,500,000		3,500,000
Adds funding for recovery housing		1,300,000		1,300,000
Adds federal funds spending authority for the B-HERO program			400,000	400,000
Increases the Medicaid reimbursement rate for behavioral health practitioners from 75 to 100 percent of the Medicaid professional services fee schedule effective the 2nd year of the 2023-25 biennium		1,362,070	1,505,446	2,867,516
Developmental Disabilities				
Adds funding for guardianship establishment		300,000		300,000
Adds 1 FTE position for compliance and quality assurance	1.00	103,868	103,868	207,736
Adds 1 FTE early intervention position	1.00	86,602	86,602	173,204
Adds additional funding to increase developmental disability provider rates by 7 percent the 1st year of the biennium		10,223,681	11,403,366	21,627,047
Increases corporate guardianship slots by 30 to provide for 529 total slots and increases the daily reimbursement rate by 5 percent per year		808,748		808,748
Early Childhood				
Expands the best in class program		12,000,000		12,000,000
Adds funding for early childhood career grants		2,000,000		2,000,000
Adds 1 FTE program administrator for early childhood programs	1.00	236,905		236,905
Total ongoing funding changes	21.15	$326,709,304	$479,033,991	$805,743,295
One-Time Funding Items				
Adds one-time funding for program integrity audits		$2,250,000	$2,250,000	$4,500,000
Adjusts funding for autism programs		(300,000)		(300,000)
Adds funding from the strategic investment and improvements fund for a pregnant and parenting women facility			1,000,000	1,000,000
Add one-time funding to increase capacity for the early childhood rating infrastructure		3,000,000		3,000,000
Add one-time funding to create quality tiers in the child care reimbursement program		3,000,000		3,000,000
Expands public-private child care benefits using one-time funding from the legacy earnings fund			1,000,000	1,000,000
Provides child care business operating grants using one-time funding from the legacy earnings fund			5,000,000	5,000,000
Creates a pilot program for child care during nontraditional hours using one-time funding from the legacy earnings fund			1,000,000	1,000,000
Total one-time funding changes	0.00	$7,950,000	$10,250,000	$18,200,000
Total changes to base level funding	21.15	$334,659,304	$489,283,991	$823,943,295

2-21-23

Senate Bill No. 2012 - DHHS - County Social Services Financing - Senate Action

	Base Budget	Senate Changes	Senate Version
County social services	$189,917,386	$35,444,200	$225,361,586
Total all funds	$189,917,386	$35,444,200	$225,361,586
Less estimated income	188,676,995	35,333,519	224,010,514
General fund	$1,240,391	$110,681	$1,351,072
FTE	159.00	5.00	164.00

Department 333 - DHHS - County Social Services Financing - Detail of Senate Changes

	Adjusts Funding for County Social Services Program[1]	Total Senate Changes
County social services	$35,444,200	$35,444,200
Total all funds	$35,444,200	$35,444,200
Less estimated income	35,333,519	35,333,519
General fund	$110,681	$110,681
FTE	5.00	5.00

[1] Funding is adjusted for the county social services program as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes	(2.00)	$18,434	$1,240,493	$1,258,927
Adds funding for state employee salary increases of 4 percent on July 1, 2023, and July 1, 2024		61,440	1,486,858	1,548,298
Adds funding for increases in monthly health insurance rates from $1,429 to $1,648 per month		30,807	721,687	752,494
Adds funding for human service zone employee salary increases of 4 percent on July 1, 2023, and July 1, 2024			6,240,680	6,240,680
Adds funding for human services zone employee salary equity adjustments			1,000,000	1,000,000
Adjusts federal and special funds spending authority, including an additional $20 million for human service zone operations and $600,000 for increases in indigent burial assistance			23,541,770	23,541,770
Adds 4 FTE home- and community-based services management positions the 1st year of the biennium and 3 FTE positions the 2nd year of the biennium	7.00		1,102,031	1,102,031
Total ongoing funding changes	5.00	$110,681	$35,333,519	$35,444,200

Senate Bill No. 2012 - DHHS - Field Services - Senate Action

	Base Budget	Senate Changes	Senate Version
Human service centers	$163,213,829	$26,160,626	$189,374,455
Institutions	130,383,428	33,139,340	163,522,768
Total all funds	$293,597,257	$59,299,966	$352,897,223
Less estimated income	114,273,300	(18,574,719)	95,698,581
General fund	$179,323,957	$77,874,685	$257,198,642
FTE	1,342.31	51.80	1,394.11

Department 349 - DHHS - Field Services - Detail of Senate Changes

	Adjusts Funding for Field Services[1]	Total Senate Changes
Human service centers	$26,160,626	$26,160,626
Institutions	33,139,340	33,139,340
Total all funds	$59,299,966	$59,299,966
Less estimated income	(18,574,719)	(18,574,719)
General fund	$77,874,685	$77,874,685
FTE	51.80	51.80

[1] Funding is adjusted for field services as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes	(21.70)	$5,365,003	$7,438,385	$12,803,388
Adds funding for salary increases of 4 percent on July 1, 2023, and July 1, 2024		8,926,423	2,830,652	11,757,075
Adds funding for increases in monthly health insurance rates from $1,429 to $1,648 per month		4,161,185	1,449,231	5,610,416
Converts 28.5 temporary human service center positions to FTE positions to provide behavioral health services	28.50	950,906		950,906
Increases funding for crisis support services to convert 16 temporary positions to FTE peer support positions, to add 1 FTE nurse for residential crisis services, to add 4 FTE mobile crisis positions, to increase funding for locum tenens contracts, and to increase funding for contracted providers	21.00	11,375,536		11,375,536
Adds funding for annual provider inflation increases of 4 percent		1,417,491		1,417,491
Adds funding for three human service centers to become certified community behavioral health clinics	24.00	9,650,000		9,650,000
Total ongoing funding changes	51.80	$41,846,544	$11,718,268	$53,564,812
One-Time Funding Items				
Provides one-time funding from the strategic investment and improvements fund for the architectural design of a new state hospital			$5,000,000	$5,000,000
Provides one-time funding from the strategic investment and improvements fund to replace the fire alarm system and resurface the parking lot at the Southeast Human Service Center			735,154	735,154
Adds one-time funding to replace federal and special fund revenue with funding from the general fund due to decreased revenues and increased operating costs at human service centers and the State Hospital		$36,028,141	(36,028,141)	0
Total one-time funding changes	0.00	$36,028,141	($30,292,987)	$5,735,154
Total changes to base level	51.80	$77,874,685	($18,574,719)	$59,299,966

Senate Bill No. 2012 - Other Changes - Senate Action

2A 2-21-23

This amendment also:

- Transfers $21.6 million from the strategic investment and improvements fund to the human service finance fund.
- Identifies $221.6 million from the human service finance fund for the county social services program.
- Identifies $20.4 million from the community health trust fund for the child support case management system project.
- Identifies $7 million from the legacy earnings fund for child care assistance program.
- Identifies $17,735,154 from the strategic investment and improvements fund for the procurement and grants computer project ($11,000,000), the design of a new state hospital ($5,000,000), pregnant and parenting women residential facilities ($1,000,000), and Southeast Human Service Center deferred maintenance projects ($735,154).
- Authorizes capital payments for special assessment costs at the State Hospital and Life Skills and Transition Center.
- Authorizes the demolition of certain buildings at the State Hospital.
- Authorizes direct assistance for beneficiaries of child care assistance.
- Provides guidelines for the the use of behavioral health facility grants.
- Identifies $4,672,536 from the general fund for permanent supportive housing grants.
- Provides that expenditures for the Medicaid Expansion program may not exceed legislative appropriations.
- Amends North Dakota Century Code Section 50-06-42 to remove the moratorium on new substance use disorder voucher program providers.
- Amends Section 50-24.1-26 to increase the eligible age of the autism waiver program from 16 to 18.
- Amends Section 50-29-04 to increase the eligibility level of the children's health insurance program from 175 to 210 percent of the federal poverty level.
- Repeals Section 50-06-32.1 relating to the autism voucher.
- Authorizes DHHS to enter into agreements with vendors to build two human service center buildings.
- Authorizes DHHS to lease land at the State Hospital to the National Guard to construct a training and storage building.
- Requires providers receiving funding from DHHS to submit process and outcome measures.
- Provides guidelines for three human service centers to become certified behavioral health clinics.
- Provides exemptions to authorize unexpended appropriations to continue into the 2023-25 biennium.
- Provides an exemption for procurement requirements for an early childhood information system.
- Provides an exemption for procurement for consumables at department residential facilities during low-census time periods.
- Provides intent that DHHS seeks a deficiency appropriation from the 69th Legislative Assembly if utilization rates exceed estimates.
- Identifies provider inflation increases included in the amendment.
- Provides that an individual may not appeal a denial or reduction of service by DHHS if federal COVID-19 funding is no longer available.
- Provides for a Legislative Management study of early childhood programs.
- Provides for DHHS to provide reports to the Legislative Management regarding the status of early childhood programs.

REPORT OF STANDING COMMITTEE

SB 2012: Appropriations Committee (Sen. Bekkedahl, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (16 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2012 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

Page 1, line 2, after "exemption" insert "; to amend and reenact sections 50-06-42, 50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-06-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study"

Page 1, line 2, remove the second "and"

Page 1, line 3, after "report" insert "; and to provide an effective date"

Page 1, remove lines 13 through 24

Page 2, remove lines 1 through 30

Page 3, replace lines 1 through 6 with:

"

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,363,556	$3,045,900	$24,409,456
Operating expenses	151,161,924	89,904,000	241,065,924
Capital assets	75,000	0	75,000
Total all funds	$172,600,480	$92,949,900	$265,550,380
Less estimated income	92,905,426	93,255,417	186,160,843
Total general fund	$79,695,054	($305,517)	$79,389,537

Subdivision 2.

PROGRAM AND POLICY

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$122,081,310	$19,537,197	$141,618,507
Operating expenses	176,078,719	55,722,549	231,801,268
Capital assets	10,000	0	10,000
Grants	467,144,387	190,506,682	657,651,069
Grants - medical assistance	3,028,666,463	556,176,867	3,584,843,330
Opioid prevention	0	2,000,000	2,000,000
Total all funds	$3,793,980,879	$823,943,295	$4,617,924,174
Less estimated income	2,499,452,627	489,283,991	2,988,736,618
Total general fund	$1,294,528,252	$334,659,304	$1,629,187,556

Subdivision 3.

FIELD SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Human service centers	$163,213,829	$26,160,626	$189,374,455
Institutions	130,383,428	33,139,340	163,522,768
Total all funds	$293,597,257	$59,299,966	$352,897,223
Less estimated income	114,273,300	(18,574,719)	95,698,581
Total general fund	$179,323,957	$77,874,685	$257,198,642

Subdivision 4.

COUNTY SOCIAL SERVICE FINANCING

	Base Level	Adjustments or Enhancements	Appropriation
County social services	$189,917,386	$35,444,200	$225,361,586
Total all funds	$189,917,386	$35,444,200	$225,361,586
Less estimated income	188,676,995	35,333,519	224,010,514
Total general fund	$1,240,391	$110,681	$1,351,072

Subdivision 5.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total general fund	$1,554,787,654	$412,339,153	$1,967,126,807
Grant total special funds	2,895,308,348	599,298,208	3,494,606,556
Grant total all funds	$4,450,096,002	$1,011,637,361	$5,461,733,363
Full-time equivalent positions	2,265.33	94.00	2,359.33"

Page 3, replace line 10 with:

"Technology projects	$67,596,372	$72,000,000"

Page 3, replace line 14 with:

"Human service center projects	724,000	735,154"

Page 3, replace lines 16 through 19 with:

"Special session one-time appropriations	138,389,558	0
State hospital design	0	5,000,000
Operating inflation	0	20,564,344
Field services revenue replacement	0	36,028,141
Program integrity audits	0	4,500,000
Pregnant and parenting residential	0	1,000,000
Workforce initiative	0	13,000,000
Total all funds	$216,080,305	$152,827,639
Less estimated income	191,847,089	97,267,326
Total general fund	$24,233,216	$55,560,313"

Page 3, line 23, after "Act" insert ", section 1 of House Bill No. 1004 as approved by the sixty-eighth legislative assembly, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly"

Page 3, line 24, after the period insert "Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority from line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1004 as approved by the sixty-eighth legislative assembly and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly to subdivision 4 of section 1 of this Act for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services."

Page 3, remove lines 29 through 31

Page 4, replace lines 1 through 6 with:

"**SECTION 4. TRANSFER OF APPROPRIATION AUTHORITY.** Section 1 of this Act and section 1 of House Bill No. 1004 include appropriation authority for the

department of health and human services for the biennium beginning July 1, 2023, and ending June 30, 2025. On July 1, 2023, the office of management and budget shall combine the appropriation authority contained in section 1 of this Act and section 1 of House Bill No. 1004, and any other appropriation authority for the department of health and human services in other bills approved by the sixty-eighth legislative assembly, into one budget for the department of health and human services. The department of health and human services shall submit one budget request for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 5. TRANSFER - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - HUMAN SERVICE FINANCE FUND. The office of management and budget shall transfer the sum of $21,600,000 from the strategic investment and improvements fund to the human service finance fund during the biennium beginning July 1, 2023, and ending June 30, 2025."

Page 4, line 8, replace "$187,223,092" with "$221,600,000"

Page 4, line 12, replace "$31,500,000" with "$20,400,000"

Page 4, line 13, replace "in the medical services division" with "of the child support computer replacement project"

Page 4, replace lines 14 through 17 with:

"**SECTION 8. ESTIMATED INCOME - LEGACY EARNINGS FUND.** The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $7,000,000 from the legacy earnings fund for defraying expenses for the child care assistance programs.

SECTION 9. ESTIMATED INCOME - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND. The estimated income line item in subdivision 5 of section 1 of this Act includes the sum of $17,735,154 from the strategic investment and improvements fund for the following purposes:

1. The sum of $11,000,000 for the procurement and grants management system;
2. The sum of $5,000,000 for the design of a new state hospital;
3. The sum of $1,000,000 for pregnant and parenting women residential facilities; and
4. The sum of $735,154 for projects at the southeast human service center.

SECTION 10. CAPITAL PAYMENTS. During the biennium beginning July 1, 2023, and ending June 30, 2025, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1004, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly. The department may transfer funds for the payment of special assessments at the state hospital and life skills and transition center ahead of the special assessments schedule. Notwithstanding section 54-27-12, the department may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 11. CAPITAL PROJECTS - EMERGENCY COMMISSION APPROVAL. During the biennium beginning July 1, 2023, and ending June 30, 2025, the department of health and human services is authorized to proceed with the

demolition of the administrative building and employee building and associated tunnels at the state hospital. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1004, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly. The department may transfer funds for the demolition of the identified buildings and associated tunnels and for emergency capital projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $5,000,000 for emergency projects under this section and may seek emergency commission approval to spend more than $5,000,000 under this section.

SECTION 12. CHILD CARE FINANCIAL ASSISTANCE - DIRECT PAYMENTS. Subdivision 2 of section 1 of this Act includes the sum of $1,000,000 for the purpose of financial assistance and direct payments for child care services for the biennium beginning July 1, 2023, and ending June 30, 2025. Notwithstanding subsection 3 of section 50-11.1-14.1, the department may provide financial assistance to beneficiaries related to child care services. The requirements of chapter 54-44.4 do not apply to this subsection, including the selection of recipients and the disbursement of funds.

SECTION 13. PERMANENT SUPPORTIVE HOUSING GRANTS. Subdivision 2 of section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department, and authorize the department to conduct onsite visits to review program operations.

SECTION 14. STATE HOSPITAL PROJECT - COMMUNITY ACUTE PSYCHIATRY - REPORT. Subdivision 3 of section 1 of this Act includes the sum of $5,000,000 from the strategic investment and improvements fund for the design of a new state hospital. As part of the design process, the department of health and human services shall consider statewide acute psychiatric needs, including the establishment of acute psychiatric facilities in Dickinson, Williston, Minot, Devils Lake, and Grand Forks and shall consider collaborating and entering partnerships with local mental health and substance use disorder providers. The department shall present a report to the sixty-ninth legislative assembly regarding options for a new state hospital.

SECTION 15. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Subdivision 2 of section 1 of this Act includes the sum of $942,550,279, of which $94,225,028 is from the general fund, for the medical assistance expansion program for the biennium beginning July 1, 2023, and ending June 30, 2025. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.

2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and unwinding of the federal Medicaid continuous enrollment requirement, and reduction in federal medical assistance percentage.

3. The managed care organization under contract with the department to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality,

or supplemental payments to providers, unless part of a value-based program approved by the department. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs.

4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers, and rural health clinics meet the federally required minimum levels of reimbursement.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance of adequate capacity and services, and coordination and continuity of care.

SECTION 16. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system. ~~(Retroactive application - See note)~~

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services provided by licensed substance abuse treatment programs, excluding regional human service centers~~,~~ and hospital- or medical clinic-based programs for medical management of withdrawal~~, and any institution for mental diseases in accordance with subsection 2~~. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.

2. ~~The department shall deny a licensed substance abuse treatment program's substance use disorder treatment voucher system application and deny reimbursement by the substance use disorder treatment voucher system if the licensed substance abuse treatment program is an institution for mental diseases and reimbursement is requested for residential beds added on or after July 1, 2020.~~

~~3.~~ Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

~~4.~~3. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed

substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

~~5.~~4. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

a. No more than forty-five percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

b. The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

SECTION 17. AMENDMENT. Section 50-24.1-26 of the North Dakota Century Code is amended and reenacted as follows:

50-24.1-26. Medicaid waivers - In-home services.

The department shall administer Medicaid waivers to provide in-home services to children with extraordinary medical needs and to children up to the age of ~~sixteen~~eighteen diagnosed with an autism spectrum disorder who would otherwise meet institutional level of care. The department may prioritize applicants for the waiver for children with extraordinary medical needs by degree of need.

SECTION 18. AMENDMENT. Section 50-29-04 of the North Dakota Century Code is amended and reenacted as follows:

50-29-04. Plan requirements.

The plan:

1. Must be consistent with coverage provided to children eligible for medical assistance in the state; and

2. Must provide:

a. A modified adjusted gross income eligibility limit of ~~one~~two hundred ~~seventy-five~~ten percent of the poverty line; and

b. Current eligibility may be established from the first day of the month in which the application was received. Retroactive eligibility may be established for the three calendar months that immediately preceded the month in which the application was received even if there is no eligibility in the month of application. Eligibility can be established if all factors of eligibility are met during each month.

SECTION 19. REPEAL. Section 50-06-32.1 of the North Dakota Century Code is repealed.

SECTION 20. BUILDING PROJECT - LEASE. The department of health and human services is authorized to enter into agreements with vendors to build two buildings for the department to lease for the lake region human service center and northwest human service center for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 21. LEASE OF LAND - STATE HOSPITAL. The department of health and human services and national guard may enter an agreement to lease up

to twenty acres of real property associated with the state hospital for the national guard to construct a new training and storage facility.

SECTION 22. PROVIDER PROCESS AND OUTCOME MEASURES. Providers that receive funding from the department of health and human services shall submit process and outcome measures, as required by the department, to the department for programs and services supported by state funding during the biennium beginning July 1, 2023, and ending June 30, 2025, for the department to evaluate the administration of the programs and services using the appropriation for the program or service.

SECTION 23. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - CONTINGENT FULL-TIME EQUIVALENT POSITIONS - REPORT. Beginning with the effective date of this Act, the department of health and human services shall select three human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department shall pursue additional federal funding as available. Subject to the availability of generated income, the department may add up to fifty full-time equivalent positions for field services to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2025. The department shall report to the office of management and budget and legislative council each time a position is added.

SECTION 24. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and may be continued into the biennium beginning July 1, 2023, and ending June 30, 2025:

1. The sum of $750,000 appropriated from the general fund for suicide prevention grants in chapter 37 of the 2019 Session Laws;

2. The sum of $1,776,000 appropriated from the strategic investment and improvements fund and the sum of $5,328,000 appropriated from federal funds for the Medicaid management information system technology stack upgrade in chapter 37 of the 2019 Session Laws;

3. The sum of $600,000 appropriated from the general fund and the sum of $1,800,000 appropriated from federal funds for the Medicaid management information system technology stack upgrade in chapter 12 of the 2021 Session Laws;

4. The sum of $4,326,686 appropriated from the general fund and the sum of $30,673,314 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;

5. Any amounts appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Session Laws of which the amount appropriated for medical assistance percentage adjustments may be used for the home- and community-based services 10 percent enhancement plan;

6. Any amounts appropriated to the department of health and human services in chapter 550 of the 2021 Special Session Session Laws;

7. Any amounts appropriated to the department of health and human services for COVID-19 relief in chapters 27 and 28 of the 2021 Session Laws;

8. The amount appropriated for the modification of the department of human services' eligibility systems in chapter 578 of the 2011 Special Session Session Laws which was continued into the 2013-15 biennium, then the 2015-17 biennium, then the 2017-19 biennium, then the 2019-21 biennium, and then 2021-23 biennium; and

9. The sum of $2,000,000 appropriated for substance use disorder voucher system grants in chapter 12 of the 2021 Session Laws which may be continued and spent pursuant to section 50-06-42.1.

SECTION 25. EXEMPTION - EARLY CHILDHOOD INFORMATION SYSTEM. The requirements of chapter 54-44.4 do not apply to the selection of a vendor, the procurement award, or payments made under this section regarding an early childhood workforce and professional development information system or an early childhood resource and referral information system for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 26. EXEMPTION - PURCHASE OF CONSUMABLES. The requirements of chapter 54-44.4 do not apply to the purchase of consumables at the department of health and human services continuously staffed residential units during low-census time periods for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 27. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-eighth legislative assembly that the department of health and human services seeks a deficiency appropriation from the sixty-ninth legislative assembly for any expenditures that exceed appropriated amounts as a result of utilization rates, discontinuation of the federal Medicaid continuous enrollment requirement, value-based purchasing for nursing facilities, and reduction in federal medical assistance percentage, during the biennium beginning July 1, 2023, and ending June 30, 2025, if funding is not sufficient to pay actual expenses.

SECTION 28. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of four percent for each year of the biennium beginning July 1, 2023, and ending June 30, 2025. Section 1 of this Act includes funding for developmental disability service payment inflation increases of seven percent the first year of the biennium and four percent the second year of the biennium beginning July 1, 2023, and ending June 30, 2025. The provider inflation increase in this section does not apply to nursing and basic care facilities.

SECTION 29. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 30. LEGISLATIVE MANAGEMENT STUDY - EARLY CHILDHOOD PROGRAMS AND SERVICES. During the 2023-24 interim, the legislative management shall consider studying the early child care programs and child care services to identify major needs and systemic approaches to stabilize child care infrastructure. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

SECTION 31. LEGISLATIVE MANAGEMENT REPORT - EARLY CHILDHOOD PROGRAMS. During the 2023-24 interim, the department of health and human services shall provide reports to the legislative management regarding the status of early childhood programs managed by the department.

SECTION 32. EFFECTIVE DATE. Section 19 of this Act becomes effective on January 1, 2024."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of Senate Action

	Base Budget	Senate Changes	Senate Version
DHHS - Management			
Total all funds	$172,600,480	$92,949,900	$265,550,380
Less estimated income	92,905,426	93,255,417	186,160,843
General fund	$79,695,054	($305,517)	$79,389,537
FTE	97.85	16.05	113.90
DHHS - Program/Policy			
Total all funds	$3,793,980,879	$823,943,295	$4,617,924,174
Less estimated income	2,499,452,627	489,283,991	2,988,736,618
General fund	$1,294,528,252	$334,659,304	$1,629,187,556
FTE	666.17	21.15	687.32
DHHS - County Social Services Financing			
Total all funds	$189,917,386	$35,444,200	$225,361,586
Less estimated income	188,676,995	35,333,519	224,010,514
General fund	$1,240,391	$110,681	$1,351,072
FTE	159.00	5.00	164.00
DHHS - Field Services			
Total all funds	$293,597,257	$59,299,966	$352,897,223
Less estimated income	114,273,300	(18,574,719)	95,698,581
General fund	$179,323,957	$77,874,685	$257,198,642
FTE	1,342.31	51.80	1,394.11
Bill total			
Total all funds	$4,450,096,002	$1,011,637,361	$5,461,733,363
Less estimated income	2,895,308,348	599,298,208	3,494,606,556
General fund	$1,554,787,654	$412,339,153	$1,967,126,807
FTE	2,265.33	94.00	2,359.33

Senate Bill No. 2012 - DHHS - Management - Senate Action

	Base Budget	Senate Changes	Senate Version
Salaries and wages	$21,363,556	$3,045,900	$24,409,456
Operating expenses	151,161,924	89,904,000	241,065,924
Capital assets	75,000		75,000
Total all funds	$172,600,480	$92,949,900	$265,550,380
Less estimated income	92,905,426	93,255,417	186,160,843
General fund	$79,695,054	($305,517)	$79,389,537
FTE	97.85	16.05	113.90

Department 326 - DHHS - Management - Detail of Senate Changes

	Adjusts Funding for Management[1]	Total Senate Changes
Salaries and wages	$3,045,900	$3,045,900
Operating expenses	89,904,000	89,904,000
Capital assets		
Total all funds	$92,949,900	$92,949,900
Less estimated income	93,255,417	93,255,417
General fund	($305,517)	($305,517)
FTE	16.05	16.05

[1] Funding for management is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes	14.55	$5,995,189	$11,524,138	$17,519,327
Adds funding for salary increases of 4 percent on July 1, 2023, and July 1, 2024		$862,063	$283,496	$1,145,559
Adds funding for increases in monthly health insurance rates from $1,429 to $1,648 per month		436,667	139,099	575,766
Converts 1 temporary position and adds an additional 0.50 FTE position for criminal background check processing	1.50	120,780	26,512	147,292
Adds funding for Americans with Disabilities Act coordination		55,200		55,200
Adds funding for a new Capitol space rent model		842,674		842,674
Reduces funding for overall agency operations		(19,900,262)		(19,900,262)
Total ongoing funding changes	16.05	($11,587,689)	$11,973,245	$385,556
One-Time Funding Items				
Adds one-time funding to continue to automate the criminal background check process		$1,000,000		$1,000,000
Provides one-time funding for operating inflation		10,282,172	$10,282,172	20,564,344
Adds one-time funding from the strategic investment and improvements fund for a procurement and grants software project			11,000,000	11,000,000
Provides one-time funding of $60.0 million, of which $20.4 million is from the community health trust fund and $39.6 million is from federal funds to replace the child support case management system			60,000,000	60,000,000
Total one-time funding changes	0.00	$11,282,172	$81,282,172	$92,564,344
Total changes to base level funding	16.05	($305,517)	$93,255,417	$92,949,900

Senate Bill No. 2012 - DHHS - Program/Policy - Senate Action

	Base Budget	Senate Changes	Senate Version
Salaries and wages	$122,081,310	$19,537,197	$141,618,507
Operating expenses	176,078,719	55,722,549	231,801,268
Capital assets	10,000		10,000
Grants	467,144,387	190,506,682	657,651,069
Grants - Medical assistance	3,028,666,463	556,176,867	3,584,843,330
Opioid prevention		2,000,000	2,000,000
Total all funds	$3,793,980,879	$823,943,295	$4,617,924,174
Less estimated income	2,499,452,627	489,283,991	2,988,736,618
General fund	$1,294,528,252	$334,659,304	$1,629,187,556
FTE	666.17	21.15	687.32

Department 328 - DHHS - Program/Policy - Detail of Senate Changes

	Adjusts Funding for Program and Policy[1]	Total Senate Changes
Salaries and wages	$19,537,197	$19,537,197
Operating expenses	55,722,549	55,722,549
Capital assets		
Grants	190,506,682	190,506,682
Grants - Medical assistance	556,176,867	556,176,867
Opioid prevention	2,000,000	2,000,000
Total all funds	$823,943,295	$823,943,295
Less estimated income	489,283,991	489,283,991
General fund	$334,659,304	$334,659,304
FTE	21.15	21.15

[1] Funding for program and policy is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes	9.15	$11,576,010	$9,505,488	$21,081,498
Adds funding for salary increases of 4 percent on July 1, 2023, and July 1, 2024		2,661,463	3,528,496	6,189,959
Adds funding for increases in monthly health insurance rates from $1,429 to $1,648 per month		1,338,470	1,865,110	3,203,580
Adds funding for estimated cost and caseload increases		122,273,747	381,790,377	504,064,124
Adds funding for annual provider inflation increases of 4 percent		47,443,941	50,139,879	97,583,820
Adds funding for federal medical assistance percentage adjustments based on a rate of 52.50 percent for federal fiscal years 2024 and 2025.		21,621,657	(21,621,657)	0
Economic Assistance				
Transfers temporary assistance for needy families funding currently used for foster care funding			7,496,368	7,496,368
Adds funding to increase the utilization of the child care assistance program for children ages 0 to 3		22,000,000		22,000,000
Adds funding to improve the ability of low-income parents to obtain child care		12,900,000		12,900,000
Increases federal funds authority for the child care and development fund ($2,491,435) and the low-income home energy assistance program ($12,700,000)			15,191,435	15,191,435
Medical Services				
Adds positions to provide assistance to Medicaid providers that employ direct care workers	2.00	48,642	266,995	315,637
Increases the eligibility level for the children's health insurance program from 170 to 210 percent of the federal poverty level		1,389,270	2,878,042	4,267,312
Increases the eligibility level for medically needy individuals from 83 to 90 percent of the federal poverty level		6,300,000	4,200,000	10,500,000
Long-Term Care				
Increases funding for home- and community-based services, including an increase in the personal needs allowance, an increase in adult foster care rates, increasing the family home care rate to $72.50 per day, and other enhancements		8,288,319	2,402,565	10,690,884
Eliminates the autism spectrum disorder voucher program and increases funding for the autism waiver program		4,168,959	4,607,797	8,776,756
Increases the maximum benefit level and available slots for the medically fragile waiver		186,400	206,022	392,422
Aging Services				
Adds 2 FTE home- and community-based services navigator positions and 1 FTE home- and community-based services generalist position	3.00	143,912	143,912	287,824
Increases senior meal rates from $4.60 to $8.89 for home-delivered meals and from $4.60 to $7.62 for congregate meals and provides for up to two home-delivered meals per day		12,992,444		12,992,444
Adds funding to increase aging services guardianship rates		70,500		70,500
Adds an FTE position for compliance and quality assurance	1.00	103,868	103,868	207,736
Adds an FTE position using existing federal funds for services to be provided due to a federal Department of Justice lawsuit	1.00			0
Increases funding for dementia care services grants to provide a total of $1.6 million		305,000		305,000
Children and Family Services				
Adds general fund support for foster care to allow temporary assistance for needy families funding to be redirected to		7,496,368	(7,496,368)	0

economic assistance programs				
Increases funding for children's advocacy centers to provide total funding of $4.1 million		2,500,000		2,500,000
Adds funding to provide assistance to unlicensed kin caregivers		960,000		960,000
Adds funding for grants to organizations that provide family-to-family support services		175,000		175,000
Behavioral Health				
Adds 1 FTE service navigator position and 1 FTE voucher processor position	2.00	223,946		223,946
Increases funding for the free through recovery program for funds to be received from the Department of Corrections and Rehabilitation for the program to provide total funding of $15.5 million			8,326,380	8,326,380
Increases funding for the community connect program to provide total funding of $15 million		7,019,514		7,019,514
Adds funding related to an opioid settlement			2,000,000	2,000,000
Adds funding for pregnant and parenting women residential services		600,000		600,000
Adds funding for school behavioral health grants to provide total funding of $6.5 million		3,500,000		3,500,000
Adds funding for recovery housing		1,300,000		1,300,000
Adds federal funds spending authority for the B-HERO program			400,000	400,000
Increases the Medicaid reimbursement rate for behavioral health practitioners from 75 to 100 percent of the Medicaid professional services fee schedule effective the 2nd year of the 2023-25 biennium		1,362,070	1,505,446	2,867,516
Developmental Disabilities				
Adds funding for guardianship establishment		300,000		300,000
Adds 1 FTE position for compliance and quality assurance	1.00	103,868	103,868	207,736
Adds 1 FTE early intervention position	1.00	86,602	86,602	173,204
Adds additional funding to increase developmental disability provider rates by 7 percent the 1st year of the biennium		10,223,681	11,403,366	21,627,047
Increases corporate guardianship slots by 30 to provide for 529 total slots and increases the daily reimbursement rate by 5 percent per year		808,748		808,748
Early Childhood				
Expands the best in class program		12,000,000		12,000,000
Adds funding for early childhood career grants		2,000,000		2,000,000
Adds 1 FTE program administrator for early childhood programs	1.00	236,905		236,905
Total ongoing funding changes	21.15	$326,709,304	$479,033,991	$805,743,295
One-Time Funding Items				
Adds one-time funding for program integrity audits		$2,250,000	$2,250,000	$4,500,000
Adjusts funding for autism programs		(300,000)		(300,000)
Adds funding from the strategic investment and improvements fund for a pregnant and parenting women facility			1,000,000	1,000,000
Add one-time funding to increase capacity for the early childhood rating infrastructure		3,000,000		3,000,000
Add one-time funding to create quality tiers in the child care reimbursement program		3,000,000		3,000,000
Expands public-private child care benefits using one-time funding from the legacy earnings fund			1,000,000	1,000,000
Provides child care business operating grants using one-time funding from the legacy earnings fund			5,000,000	5,000,000
Creates a pilot program for child care during nontraditional hours using one-time funding from the legacy earnings fund			1,000,000	1,000,000
Total one-time funding changes	0.00	$7,950,000	$10,250,000	$18,200,000
Total changes to base level funding	21.15	$334,659,304	$489,283,991	$823,943,295

Senate Bill No. 2012 - DHHS - County Social Services Financing - Senate Action

	Base Budget	Senate Changes	Senate Version
County social services	$189,917,386	$35,444,200	$225,361,586
Total all funds	$189,917,386	$35,444,200	$225,361,586
Less estimated income	188,676,995	35,333,519	224,010,514
General fund	$1,240,391	$110,681	$1,351,072
FTE	159.00	5.00	164.00

Department 333 - DHHS - County Social Services Financing - Detail of Senate Changes

	Adjusts Funding for County Social Services Program[1]	Total Senate Changes
County social services	$35,444,200	$35,444,200
Total all funds	$35,444,200	$35,444,200
Less estimated income	35,333,519	35,333,519
General fund	$110,681	$110,681
FTE	5.00	5.00

[1] Funding is adjusted for the county social services program as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes	(2.00)	$18,434	$1,240,493	$1,258,927
Adds funding for state employee salary increases of 4 percent on July 1, 2023, and July 1, 2024		61,440	1,486,858	1,548,298
Adds funding for increases in monthly health insurance rates from $1,429 to $1,648 per month		30,807	721,687	752,494
Adds funding for human service zone employee salary increases of 4 percent on July 1, 2023, and July 1, 2024			6,240,680	6,240,680
Adds funding for human services zone employee salary equity adjustments			1,000,000	1,000,000
Adjusts federal and special funds spending authority, including an additional $20 million for human service zone operations and $600,000 for increases in indigent burial assistance			23,541,770	23,541,770
Adds 4 FTE home- and community-based services management positions the 1st year of the biennium and 3 FTE positions the 2nd year of the biennium	7.00		1,102,031	1,102,031
Total ongoing funding changes	5.00	$110,681	$35,333,519	$35,444,200

Senate Bill No. 2012 - DHHS - Field Services - Senate Action

	Base Budget	Senate Changes	Senate Version
Human service centers	$163,213,829	$26,160,626	$189,374,455
Institutions	130,383,428	33,139,340	163,522,768
Total all funds	$293,597,257	$59,299,966	$352,897,223
Less estimated income	114,273,300	(18,574,719)	95,698,581
General fund	$179,323,957	$77,874,685	$257,198,642
FTE	1,342.31	51.80	1,394.11

Department 349 - DHHS - Field Services - Detail of Senate Changes

	Adjusts Funding for Field Services[1]	Total Senate Changes
Human service centers	$26,160,626	$26,160,626
Institutions	33,139,340	33,139,340
Total all funds	$59,299,966	$59,299,966
Less estimated income	(18,574,719)	(18,574,719)
General fund	$77,874,685	$77,874,685
FTE	51.80	51.80

[1] Funding is adjusted for field services as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes	(21.70)	$5,365,003	$7,438,385	$12,803,388
Adds funding for salary increases of 4 percent on July 1, 2023, and July 1, 2024		8,926,423	2,830,652	11,757,075
Adds funding for increases in monthly health insurance rates from $1,429 to $1,648 per month		4,161,185	1,449,231	5,610,416
Converts 28.5 temporary human service center positions to FTE positions to provide behavioral health services	28.50	950,906		950,906
Increases funding for crisis support services to convert 16 temporary positions to FTE peer support positions, to add 1 FTE nurse for residential crisis services, to add 4 FTE mobile crisis positions, to increase funding for locum tenens contracts, and to increase funding for contracted providers	21.00	11,375,536		11,375,536
Adds funding for annual provider inflation increases of 4 percent		1,417,491		1,417,491
Adds funding for three human service centers to become certified community behavioral health clinics	24.00	9,650,000		9,650,000
Total ongoing funding changes	51.80	$41,846,544	$11,718,268	$53,564,812
One-Time Funding Items				
Provides one-time funding from the strategic investment and improvements fund for the architectural design of a new state hospital			$5,000,000	$5,000,000
Provides one-time funding from the strategic investment and improvements fund to replace the fire alarm system and resurface the parking lot at the Southeast Human Service Center			735,154	735,154
Adds one-time funding to replace federal and special fund revenue with funding from the general fund due to decreased revenues and increased operating costs at human service centers and the State Hospital		$36,028,141	(36,028,141)	0
Total one-time funding changes	0.00	$36,028,141	($30,292,987)	$5,735,154
Total changes to base level	51.80	$77,874,685	($18,574,719)	$59,299,966

Senate Bill No. 2012 - Other Changes - Senate Action

This amendment also:

- Transfers $21.6 million from the strategic investment and improvements fund to the human service finance fund.
- Identifies $221.6 million from the human service finance fund for the county social services program.
- Identifies $20.4 million from the community health trust fund for the child support case management system project.
- Identifies $7 million from the legacy earnings fund for child care assistance program.
- Identifies $17,735,154 from the strategic investment and improvements fund for the procurement and grants computer project ($11,000,000), the design of a new state hospital ($5,000,000), pregnant and parenting women residential facilities ($1,000,000), and Southeast Human Service Center deferred maintenance projects ($735,154).
- Authorizes capital payments for special assessment costs at the State Hospital and Life Skills and Transition Center.
- Authorizes the demolition of certain buildings at the State Hospital.
- Authorizes direct assistance for beneficiaries of child care assistance.
- Provides guidelines for the the use of behavioral health facility grants.
- Identifies $4,672,536 from the general fund for permanent supportive housing grants.
- Provides that expenditures for the Medicaid Expansion program may not exceed

legislative appropriations.

- Amends North Dakota Century Code Section 50-06-42 to remove the moratorium on new substance use disorder voucher program providers.
- Amends Section 50-24.1-26 to increase the eligible age of the autism waiver program from 16 to 18.
- Amends Section 50-29-04 to increase the eligibility level of the children's health insurance program from 175 to 210 percent of the federal poverty level.
- Repeals Section 50-06-32.1 relating to the autism voucher.
- Authorizes DHHS to enter into agreements with vendors to build two human service center buildings.
- Authorizes DHHS to lease land at the State Hospital to the National Guard to construct a training and storage building.
- Requires providers receiving funding from DHHS to submit process and outcome measures.
- Provides guidelines for three human service centers to become certified behavioral health clinics.
- Provides exemptions to authorize unexpended appropriations to continue into the 2023-25 biennium.
- Provides an exemption for procurement requirements for an early childhood information system.
- Provides an exemption for procurement for consumables at department residential facilities during low-census time periods.
- Provides intent that DHHS seeks a deficiency appropriation from the 69th Legislative Assembly if utilization rates exceed estimates.
- Identifies provider inflation increases included in the amendment.
- Provides that an individual may not appeal a denial or reduction of service by DHHS if federal COVID-19 funding is no longer available.
- Provides for a Legislative Management study of early childhood programs.
- Provides for DHHS to provide reports to the Legislative Management regarding the status of early childhood programs.

2023 HOUSE APPROPRIATIONS

SB 2012

Department 325 - Department of Health and Human Services - Human Services Divisions
Senate Bill No. 2012

First Chamber Comparison to Base Level

	General Fund	Other Funds	Total
2023-25 First Chamber Version	$1,967,126,807	$3,494,606,556	$5,461,733,363
2023-25 Base Level	1,554,787,654	2,895,308,348	4,450,096,002
Increase (Decrease)	$412,339,153	$599,298,208	$1,011,637,361

First Chamber Changes

A summary of the first chamber's changes to the agency's base level appropriations and the executive budget is attached as an appendix.

Selected Bill Sections Included in the First Chamber Version

Transfers - Sections 3 and 4 authorize the Department of Health and Human Services (DHHS) to transfer appropriation authority between line items in Senate Bill No. 2012 and House Bill No. 1004 and to combine all appropriation authority for DHHS in one budget.

Strategic investment and improvements fund transfer - Section 5 transfers $21.6 million from the strategic investment and improvements fund (SIIF) to the human service finance fund.

Human service finance fund - Section 6 identifies $221.6 million of funding in the budget is from the human service finance fund for the county social and human service finance project.

Community health trust fund - Section 7 identifies $20.4 million of funding in the budget is from the community health trust fund for the child support case management system replacement project.

Legacy earnings fund - Section 8 identifies $7 million of funding in the budget is from the legacy earnings fund for defraying the expenses of various child care programs.

Strategic investment and improvements fund projects - Section 9 identifies $17,735,154 from SIIF for a new procurement and grants system ($11 million), the design of a new State Hospital ($5 million), pregnant and parenting women residential facility ($1 million), and capital projects at the Southeast Human Service Center ($735,154).

Special assessments - Section 10 authorizes DHHS to pay special assessments at the State Hospital and Life Skills and Transition Center.

Capital projects - Section 11 authorizes DHHS to proceed with capital projects at the State Hospital.

Child care financial assistance - Section 12 identifies $1 million in the budget is for financial assistance and direct payments for child care services.

Permanent supportive housing grants - Section 13 identifies $4,672,536 in the budget is from the general fund for permanent supportive housing grants.

State Hospital project - Section 14 identifies $5 million for the design of a new State Hospital and the development of a statewide acute psychiatric needs plan.

Medicaid Expansion - Section 15 provides DHHS may not spend more for the Medicaid Expansion program than the amount appropriated in the bill with certain exceptions.

Substance use disorder voucher program providers - Section 16 removes the moratorium on new substance use disorder voucher program providers.

Medicaid autism waiver - Section 17 increases the eligible age for the Medicaid autism waiver from 16 to 18 years of age.

Children's health insurance program - Section 18 provides the statutory changes needed to increase the eligibility level of the children's health insurance program from 175 to 210 percent of the federal poverty level.

Autism spectrum disorder voucher program - Section 19 repeals the statutory provisions related to the autism spectrum disorder voucher program.

Building leases - Section 20 authorizes DHHS to enter agreements for the lease of facilities for human service centers.

State Hospital land lease - Section 21 authorizes DHHS to lease land at the State Hospital to the Adjutant General to construct a training and storage facility.

Provider outcomes - Section 22 requires providers to submit process and outcome measures as requested by DHHS.

Certified community behavioral health clinics - Section 23 requires DHHS to develop a process to allow three human service centers to become certified behavioral health clinics and authorizes 50 FTE positions to provide direct services if revenue received can support the positions.

Carryover exemptions - Section 24 authorizes DHHS to continue unexpended appropriations for various purposes into the 2023-25 biennium.

Early childhood information systems - Section 25 exempts DHHS from state procurement practices for selecting a vendor to develop early childhood information systems.

Purchase of consumables - Section 26 exempts DHHS from state procurement practices for the purchase of consumables at residential facilities during low population times.

Utilization rate adjustments - Section 27 provides intent that DHHS seek a deficiency appropriation from the 69th Legislative Assembly if utilization rates exceed estimates used in the budget.

Provider inflation increase - Section 28 identifies human service provider inflationary increases of 4 percent the 1st year and 4 percent the 2nd year of the 2023-25 biennium except for developmental disability service payments, long-term care facilities, and basic care facilities.

Federal funding appeal limitation - Section 29 provides an individual may not appeal a denial of service by DHHS due to the unavailability of federal coronavirus relief funding.

Early childhood programs study - Section 30 provides for a Legislative Management study of early childhood programs.

Early childhood program reports - Section 31 requires DHHS to provide reports to the Legislative Management regarding early childhood programs.

Continuing Appropriations

Child support collection and disbursement - North Dakota Century Code Section 14-09-25 - Allows the department to receive child support payments and provide the funds to the custodial parent or appropriate governmental entity for those custodial parents receiving governmental assistance.

Child support improvement account - Section 50-09-15.1 - Allows the department to receive federal child support incentive funds and spend the funds in accordance with its business plan to improve the child support collection process.

Child support cooperative agreements - Section 50-09-33 - Allows the department to accept federal funds and other income generated by the department under a cooperative agreement with an Indian tribe for child support enforcement services for hiring staff and payment of other expenses as necessary for carrying out the department's duties under the agreement.

Transition to independence - Section 50-06-34 - Allows the department to receive grants and other sources of funding for the development of a program for services to transition-aged youth at risk.

Deficiency Appropriations

Senate Bill No. 2025 includes $25 million from the general fund and $285 million from other funds to maintain the current level of Medicaid enrollment during the extension of the public health emergency related to COVID-19.

Significant Audit Findings

The June 30, 2021, State Auditor's report for the Department of Human Services identified the following audit findings:

- **Not verifying income eligibility** - The department is not adequately verifying that individuals applying for the substance use disorder voucher program have income at or below 200 percent of the federal poverty level.
- **Not verifying Medicaid eligibility** - The department paid up to $1,066,655 through the substance use disorder program for services provided to individuals that could have received services through the Medicaid program. This resulted in 293 individuals not being served through the voucher program due to a lack of funding for the program.
- **Employees not properly paid** - Employees at the Life Skills and Transition Center and State Hospital were underpaid by $132,000 due to the department not paying the appropriate shift differential for employees working overnight on a weekend.
- **Noncompliance with performance bonus requirements** - The department paid a total of $157,000 in performance bonuses to employees that were not eligible to receive a bonus. Bonuses were provided to 61 employees who were not employed in state government for at least 1 year before receiving the bonus and 69 bonuses were provided to ineligible temporary employees.
- **Child care correction orders not resolved (prior audit finding)** - The department is not properly monitoring corrective orders issued to child care providers.
- **Timely contact for victims of child abuse (prior audit finding)** - The department is not responding in the required time frame when reports of suspected child abuse are received.
- **Financial statement errors (prior audit finding)** - The department reported incorrect financial statement amounts totaling $629 million to the Office of Management and Budget for the state's annual comprehensive financial report.
- **Drug Rebate and Analysis System receivables balance (prior audit finding)** - There is a lack of internal controls for the Drug Rebate and Analysis Management System which can result in an overstatement of receivables for the Medicaid drug rebate system.

Major Related Legislation

House Bill No. 1026 - Legislative Management study - Provides for a Legislative Management study regarding the implementation of behavioral health and acute psychiatric treatment recommendations.

House Bill No. 1028 - Community health worker task force - Creates a community worker health task force and provides an appropriation to allow the task force to contract with a third party to provide services to the task force.

House Bill No. 1035 - Cross-disability advisory council - Creates a cross-disability advisory council to advise DHHS regarding the implementation, planning, and design of the cross-disability children's waiver and repeals the autism spectrum disorder task force.

House Bill No. 1036 - Temporary assistance for needy families benefit level - Establishes the temporary assistance for needy families (TANF) program maximum basis standard of need benefit level to be at least 50 percent of the federal poverty level based on household size.

House Bill No. 1043 - Psychiatric residential treatment facility - Adjusts the admissions requirements for psychiatric residential treatment facilities.

House Bill No. 1044 - Medical assistance primary care provider - Repeals a statutory section that requires the medical assistance program to recognize physician assistants and advanced practice registered nurses as primary care providers.

House Bill No. 1045 - Health care facility survey - Allows the use of a third-party reviewer for health care facility surveys.

House Bill No. 1046 - Human service zone indirect costs - Adjusts the allowable indirect cost payments that may be paid to a human service zone.

House Bill No. 1047 - Health insurance information - Updates the information that needs to be provided to DHHS from health insurers.

House Bill No. 1048 - Developmental disability program administration - Adjusts the duties of DHHS relating to developmental disabilities services, including the requirement for the department to establish funding for family members and corporate guardianships.

House Bill No. 1049 - Adult foster home zoning - Requires adult foster homes to be considered a permitted use in a single-family or equivalent least-density residential zone.

House Bill No. 1050 - Substance use disorder language - Updates language regarding substance use disorder programs.

House Bill No. 1051 - Field services meals - Allows DHHS to provide meals at a fair value or without a charge to employees at the State Hospital, Life Skills and Transition Center, and continually staffed residential units at human service centers.

House Bill No. 1091 - Family foster care for children - Allows for the certification of kinship relatives to provide foster care to children.

House Bill No. 1290 - Long-term care bed moratorium - Extends the moratorium on the establishment of new beds for long-term care facilities.

House Bill No. 1375 - Child planning home study reports - Provides an appropriation to DHHS for costs associated with completing home study reports for the placement of children.

House Bill No. 1390 - Suicide fatality review commission - Provides an appropriation to DHHS to establish a suicide fatality review commission.

House Bill No. 1447 - Opioid settlement fund - Creates an opioid settlement fund and appropriates money from the fund to DHHS for opioid remediation and abatement efforts.

House Bill No. 1480 - Pay for success fund - Provides a transfer from SIIF to establish a pay for success fund to improve department programs.

House Bill No. 1481 - Brain Injury Advisory Council - Adjusts the membership of the Brain Injury Advisory Council.

House Bill No. 1530 - Medical assistance coverage - Requires the medical assistance program to cover family adaptive behavioral treatment and dental services.

Senate Bill No. 2026 - State Hospital building demolition - Appropriates funding to demolish buildings at the State Hospital.

Senate Bill No. 2030 - Value-based purchasing - Requires DHHS to participate in rebate and value-based purchasing programs.

Senate Bill No. 2034 - Children's Cabinet membership - Adjusts the legislative membership of the Children's Cabinet and adds the Executive Director of DHHS to the membership of the cabinet.

Senate Bill No. 2051 - Criminal history checks - Adjusts the requirements of DHHS to conduct criminal history records checks.

Senate Bill No. 2052 - Life Skills and Transition Center - Adjusts the duties and requirements to access services at the Life Skills and Transition Center.

Senate Bill No. 2071 - Medical assistance for pregnant women - Increases the Medicaid eligibility level for medical assistance for pregnant women from 162 to 185 percent of the federal poverty level.

Senate Bill No. 2077 - Gambling disorder prevention - Allows DHHS to administer a gambling disorder program rather than contracting for services.

Senate Bill No. 2083 - Behavioral health collaborative care - Authorizes the State Hospital and human service centers to provide behavioral health collaborative care and consultation services.

Senate Bill No. 2087 - TANF household size - Removes a provision that prevents an increase in benefits when a child is born to an individual enrolled in the TANF program.

Senate Bill No. 2128 - Community beahavioral health clinic grants - Provides an appropriation to DHHS for certified community behavioral health clinic planning grants.

Senate Bill No. 2129 - Alternatives-to-abortion program - Provides an appropriation to DHHS for costs associated with the alternatives-to-abortion program.

Senate Bill No. 2139 - Indigent burial expenses - Increases the benefit level for indigent burial expenses.

Senate Bill No. 2149 - 988 crisis hotline - Provides for the establishment of a fee to fund a 988 crisis hotline services program.

Senate Bill No. 2155 - Federally qualified health center grants - Provides an appropriation to DHHS for grants to federally qualified health centers.

Senate Bill No. 2185 - Pregnant and parenting website - Provides an appropriation to DHHS to establish a pregnancy and parenting resource website.

Senate Bill No. 2190 - Child care assistance program - Requires DHHS to increase child care assistance program benefit rates by at least 5 percent per year with a maximum increase of 10 percent.

Senate Bill No. 2215 - Developmental disability recreational services - Provides an appropriation to DHHS to increase funding for programs that provide recreation services for individuals with a developmental disability.

Senate Bill No. 2230 - Adoption assistance program home study costs - Provides an appropriation to DHHS to provide assistance for adoptive families home study costs.

Senate Bill No. 2248 - Opioid settlement fund - Creates an opioid settlement fund and appropriates money from the fund to DHHS for fentanyl awareness.

Senate Bill No. 2265 - Medicare and Medicaid dual-eligible recipients - Provides an appropriation for DHHS to establish a Medicare and Medicaid dual-eligible special needs plan.

Senate Bill No. 2276 - Medicaid primary caregiver - Authorizes a new Medicaid service to allow reimbursement of an individual's primary caregiver for services provided to the waiver recipient.

Senate Bill No. 2283 - Basic care payment rates - Provides funding for the rebasement of basic care rate and provides inflationary increases.

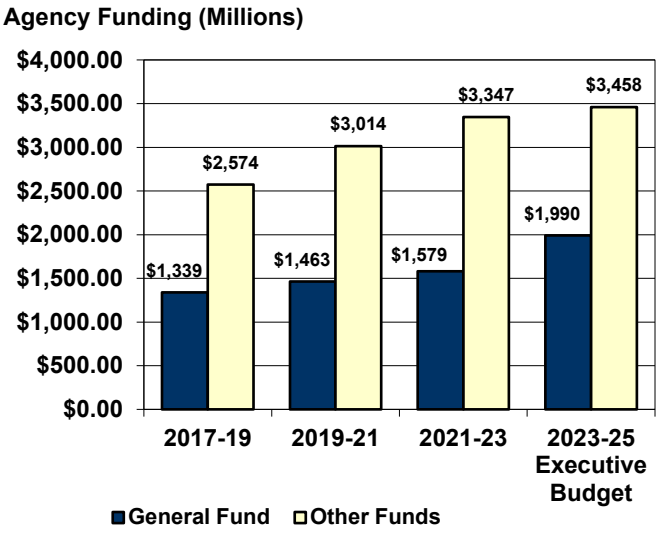
Senate Bill No. 2291 - Study of the TANF program- Provides for a Legislative Management study of the use of funds received for the TANF program.

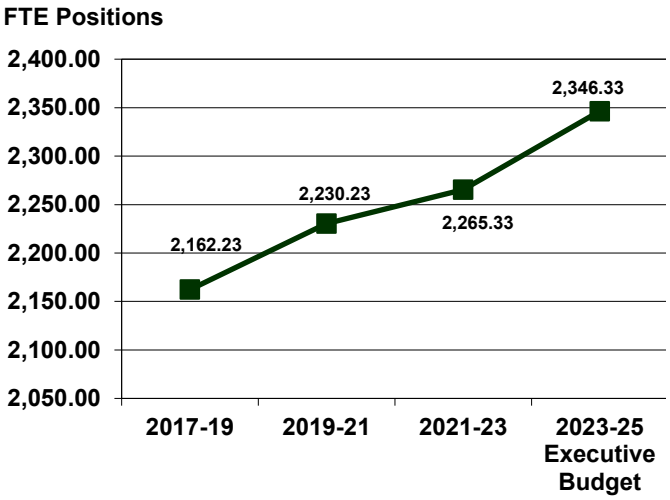
Senate Bill No. 2345 - Task force on guardianship monitoring - Provides for the establishment of a task force for guardianship monitoring and provides an appropriation to the judicial branch for costs of the task force.

Senate Concurrent Resolution No. 4001 - Public institutions terminology - Adjusts the terminology used in the constitution for public institutions, including the State Hospital and Life Skills and Transition Center.

Historical Appropriations Information

Agency Appropriations and FTE Positions





Ongoing General Fund Appropriations

	2015-17	2017-19	2019-21	2021-23	2023-25 Executive Budget
Ongoing general fund appropriations	$1,262,925,021	$1,313,081,350	$1,461,150,884	$1,554,787,654	$1,934,765,841
Increase (decrease) from previous biennium	N/A	$50,156,329	$148,069,534	$93,616,770	$379,978,187
Percentage increase (decrease) from previous biennium	N/A	4.0%	11.3%	6.4%	24.4%
Cumulative percentage increase (decrease) from 2015-17 biennium	N/A	4.0%	15.7%	23.1%	53.2%

Major Increases (Decreases) in Ongoing General Fund Appropriations

2017-19 Biennium

1. Removed 33 FTE positions from the department	($3,127,902)
2. Reduced funding for staff overtime	($1,082,857)
3. Adjusted funding for child care assistance eligibility	($2,160,357)
4. Adjusted the professional fee schedule to 100 percent of Medicare and provided other policy changes	($10,612,966)
5. Added funding to continue Medicaid Expansion for 19- and 20-year-olds as managed care	$1,653,008
6. Changed a portion of funding sources for various programs from the general fund to the community health trust fund ($18,000,000) and the tobacco prevention and control trust fund ($22,175,000)	($40,175,000)
7. Added funding for nursing home operating margin, rebasing, and incentives	$1,783,181
8. Added funding for money follows the person grants	$527,954
9. Added funding to increase the autism waiver maximum age to 11 years old	$183,609
10. Reduced funding for vacant positions and employee turnover at institutions	($3,250,499)

2019-21 Biennium

1. Added funding for provider inflationary increases of 2 percent the 1st year of the biennium and 2.5 percent the 2nd year of the biennium	$30,155,090
2. Adjusted funding for anticipated changes in the regular federal medical assistance percentage (FMAP)	($25,682,840)
3. Adjusted funding for anticipated changes in the FMAP for Medicaid Expansion ($20,254,376) and the children's health insurance program ($6,152,757)	$26,407,133

4. Added funding for grant cost and caseload changes $51,128,377
5. Replaced funding provided in the 2017-19 biennium from the tobacco prevention and control trust fund $34,175,000
6. Replaced one-time funding provided in the 2017-19 biennium for Medicaid Expansion commercial rates $13,300,000
7. Adjusted funding sources to use funding from the community health trust fund rather than the general fund ($32,400,000)
8. Added funding for the free through recovery program to provide services to individuals outside of the corrections system $4,000,000
9. Added funding to expand crisis services $4,096,174
10. Added funding for the substance use disorder voucher program $3,053,523

2021-23 Biennium

1. Added funding for cost, caseload, and utilization changes, including $156,789,851 for medical services, $77,698,712 for long-term care, and $41,567,021 for developmental disabilities $124,345,846
2. Increased funding for substance use disorder vouchers to $15 million and added $2 million for substance use disorder grants $9,000,000
3. Added funding for a new early childhood program $1,500,000
4. Reduced funding for long-term care estimated utilization rates ($9,395,558)
5. Transferred 19- and 20-year old individuals in Medicaid Expansion to fee-for-service arrangement ($2,413,379)
6. Adjusted funding based on estimated FMAP rates ($45,779,364)
7. Added provider inflation funding to provide a 2.0 percent increase the 1st year of the biennium and a 0.25 percent increase the 2nd year of the biennium $18,998,506
8. Added funding for technology contractual services and repairs $4,010,886

2023-25 Biennium (Executive Budget Recommendation)

1. Adjusts funding to increase general fund support for traditional Medicaid due to changes in the state's FMAP $21,621,657
2. Adds funding for Medicaid cost, caseload, and utilization changes, including $344,486,119 for medical services, $108,980,250 for long-term care, and $50,597,755 for developmental disabilities $122,273,746
3. Provides for inflationary increases of 4 percent the 1st year of the biennium and 3 percent the 2nd year of the biennium for human service providers in the 2023-25 biennium $46,887,871
4. Replaces ongoing funding of $31.5 million appropriated during the 2021-23 biennium from the community health trust fund and $1 million of funding from the health care trust fund with funding from the general fund $32,500,000
5. Transfer the costs of 85 FTE positions from the human service finance fund to the general fund and other funds $19,816,722
6. Increases funding for crisis support services $11,518,430
7. Adds funding for a workforce initiative $54,566,998
8. Increases funding for senior nutrition services $12,992,44
9. Adds funding for home- and community-based services $9,894,731
10. Adds funding to adjust the use of federal TANF funds $7,496,368

One-Time General Fund Appropriations

	2015-17	2017-19	2019-21	2021-23	2023-25 Executive Budget
One-time general fund appropriations	$18,172,167	$26,000,000	$1,512,603	$24,233,216	$55,260,313

Major One-Time General Fund Appropriations

2017-19 Biennium

1. Added one-time funding for a county social services pilot program $26,000,000

2019-21 Biennium

1. Added one-time funding for a medically complex children provider funding adjustment $977,603
2. Added one-time funding for a hyperbaric oxygen therapy pilot project $335,000

2021-23 Biennium

1. Added one-time funding for the first phase of upgrading the Medicaid management information system	$4,326,686
2. Added one-time funding for a child welfare technology project	$15,000,000
3. Added one-time funding for changes associated with the implementation of a new nursing facility payment methodology	$3,348,000
4. Added one-time funding for heat pump and carpet replacement projects at the Southeast Human Service Center	$724,000

2023-25 Biennium (Executive Budget Recommendation)

1. Adds one-time funding to replace federal and special fund revenue with funding from the general fund due to decreased revenues and increased operating costs at human service centers and the State Hospital	$36,028,141
2. Adds one-time funding for child care programs associated with a workforce initiative, including funding to expand background checks, to add capacity for early childhood rating infrastructure, and to create quality tiers in the child care reimbursement program	$7,000,000
3. Adds one-time funding for program integrity audits	$2,250,000
4. Adds one-time funding for inflation	$10,282,172

DHHS - Management - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Executive Budget Recommendation				Senate Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	97.85	$79,695,054	$92,905,426	$172,600,480	97.85	$79,695,054	$92,905,426	$172,600,480
2023-25 Ongoing Funding Changes								
Base payroll and budget changes	14.55	$5,995,189	$11,524,138	$17,519,327	14.55	$5,995,189	$11,524,138	$17,519,327
Salary increase		1,147,998	374,236	1,522,234		862,063	283,496	1,145,559
Health insurance increase		433,004	141,155	574,159		436,667	139,099	575,766
Criminal backgroud check positions	1.50	120,780	26,512	147,292	1.50	120,780	26,512	147,292
Americans with Disabilities Act coordinators		55,200		55,200		55,200		55,200
New Capitol space rent model		842,674		842,674		842,674		842,674
County social services funding shift		19,816,722		19,816,722				0
Agency operating reduction				0		(19,900,262)		(19,900,262)
Total ongoing funding changes	16.05	$28,411,567	$12,066,041	$40,477,608	16.05	($11,587,689)	$11,973,245	$385,556
One-time funding items								
Criminal background check automation		$1,000,000		$1,000,000		$1,000,000		$1,000,000
Operating inflation		10,282,172	$10,282,172	20,564,344		10,282,172	$10,282,172	20,564,344
Procurement and grants software - SIIF			11,000,000	11,000,000			11,000,000	11,000,000
Child support computer project			60,000,000	60,000,000			60,000,000	60,000,000
Total one-time funding changes	0.00	$11,282,172	$81,282,172	$92,564,344	0.00	$11,282,172	$81,282,172	$92,564,344
Total Changes to Base Level Funding	16.05	$39,693,739	$93,348,213	$133,041,952	16.05	($305,517)	$93,255,417	$92,949,900
2023-25 Total Funding	113.90	$119,388,793	$186,253,639	$305,642,432	113.90	$79,389,537	$186,160,843	$265,550,380
Federal funds included in other funds			*$151,779,385*				*$151,687,728*	
Total ongoing changes as a percentage of base level	*16.4%*	*35.7%*	*13.0%*	*23.5%*	*16.4%*	*(14.5%)*	*12.9%*	*0.2%*
Total changes as a percentage of base level	*16.4%*	*49.8%*	*100.5%*	*77.1%*	*16.4%*	*(0.4%)*	*100.4%*	*53.9%*

DHHS - Program and Policy - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Executive Budget Recommendation				Senate Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	666.17	$1,294,528,252	$2,499,452,627	$3,793,980,879	666.17	$1,294,528,252	$2,499,452,627	$3,793,980,879
2023-25 Ongoing Funding Changes								
Base payroll and budget changes	9.15	$11,576,010	$9,505,488	$21,081,498	9.15	$11,576,010	$9,505,488	$21,081,498
Salary increase		3,528,965	4,743,438	8,272,403		2,661,463	3,528,496	6,189,959
Health insurance increase		1,331,062	1,789,141	3,120,203		1,338,470	1,865,110	3,203,580
Cost and caseload increases		122,273,747	381,790,377	504,064,124		122,273,747	381,790,377	504,064,124
Provider inflation		45,591,613	46,892,127	92,483,740		47,443,941	50,139,879	97,583,820
FMAP adjustments		21,621,657	(21,621,657)	0		21,621,657	(21,621,657)	0
Economic assistance								
TANF funding adjustment			7,496,368	7,496,368			7,496,368	7,496,368
Increase utilization of child care assistance		22,000,000		22,000,000		22,000,000		22,000,000
Improve access to child care		12,900,000		12,900,000		12,900,000		12,900,000
Federal funds authority				0			15,191,435	15,191,435
Medical Services								
Medicaid provider strike team	2.00	48,642	266,995	315,637	2.00	48,642	266,995	315,637
Child early intervention	1.00	86,602	86,602	173,204				0
Children's health insurance program eligibility increase		1,389,270	2,878,042	4,267,312		1,389,270	2,878,042	4,267,312
Medically needy eligibility increase		6,300,000	4,200,000	10,500,000		6,300,000	4,200,000	10,500,000
Long-Term Care								
Home- and community-based services enhancements		9,750,819	2,402,565	12,153,384		8,288,319	2,402,565	10,690,884
Autism waiver and voucher adjustments		4,168,959	4,607,797	8,776,756		4,168,959	4,607,797	8,776,756
Medically fragile waiver slots and benefits		186,400	206,022	392,422		186,400	206,022	392,422
Aging Services								
Home- and community-based services navigator and generalists	3.00	143,912	143,912	287,824	3.00	143,912	143,912	287,824
Senior meal rate increase		12,992,444		12,992,444		12,992,444		12,992,444
Guardianship fee enhancement		70,500		70,500		70,500		70,500
Compliance and quality assurance position	1.00	103,868	103,868	207,736	1.00	103,868	103,868	207,736
Federal Department of Justice lawsuit coordinator	1.00			0	1.00			0
Dementia care grant				0		305,000		305,000
Children and Family Services								
TANF funding shift		7,496,368	(7,496,368)	0		7,496,368	(7,496,368)	0
Child response and protection	4.00	938,472		938,472				0
Children's advocacy centers		1,600,000		1,600,000		2,500,000		2,500,000
Unlicensed relative caregiver assistance		960,000		960,000		960,000		960,000
Family-to-family support services				0		175,000		175,000

DHHS - County Social Services - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Executive Budget Recommendation				Senate Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	159.00	$1,240,391	$188,676,995	$189,917,386	159.00	$1,240,391	$188,676,995	$189,917,386
2023-25 Ongoing Funding Changes								
Base payroll and budget changes	(2.00)	$18,434	$1,240,493	$1,258,927	(2.00)	$18,434	$1,240,493	$1,258,927
Salary increase - State employees		82,130	1,987,165	2,069,295		61,440	1,486,858	1,548,298
Health insurance increase - State employees		30,114	705,458	735,572		30,807	721,687	752,494
Zone employee salary increase			8,337,993	8,337,993			6,240,680	6,240,680
Zone employee equity				0			1,000,000	1,000,000
Funding adjustments			2,941,770	2,941,770			23,541,770	23,541,770
Home- and community-based services	10.00		2,002,688	2,002,688	7.00		1,102,031	1,102,031
Total ongoing funding changes	8.00	$130,678	$17,215,567	$17,346,245	5.00	$110,681	$35,333,519	$35,444,200
One-time funding items								
No one-time funding items				$0				$0
Total one-time funding changes	0.00	$0	$0	$0	0.00	$0	$0	$0
Total Changes to Base Level Funding	8.00	$130,678	$17,215,567	$17,346,245	5.00	$110,681	$35,333,519	$35,444,200
2023-25 Total Funding	167.00	$1,371,069	$205,892,562	$207,263,631	164.00	$1,351,072	$224,010,514	$225,361,586
Federal funds included in other funds			*$3,542,273*				*$3,526,563*	
Total ongoing changes as a percentage of base level	*5.0%*	*10.5%*	*9.1%*	*9.1%*	*3.1%*	*8.9%*	*18.7%*	*18.7%*
Total changes as a percentage of base level	*5.0%*	*10.5%*	*9.1%*	*9.1%*	*3.1%*	*8.9%*	*18.7%*	*18.7%*

Behavioral Health								
Community-based behavioral health	2.00	223,946		223,946	2.00	223,946		223,946
Free through recovery program			8,326,380	8,326,380			8,326,380	8,326,380
Community connect program		7,019,514		7,019,514		7,019,514		7,019,514
Opioid prevention			2,000,000	2,000,000			2,000,000	2,000,000
Pregnant and parenting women residential		600,000		600,000		600,000		600,000
School behavioral health grants				0		3,500,000		3,500,000
Recovery housing				0		1,300,000		1,300,000
B-Hero spending authority				0			400,000	400,000
Behavioral health practitioner reimbursement rate				0		1,362,070	1,505,446	2,867,516
Developmental Disabilities								
Program management	2.00	162,006	168,618	330,624				0
Developmental disabilities guardianship establishme		300,000		300,000		300,000		300,000
Quality assurance and compliance position	1.00	103,868	103,868	207,736	1.00	103,868	103,868	207,736
Early intervention position	1.00	86,602	86,602	173,204	1.00	86,602	86,602	173,204
Payment rate enhancement				0		10,223,681	11,403,366	21,627,047
Corporate guardianship enhancement				0		808,748		808,748
Early Childhood								
Expand best in class program		16,000,000		16,000,000		12,000,000		12,000,000
Early childhood career grants		2,000,000		2,000,000		2,000,000		2,000,000
Kindergarten readiness program		2,400,000		2,400,000				0
Program administration	2.00	473,811		473,811	1.00	236,905		236,905
Total ongoing funding changes	29.15	$316,429,057	$448,680,185	$765,109,242	21.15	$326,709,304	$479,033,991	$805,743,295
One-time funding items								
Program integrity audits		$2,250,000	$2,250,000	$4,500,000		$2,250,000	$2,250,000	$4,500,000
Autism program adjustment		(300,000)		(300,000)		(300,000)		(300,000)
Pregnant and parenting women facility - SIIF			1,000,000	1,000,000			1,000,000	1,000,000
Workforce initiative one-time funding								
Childhood rating infrastructure capacity		3,000,000		3,000,000		3,000,000		3,000,000
Child care reimbursement quality tiers		3,000,000		3,000,000		3,000,000		3,000,000
Expand public-private child care benefits (legacy earnings)			5,000,000	5,000,000			1,000,000	1,000,000
Child care business operating grants (legacy earnings)			7,000,000	7,000,000			5,000,000	5,000,000
Nontraditional child care hours (legacy earnings)			1,000,000	1,000,000			1,000,000	1,000,000
Total one-time funding changes	0.00	$7,950,000	$16,250,000	$24,200,000	0.00	$7,950,000	$10,250,000	$18,200,000
Total Changes to Base Level Funding	29.15	$324,379,057	$464,930,185	$789,309,242	21.15	$334,659,304	$489,283,991	$823,943,295
2023-25 Total Funding	695.32	$1,618,907,309	$2,964,382,812	$4,583,290,121	687.32	$1,629,187,556	$2,988,736,618	$4,617,924,174
Federal funds included in other funds			*$2,843,265,320*				*$2,873,979,152*	
Total ongoing changes as a percentage of base level	*4.4%*	*24.4%*	*18.0%*	*20.2%*	*3.2%*	*25.2%*	*19.2%*	*21.2%*
Total changes as a percentage of base level	*4.4%*	*25.1%*	*18.6%*	*20.8%*	*3.2%*	*25.9%*	*19.6%*	*21.7%*

DHHS - Field Services - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Executive Budget Recommendation				Senate Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	1,342.31	$179,323,957	$114,273,300	$293,597,257	1,342.31	$179,323,957	$114,273,300	$293,597,257
2023-25 Ongoing Funding Changes								
Base payroll and budget changes	(21.70)	$5,365,003	$7,438,385	$12,803,388	(21.70)	$5,365,003	$7,438,385	$12,803,388
Salary increase		11,951,565	3,779,803	15,731,368		8,926,423	2,830,652	11,757,075
Health insurance increase		4,067,614	1,416,642	5,484,256		4,161,185	1,449,231	5,610,416
Community-based behavioral health	28.50	950,906		950,906	28.50	950,906		950,906
Crisis support services	21.00	11,375,536		11,375,536	21.00	11,375,536		11,375,536
Provider inflation adjustment		1,296,258		1,296,258		1,417,491		1,417,491
Certified community behavioral health clinics				0	24.00	9,650,000		9,650,000
Total ongoing funding changes	27.80	$35,006,882	$12,634,830	$47,641,712	51.80	$41,846,544	$11,718,268	$53,564,812
One-time funding items								
State Hospital design - SIIF			$10,000,000	$10,000,000			$5,000,000	$5,000,000
Human service center deferred maintenance - SIIF			735,154	735,154			735,154	735,154
Revenue enhancement and staffing		$36,028,141	(36,028,141)	0		$36,028,141	(36,028,141)	0
Total one-time funding changes	0.00	$36,028,141	($25,292,987)	$10,735,154	0.00	$36,028,141	($30,292,987)	$5,735,154
Total Changes to Base Level Funding	27.80	$71,035,023	($12,658,157)	$58,376,866	51.80	$77,874,685	($18,574,719)	$59,299,966
2023-25 Total Funding	1,370.11	$250,358,980	$101,615,143	$351,974,123	1,394.11	$257,198,642	$95,698,581	$352,897,223
Federal funds included in other funds			*$63,157,111*				*$62,455,089*	
Total ongoing changes as a percentage of base level	*2.1%*	*19.5%*	*11.1%*	*16.2%*	*3.9%*	*23.3%*	*10.3%*	*18.2%*
Total changes as a percentage of base level	*2.1%*	*39.6%*	*(11.1%)*	*19.9%*	*3.9%*	*43.4%*	*(16.3%)*	*20.2%*

Department of Health and Human Services - Budget No. 325
Senate Bill No. 2012
Other Sections

	Executive Budget Recommendation	Senate Version
Transfers	Sections 3, 4, and 5 would allow DHHS to transfer appropriation authority between line items in Senate Bill No. 2012 and House Bill No. 1004 and to combine all appropriation authority for DHHS in one budget.	Sections 3 and 4 authorize DHHS to transfer appropriation authority between line items in Senate Bill No. 2012 and House Bill No. 1004 and to combine all appropriation authority for DHHS in one budget.
Strategic investment and improvements fund transfer		Section 5 transfers $21.6 million from SIIF to the human service finance fund.
Contingent FTE positions	Section 6 would authorize DHHS to increase direct care FTE positions for field services subject to the availability of funds.	See certified community behavioral health section.
Human service finance fund	Section 8 would identify $200 million of funding in the budget is from the human service finance fund for the county social and human service finance project.	Section 6 identifies $221.6 million of funding in the budget is from the human service finance fund for the county social and human service finance project.
Community health trust fund	Section 7 would identify $20.4 million of funding in the budget is from the community health trust fund for the child support case management system replacement project.	Section 7 identifies $20.4 million of funding in the budget is from the community health trust fund for the child support case management system replacement project.
Legacy earnings fund	Section 9 would identify $13 million of funding in the budget is from the legacy earnings fund for defraying the expenses of various child care programs.	Section 8 identifies $7 million of funding in the budget is from the legacy earnings fund for defraying the expenses of various child care programs.
Strategic investment and improvements fund projects		Section 9 identifies $22,735,154 from SIIF for a new procurement and grants system ($11 million), the design of a new State Hospital ($10 million), pregnant and parenting women residential facility ($1 million), and capital projects at the Southeast Human Service Center ($735,154).
Special assessments	Section 10 would authorize DHHS to pay special assessments at the State Hospital and Life Skills and Transition Center.	Section 10 authorizes DHHS to pay special assessments at the State Hospital and Life Skills and Transition Center.
Capital projects	Section 11 would authorize DHHS to proceed with capital projects at the State Hospital.	Section 11 authorizes DHHS to proceed with capital projects at the State Hospital.
Child care financial assistance	Section 13 would identify $5 million in the budget is for financial assistance and direct payments for child care services.	Section 12 identifies $1 million in the budget is for financial assistance and direct payments for child care services.
Permanent supportive housing grants	Section 12 would identify $4,672,536 in the budget is from the general fund for permanent supportive housing grants.	Section 13 identifies $4,672,536 in the budget is from the general fund for permanent supportive housing grants.
State Hospital project		Section 14 identifies $5 million for the design of a new State Hospital and the development of a statewide acute psychiatric needs plan.
Medicaid Expansion	Section 14 would provide DHHS may not spend more for the Medicaid Expansion program than the amount appropriated in the bill with certain exceptions.	Section 15 provides DHHS may not spend more for the Medicaid Expansion program than the amount appropriated in the bill with certain exceptions.
Substance use disorder voucher program moratorium		Section 16 removes the moratorium on new substance use disorder voucher program providers.
Medicaid autism waiver age		Section 17 increases the eligible age for the Medicaid autism waiver from 16 to 18 years of age.

Children's health insurance program	Section 15 would provide the statutory changes needed to increase the eligibility level of the children's health insurance program from 175 to 210 percent of the federal poverty level.	Section 18 provides the statutory changes needed to increase the eligibility level of the children's health insurance program from 175 to 210 percent of the federal poverty level.
Autism spectrum disorder voucher program	Section 16 would repeal the statutory provisions related to the autism spectrum disorder voucher program.	Section 19 repeals the statutory provisions related to the autism spectrum disorder voucher program.
Building leases	Section 17 would authorize DHHS to enter agreements for the lease of facilities for human service centers.	Section 20 authorizes DHHS to enter agreements for the lease of facilities for human service centers.
State Hospital land lease	Section 18 would authorize DHHS to lease land at the State Hospital to the Adjutant General to construct a training and storage facility.	Section 21 authorizes DHHS to lease land at the State Hospital to the Adjutant General to construct a training and storage facility.
Provider outcomes	Section 19 would provide that DHHS require providers to submit process and outcome measures as requested by the department.	Section 22 requires providers to submit process and outcome measures as requested by DHHS.
Community behavioral health program	Section 20 would authorize DHHS to transfer funds between line items for the community behavioral health program.	Authority to transfer funds included in Section 3.
Certified community behavioral health clinic		Section 23 requires DHHS to develop a process to allow three human service centers to become certified behavioral health clinics and authorizes 50 FTE positions to provide direct services if revenue received can support the positions.
Carryover exemptions	Sections 22 through 34 would authorize DHHS to continue unexpended appropriations for various purposes into the 2023-25 biennium.	Section 24 authorizes DHHS to continue unexpended appropriations for various purposes into the 2023-25 biennium.
Early childhood information systems	Section 21 would exempt DHHS from state procurement practices for selecting a vendor to develop early childhood information systems.	Section 25 exempts DHHS from state procurement practices for selecting a vendor to develop early childhood information systems.
Purchase of consumables		Section 26 exempts DHHS from state procurement practices for the purchase of consumables at residential facilities during low population times.
Utilization rate adjustments	Section 35 would provide intent that DHHS seek a deficiency appropriation from the 69th Legislative Assembly if utilization rates exceed estimates used in the budget.	Section 27 provides intent that DHHS seek a deficiency appropriation from the 69th Legislative Assembly if utilization rates exceed estimates used in the budget.
Provider inflation increases	Section 36 would provide for providers to receive an inflationary increase of 4 percent the 1st year and 3 percent the 2nd year of the 2023-25 biennium.	Section 28 provides for providers to receive an inflationary increase of 4 percent the 1st year and 4 percent the 2nd year of the 2023-25 biennium except for developmental disability service payments, long-term care facilities, and basic care facilities.
Basic care facility rate rebasing	Section 37 would provide for DHHS to rebase basic care facility rates.	Included in Senate Bill No. 2283.
Federal funding appeal limitation	Section 38 would provide an individual may not appeal a denial of service by DHHS due to the unavailability of federal coronavirus relief funding.	Section 29 provides an individual may not appeal a denial of service by DHHS due to the unavailability of federal coronavirus relief funding.
Legislative Management study		Section 30 provides for a Legislative Management study of early childhood programs.
Early childhood program reports	Section 39 would require DHHS to provide reports to the Legislative Management regarding early childhood programs.	Section 31 requires DHHS to provide reports to the Legislative Management regarding early childhood programs.

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Brynhild Haugland Room, State Capitol

SB 2012
3/2/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

9:04 AM Chairman Vigesaa Called the meeting to order and roll call was taken-

Members present; Chairman Vigesaa, Representative Kempenich, Representative B. Anderson, Representative Bellew, Representative Brandenburg, Representative Hanson, Representative Kreidt, Representative Martinson, Representative Meier, Representative Mock, Representative Monson, Representative Nathe, Representative J. Nelson, Representative O'Brien, Representative Pyle, Representative Richter, Representative Sanford, Representative Schatz, Representative Schobinger, Representative Strinden, Representative G. Stemen and Representative Swiontek.

Members not Present- Representative Mitskog

Discussion Topics:

- Child Care Licensing (CCL)
- Children & Family Services
- Economic Assistance
- Eligibility Redesign Implementation
- Voc Rehab
- Child Care Assistance Program (CCAP)
- Medicaid- Who's Covered
- Value Based Purchasing
- Behavioral Health
- Adult and Youth Mental Health
- State Hospital

9:05 AM Jessica Thomasson, Executive Director, Human Services- Starts the overview of Human Services. (Testimony #21963)

10:19 AM Krista Fremming- Interim Director of Medical Services – Gives overview of the Medicaid part of Human Services (Testimony #21964)

11:22 AM Pamela Sagness- Executive Director of Behavioral Health Division- Gives her overview for behavioral health (Testimony #21965)

11:55 AM Chris Jones- Director of Human Health Services- Gives closing comments.

12:03 PM Chairman Vigesaa Closed the Overview meeting for SB 2012

Risa Berube, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/6/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

2:26 PM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present. Representative B. Anderson not present.

Discussion Topics:

- Child Care Assistance
- Housing Stability Program
- Supplemental Nutrition Assistance
- Home Energy Assistance
- Temporary Assistance for Needy Families
- Long-Term Care Eligibility
- Budget request

Chris Jones, Commissioner of Health and Human Services spoke in favor of HB 2012.
Michelle Gee, Director of Economic Assistance, Department of Health and Human Services, presented an overview (Testimony #22220).
Brady Larson, Fiscal Analyst, Legislative Council (Testimony #22356).

4:30 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/7/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

8:30 AM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Program Management
- Early Intervention
- Home and Community Based Waiver Services
- Intermediate Care Facilities
- Corporate Guardianship
- Program Services
- Residential Crisis/Stabilization
- Non-Residential Statewide Stabilization
- Budget Request

Emily O'Brien, ND House Representative, distributed Decision Package Summary (Testimony #22584).
Tina Bay, Director, Development Disabilities, Department of Health and Human Services, gave an overview of the department (Testimony #22392).
Eric Haas, Assistant Chief Financial Officer, Department of Health and Human Services, spoke in favor of SB 2012.
Heather Jenkins, Superintendent, Life Skills Transition Center, Department of Health and Human Services gave an overview of the department (Testimony # 22535).
Chris Jones, Commissioner, Department of Health and Human Services spoke in favor of SB 2012.

Additional written testimony: Heather Jenkins, Superintendent, Life Skills Transition Center, Department of Health and Human Services (Testimony # 22618).

11:00 AM Chairman Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/7/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

2:15 PM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Community -based living
- Vulnerable Adults
- Administer Older Americans Act
- Support caregivers
- Customer Service
- Paternity
- Court orders for child and medical support
- Enforcement
- Account Management
- Budget requests

Nancy Nikolas Maier, Director, Adult and Aging Services, Department of Health and Human Services, gave a department overview (Testimony # 22665).
Chris Jones, Commissioner, Department of Health and Human Services spoke in favor of HB 2012.
Jim Fleming, Director, Child Support Section, Department of Health and Human Services presented and overview of the department (Testimony #22725). He proposed an amendment to engrossed SB 2012 (Testimony #22730).

4:26 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/8/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

8:34 AM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Safety
- Shared Services
- Access and Resources
- Multi-function Jobs
- Program Performance Measures
- State Collaboration/Oversight
- Property Tax Relief
- Legislative Study
- Gallagher Methodology
- Study Recommendations
- Budget Requests

Cory Pedersen, Director, Children and Family Services, Department of Human Services, gave an overview of the department (Testimony # 22829), (Testimony # 24237), (Testimony # 23041).
Donna Aukland, Assistant Chief Financial Officer, Department of Health and Human Services, spoke in favor of SB 2012.
Kristen Hasbargen, Director, Human Service Zone Operations, Department of Health and Human Services gave a department overview (Testimony #22938).
Sara Stolt, Deputy Commissioner, Department of Health and Human Services, gave an overview of the Compensation + Equity Study (Testimony # 22946).
Molly Herrington, Chief People Officer, Office of Management and Budget, spoke in favor of SB 2012.

Additional written testimony: Cory Pedersen, Director, Children and Family Services, Department of Health and Human Services, (# 24293, # 24297, #24244, #24288).

11:52 AM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/8/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

2:14 PM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Licensing
- Professional Development
- Quality
- Best in Class Program
- Family Support and Education
- EC Operations
- Budget requests

Kay Larson, Director, Early Childhood Services, Department of Health and Human Services gave an overview of the department (Testimony #22947).
Eric Haas, Assistant Chief Financial Officer, Department of Health and Human Services spoke in favor of SB 2012.
Maria Neset, Governors of Office, spoke to the committee about scheduling the governor.

Additional written testimony: Kay Larson, Director, Early Childhood Services, Department of Health and Human Services, (#24301).
Michelle Gee, Director, Economic Assistance, Department of Health and Human Services (#24307).

3:30 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/9/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

8:28 AM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Developmentally Disable.
- Social Security Disability Insurance
- Community collaboration for refugees
- Workforce entrance/re-entrance
- Budget overviews
- Human Services Zones

Julianne Horntvedt, Executive Director, ND State Council on Developmental Disabilities, Department of Health and Human Services, gave an overview of the department, (Testimony #23311).
Sheri Seil, Director, Disability Determination Services, Department of Health and Human Services, (Testimony # 23317).
Holly Triska-Dally, Coordinator, Office of Refugee Services, Department of Health and Human Services gave a department overview, (Testimony # 23316).
Damain Schlinger, Director, Vocational Rehabilitation. Department of Health and Human Services gave a department overview, (Testimony # 23025).
Stephanie Gullickson, Fiscal Analyst, Office of Management and Budget spoke in favor 2012.
Trevor Vannett, Bismarck resident, spoke in favor of SB 2012.

11:18 AM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/9/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date

2:21 PM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Alzheimer's
- Inflationary Increases
- Guardianship
- Provider Rate Increases
- Senior Hunger
- Rate Structure Increases
- Cross Disability Waiver
- ND Centers for Independent Living

Nikki Wegner, Program Director, Minnesota-North Dakota Chapter of the Alzheimer's Association, (#23194, #23195, #23196, #23737).
Angela Dinius, Executive Director of North Dakota Association of Community Providers, (#23203).
Donna Byzewski, Program Director of Corporate Guardianship Program, (#22923).
Lorena Poppe, Owner and CEO of Poppy's Promise, President of North Dakota Association of Community Providers, (# 23371).
Mike Remboldt, CEO of HIT, Officer of North Dakota Association of Community Providers, (# 23738).
Sargianna Wutzke, Lead Operations Officer for Community Options, (#22231).
Brain Barrett, ND Senior Service Providers**,** spoke in favor of SB 2012.
Renee Kipp, Executive Director of the Burleigh County Senior Adults Program, (# 23429, # 23428).
Kristen Dvorak, Executive Director of the ARC of North Dakota**,** (# 23251).
Roxane Romanick, Executive Director of Designer Genes of ND, Inc., (# 23350).

Julianne Horntvedt, Chairman, North Dakota Disabilities Advocacy Consortium (NDDAC), (#23736).
Trina Gress, Vice President of Community Options, (#23144).
Kim Jacobson, Director of Agassiz Human Service Zone, President of the North Dakota Human Service Zone Directors Association, (#23223).
Royce Schultze, Executive Director of Dakota Center for Independent Living, Inc., (# 23741).

3:54 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/10/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

8:32 AM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Refugee Experience
- NATIVE- Adult Behavioral Services
- AARP- Aging Services
- State Salary Adjustment
- Child Abuse
- Permanent Supportive Housing
- Vision Impaired/OIB Program
- Children and Family Services

Holly Triska-Dally, Coordinator, Office of Refugee Services, spoke in favor of SB 2012.
Nataliia Ostupchal, Ukraine refugee, spoke in favor of SB 2012.
Lorraine Davis, Founder and CEO, NATIVE, Inc., (# 23734, #23731, #23730).
Janelle Moos, State Director AARP North Dakota, (#27077, #27078, #27079).
Terry Traynor, Executive Director, North Dakota Association of Counties Inc., (#23539**).**
Kim Jacobson, Director of Agassiz Valley Human Service Zone Director, President of the North Dakota Human Service Zone Director Association, (# 23546).
Christal Halseth, Executive Director of Northern Plains Children's Advocacy Center -Minot, (#23400).
Greg Kasowski, Executive Director of Northern Plains Children's Advocacy Center, (#23542).
Katie Jo Armburst, Grand Forks Housing Authority, (#23606).
Allan Peterson, North Dakota Association of the Blind, (#23484, # 23485).
Donene Fiest, Director, Family Voices of North Dakota, (#23066).

Additional written testimony:
Kathrine Grindberg, Executive Vice President, Fargo Moorhead West Fargo (FMWF) Chamber of Commerce (#23254).
Vicki Peterson, Family Consultant for Family Voices of ND, the Family- to- Family Health Information in ND, (# 23254).
Mallory Emerson, Director of Operations and Quality Assurance at Alpha Opportunities Inc., (# 23105).
Trisha Cole, PreK Teacher, Park River Area School, (#23021).
Andrea Pfenning, Greater North Dakota Chamber**,** (#22793).
Benjamin Zahrbrock, Elementary Principle, Lisbon, ND, (#22981).
Dr. Jill Olson Elementary Principle, Grafton, ND, (#22977).
Mary Martin, Elementary Principal, Park River, ND, (#22932).
Brian Ritter, President and CEO, Bismarck Mandan Chamber EDC, (#23348).
Rick VanCamp, Fargo resident, Fargo, ND, (#23510).
Dr. Michael McNeff, Superintendent of Rugby Schools, Rugby, ND, (#22908).
Mike Chausse, Executive Director, North Dakota Assistive, (#22982).

11:34 AM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/13/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

2:33 PM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Budget Worksheet
- Full Continuum of Care
- Community Based Services
- Criminal Justice Involvement
- Budget Request

Donna Aukland, Assistant Chief Financial Officer, Department of Health and Human Services, (# 24443).
Pam Sagness, Executive Director, Behavioral Health Division, Department of Health and Human Services, gave a department overview, (Testimony #24418).
Laura Anderson, Policy Director, Behavioral Health Division, Department of Health and Human Services, (Testimony #24404).
Stephanie Gullickson, Fiscal Analyst Office of Management and Budget spoke in favor of SB 2012.
Additional written testimony: Eric Haas, Assistant Chief Financial Officer, Department of Health and Human Services, (Testimony # 24517).

4:58 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/14/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

10:03 AM Chairman J. Nelson opened the meeting. Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Behavioral Health Service Goals
- Assessment services
- Specialized Services
- Treatment Services

Pam Sagness, Executive Director, Behavioral Health, Department of Health and Human Services, (Testimony #26004).
Arnie Strebe, Chief Financial Officer, Department of Health and Human Services, spoke in favor of SB 2012.
Dr. Laura Kroetsch, Medical Director, Human Service Centers, Department of Health and Human Services, (Continued Testimony #26004).
Christina Hammer, Clinical Assessment Lead, Human Service Centers, Department of Health and Human Services, (Continued Testimony #26004).
Dr. Dan Cramer, Clinical Director, Human Service Centers, Department of Health and Human Services, (Continued Testimony #26004).
Jeff McKinnon, Regional Director, Northeast Human Service Centers, Department of Health and Human Services, (Continued Testimony #26004).
Julie Baumgarn, Regional Director, Lake Region Human Service Centers, Department of Health and Human Services, (Continued Testimony # 26004).
Brad Brown, Regional Director, West Central Human Services Centers, Department of Health and Human Services, (Continued Testimony # 26004).

Additional written testimony: Laura Anderson, Policy Director, Behavioral Health Division, Department of Health and Human Services, (Testimony # 24858).

12:06 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/14/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

3:11 PM Chairman J. Nelson opened the meeting. Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Crisis Services
- Acute Psychiatric Services
- Geriatric Psychiatric Services
- Psychiatric Rehabilitation Services
- SUD Residential Treatment
- Sex Offender Residential Treatment
- Forensic Services
- Budget Request

Alanna Zeller, Interim Regional Director, Southeast Human Service Centers, Department of Health and Human Services, (Testimony #26004).
John Bulgereit, Regional Director, North Central Human Service Centers, Department of Health and Human Services, (Continue Testimony #26004).
Jessica Odermann , Regional Director, Badlands Human Service Centers, Department of Health and Human Services, (Continue Testimony #26004).
Jeff Stenseth, Operations Director, Human Service Centers, Department of Health and Human Services, (Continue Testimony #26004, # 25002, # 25003).
Donna Aukland, Assistant Chief Financial Officer, Department of Health and Human Services, spoke in favor of SB 2012.
Dr. Eduardo Yabut, MD**,** Psychiatrist**,** State Hospital Superintendent, Department of Health and Human Services, (Testimony #24808).
Toyna Perkins, Administrator, ND State Hospital, Department of Health and Human Services, (Continue Testimony #24808).
Arnie Strebe, Chief Financial Officer, Department of Health and Human Services, spoke in favor of SB 2012.
5:28 PM Chairman J. Nelson closed the meeting.
Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/15/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

10:29 AM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Workforce challenges
- Staff burnout
- Turnover
- Client waitlist
- Bed availability
- Certified Community Behavioral Health Clinics

Brad Brown, Regional Director, West Central Human Service Centers, Department of Health and Human Services, (Continued Testimony #26004).
Donna Aukland, Assistant Chief Financial Officer, Department of Health and Human Services, spoke in favor of SB 2012.
Arnie Strebe, Chief Financial Officer, Department of Health and Human Services, spoke in favor of SB 2012.
Stephanie Gullickson, Fiscal Analyst, Department of Management and Budget, spoke in favor of SB 2012.
Dr. Dan Cramer, Clinical Director, Human Service Centers, Department of Health and Human Services, (Continued Testimony # 26004).

11:56 AM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/15/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

2:51 PM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- AveleCare-Virtual Crisis Care
- Nexus-PATH Family Healing
- Reimbursement Tier 2 & Tier 3 Mental Health Professionals
- Integrated Telehealth Partners

J. Mark Johnston, Business Development Director, Government Affairs, AveleCare, presented an overview of AveleCare, (Testimony #25195).
Matt Ditmanson, Director of Business Development, AveleCare, (Continued Testimony #25195).
Brain Erikson, Vice President Behavioral Health, AveleCare, (Continued Testimony #25195).
Pam Sagness, Executive Director, Behavioral Health, Department of Health and Human Services, spoke in favor of SB 2012.
Blair Thoreson, Primary Strategy Group**,** representing Jo Ellison **(**Testimony #25283).
Clete Winkelmann, Executive Director, Nexus- PATH Family Healing (Testimony # 25282).
Doug Wilson, President, Integrated Telehealth Partners, presented an overview (Testimony #25347).

Additional written testimony: Luke Klefstad, Division Director, The Village Family Service Center (#25265).

4:24 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/16/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

10:25 AM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Mobile Crisis teams
- Peer Support
- Children's Mental Health Services
- Certified Community Behavioral Health Clinics
- New State Hospital
- IDM Waiver
- Discharge Process
- Lack of Funding

Carlotta McCleary, Executive Director of Mental Health America of ND, Executive Director of ND Federation of Families for Children's Mental Health, (Testimony # 25602), Chairman of the Behavioral Health Planning Council, (Testimony # 25605).
Veronica Zietz, Executive Director of the North Dakota Protection and Advocacy Project, (#25682, #26878).

Additional written testimony:
Jennifer Illich, Executive Director, First Link, (Testimony #26871).
Jim Vetter, Vice President of Treatment Services and Government Relations, Dakota Boys and Girls Ranch, (Testimony #26869).
Trevor Vannett, North Dakota State Council on Development Disabilities (NDSCDD) Consumer Leadership Committee, (Testimony # 26868).

11:34 AM Chairman J. Nelson closed the meeting**.**

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/17/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

8:47 AM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- SUD Voucher
- Human Services Research Institute
- Tuition assistance
- Opioid Settlement Funds
- Brain Injury Network
- ND Childcare Proposal

Kurt Snyder, Executive Director of the Heartview Foundation, (Testimony # 25621).
Rebecca Quinn, Associate Director, Center for Rural Health, University of North Dakota School of Medicine, (Testimony #25365).
Doug Burgum, ND Governor, (Testimony #25785).
Jessica Thomasson, Executive Director, Human Services Division, Department of Human Services, (Testimony #25645).

Additional written testimony:

Dr. Cory Steiner, Superintendent of the Northern Cass School District, Hunter, ND (Testimony #25557).
Joy Ryan, President/CEO, Dakota Boys and Girls Ranch, Fargo, ND, (Testimony #25568).
Kathy Busche, Licensed Daycare Provided, Hazen, ND, (Testimony # 23937).

12:12 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/20/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

10:18 AM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Housing Support
- Peer Support Services
- Men's Talking Circle
- Wrap Around Model
- Homelessness
- Crisis Intervention
- Stepping Stone Resource Center
- Permanent Supportive Housing

Lorraine Davis, Founder/CEO NATIVE Inc., spoke in favor of SB 2012.
Shiloh Eagle, Standing Rock Sioux Tribe, NATIVE, INC., (#25953).
Andrew Antell, Standing Rock Sioux Tribe, NATIVE, INC., (#25950).
Bruce Murry, Lobbyist, Fraser LTD, Fargo, ND, (#25770).
John Campbell, Executive Director, Fargo-Moorhead Coalition to End Homelessness, Fargo, ND, (# 25773).
Erica Markel, Transitional Youth Services Program Administrator, Fraser, Ltd., Fargo, ND, (#25921).
Sandra Leyland, Chief Executive Officer, Fraser Ltd., Fargo, ND, (#25897) (#26860).
Kandia Qual, Regional Program Director, Dacotah Foundation, (#25808).
Andrea Pfenning, Director of Governmental Affairs**,** Greater North Dakota Chamber, (#25963).

Additional written testimony:
Ty Hegland, Chief Executive Officer /Managing Director, Prairie St. John's, Fargo, ND, (#25771).
Dave Marion, Prairie Recovery Center, Mandan, ND, (#25810**).**
Brenda Bergsrud, Executive Director, Amachi Mentoring, Lake Region Community Shelter, Devils Lake, ND (#25978).

11:49 AM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/20/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

2:46PM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Childcare

Anna Nelson, President, Williston Area Chamber of Commerce, spoke in favor of SB 2012.

2:53PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/21/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

8:30 AM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Institutional Care
- Children's Wavier Services
- Home and Community Based Services
- Adult and Aging Services
- Medicaid

LeAnn Theil, Medical Services, Department of Health and Human Services, (#26024).
Nancy Nikolas Maier, Adult and Aging Services, Department of Health and Human Services, (Continued #26024).
Krista Fremming, Interim Director, Medical Services, Department of Health and Human Services, (#26017).
Eric Hass, Assistant Chief Financial Officer, Department of Health and Human Services, spoke in favor in SB 2012.
Brendan Joyce, Administrator, Pharmacy Services, Department of Health and Human Services (Continued #26017).

11:53 AM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/21/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

3:20 PM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Medicare-Behavioral Health
- Budget request

Krista Fremming, Interim Director, Medical Services, Department of Health and Human Services, (Continued Testimony # 26017), (Testimony # 26178).
Eric Hass, Assistant Chief Financial Officer, Department of Health and Human Services, (Testimony #26439).

4:28 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/22/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

9:00 AM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Executive Office
- Finance
- Legal
- Human Resources
- Communications
- Budget requests

Sara Stolt, Deputy Commissioner, Department of Health and Human Services, (#26328),(#26754),(#26703), (#26753) (#26710).
Jonathan Alm, Chief Legal Officer, Department of Health and Human Services, spoke in favor of SB 2012.
Donna Aukland, Assistant Chief Financial Officer, Department of Health and Human Services, spoke in favor of SB 2012.
Stephanie Gullickson, Analyst, Office of Management and Budget, spoke in favor of HB 2012**.**
Eric Haas, Assistant Chief financial Officer, Department of Health and Human Services, (#26439) (#26759).
Arnie Strebe, Chief Financial Officer, Department of Health and Human Services, spoke in favor of SB 2012.
Chris Jones, Commissioner, Department of Health and Human Services, (Continued #26328).

11:49 AM Chairman J Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/22/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

2:55 PM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Basic Care Payment
- Workforce
- Contract Nursing
- Reimbursement Comparison
- Medicaid Value-Based Purchasing

Shelly Peterson, President of the North Dakota Long Term Care Association, (#26088).
Jill Foertsch, Administrator, St. Gerad's Community of Care, Hankinson, ND, (#26175).
Shawn Stuhaug, President/CEO. Bethany Retirement Living, Fargo, ND, (#26079).
Erik Christenson, Administrator**,** Heart of America Medical Center, Rugby, ND (#26195).
Tim Basal, President, ND Hospital Association, (#26767), (#26766).
Levi Andrist, Lobbyist, GA Group, Health Policy Consortium representing Todd Schaffer.
Todd Schaffer, President/CEO Sanford Health Bismarck representing Health Policy Consortium ND, (#26570).
Darold Bertsch, Knife River Care Center Board Member, spoke in favor of SB 2012.

Additional written testimony:
Andrea Pfenning, Greater North Dakota Chamber, (#26349). **Vicki Peterson,** (#26235)

5:18 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/23/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

10:42 AM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Crisis Line- 988/ First Link
- Underfunding
- New FTE Request
- Medicaid Expansion Capitation
- Hospital Supplemental Payments
- Tennessee Managed Care Capitation Rates
- HIS/Tribal Care Coordination

Pam Sagness, Executive Director, Behavioral Health, Department of Health and Human Services, spoke in favor of SB 2149 and SB 2012.
Sara Stolt, Deputy Commissioner, Department of Health and Human Services, (# 26472).
Donna Aukland, Assistant Chief Financial Officer, Department of Health Human Services, (#26451).
Jonathan Alm, Chief Legal Officer**,** Department of Health and Human Services, (#26481).
Arnie Strebe, Chief Financial Officer, Department of Health and Human Services, spoke in favor of SB 2012.
Krista Fremming, Interim Director, Medical Services, Department of Health and Human Services, (#26469), (# 26482).
Chris Jones, Commissioner, Department of Health and Human Services, spoke in favor of SB 2012.
Erik Elkins, Program Administrator, Medical Services, Department of Health and Human Services, (Continued #26469).

12:10 PM Chairman Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/23/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

2:46 PM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Child Support Systems
- Medicaid Manager Care
- Medicaid Expansion

Sara Stolt, Deputy Commissioner, Department of Health and Human Services spoke in favor of SB 2012.
Jim Flemming, Director Child Support Enforcement Program, Department of Health and Human Services, spoke in favor of SB 2012.
Chelsey Matter, Executive Director, Government Programs, Blue Cross Blue Shield of ND, (#26496).
Courtney Koebele, Executive Director, North Dakota Medical Association, (#26549, #26548).
Trevor Vannett, Medicaid Client, spoke in support of SB 2012.

Additional written testimony:
Tami Barry, Owner, Tami's Angel's Inc. (#26474).
Tim Eissinger, President/CEO, Anne Carlsen, (#26460).

4:01 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
3/28/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

2:31 PM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Revenue/Analysis Worksheet
- General Fund Turnback
- FMAP

Donna Aukland, Assistant Chief Financial Officer, Department of Health and Human Services, (previous testimony #24443).
Eric Haas, Assistant Chief Financial Officer, Department of Health and Human Services, (#26913).
Stephanie Gullickson, Analyst, Office of Management and Budget spoke in favor of SB 2012.
Arnie Strebe, Chief Financial Services, Department of Health and Human Services, (#26928).
Chelsey Matter, Executive Director, Government Programs, Blue Cross Blue Shield spoke in favor of SB 2012.

3:14 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
4/5/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

2:47 PM Chairman J. Nelson called the meeting to order.
Roll call taken.
Chairman J. Nelson, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, and Strinden were present, Vice Chairman Stemen was not present.

Discussion Topics:

- Medicaid Payment Facts
- Medicaid Expansion Budget Option 1
- Medicaid Expansion Budget Option 2
- Insurance Study Highlights
- New Contracts

Chris Jones, Commissioner, Department of Health and Human Services, (#27310).
Jon Godfread, Insurance Commissioner, North Dakota Insurance Department (#27312), (#27321),(#27319).
Donna Aukland, Assistant Chief Financial Officer, Department of Health and Human Services, spoke in favor of SB 2012.
Eric Haas, Assistant Chief Financial Officer, Department of Health and Human Services, (#27316).
Pam Sagness, Executive Director of Behavioral Health, Department of Health and Human Services, spoke in favor of SB 2012.

Additional written testimony: Jon Godfread, Insurance Commissioner, North Dakota Insurance Department (#27320).

4:26 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
4/10/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

10:02 AM Chairman J Nelson opened the meeting.
Roll call taken**.**
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Committee Action
- Crisis response
- Medical coverage for pregnant women

Vice Chairman Stemen proposed and moved amendment 23.0266.02009 (#27399), seconded by **Representative Mitskog**.

Roll call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

10:09 AM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
4/10/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

11:54 AM Chairman J. Nelson opened the meeting.
Roll call taken**.**
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Committee Work
- Amendment

Representative Strinden proposed and moved amendment 23.0266.02011, (#27409), seconded by **Representative Mitskog**, no vote taken, left open.
Brady Larson, Fiscal Analyst, Legislative Council, spoke in favor of SB 2012.
Chris Jones, Commissioner, Department of Health and Human Services, spoke in favor of SB 2012.

12:04 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
4/10/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

2:52 PM Chairman J. Nelson opened the meeting.
Roll call taken**.**
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Alternatives to abortion
- Federal poverty level
- Review Approval Worksheet

Bruce Murry, Lobbyist, Fraser LTD spoke in favor of SB 2012
Cory Pedersen, Director, Children and Family Services, Department of Health and Human
Representative Michelle Strinden proposed and moved a substitute amendment, LC # 23.0266.02011, including certification requirements starting June 2024 seconded by **Representative Mitskog.**

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	N
Representative Michelle Strinden	Y

Motion carried, 7-1-0.

Donna Aukland, Assistant Chief Financial Officer**,** Department of Health and Human Services, (# 24443), (# 27418).

Brady Larson, Fiscal Analyst, Legislative Council, spoke in favor of SB 2012.
Eric Hass, Assistant Chief Financial Officer, Department of Health and Human Services, spoke in favor of SB 2012.
Lyndon Jahner, Accountant, Department of Health and Human Services, (#27418).
Chris Jones, Commissioner, Department of Health and Human Services spoke in favor of SB 2012.

5:02 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
4/11/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

9:16 AM Vice Chairman Stemen opened the meeting.
Roll call taken**.**
Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present. Representative J. Nelson was not present.

Discussion Topics:

- Review Approval Worksheet
- Adjustment to Engrossed SB 2012
- New FTE request
- Salary increase

Donna Aukland, Assistant Chief Operating Officer. Department of Health and Human Services, (#24443), (#27448), (# 27449), (#27450).
Brady Larson, Fiscal Analyst, Legislative Council spoke in favor of SB 2012.
Arnie Strebe, Chief Operating Officer, Department of Health and Human Services, spoke in Favor of SB 2012.

10:02 AM Vice Chairman Stemen closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
4/12/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

1:57 PM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present. Vice Chairman Stemen not present

Discussion Topics:

- Medicaid Expansion
- Committee work

Chairman Nelson reviewed the long sheet with the committee**.**
Krista Fremming, Interim Director, Medical Staff Services, Department of Health and Human Services, (#27517).
Brady Larson, Fiscal Analyst, Legislative Council, spoke in favor of SB 2012.
Arnie Strebe, Chief Financial Officer, Department of Health and Human Services, spoke in favor of SB 2012.
Eric Haas, Assistant Chief Financial Officer, Department of Health and Human Services, spoke in favor of SB 2012.
Rhonda Allery, Zone Director, Ramsey County, spoke in favor of SB 2012.
Craig Kasowski, Executive Director, Children's Advocacy Centers, spoke in favor of SB 2012.
Donna Aukland, Assistant Chief Financial Officer, Department of Health and Human Services spoke in favor of SB 2012.
Stephanie Gullickson, Analyst, Office of Management and Budget spoke in favor of SB 2012.

Representative Kreidt moved to change the community -based services enhancements from $82,800,319 to $7,000,000 dollars, seconded by **Representative Schobinger**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	N
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	N
Representative Emily O'Brien	N
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried 5-3-0.

Representative Kreidt moved to reduce utilization by 200 beds in long-term care, seconded by **Representative Stemen**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	N
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried 7-1-0.

Representative O'Brien moved value-based purchasing of $12 million be added into long-term care, **Representative Kreidt** seconded.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried 8-0-0

Representative Kreidt moved the basic care inflator of 2% and 2% and $5 a day increase in repayment of a bed and rebasing of $500,000 in bad debt. **Representative Kreidt** further amended to eliminate the $5 a day increase, seconded by **Representative Mitskog**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried 8-0-0.

Representative Kreidt moved Children's Advocacy Center remain at $1.6 million instead of the $2.5 million, seconded by **Representative Schobinger**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	N
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	N
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	N

Motion carried, 5-3-0.

Representative O'Brien moved the entire funding of $8.3 million from the Department of Corrections and Rehabilitation be moved to the Department of Human Services, seconded by **Representative Mitskog**.

Representatives	Vote
Representative Jon O. Nelson	N
Representative Greg Stemen	N
Representative Bert Anderson	Y
Representative Gary Kreidt	N
Representative Alisa Mitskog	N
Representative Emily O'Brien	Y

Representative Randy A. Schobinger	N
Representative Michelle Strinden	N

Motion fails, 2-6-0.

Representative Mitskog ask to have her past vote on the Childrens Advocacy Center to be reconsider. **Representative Strinden** seconded the motion.

Voice Vote: motion carried.

Representative Kreidt moved Children's Advocacy Center remain at $1.6 million instead of the $2.5 million, seconded by **Representative Schobinger**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	N
Representative Gary Kreidt	Y
Representative Alisa Mitskog	N
Representative Emily O'Brien	N
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	N

Motion fails, 4-4-0

Representative Kreidt moved to reduce the recovery housing by $1.3 million, **Representative Anderson** seconded.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	N
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	N
Representative Emily O'Brien	N
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	N

Motion fails, 4-4-0

Representative O'Brien moves to remove the behavioral health practitioner reimbursement, and to further discuss in conference committee, seconded by **Representative Anderson**.

Roll call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	N
Representative Michelle Strinden	Y

Motion carried, 7-1-0.

Representative Kreidt moved to reduce the payment rate enhancement from 7 and 4 to 3 and 3, seconded by **Representative Stemen.**

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative Anderson moved to eliminate the $88,478 the developmental disabilities guardianship establisher, seconded by **Representative Kreidt**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	N
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 7-1-0.

Representative Kreidt moved to accept one-time funding to expand public-private childcare benefits (legacy earnings), seconded by **Representative Anderson**.
Chairman Nelson asked if the committee could hold on any action until after they hear the Childcare bill. **Representative Kreidt** withdraws his motion.

Representative Stemen moved to increase the state hospital design to $10 million, seconded by **Representative Schobinger**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

4:03 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
4/13/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

10:05 AM Chairman J. Nelson opened the meeting.
Roll call taken**.**
Chairman J, Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Committee work
- SB 2181, SB 2129

Chairman J. Nelson reviewed the long sheet with committee (#22356).
Brady Larson, Fiscal Analyst, Legislative Committee, spoke in favor of SB 2012.
Pam Sagness, Executive Director, Behavioral Health Services, Department of Health and Human Services, (# 27532).
Donna Aukland, Assistant Chief Financial Officer, Department of Health and Human Services, (#24443).
Eric Haas, Assistant Chief Financial Officer, Department of Health and Human Services spoke in favor of SB 2012.
Arnie Strebe, Chief Financial Officer, Department of Health and Human Services, spoke in favor of SB 2012.

Representative Kreidt moved to reduce the one-time funding revenue enhancement and staffing by $6 million dollars, seconded by **Representative Anderson**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	N
Representative Emily O'Brien	Y

Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 7-1-0.

Representative Stemen moved that State Hospital design be increased to $12.5 million dollars, seconded by **Representative O'Brien**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative O'Brien moved to reinstate the $15.5 million from the Department of Corrections and Rehabilitation budget for Free Through Recovery program to the Department of Health and Human Services budget and leave the 2 FTEs in Department of Corrections and Rehabilitation budget, seconded by **Representative Schobinger**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	A
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 7-0-1.

Representative Kreidt moved to amend SB 2181 to increase the poverty level to $175,000 seconded by **Representative O'Brien.**

Roll Call vote taken:

Representatives	Vote

Representative Jon O. Nelson	A
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 7-0-1.

Representative Stemen moved funding to 1 million dollars for the alternatives for abortion program SB 2129, seconded by **Representative Anderson.**

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative Kreidt moved to do one Certified Community Behavioral Health Clinic (CCBHC) in one region, seconded by **Representative Anderson**.
Representative Strinden rescinds her previous motion regarding CCBHC, seconded by **Representative Anderson**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carries, 8-0-0.

Representative Kreidt moved to reduce the provider inflation adjustment from 4 and 4 to 3 and 3, seconded by **Representative Strinden**.

Roll call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carries, 8-0-0.

Representative Stemen to move the zone employee salary increases back to the executive budget recommendations, seconded by **Representative Kreidt**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	N
Representative Michelle Strinden	Y

Motion carries, 7-1-0.

Representative Kreidt moved to plug back in the 19,9262 million back into the department's budget and remove the three legacy funds of 13 million, seconded by **Representative Anderson**.
Representative Kreidt withdraws his motion, seconded by **Representative Anderson.**

11: 52 AM Vice Chairman Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
4/13/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

2:16 PM Chairman J. Nelson opened the meeting.
Roll call taken**.**
Chairman Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Committee work

Krista Fremming, Interim Director, Medical Staff Services, Department of Health and Human Services, spoke in favor of SB 2012.
Donna Aukland , Assistant Chief Financial Officer, Department of Health and Human Services, spoke in favor of SB 2012.
Pam Sagness, Executive Director, Behavioral Health, Department of Health and Human Services, (# 27532) (#27822).

Representative Kreidt moved an amendment for traditional Medicaid inflators of 2 and 2 for providers, seconded by **Representative O'Brien**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carries, 8-0-0.

Representative Kreidt moved for a 125 % of traditional rates for Medicaid expansion, seconded by **Representative O'Brien**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	N
Representative Michelle Strinden	Y

Motion carries, 7-1-0.

Representative Mitskog moved to add $460,000 to the kinship care under unlicensed relative caregiver assistance, **Representative Schobinger** seconded.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	N
Representative Gary Kreidt	N
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carries, 6-2-0.

Representative Stemen moves to increase an additional $ 3 million dollars to school behavioral health grants, **Representative Strinden** seconded.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	N
Representative Gary Kreidt	N
Representative Alisa Mitskog	Y

Representative Emily O'Brien	Y
Representative Randy A. Schobinger	N
Representative Michelle Strinden	Y

Motion carries, 5-3-0.

Representative O'Brien moved to combine the Kindergarten Readiness program with the Best in Class program to create a new program called Research Based 0-4 program and to strike the sunset clause in the Best in Class program, seconded by **Representative Mitskog**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	N
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	N
Representative Michelle Strinden	Y

Motion carried, 6-2-0.

Representative Kreidt moves to remove 4.5 million from the integrity audits program, seconded by **Representative Anderson.**

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	N
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried 7-1-0.

Representative Kreidt moves to add 13.2 million of underfunding to Behavioral Health Human Services, seconded by **Representative Stemen**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative Schobinger moves to add 7.9 million of underfunding to continue current state of operation at the state hospital, **Representative Stemen** seconded.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

3:27 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
4/13/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

4:36 PM Chairman J. Nelson opened the meeting.
Roll call taken.
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Committee work
- Review Approval Worksheet

Chairman J. Nelson discussed conference committee for SB 2238. Representatives Kreidt Strinden and Anderson to serve.
Donna Aukland, Assistant Chief Financial Officer, Department of Health and Human Services, (#24443).
Eric Hass, Assistant Chief Financial Officer, Department of Health and Human Services spoke in favor of SB 2012.
Arnie Strebe , Chief Financial Officer, Department of Health and Human Services, spoke to HB 1035.

Representative Stemen moved to consistently fund all the providers at 2 and 2, **Representative Kreidt** seconded the motion.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y

Representative Michelle Strinden	Y

Motion carries, 8-0-0.

Representative Kreidt moved to reduce the provider inflator under aging services to 2 and 2, seconded by **Representative Stemen.**

Roll Call taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative Kreidt moved to reduce the provider inflator for family services to 2 and 2, seconded by **Representative Anderson.**

Roll Call taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative Kreidt moved to reduce the provider inflator for behavioral health to 2 and 2, seconded by **Representative Schobinger.**

Roll Call taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y

Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative Stemen moved $1.5 million to be used for implementation of virtual tele/psych. Seconded by **Representative Mitskog**.

Roll Call taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried,8-0-0.

Representative Stemen further amended his motion that the funding be ongoing for tele/psych, seconded by **Representative O'Brien**.

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0

Representative Stemen moved to authorize grant funding spending for preschool development and CCDF, seconded by **Representative O'Brien**,

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y

Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

5:19 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
4/14/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

8:36 AM Chairman J. Nelson opened the meeting.
Roll call taken**.**
Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Medical expansion program
- Amendments
- Committee action

Eric Haas, Assistant Chief Financial Officer, Department of Health and Human Services (#27310), (#27613).
Jon Alm, Chief Legal Officer, Department of Health and Human Services, spoke in favor SB 2012. (#27574), (#27575), (#27572), (# 27573).
Brady Larson, Fiscal Analyst, Legislative Council,spoke in favor of HB 2012..
Tim Blasl, President, North Dakota Hospital Association, spoke in favor of HB 2012.
Representative Stemen, District 27, Fargo,ND, (#27799).
Representative J. Nelson, District 14, Rugby,ND, (#27790).

Representative Kreidt requested to be on record that all other entities receive a 2 and 2 inflator with the exception of DDS, and they would receive a 3 and 3 inflator.

Representative Kreidt moved an amendment that all PPS hospitals have a 0 to 0 inflator seconded by **Representative Anderson**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	N
Representative Michelle Strinden	Y

Motion carried, 7-1-0.

Representative O'Brien move amendment (#27574), repayment of monies from unemployment for child support of $4000, seconded by **Representative Anderson.**

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative Kreidt moved amendment (# 27572), to increase capital payments, insert Southeast Human Service Center language and to approve a block FTE grant, seconded by **Representative Mitskog.**

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative Kreidt moved amendment (#27573), which updates language regarding Medicaid expansion, and rebasing payments on value-based purchasing, seconded by **Representative Anderson**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	N
Representative Michelle Strinden	Y

Motion carried, 7-1-0.

Chairman Nelson proposed amendment LC 23.0266.02005, (#27790), clinical Integration network.
Representative Kreidt moved for adoption of a clinical integration network of critical access hospitals to provide more efficient service, (#27790), seconded by **Representative Stemen.**

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative Stemen proposed an amendment LC 23.0266.02015, (#27799), that a healthcare taskforce be formed to include the insurance commissioner, six regional hospitals, insurance payors and a public member, seconded by **Representative O'Brien**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y

Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

10:23 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
4/14/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

12:04 PM Chairman J. Nelson opened the meeting.
Roll call taken**.**
Chairman J, Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Committee work

Representative Greg Stemen, District 27, Fargo, ND, (#27594).
Representative Michelle Srinden, District 41, Fargo, ND, (#27595).
Representative Robin Wiesz, District 14, Hurdsfield,ND,(#27578).
Representative Alisa Mitskog, District 25, Whapeton,ND, (#27607).

Representative Stemen moved the amendment on Pregnancy and Parenting Resource Website, (#27594), seconded by **Representative Anderson.**

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	N
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 7-1-0.

Representative Strinden moved the amendment on volunteer-based ecumenical ministry organizations, (#27595), seconded by **Representative Stemen**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	N
Representative Michelle Strinden	Y

Motion carried, 7-1-0.

Representative Schobinger moved an amendment to make zone employees state employees, (#27578),seconded by **Representative Mitskog.**

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	N
Representative Bert Anderson	N
Representative Gary Kreidt	N
Representative Alisa Mitskog	N
Representative Emily O'Brien	N
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	N

Motion fails 2-6-0.

Representative Mitskog moved an amendment that each zone board must include a member of the legislative assembly, (#27607), seconded by **Representative Stemen.**

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative Schobinger moves to remove the $1 million under zone employee equity, seconded by **Representative Kreidt**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	N
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 7-1-0.

Representative Kreidt moved to reduce workforce funding by $7 million dollars from the Legacy fund, seconded **Representative Anderson**.

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative Kreidt moved to add back in $6 million into the agency operations, seconded by **Representative Stemen**.

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y

Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

12:57 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
4/14/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

1:20 PM Chairman J. Nelson opened the meeting.
Roll call taken**.**
Chairman J, Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present

Discussion Topics:

- Committee work

Representative Mitskog, District 25, Whapeton, ND, (#27606).
Senator Tim Mathern, District 11, Fargo, ND spoke in favor of HB 2012.

Representative Mitskog proposed amendment LC #23.0266.02002, (#27606).

Representative Mitskog moved amendment for a feasibility study for a social work compact, (#27606), seconded by **Representative Anderson**.

Roll Call vote taken**:**

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0

1:27 PM Chairman J. Nelson, closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
4/14/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date

1:50 PM Chairman Nelson called to order.
Roll call taken**.**
Chairman J, Nelson, Vice Chairman Stemen, Representatives B. Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden were present.

Discussion Topics:

- Committee work

Brady Larson, Fiscal Analyst, Legislative Council spoke in favor of SB 2012.
Jon Alm, Chief Legal Officer, Department of Health and Human Services, (#27591), (#27592).
Jessica Thomasson, Executive Director, Human Services, Department of Health and Human Services, spoke in favor of 2012.
Rudie Martinson, Lobbyist, Primacy Strategy Group, spoke in favor of SB 2012.
Tim Blasl, President, North Dakota Hospital Association, spoke in favor of SB 2012.

Representative Stemen moved to replace the funding that was removed in behavioral health and increase reimbursement for the behavioral health nurse practitioner to 100%, seconded by **Representative O'Brien**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	N
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 7-1-0.

Representative O'Brien moved to remove childhood rating infrastructure capacity, childcare reimbursement quality tiers, childcare assistance, improved access to childcare, criminal background checks and childhood career grants, from the long sheet for a total of $43.9 million dollars, seconded by **Representative Stemen**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative Kreidt moved the Northwest Human Service Area Behavioral Health Facility Grant, seconded by **Representative O'Brien.**

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative O'Brien moved the Badlands Human Service Area Behavioral Health Facility Grant, seconded by **Representative Mitskog**.

Roll Call vote taken**:**

Representatives	Vote
Representative Jon O. Nelson	N
Representative Greg Stemen	N
Representative Bert Anderson	N

Representative Gary Kreidt	N
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	N

Motion fails, 3-5-0.

Representative Schobinger moved an amendment to revisit the medical services reduction and increase it to 140%, seconded by **Representative Mitskog.**

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	N
Representative Greg Stemen	Y
Representative Bert Anderson	N
Representative Gary Kreidt	N
Representative Alisa Mitskog	N
Representative Emily O'Brien	N
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	N

Motion fails, 2-6-0.

Representative Schobinger moves the inflator from 0 and 0 to 1 and 1 for medical staff, seconded by **Representative Mitskog.**

Representatives	Vote
Representative Jon O. Nelson	N
Representative Greg Stemen	N
Representative Bert Anderson	N
Representative Gary Kreidt	N
Representative Alisa Mitskog	N
Representative Emily O'Brien	N
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	N

Motion fails, 1-7-0.

Representative O'Brien moved to move $1,876 million from the CHTF to fund 988, seconded by **Representative Stemen**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative Nelson discussed a rural facility senior enhancement grant for Central North Dakota for one- time funding of $200,000.

Representative Stemen moved to provide a rural facility senior enhancement grant to purchase a café for a Senior Center, **Representative Mitskog** seconded.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	N
Representative Bert Anderson	N
Representative Gary Kreidt	N
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	N
Representative Michelle Strinden	N

Motion fails, 3-5-0.

Representative Strinden moved an amendment for a cross disability council and consultant for $700,000 from the CHTF, seconded by **Representative O'Brien.**

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	N
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y

Representative Michelle Strinden	Y

Motion carries, 7-1-0

Representative Kreidt moved to create a block grant line item, seconded by **Representative Mitskog.**

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

Representative Mitskog moved salary increases, seconded by **Representative Kreidt.**

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	N
Representative Michelle Strinden	Y

Motion carried, 7-1-0.

Representative Stemen moves authorization of the department to adjust their FTE positions, subject to availability of funds, seconded by **Representative O'Brien.**

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	Y
Representative Gary Kreidt	Y

Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 8-0-0.

3:00 PM Chairman Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

SB 2012
4/17/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

3:00 PM Chairman J. Nelson opened the meeting.
Roll call taken**.**
Chairman J. Nelson, Vice Chair Stemen, Representatives Kreidt, Mitskog, O'Brien, Strinden, Schobinger present. Not present: B Anderson.

Discussion Topics:

- Committee Action

Brady Larson, Fiscal Analyst, Legislative Council, proposed amendment 23.0266.02008, (#27624).
Eric Hass, Assistant Chief Financial Officer, Department of Health and Human Services, spoke in favor of HB 2012.

Representative Kreidt moved to adopt the amendment 23.0266.02008 (#27624), seconded by **Representative O'Brien.**

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	A
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 7-0-1.

Representative Kreidt moved a do pass as amended, seconded by **Representative O'Brien**.

Roll Call vote taken:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Greg Stemen	Y
Representative Bert Anderson	A
Representative Gary Kreidt	Y
Representative Alisa Mitskog	Y
Representative Emily O'Brien	Y
Representative Randy A. Schobinger	Y
Representative Michelle Strinden	Y

Motion carried, 7-0-1.

3:43 PM Chairman J. Nelson closed the meeting.

Jan Kamphuis, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Brynhild Haugland Room, State Capitol

SB 2012
4/18/2023

A BILL for an Act of appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to amend and reenact sections 50-06-42,50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-60-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; to provide for a report; and to provide an effective date.

5:20 PM Chairman Vigesaa Called the meeting to order and roll call was taken-

Members Present; Chairman Vigesaa, Representatives B. Anderson, Brandenburg, Hanson, Kreidt, Martinson, Mitskog, Meier, Mock, Monson, Nathe, J. Nelson, O'Brien, Pyle, Richter, Sanford, Schatz, Schobinger, Strinden, G. Stemen and Swiontek.

Members not Present- Representative Bellew, and Kempenich

Discussion Topics:

- Amendment
- Committee Action

Representative J. Nelson- Gives the statement of purpose and explains the amendment 23.0266.02008 (Testimony #27690)

Representative J. Nelson- Move to adopt amendment 23.0266.02008

Representative G. Stemen Seconds the motion.

Committee Discussion- Roll call vote

Representatives	Vote
Representative Don Vigesaa	Y
Representative Keith Kempenich	A
Representative Bert Anderson	Y
Representative Larry Bellew	A
Representative Mike Brandenburg	A
Representative Karla Rose Hanson	Y
Representative Gary Kreidt	Y
Representative Bob Martinson	Y
Representative Lisa Meier	Y
Representative Alisa Mitskog	Y

Representative Corey Mock	Y
Representative David Monson	A
Representative Mike Nathe	Y
Representative Jon O. Nelson	Y
Representative Emily O'Brien	Y
Representative Brandy Pyle	Y
Representative David Richter	Y
Representative Mark Sanford	Y
Representative Mike Schatz	N
Representative Randy A. Schobinger	Y
Representative Greg Stemen	Y
Representative Michelle Strinden	Y
Representative Steve Swiontek	Y

Motion Carries 18-1-4

Representative Kreidt – Move to further amend by changing from 180 days to 360 days.

Representative G. Stemen- Seconds the Motion

Committee Discussion-Roll call vote

Representatives	Vote
Representative Don Vigesaa	Y
Representative Keith Kempenich	A
Representative Bert Anderson	Y
Representative Larry Bellew	A
Representative Mike Brandenburg	Y
Representative Karla Rose Hanson	Y
Representative Gary Kreidt	Y
Representative Bob Martinson	Y
Representative Lisa Meier	Y
Representative Alisa Mitskog	Y
Representative Corey Mock	Y
Representative David Monson	A
Representative Mike Nathe	Y
Representative Jon O. Nelson	Y
Representative Emily O'Brien	Y
Representative Brandy Pyle	Y
Representative David Richter	Y
Representative Mark Sanford	Y
Representative Mike Schatz	Y
Representative Randy A. Schobinger	Y
Representative Greg Stemen	Y
Representative Michelle Strinden	Y
Representative Steve Swiontek	Y

Motion Carries 20-0-3

Representative J. Nelson- Move for a Do Pass as Amended

Representative O'Brien Seconds the Motion

Committee Discussion- Roll call vote

Representatives	Vote
Representative Don Vigesaa	Y
Representative Keith Kempenich	A
Representative Bert Anderson	Y
Representative Larry Bellew	A
Representative Mike Brandenburg	Y
Representative Karla Rose Hanson	Y
Representative Gary Kreidt	Y
Representative Bob Martinson	Y
Representative Lisa Meier	Y
Representative Alisa Mitskog	Y
Representative Corey Mock	Y
Representative David Monson	Y
Representative Mike Nathe	Y
Representative Jon O. Nelson	Y
Representative Emily O'Brien	Y
Representative Brandy Pyle	Y
Representative David Richter	Y
Representative Mark Sanford	Y
Representative Mike Schatz	N
Representative Randy A. Schobinger	Y
Representative Greg Stemen	Y
Representative Michelle Strinden	Y
Representative Steve Swiontek	Y

Motion Carries 20-1-2 Representative J. Nelson will carry the bill.

Chairman Vigesaa Closed the meeting for SB 2012

Risa Berube, Committee Clerk

23.0266.02021
Title.03000
Fiscal No. 1

Prepared by the Legislative Council staff for
the House Appropriations Committee
April 18, 2023

AG 4-19-23 (1-25)

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 1, line 2, after "services" insert "; to provide an appropriation to the university of North Dakota school of medicine and health sciences"

Page 1, line 2, after "exemption" insert "; to create and enact a new section to chapter 50-06 and a new subsection to section 50-24.1-07 of the North Dakota Century Code, relating to a North Dakota legislative health care task force, and Medicaid claims"

Page 1, line 3, after "sections" insert "50-01.2-01,"

Page 1, line 3, after "50-06-42" insert ", 50-11.1-02, 50-11.1-22, 50-11.1-23, 50-11.1-24"

Page 1, line 3, after the second comma insert "subsection 5 of section 50-24.1-37 and sections 50-24.5-02.3"

Page 1, line 3, after "to" insert "human service zone board membership,"

Page 1, line 4, after "services" insert ", the best in class program, basic care payment rates, the Medicaid expansion program"

Page 1, line 6, after the second "a" insert "legislative management"

Page 1, line 7, remove "and"

Page 1, line 7, after "date" insert "; and to declare an emergency"

Page 1, remove lines 19 through 24

Page 2, remove lines 1 through 31

Page 3, replace lines 1 through 7 with:

"Salaries and wages	$21,363,556	($21,363,556)	$0
Salaries and wages block grant	0	456,750,493	456,750,493
Operating expenses	151,161,924	94,904,000	246,065,924
Capital assets	75,000	0	75,000
Total all funds	$172,600,480	$530,290,937	$702,891,417
Less estimated income	92,905,426	293,046,361	385,951,787
Total general fund	$79,695,054	$237,244,576	$316,939,630

Subdivision 2.

PROGRAM AND POLICY

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$122,081,310	($122,081,310)	$0
Operating expenses	176,078,719	52,389,611	228,468,330
Capital assets	10,000	0	10,000
Grants	467,144,387	166,930,099	634,074,486
Grants - medical assistance	3,028,666,463	207,208,461	3,235,874,924
Opioid prevention	0	2,000,000	2,000,000
Total all funds	$3,793,980,879	$306,446,861	$4,100,427,740

Less estimated income	2,499,452,627	114,043,110	2,613,495,737
Total general fund	$1,294,528,252	$192,403,751	$1,486,932,003

AG 4-19-23 (1-25)

Subdivision 3.

FIELD SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Human service centers	$163,213,829	($116,168,572)	$47,045,257
Institutions	130,383,428	(69,570,994)	60,812,434
Total all funds	$293,597,257	($185,739,566)	$107,857,691
Less estimated income	114,273,300	(84,296,246)	29,977,054
Total general fund	$179,323,957	($101,443,320)	$77,880,637

Subdivision 4.

COUNTY SOCIAL SERVICE FINANCING

	Base Level	Adjustments or Enhancements	Appropriation
County social services	$189,917,386	$3,996,275	$193,913,661
Total all funds	$189,917,386	$3,996,275	$193,913,661
Less estimated income	188,676,995	5,219,793	193,896,788
Total general fund	$1,240,391	($1,223,518)	$16,873

Subdivision 5.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total general fund	$1,554,787,654	$326,981,489	$1,881,769,143
Grant total special funds	2,895,308,348	328,013,018	3,223,321,366
Grant total all funds	$4,450,096,002	$654,994,507	$5,105,090,509
Full-time equivalent positions	2,265.33	0.00	2,265.33"

Page 3, replace line 11 with:

"Technology projects	$67,596,372	$71,000,000"

Page 3, replace line 18 with:

"State hospital design	0	12,500,000
Service grants	0	585,000
Cross-disability advisory council	0	700,000
Behavioral health facility grants	0	1,950,000"

Page 3, remove lines 20 and 21

Page 3, replace lines 23 through 26 with:

"Law enforcement telehealth	0	2,650,000
Total all funds	$216,080,305	$111,684,498
Less estimated income	191,847,089	99,452,326
Total general fund	$24,233,216	$12,232,172

SECTION 3. APPROPRIATION - UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE AND HEALTH SCIENCES - CLINICAL INTEGRATED NETWORK GRANT.

AG 4-19-23 (3-25)

1. There is appropriated out of any moneys in the community health trust fund in the state treasury, not otherwise appropriated, the sum of $3,500,000, or so much of the sum as may be necessary, to the university of North Dakota school of medicine and health sciences for the purpose of the center for rural health awarding a grant to a clinical integrated network, for the biennium beginning July 1, 2023, and ending June 30, 2025.

2. To qualify for a grant under this section, an applicant:

   a. Must be a statewide value-based clinical integrated network that supports a majority of the independent critical access hospitals in the state.

   b. Must certify one dollar of matching funds for every five dollars of grant funds awarded.

   c. Shall demonstrate a strategic plan to accomplish the following goals:

      (1) Implementation of a data-sharing platform;

      (2) Utilization of value-based care contract modeling;

      (3) Utilization of data analytics software to provide for risk stratification and referral management capabilities;

      (4) Development of unified care management practices; and

      (5) Staffing of the clinical integrated network.

   d. Shall agree during the 2023-25 and 2025-27 bienniums to make annual reports to the department of health and human services and the center for rural health on the use of the grant funds and the status of accomplishing the clinical integrated network strategic plan goals.

SECTION 4. APPROPRIATION - 2021-23 BIENNIUM - CHILD SUPPORT. There is appropriated out of any moneys in the department of health and human services operating fund in the state treasury, not otherwise appropriated, the sum of $4,000, or so much of the sum as may be necessary, to the the department of health and human services for the purpose of repayment of moneys, including interest, not withheld by the state in accordance with section 14-09-09.16 from an obligor's unemployment benefits from June 1, 2021, through September 30, 2021, for the period beginning with the effective date of this section and ending June 30, 2023."

Page 3, line 29, remove "and"

Page 3, line 29, after "3" insert ", and 4"

Page 4, remove lines 3 through 8

Page 4, line 9, replace "health and human services." with "The department of health and human services may use the transfer authority in this section to transfer or expend funds for the continuation of the community behavioral health program pursuant to section 54-23.3-10."

Page 4, after line 22, insert:

AGF
4-19-23
(4-25)

"**SECTION 7. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT.** Subdivision 1 of this Act includes funding for a full-time equivalent position block grant program. This funding, along with salaries and wages funding appropriated in House Bill No. 1004, as approved by the sixty-eighth legislative assembly, is available to fund full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department may not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 5 of this Act, the department is authorized to transfer funding to and from the salaries and wages block grant line item. The department shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions. The department shall provide reports to the legislative management regarding the use of funding for the program."

Page 4, line 25, replace "$21,600,000" with "$23,200,000"

Page 4, line 28, replace "item" with "items"

Page 4, line 28, replace "subdivision" with "subdivisions 1 and"

Page 4, line 28, replace "$221,600,000" with "$223,200,000"

Page 5, line 2, replace "item" with "items"

Page 5, line 2, replace "subdivision" with "subdivisions 1 and"

Page 5, line 2, replace "$20,400,000" with "$22,967,500"

Page 5, line 3, remove "defraying expenses of the child support computer"

Page 5, line 4, replace "replacement project" with "the following purposes:

1. The sum of $20,400,000 for the child support computer replacement project;

2. The sum of $1,867,500 for the 988 crisis hotline program; and

3. The sum of $700,000 for costs to implement the cross-disability advisory council"

Page 5, replace lines 5 through 7 with:

"**SECTION 11. ESTIMATED INCOME - HEALTH CARE TRUST FUND.** The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the health care trust fund for basic care facility bad debt expense.

SECTION 12. ESTIMATED INCOME - FEDERAL STATE FISCAL RECOVERY FUND. The estimated income line items in subdivisions 2 and 3 of section 1 of this Act includes the sum of $3,235,000 from the federal state fiscal recovery fund for the following purposes:

1. The sum of $2,650,000 to implement a virtual behavioral health crisis care program for rural law enforcement;

2. The sum of $300,000 for crisis organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events. After July 1, 2024, this funding may be provided only to organizations that are certified in services provided by the organization; and

AG 4-19-23 (5-25)

3. The sum of $285,000 for grants to volunteer-based ecumenical ministry organizations."

Page 5, line 10, replace "$17,735,154" with "$25,235,154"

Page 5, line 13, replace "$5,000,000" with "$12,500,000"

Page 5, after line 15, insert:

"**SECTION 14. BEHAVIORAL HEALTH FACILITY GRANTS.** Section 1 of this Act includes the sum of $1,950,000 from the general fund for the purpose of providing a one-time behavioral health facility grant to establish a behavioral health facility in the northwest human service center region, for the period beginning with the effective date of this Act and ending June 30, 2025. The department of health and human services shall provide a grant as follows:

1. The grant recipient must provide matching funds of $1,750,000 to establish the facility.

2. The grant term must be for five years.

3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

4. To receive the grant, the behavioral health facility shall:

   a. Submit an application in the form and manner prescribed by the department;

   b. Enter into a grant agreement with the department;

   c. Use grant funds to support the provision of behavioral health in the grant award service areas;

   d. Provide and disclose information needed to comply with the department's data collection requirements; and

   e. Operate in compliance with grant requirements.

5. The department may recapture grant funds distributed to a grant recipient found by the department to be out of compliance with the requirements established by the grant program, including ending or reducing the operation of the behavioral health facility in the service area.

6. The department may not collect property, equipment, or supplies purchased with grant funds from the grant recipient after successful completion of the terms of the grant."

Page 5, line 18, after "hospital" insert ", southeast human service center,"

Page 5, line 19, replace "3" with "5"

AG
4-19-25
(6-25)

Page 5, line 24, after "hospital" insert ", southeast human service center,"

Page 5, line 30, replace "3" with "5"

Page 6, line 23, replace "$5,000,000" with "$12,500,000"

Page 6, line 24, after "fund" insert "as identified in section 13 of this Act"

Page 7, line 3, replace "$942,550,279" with "$660,648,280"

Page 7, line 4, replace "$94,225,028" with "$66,064,828"

Page 7, line 21, remove "Critical access hospitals may not be paid less than one"

Page 7, remove line 22

Page 7, line 26, after "reimbursement" insert ". Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate"

Page 8, after line 2, insert:

"6. Except for the provisions in subsection 4, provider reimbursement rates under the medical assistance expansion program may not exceed one hundred twenty-five percent of traditional Medicaid reimbursement. Payment rate adjustments shall include alternative payment arrangements aimed at cost-effective, quality improvement strategies. This subsection applies to any medical assistance expansion program provider fee schedule which becomes effective on or after January 1, 2024.

SECTION 21. DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND PARENTING RESOURCE WEBSITE. The department of health and human services shall develop and maintain a state internet website that provides information and links to social services, financial assistance, parenting information, maternal and childbirth life services, planning guidance, care centers and agencies, and other available public and private resources for expectant families and new parents. The department may contract with a third party for the development of the website. The website must be operational by August 1, 2023, and have a domain name life.nd.gov or a similar domain name. The website must be distinct from the department's website and the department shall place a clear and conspicuous link to the website on the department website."

Page 9, after line 11, insert:

"**SECTION 23. AMENDMENT.** Section 50-01.2-01 of the North Dakota Century Code is amended and reenacted as follows:

50-01.2-01. Human service zone board - Members - Qualifications.

The board of county commissioners of each county within the human service zone shall appoint the appointed members of the human service zone board based upon fitness to serve as members by reason of character, experience, and training without regard to political affiliation. Appointed members of the human service zone board must consist of local elected officials and other key community partners, including at least one member of the legislative assembly. If a human service zone consists of two or more counties, each county must be represented on the human service zone board by only one county commissioner of that county. If a human service zone consists of a single county, the county must be represented on the human service

zone board by no more than two county commissioners of that county and the human service zone board must have at least five appointed members. Appointed members shall elect a vice presiding officer and appoint a secretary, and other officers as the human service zone board determines necessary. The human service zone director shall serve as presiding officer of the human service zone board as a nonappointed member.

AGR 4-19-23 (7-25)

SECTION 24. A new section to chapter 50-06 of the North Dakota Century Code is created and enacted as follows:

North Dakota legislative health care task force - Duties - Membership - Legislative management report.

There is created a North Dakota legislative health care task force. The task force shall meet at least once each quarter and may request, obtain, review, and analyze information relating to North Dakota health care, including data, reports, audits, and other information as requested by the task force. The task force shall submit a report of its activities and any recommendations to improve health care in the state to the legislative management by October first of each year. The chairman of the task force must be a member of the legislative assembly as selected by the task force. The task force consists of the following members:

1. The chairman of the house appropriations committee human resources division, or the chairman's designee;
2. The chairman of the senate appropriations committee human resources division, or the chairman's designee;
3. The chairman of the house human services committee, or the chairman's designee;
4. The chairman of the senate human services committee, or the chairman's designee;
5. One member of the house of representatives as appointed by the house minority leader;
6. One member of the senate as appointed by the senate minority leader;
7. The commissioner of the department of health and human services, or the commissioner's designee;
8. Two members of the department of health and human services as appointed by the commissioner of the department of health and human services;
9. One member from the governor's office appointed by the governor;
10. The insurance commissioner or the insurance commissioner's designee;
11. Two members to represent the North Dakota health insurance industry;
12. One member of the public appointed by an organization that represents North Dakota businesses;

13. One member appointed by the Indian affairs commissioner to represent tribal health care;

14. One member from a North Dakota association that represents physicians; and

15. Five members from a North Dakota association that represents hospitals, of which:

    a. Two members must represent rural hospitals, including one representative of a hospital in a city with a population of ten thousand or more and one representative of a hospital in a city with a population under ten thousand;

    b. Two members must represent urban hospitals, including one representative of an independent hospital and one representative of an integrated health care system; and

    c. One member must represent a psychiatric hospital.

SECTION 25. AMENDMENT. Section 50-11.1-02 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-02. Definitions. ~~(Effective through June 30, 2025)~~

As used in this chapter, unless the context or subject matter otherwise requires:

1. "Authorized agent" means the human service zone, unless another entity is designated by the department.

2. "Child care center" means an early childhood program licensed to provide early childhood services to nineteen or more children.

3. "Department" means the department of health and human services.

4. "Drop-in care" means the care of children on a one-time, occasional, or unscheduled basis to meet the short-term needs of families.

5. "Early childhood program" means any program licensed under this chapter where early childhood services are provided for at least two hours a day for three or more days a week.

6. "Early childhood services" means the care, supervision, education, or guidance of a child or children, which is provided in exchange for money, goods, or other services. Early childhood services does not include:

    a. Substitute parental child care provided pursuant to chapter 50-11.

    b. Child care provided in any educational facility, whether public or private, in grade one or above.

    c. Child care provided in a kindergarten which has been established pursuant to chapter 15.1-22 or a nonpublic elementary school program approved pursuant to section 15.1-06-06.1.

AG 4-19-25 (9-25)

d. Child care, preschool, and prekindergarten services provided to children under six years of age in any educational facility through a program approved by the department.

e. Child care provided in facilities operated in connection with a church, business, or organization where children are cared for during periods of time not exceeding four continuous hours while the child's parent is attending church services or is engaged in other activities, on the premises.

f. Schools or classes for religious instruction conducted by religious orders during the summer months for not more than two weeks, Sunday schools, weekly catechism, or other classes for religious instruction.

g. Summer resident or day camps for children which serve no children under six years of age for more than two weeks.

h. Sporting events, practices for sporting events, or sporting or physical activities conducted under the supervision of an adult.

i. Head start and early head start programs that are federally funded and meet federal head start performance standards.

j. Child care provided in a medical facility by medical personnel to children who are ill.

7. "Family child care" means a private residence licensed to provide early childhood services for no more than seven children at any one time, except that the term includes a residence licensed to provide early childhood services to two additional school-age children.

8. "Four-year old program" means an approved child care program operated by a public or private educational entity or an early childhood program designed to serve four-year olds.

9. "Group child care" means a child care program licensed to provide early childhood services for thirty or fewer children.

10. "Household member" means an adult living in the private residence out of which a program is operated, regardless of whether the adult is living there permanently or temporarily.

11. "Human service zone" means a county or consolidated group of counties administering human services within a designated area in accordance with an agreement or plan approved by the department.

12. "In-home provider" means any person who provides early childhood services to children in the children's home.

13. "Licensed" means an early childhood program has the rights, authority, or permission granted by the department to operate and provide early childhood services.

14. "Multiple licensed program" means an early childhood program licensed to provide more than one type of early childhood services.

AG 4-19-23 (10-25)

15. "Owner" or "operator" means the person who has legal responsibility for the early childhood program and premises.

16. "Parent" means an individual with the legal relationship of father or mother to a child or an individual who legally stands in place of a father or mother, including a legal guardian or custodian.

17. "Premises" means the indoor and outdoor areas approved for providing early childhood services.

18. "Preschool" means a program licensed to offer early childhood services, which follows a preschool curriculum and course of study designed primarily to enhance the educational development of the children enrolled and which serves no child for more than three hours per day.

19. "Public approval" means a nonlicensed early childhood program operated by a government entity that has self-certified that the program complies with this chapter.

20. "Registrant" means the holder of an in-home provider registration document issued by the department in accordance with this chapter.

21. "Registration" means the process whereby the department maintains a record of all in-home providers who have stated that they have complied or will comply with the prescribed standards and adopted rules.

22. "Registration document" means a written instrument issued by the department to publicly document that the registrant has complied with this chapter and the applicable rules and standards as prescribed by the department.

23. "School-age child care" means a child care program licensed to provide early childhood services on a regular basis for nineteen or more children aged five years through eleven years.

24. "School-age children" means children served under this chapter who are at least five years but less than twelve years of age.

25. "Self-declaration" means voluntary documentation of an individual providing early childhood services in a private residence for up to five children through the age of eleven, of which no more than three may be under the age of twenty-four months.

26. "Staff member" means an individual:

    a. Who is an employee of an early childhood program or of an early childhood services provider under a self-declaration;

    b. Whose activities involve the care, supervision, or guidance of children of an early childhood program; or

    c. Who may have unsupervised access to children under the care, supervision, or guidance of an early childhood program or early childhood services provider under a self-declaration.

~~**Definitions. (Effective after June 30, 2025)**~~

AG 4-19-23 (11-25)

~~As used in this chapter, unless the context or subject matter otherwise requires:~~

1. ~~"Authorized agent" means the human service zone, unless another entity is designated by the department.~~

2. ~~"Child care center" means an early childhood program licensed to provide early childhood services to nineteen or more children.~~

3. ~~"Department" means the department of health and human services.~~

4. ~~"Drop-in care" means the care of children on a one-time, occasional, or unscheduled basis to meet the short-term needs of families.~~

5. ~~"Early childhood program" means any program licensed under this chapter where early childhood services are provided for at least two hours a day for three or more days a week.~~

6. ~~"Early childhood services" means the care, supervision, education, or guidance of a child or children, which is provided in exchange for money, goods, or other services. Early childhood services does not include:~~

   a. ~~Substitute parental child care provided pursuant to chapter 50-11.~~

   b. ~~Child care provided in any educational facility, whether public or private, in grade one or above.~~

   c. ~~Child care provided in a kindergarten which has been established pursuant to chapter 15.1-22 or a nonpublic elementary school program approved pursuant to section 15.1-06-06.1.~~

   d. ~~Child care, preschool, and prekindergarten services provided to children under six years of age in any educational facility through a program approved by the department.~~

   e. ~~Child care provided in facilities operated in connection with a church, business, or organization where children are cared for during periods of time not exceeding four continuous hours while the child's parent is attending church services or is engaged in other activities, on the premises.~~

   f. ~~Schools or classes for religious instruction conducted by religious orders during the summer months for not more than two weeks, Sunday schools, weekly catechism, or other classes for religious instruction.~~

   g. ~~Summer resident or day camps for children which serve no children under six years of age for more than two weeks.~~

   h. ~~Sporting events, practices for sporting events, or sporting or physical activities conducted under the supervision of an adult.~~

   i. ~~Head start and early head start programs that are federally funded and meet federal head start performance standards.~~

   j. ~~Child care provided in a medical facility by medical personnel to children who are ill.~~

7. ~~"Family child care" means a private residence licensed to provide early childhood services for no more than seven children at any one time, except that the term includes a residence licensed to provide early childhood services to two additional school-age children.~~ AG 4-19-23 (12-25)

8. ~~"Group child care" means a child care program licensed to provide early childhood services for thirty or fewer children.~~

9. ~~"Household member" means an adult living in the private residence out of which a program is operated, regardless of whether the adult is living there permanently or temporarily.~~

10. ~~"Human service zone" means a county or consolidated group of counties administering human services within a designated area in accordance with an agreement or plan approved by the department.~~

11. ~~"In-home provider" means any person who provides early childhood services to children in the children's home.~~

12. ~~"Licensed" means an early childhood program has the rights, authority, or permission granted by the department to operate and provide early childhood services.~~

13. ~~"Multiple licensed program" means an early childhood program licensed to provide more than one type of early childhood services.~~

14. ~~"Owner" or "operator" means the person who has legal responsibility for the early childhood program and premises.~~

15. ~~"Parent" means an individual with the legal relationship of father or mother to a child or an individual who legally stands in place of a father or mother, including a legal guardian or custodian.~~

16. ~~"Premises" means the indoor and outdoor areas approved for providing early childhood services.~~

17. ~~"Preschool" means a program licensed to offer early childhood services, which follows a preschool curriculum and course of study designed primarily to enhance the educational development of the children enrolled and which serves no child for more than three hours per day.~~

18. ~~"Public approval" means a nonlicensed early childhood program operated by a government entity that has self-certified that the program complies with this chapter.~~

19. ~~"Registrant" means the holder of an in-home provider registration document issued by the department in accordance with this chapter.~~

20. ~~"Registration" means the process whereby the department maintains a record of all in-home providers who have stated that they have complied or will comply with the prescribed standards and adopted rules.~~

21. ~~"Registration document" means a written instrument issued by the department to publicly document that the registrant has complied with this~~

AG 4-19-23 (13-25)

~~chapter and the applicable rules and standards as prescribed by the department.~~

~~22. "School-age child care" means a child care program licensed to provide early childhood services on a regular basis for nineteen or more children aged five years through eleven years.~~

~~23. "School-age children" means children served under this chapter who are at least five years but less than twelve years of age.~~

~~24. "Self-declaration" means voluntary documentation of an individual providing early childhood services in a private residence for up to five children through the age of eleven, of which no more than three may be under the age of twenty-four months.~~

~~25. "Staff member" means an individual:~~

~~a. Who is an employee of an early childhood program or of an early childhood services provider under a self-declaration;~~

~~b. Whose activities involve the care, supervision, or guidance of children of an early childhood program; or~~

~~c. Who may have unsupervised access to children under the care, supervision, or guidance of an early childhood program or early childhood services provider under a self-declaration.~~

SECTION 26. AMENDMENT. Section 50-11.1-22 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-22. Early childhood grant for best in class four-year old experiences. ~~(Expired effective July 1, 2025)~~

1. A four-year old program deemed eligible under section 50-11.1-23 may submit an application for the best in class four-year old experiences grant. An approved program is eligible for an annual award of one hundred twenty thousand dollars per approved group size. The grant award must be matched with no less than twenty thousand dollars in other funds. The department shall assign a program support coach to each approved program. An approved program:

   a. Shall utilize the assigned support coach and utilize the sliding fee scale for parent fees, as established by the department.

   b. May use grant funds to support the provision of quality early childhood experiences, including expenditures related to staffing, training, equipment, and supplies.

   c. May not use grant funds for construction or rehabilitation. An approved program must enter a grant agreement with the department.

2. The department may not collect equipment or supplies purchased with grant funds from the approved program after successful completion of the term of the grant.

SECTION 27. AMENDMENT. Section 50-11.1-23 of the North Dakota Century Code is amended and reenacted as follows:

AG 4-19-23 (14-25)

50-11.1-23. Eligibility for best in class four-year old experiences grant. ~~(Expired effective July 1, 2025)~~

1. A four-year old program may submit, in the form and manner prescribed by the department, an application to the department for a grant under section 50-11.1-22, if the provider certifies to the department the provider:

   a. Operates a four-year old program in this state;

   b. Operates a four-year old program for children who have reached four years of age before August first in the year of enrollment;

   c. Operates a four-year old program that has a duration of at least four hundred hours over a period of at least thirty-two consecutive weeks;

   d. Incorporates within the four-year old program at least ten hours of research-based family engagement;

   e. Has been determined to meet the standards and expectations of no less than step three in the North Dakota early childhood quality improvement system;

   f. Is willing to admit children of all learning abilities into the four-year old program;

   g. Is willing to admit children who receive assistance from the child care assistance program into the four-year old program; and

   h. Is willing to operate in compliance with the grant requirements, including:

      (1) Maintaining the recommended group size for number of children served in the four-year old program;

      (2) Complying with requirements related to qualifications, training, and professional development of staff delivering services in the four-year old program; and

      (3) Adhering to expectations established by the department related to four-year old program monitoring and oversight.

2. The department may distribute grants under this section to approved four-year old programs, including four-year old programs operated as early childhood programs by educational facilities or federally funded head start programs or in connection with a church, business, or organization that operates a four-year old program.

3. The department may recapture grant funds distributed to an approved four-year old program found by the department to be out of compliance with requirements established for the best in class four-year old experiences grant program.

SECTION 28. AMENDMENT. Section 50-11.1-24 of the North Dakota Century Code is amended and reenacted as follows:

AG
4-19-25
(15-25)

50-11.1-24. Grant program data collection - Requirements. ~~(Expired effective July 1, 2025)~~

The state agency with approval authority over four-year old programs, with the advice and consent of the department, shall implement a uniform system for the accounting, budgeting, and reporting of data by any four-year old program provider to whom or to which grants are distributed under section 50-11.1-23. Grants may be withheld or forfeited, in whole or in part, if information required in accordance with this section is not submitted at the time or in the manner requested by the state agency with approval authority over four-year old programs. A grant recipient shall consent to provide information needed to comply with data collection requirements. The state agency with approval authority over four-year old programs shall disclose the requested information to the department.

SECTION 29. A new subsection to section 50-24.1-07 of the North Dakota Century Code is created and enacted as follows:

In any probate proceedings in which the department has filed a claim under this section, no additional evidence of foundation may be required for the admission of the department's payment record supporting the department's claim if the payment record is certified as a true copy and bears the signature of a representative of the department. There is a rebuttable presumption that the amount of medical assistance on the claim was incurred and paid on behalf of the recipient of medical assistance and is an allowable claim."

Page 9, after line 19, insert:

"**SECTION 31. AMENDMENT.** Subsection 5 of section 50-24.1-37 of the North Dakota Century Code is amended and reenacted as follows:

5. Provider and managed care organization reimbursement rate information received or held by the department under this section is an open record.

SECTION 32. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall ~~establish, by rule, procedures for determining rates~~determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter~~. The procedures must be~~ based on ~~methods and standards that the department finds are adequate to recognize the~~data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.

2. The department shall ~~identify costs that are recognized for establishing payment rates~~establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.

AG
4-19-23
(16-25)

3. For the rate year beginning July 1, ~~2016~~2023, the department shall ~~establish the limits by using the average of the highest and lowest rates from the 2014 rate year. The direct care limit must be ninety-five percent of the average and the indirect care limit must be ninety percent of the average. Beginning with the July 1, 2017, rate year, the department shall adjust the limits by using the cost percentage change from the prior two rate years, within the limits of legislative appropriations~~increase rates and limits two percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits two percent for inflation.

4. The department shall provide, by rule, within the limits of legislative appropriations, for payment of rates paid by the aged, blind, and disabled persons program for a maximum of thirty days per occurrence for leave days for a resident who is in a licensed health care facility when the resident is expected to return to the facility.

5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of ~~one hundred eighty~~three hundred sixty-five days."

Page 10, line 19, remove "**- CONTINGENT FULL-TIME EQUIVALENT POSITIONS - REPORT**"

Page 10, line 21, replace "three" with "one"

Page 10, line 21, replace "centers" with "center"

Page 10, replace lines 24 through 27 with "The department may consider the inclusion of providers of integrated, wraparound crisis services to young adults, who are at risk of being homeless or experiencing serious adverse life events, into the creation of any certified community behavioral health clinic."

Page 11, line 15, remove "of which the amount"

Page 11, remove line 16

Page 11, line 17, remove "home- and community-based services 10 percent enhancement plan"

Page 11, line 25, remove the second "and"

Page 11, line 28, after "50-06-42.1" insert "; and

10. The sum of $15,000,000 appropriated from the general fund and the sum of $15,000,000 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws"

Page 12, line 10, after the first "of" insert "underfunding,"

Page 12, line 11, remove "and"

Page 12, line 12, after "percentage" insert ", and unexpected contract cost increases that exceed ten percent"

Page 12, line 16, replace "four" with "two"

Page 12, line 18, replace "seven" with "three"

AG
4-19-23
(17-25)

Page 12, line 18, replace "the first" with "each"

Page 12, line 18, remove "of the biennium and four percent the"

Page 12, line 19, remove "second year"

Page 12, line 20, remove "and basic care"

Page 12, line 20, after "facilities" insert "or prospective payment system hospitals"

Page 13, after line 2, insert:

"**SECTION 46. LEGISLATIVE MANAGEMENT STUDY - SOCIAL WORK LICENSURE COMPACT.** During the 2023-24 interim, the legislative management shall consider studying the feasibility and desirability of the legislative assembly enacting the social work licensure compact. The study may include consideration of whether the public and the social work community support enactment and whether the North Dakota board of social work examiners has the capacity to participate in the compact. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

SECTION 47. LEGISLATIVE MANAGEMENT STUDY - MEDICAID PROVIDER REIMBURSEMENT ARRANGEMENTS. During the 2023-24 interim, the legislative management shall study the benefits of basing provider reimbursement rates for the Medicaid program in accordance with a provider's performance under established and accepted value-based care metrics. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly."

Page 13, line 7, replace "19" with "34"

Page 13, after line 8, insert:

"**SECTION 50. EMERGENCY.** Section 4 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of House Action

	Base Budget	Senate Version	House Changes	House Version
UND Medical Center				
Total all funds	$0	$0	$3,500,000	$3,500,000
Less estimated income	0	0	3,500,000	3,500,000
General fund	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00
DHHS - Management				
Total all funds	$172,600,480	$265,550,380	$437,341,037	$702,891,417
Less estimated income	92,905,426	186,160,843	199,790,944	385,951,787
General fund	$79,695,054	$79,389,537	$237,550,093	$316,939,630
FTE	97.85	113.90	2,151.43	2,265.33
DHHS - Program/Policy				
Total all funds	$3,793,980,879	$4,617,924,174	($517,496,434)	$4,100,427,740
Less estimated income	2,499,452,627	2,988,736,618	(375,240,881)	2,613,495,737
General fund	$1,294,528,252	$1,629,187,556	($142,255,553)	$1,486,932,003

AG
4-19-23
(18-25)

FTE	666.17	687.32	(687.32)	0.00
DHHS - County Social Services Financing				
Total all funds	$189,917,386	$225,361,586	($31,447,925)	$193,913,661
Less estimated income	188,676,995	224,010,514	(30,113,726)	193,896,788
General fund	$1,240,391	$1,351,072	($1,334,199)	$16,873
FTE	159.00	164.00	(164.00)	0.00
DHHS - Field Services				
Total all funds	$293,597,257	$352,897,223	($245,039,532)	$107,857,691
Less estimated income	114,273,300	95,698,581	(65,721,527)	29,977,054
General fund	$179,323,957	$257,198,642	($179,318,005)	$77,880,637
FTE	1,342.31	1,394.11	(1,394.11)	0.00
Bill total				
Total all funds	$4,450,096,002	$5,461,733,363	($353,142,854)	$5,108,590,509
Less estimated income	2,895,308,348	3,494,606,556	(267,785,190)	3,226,821,366
General fund	$1,554,787,654	$1,967,126,807	($85,357,664)	$1,881,769,143
FTE	2,265.33	2,359.33	(94.00)	2,265.33

Senate Bill No. 2012 - UND Medical Center - House Action

	Base Budget	Senate Version	House Changes	House Version
Clinical integrated network grant			$3,500,000	$3,500,000
Total all funds	$0	$0	$3,500,000	$3,500,000
Less estimated income	0	0	3,500,000	3,500,000
General fund	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00

Department 232 - UND Medical Center - Detail of House Changes

	Adds Funding for Clinical Integrated Network Grant[1]	Total House Changes
Clinical integrated network grant	$3,500,000	$3,500,000
Total all funds	$3,500,000	$3,500,000
Less estimated income	3,500,000	3,500,000
General fund	$0	$0
FTE	0.00	0.00

[1] Funding is added from the community health trust fund to allow the Center for Rural Health to award a grant to a clinical integrated network.

Senate Bill No. 2012 - DHHS - Management - House Action

	Base Budget	Senate Version	House Changes	House Version
Salaries and wages	$21,363,556	$24,409,456	($24,409,456)	
Operating expenses	151,161,924	241,065,924	5,000,000	$246,065,924
Capital assets	75,000	75,000		75,000
Salary block grant program			456,750,493	456,750,493
Total all funds	$172,600,480	$265,550,380	$437,341,037	$702,891,417
Less estimated income	92,905,426	186,160,843	199,790,944	385,951,787
General fund	$79,695,054	$79,389,537	$237,550,093	$316,939,630
FTE	97.85	113.90	2,151.43	2,265.33

AG
4-19-23
(19-25)

Department 326 - DHHS - Management - Detail of House Changes

	Adjusts Funding for Management[1]	Total House Changes
Salaries and wages	($24,409,456)	($24,409,456)
Operating expenses	5,000,000	5,000,000
Capital assets		
Salary block grant program	456,750,493	456,750,493
Total all funds	$437,341,037	$437,341,037
Less estimated income	199,790,944	199,790,944
General fund	$237,550,093	$237,550,093
FTE	2,151.43	2,151.43

[1] Funding is adjusted for management as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program.		($862,063)	($283,496)	($1,145,559)
Transfers health insurance funding to a new FTE position block grant program.		(436,667)	(139,099)	(575,766)
Transfers funding for salaries and wages to a new salary block grant program.	(112.40)	(16,918,521)	(5,622,318)	(22,540,839)
Creates a new departmentwide FTE block grant program.	2,265.33	247,896,527	190,940,966	438,837,493
Provides a salary increase for the FTE block grant program of 6 percent the 1st year and 4 percent the 2nd year of the 2023-25 biennium.		16,629,803	10,869,007	27,498,810
Provides funding for increases in health insurance premiums from $1,429 to $1,648 per month.		5,861,794	4,052,396	9,914,190
Underfunds salaries and wages in anticipation of vacant positions.		(19,500,000)		(19,500,000)
Removes new criminal background check positions added by the Senate.	(1.50)	(120,780)	(26,512)	(147,292)
Reduces operating reductions made by the Senate from $19.9 million to $13.9 million.		6,000,000		6,000,000
Total ongoing funding changes	2,151.43	$238,550,093	$199,790,944	$438,341,037
One-time Funding Items				
Removes one-time funding added by the Senate to automate the criminal background check process.		($1,000,000)		($1,000,000)
Total one-time funding changes	0.00	($1,000,000)	0	($1,000,000)
Total changes to base level funding	2,151.43	$237,550,093	$199,790,944	$437,341,037

AG
4-19-23
(20-25)

Senate Bill No. 2012 - DHHS - Program/Policy - House Action

	Base Budget	Senate Version	House Changes	House Version
Salaries and wages	$122,081,310	$141,618,507	($141,618,507)	
Operating expenses	176,078,719	231,801,268	(3,332,938)	$228,468,330
Capital assets	10,000	10,000		10,000
Grants	467,144,387	657,651,069	(23,576,583)	634,074,486
Grants - Medical assistance	3,028,666,463	3,584,843,330	(348,968,406)	3,235,874,924
Opioid prevention		2,000,000		2,000,000
Total all funds	$3,793,980,879	$4,617,924,174	($517,496,434)	$4,100,427,740
Less estimated income	2,499,452,627	2,988,736,618	(375,240,881)	2,613,495,737
General fund	$1,294,528,252	$1,629,187,556	($142,255,553)	$1,486,932,003
FTE	666.17	687.32	(687.32)	0.00

Department 328 - DHHS - Program/Policy - Detail of House Changes

	Adjusts Funding for Program and Policy[1]	Total House Changes
Salaries and wages	($141,618,507)	($141,618,507)
Operating expenses	(3,332,938)	(3,332,938)
Capital assets		
Grants	(23,576,583)	(23,576,583)
Grants - Medical assistance	(348,968,406)	(348,968,406)
Opioid prevention		
Total all funds	($517,496,434)	($517,496,434)
Less estimated income	(375,240,881)	(375,240,881)
General fund	($142,255,553)	($142,255,553)
FTE	(687.32)	(687.32)

[1] Funding for program and policy is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program.		($2,661,463)	($3,528,496)	($6,189,959)
Transfers health insurance funding to a new FTE position block grant program.		(1,338,470)	(1,865,110)	(3,203,580)
Transfers salaries and wages funding to a new FTE block grant program.	(675.32)	(52,606,648)	(77,965,332)	(130,571,980)
Reduces funding for provider inflation from 4 percent per year to 2 percent per year except as noted in medical services and developmental disabilities.		(22,687,172)	(24,677,641)	(47,364,813)
Economic Assistance				
Removes funding added by the Senate to increase the utilization of the child care assistance program for children ages 0 to 3.		(22,000,000)		(22,000,000)
Removes funding added by the Senate to improve the ability of low-income parents to obtain child care.		(12,900,000)		(12,900,000)
Medical Services				
Removes new Medicaid provider strike team positions added by the Senate.	(2.00)	(48,642)	(266,995)	(315,637)
Removes provider inflation for prospective payment system hospitals.		(4,063,720)	(4,148,691)	(8,212,411)
Reduces estimated utilization rates for		(28,190,200)	(253,711,804)	(281,902,004)

AG
4-19-23
(21-25)

Medicaid Expansion ($110,753,873) and provides for a realigned rate structure to pay 125 percent of traditional Medicaid costs ($171,148,131).				
Long-Term Care				
Reduces funding added by the Senate for enhancements to home- and community-based services.		(1,288,319)		(1,288,319)
Adds funding for a long-term care value based payment program.		6,000,000	6,000,000	12,000,000
Reduces estimated long-term care utilization rates.		(9,949,900)	(11,220,100)	(21,170,000)
Adds funding to rebase basic care rates.		3,229,408	1,847,152	5,076,560
Adds funding from the health care trust fund for basic care facility bad debt expense.			500,000	500,000
Aging Services				
Removes new home- and community-based services positions added by the Senate.	(3.00)	(143,912)	(143,912)	(287,824)
Removes a new aging services compliance position added by the Senate.	(1.00)	(103,868)	(103,868)	(207,736)
Removes a new aging services lawsuit coordinator position added by the Senate.	(1.00)			0
Children and Family Services				
Adds funding for kinship childcare.		460,000		460,000
Behavioral Health				
Removes new community behavioral health positions added by the Senate.	(2.00)	(223,946)		(223,946)
Adjusts funding for the free through recovery program to provide funding directly to DHHS for the program rather than using passthrough funds.		15,500,000	(15,500,000)	0
Increases school behavioral health grants to provide a total of $9.5 million.		3,000,000		3,000,000
Adds funding from the community health trust fund for the 988 crisis hotline program.			1,867,500	1,867,500
Developmental Disabilities				
Removes a new quality assurance position added by the Senate.	(1.00)	(103,868)	(103,868)	(207,736)
Removes a new early intervention position added by the Senate.	(1.00)	(86,602)	(86,602)	(173,204)
Reduces enhanced payment rates for developmental disabilities providers to provide for annual inflation rate adjustments of 3 percent.		(5,102,578)	(5,682,141)	(10,784,719)
Removes funding added by the Senate to increase the number of corporate guardianship slots and increase funding rates.		(808,748)		(808,748)
Early Childhood				

Combines the best in class program and the kindergarten readiness program into the research-based 0-4 program.		2,400,000		2,400,000
Removes funding added by the Senate for early childhood career grants.		(2,000,000)		(2,000,000)
Removes a new program administrator position added by the Senate.	(1.00)	(236,905)		(236,905)
Adds federal funds spending authority for the child care development fund and the preschool development grant.			21,514,027	21,514,027
Total ongoing funding changes	(687.32)	($135,955,553)	($367,275,881)	($503,231,434)
One-time Funding Items				
Removes one-time funding added by the Senate for program integrity audits.		($2,250,000)	($2,250,000)	($4,500,000)
Adds funding for a behavioral health facility grant in the Northwest human service region.		1,950,000		1,950,000
Adds funding from the federal state fiscal recovery fund for grants to organizations that provide youth crisis services.			300,000	300,000
Adds funding from the federal State Fiscal Recovery Fund for grants to volunteer-based ecumenical ministry organizations.			285,000	285,000
Adds one-time funding from the community health trust fund for consultant and other costs to implement the cross-disability advisory council.			700,000	700,000
Workforce Initiative One-time Funding				
Removes funding added by the Senate for early childhood rating infrastructure.		(3,000,000)		(3,000,000)
Removes funding added by the Senate for quality tiers in the child care reimbursement program.		(3,000,000)		(3,000,000)
Removes funding added from legacy fund earnings to expand public-private child care benefits.			(1,000,000)	(1,000,000)
Removes funding added from legacy fund earnings for child care business operating grants.			(5,000,000)	(5,000,000)
Removes funding added from legacy fund earnings for a pilot program for child care during nontraditional hours.			(1,000,000)	(1,000,000)
Total one-time funding changes	0.00	($6,300,000)	($7,965,000)	($14,265,000)
Total changes to base level funding	(687.32)	($142,255,553)	($375,240,881)	($517,496,434)

AG 4-19-23 (22-25)

Senate Bill No. 2012 - DHHS - County Social Services Financing - House Action

	Base Budget	Senate Version	House Changes	House Version
County social services	$189,917,386	$225,361,586	($31,447,925)	$193,913,661
Total all funds	$189,917,386	$225,361,586	($31,447,925)	$193,913,661
Less estimated income	188,676,995	224,010,514	(30,113,726)	193,896,788
General fund	$1,240,391	$1,351,072	($1,334,199)	$16,873
FTE	159.00	164.00	(164.00)	0.00

Department 333 - DHHS - County Social Services Financing - Detail of House Changes

AG
4-19-23
(23-25)

	Adjusts Funding for County Social Services[1]	Total House Changes
County social services	($31,447,925)	($31,447,925)
Total all funds	($31,447,925)	($31,447,925)
Less estimated income	(30,113,726)	(30,113,726)
General fund	($1,334,199)	($1,334,199)
FTE	(164.00)	(164.00)

[1] Funding for the county social services program is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program.		($61,440)	($1,486,858)	($1,548,298)
Transfers health insurance funding to a new FTE position block grant program.		(30,807)	(721,687)	(752,494)
Transfers salaries and wages to a new FTE position block grant program.	(157.00)	(1,241,952)	(27,900,463)	(29,142,415)
Adds funding to provide for 2023-25 biennium human service zone salary increases of 6 percent on July 1, 2023, and 4 percent on July 1, 2024. The Senate provided salary adjustments of 4 percent on July 1, 2023, and July 1, 2024.			2,097,313	2,097,313
Removes funding added by the Senate for human service zone employee salary equity adjustments.			(1,000,000)	(1,000,000)
Removes new FTE positions added by the Senate for home- and community-based services.	(7.00)		(1,102,031)	(1,102,031)
Total ongoing funding changes	(164.00)	($1,334,199)	($30,113,726)	($31,447,925)

Senate Bill No. 2012 - DHHS - Field Services - House Action

	Base Budget	Senate Version	House Changes	House Version
Human service centers	$163,213,829	$189,374,455	($142,329,198)	$47,045,257
Institutions	130,383,428	163,522,768	(102,710,334)	60,812,434
Total all funds	$293,597,257	$352,897,223	($245,039,532)	$107,857,691
Less estimated income	114,273,300	95,698,581	(65,721,527)	29,977,054
General fund	$179,323,957	$257,198,642	($179,318,005)	$77,880,637
FTE	1,342.31	1,394.11	(1,394.11)	0.00

Department 349 - DHHS - Field Services - Detail of House Changes

	Adjust Funding for Field Services[1]	Total House Changes
Human service centers	($142,329,198)	($142,329,198)
Institutions	(102,710,334)	(102,710,334)
Total all funds	($245,039,532)	($245,039,532)
Less estimated income	(65,721,527)	(65,721,527)
General fund	($179,318,005)	($179,318,005)
FTE	(1,394.11)	(1,394.11)

AG
4-19-23
(24-25)

[1] Funding for field services is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program.		($8,926,423)	($2,830,652)	($11,757,075)
Transfers health insurance increase funding to a new FTE position block grant program.		(4,161,185)	(1,449,231)	(5,610,416)
Transfers salaries and wages to an FTE block grant funding pool.	(1,320.61)	(172,296,141)	(77,619,785)	(249,915,926)
Removes FTE positions added by the Senate for community-based behavioral health.	(28.50)	(950,906)		(950,906)
Removes FTE positions added by the Senate for crisis support services.	(21.00)	(2,813,836)		(2,813,836)
Adjusts provider inflation to provide 2 percent annual adjustments. The Senate provided 4 percent annual adjustments.		(715,695)		(715,695)
Reduces the number of certified community behavioral health clinics from 3 to 1 and removes new FTE positions added for the clinics.	(24.00)	(5,711,959)		(5,711,959)
Restores operating reductions made in the executive budget for human service centers ($13,200,000) and the State Hospital ($7,586,281).		20,786,281		20,786,281
Adds funding to provide telehealth psychiatric services in correctional facilities.		1,500,000		1,500,000
Adds ongoing general fund support to replace funding at facilities due to a revenue shortfall.		30,000,000	(30,000,000)	0
Total ongoing funding changes	(1,394.11)	($143,289,864)	($111,899,668)	($255,189,532)
One-time Funding Items				
Increases funding from the strategic investment and improvements fund for State Hospital design and early construction costs from $5 to $12.5 million.			7,500,000	7,500,000
Removes one-time general fund support to replace funding at facilities due to a revenue shortfall.		(36,028,141)	36,028,141	0
Adds funding from the state fiscal recovery fund for a rural law enforcement telehealth program.			2,650,000	2,650,000
Total one-time funding changes	0.00	($36,028,141)	$46,178,141	$10,150,000
Total changes to base level funding	(1,394.11)	($179,318,005)	($65,721,527)	($245,039,532)

Senate Bill No. 2012 - Other Changes - House Action

This amendment also:

- Provides a 2021-23 biennium appropriation from the DHHS operating fund for the repayment of funds withheld from unemployment benefits.
- Authorizes DHHS to adjust the number of authorized full-time equivalent positions subject to the availability of funds.
- Adjusts the amount of the transfer from the strategic investment and improvements fund to the human service

AG
4-19-23
(25-25)

finance fund from $21.6 million to $23.2 million.

- Identifies appropriations from the strategic investment and improvements fund, human service finance fund, community health trust fund, health care trust fund, and the federal State Fiscal Recovery Fund.
- Directs the department to create a parenting resource website.
- Creates a North Dakota legislative health care task force.
- Removes the sunset clause on the best in class program.
- Adjusts Medicaid language relating to probate proceedings and reimbursement rate information.
- Provides for the rebasement of basic care payment rates.
- Adjusts guidelines for the development of certified community behavioral health clinics.
- Adjusts the amount of funding allowed to be continued from the 2021-23 biennium into the 2023-25 biennium.
- Provides for a Legislative Management study of the social work licensure compact.
- Provides for a Legislative Management study of Medicaid provider reimbursement arrangements.

REPORT OF STANDING COMMITTEE

SB 2012, as engrossed: Appropriations Committee (Rep. Vigesaa, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (20 YEAS, 1 NAY, 2 ABSENT AND NOT VOTING). Engrossed SB 2012 was placed on the Sixth order on the calendar.

Page 1, line 2, after "services" insert "; to provide an appropriation to the university of North Dakota school of medicine and health sciences"

Page 1, line 2, after "exemption" insert "; to create and enact a new section to chapter 50-06 and a new subsection to section 50-24.1-07 of the North Dakota Century Code, relating to a North Dakota legislative health care task force, and Medicaid claims"

Page 1, line 3, after "sections" insert "50-01.2-01,"

Page 1, line 3, after "50-06-42" insert ", 50-11.1-02, 50-11.1-22, 50-11.1-23, 50-11.1-24"

Page 1, line 3, after the second comma insert "subsection 5 of section 50-24.1-37 and sections 50-24.5-02.3"

Page 1, line 3, after "to" insert "human service zone board membership,"

Page 1, line 4, after "services" insert ", the best in class program, basic care payment rates, the Medicaid expansion program"

Page 1, line 6, after the second "a" insert "legislative management"

Page 1, line 7, remove "and"

Page 1, line 7, after "date" insert "; and to declare an emergency"

Page 1, remove lines 19 through 24

Page 2, remove lines 1 through 31

Page 3, replace lines 1 through 7 with:

"Salaries and wages	$21,363,556	($21,363,556)	$0
Salaries and wages block grant	0	456,750,493	456,750,493
Operating expenses	151,161,924	94,904,000	246,065,924
Capital assets	75,000	0	75,000
Total all funds	$172,600,480	$530,290,937	$702,891,417
Less estimated income	92,905,426	293,046,361	385,951,787
Total general fund	$79,695,054	$237,244,576	$316,939,630

Subdivision 2.

PROGRAM AND POLICY

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$122,081,310	($122,081,310)	$0
Operating expenses	176,078,719	52,389,611	228,468,330
Capital assets	10,000	0	10,000
Grants	467,144,387	166,930,099	634,074,486
Grants - medical assistance	3,028,666,463	207,208,461	3,235,874,924
Opioid prevention	0	2,000,000	2,000,000
Total all funds	$3,793,980,879	$306,446,861	$4,100,427,740
Less estimated income	2,499,452,627	114,043,110	2,613,495,737
Total general fund	$1,294,528,252	$192,403,751	$1,486,932,003

Subdivision 3.

FIELD SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Human service centers	$163,213,829	($116,168,572)	$47,045,257
Institutions	130,383,428	(69,570,994)	60,812,434
Total all funds	$293,597,257	($185,739,566)	$107,857,691
Less estimated income	114,273,300	(84,296,246)	29,977,054
Total general fund	$179,323,957	($101,443,320)	$77,880,637

Subdivision 4.

COUNTY SOCIAL SERVICE FINANCING

	Base Level	Adjustments or Enhancements	Appropriation
County social services	$189,917,386	$3,996,275	$193,913,661
Total all funds	$189,917,386	$3,996,275	$193,913,661
Less estimated income	188,676,995	5,219,793	193,896,788
Total general fund	$1,240,391	($1,223,518)	$16,873

Subdivision 5.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total general fund	$1,554,787,654	$326,981,489	$1,881,769,143
Grant total special funds	2,895,308,348	328,013,018	3,223,321,366
Grant total all funds	$4,450,096,002	$654,994,507	$5,105,090,509
Full-time equivalent positions	2,265.33	0.00	2,265.33"

Page 3, replace line 11 with:

"Technology projects	$67,596,372	$71,000,000"

Page 3, replace line 18 with:

"State hospital design	0	12,500,000
Service grants	0	585,000
Cross-disability advisory council	0	700,000
Behavioral health facility grants	0	1,950,000"

Page 3, remove lines 20 and 21

Page 3, replace lines 23 through 26 with:

"Law enforcement telehealth	0	2,650,000
Total all funds	$216,080,305	$111,684,498
Less estimated income	191,847,089	99,452,326
Total general fund	$24,233,216	$12,232,172

SECTION 3. APPROPRIATION - UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE AND HEALTH SCIENCES - CLINICAL INTEGRATED NETWORK GRANT.

1. There is appropriated out of any moneys in the community health trust fund in the state treasury, not otherwise appropriated, the sum of $3,500,000, or so much of the sum as may be necessary, to the

university of North Dakota school of medicine and health sciences for the purpose of the center for rural health awarding a grant to a clinical integrated network, for the biennium beginning July 1, 2023, and ending June 30, 2025.

2. To qualify for a grant under this section, an applicant:

   a. Must be a statewide value-based clinical integrated network that supports a majority of the independent critical access hospitals in the state.

   b. Must certify one dollar of matching funds for every five dollars of grant funds awarded.

   c. Shall demonstrate a strategic plan to accomplish the following goals:

      (1) Implementation of a data-sharing platform;

      (2) Utilization of value-based care contract modeling;

      (3) Utilization of data analytics software to provide for risk stratification and referral management capabilities;

      (4) Development of unified care management practices; and

      (5) Staffing of the clinical integrated network.

   d. Shall agree during the 2023-25 and 2025-27 bienniums to make annual reports to the department of health and human services and the center for rural health on the use of the grant funds and the status of accomplishing the clinical integrated network strategic plan goals.

SECTION 4. APPROPRIATION - 2021-23 BIENNIUM - CHILD SUPPORT. There is appropriated out of any moneys in the department of health and human services operating fund in the state treasury, not otherwise appropriated, the sum of $4,000, or so much of the sum as may be necessary, to the the department of health and human services for the purpose of repayment of moneys, including interest, not withheld by the state in accordance with section 14-09-09.16 from an obligor's unemployment benefits from June 1, 2021, through September 30, 2021, for the period beginning with the effective date of this section and ending June 30, 2023."

Page 3, line 29, remove "and"

Page 3, line 29, after "3" insert ", and 4"

Page 4, remove lines 3 through 8

Page 4, line 9, replace "health and human services." with "The department of health and human services may use the transfer authority in this section to transfer or expend funds for the continuation of the community behavioral health program pursuant to section 54-23.3-10."

Page 4, after line 22, insert:

"**SECTION 7. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT.** Subdivision 1 of this Act includes funding for a full-time equivalent position block grant program. This funding, along with salaries and wages funding appropriated in House Bill No. 1004, as approved by the sixty-eighth legislative assembly, is available to fund full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other

provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department may not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 5 of this Act, the department is authorized to transfer funding to and from the salaries and wages block grant line item. The department shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions. The department shall provide reports to the legislative management regarding the use of funding for the program."

Page 4, line 25, replace "$21,600,000" with "$23,200,000"

Page 4, line 28, replace "item" with "items"

Page 4, line 28, replace "subdivision" with "subdivisions 1 and"

Page 4, line 28, replace "$221,600,000" with "$223,200,000"

Page 5, line 2, replace "item" with "items"

Page 5, line 2, replace "subdivision" with "subdivisions 1 and"

Page 5, line 2, replace "$20,400,000" with "$22,967,500"

Page 5, line 3, remove "defraying expenses of the child support computer"

Page 5, line 4, replace "replacement project" with "the following purposes:

1. The sum of $20,400,000 for the child support computer replacement project;

2. The sum of $1,867,500 for the 988 crisis hotline program; and

3. The sum of $700,000 for costs to implement the cross-disability advisory council"

Page 5, replace lines 5 through 7 with:

"**SECTION 11. ESTIMATED INCOME - HEALTH CARE TRUST FUND.** The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the health care trust fund for basic care facility bad debt expense.

SECTION 12. ESTIMATED INCOME - FEDERAL STATE FISCAL RECOVERY FUND. The estimated income line items in subdivisions 2 and 3 of section 1 of this Act includes the sum of $3,235,000 from the federal state fiscal recovery fund for the following purposes:

1. The sum of $2,650,000 to implement a virtual behavioral health crisis care program for rural law enforcement;

2. The sum of $300,000 for crisis organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events. After July 1, 2024, this funding may be provided only to organizations that are certified in services provided by the organization; and

3. The sum of $285,000 for grants to volunteer-based ecumenical ministry organizations."

Page 5, line 10, replace "$17,735,154" with "$25,235,154"

Page 5, line 13, replace "$5,000,000" with "$12,500,000"

Page 5, after line 15, insert:

"**SECTION 14. BEHAVIORAL HEALTH FACILITY GRANTS.** Section 1 of this Act includes the sum of $1,950,000 from the general fund for the purpose of providing a one-time behavioral health facility grant to establish a behavioral health facility in the northwest human service center region, for the period beginning with the effective date of this Act and ending June 30, 2025. The department of health and human services shall provide a grant as follows:

1. The grant recipient must provide matching funds of $1,750,000 to establish the facility.

2. The grant term must be for five years.

3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

4. To receive the grant, the behavioral health facility shall:

   a. Submit an application in the form and manner prescribed by the department;

   b. Enter into a grant agreement with the department;

   c. Use grant funds to support the provision of behavioral health in the grant award service areas;

   d. Provide and disclose information needed to comply with the department's data collection requirements; and

   e. Operate in compliance with grant requirements.

5. The department may recapture grant funds distributed to a grant recipient found by the department to be out of compliance with the requirements established by the grant program, including ending or reducing the operation of the behavioral health facility in the service area.

6. The department may not collect property, equipment, or supplies purchased with grant funds from the grant recipient after successful completion of the terms of the grant."

Page 5, line 18, after "hospital" insert ", southeast human service center,"

Page 5, line 19, replace "3" with "5"

Page 5, line 24, after "hospital" insert ", southeast human service center,"

Page 5, line 30, replace "3" with "5"

Page 6, line 23, replace "$5,000,000" with "$12,500,000"

Page 6, line 24, after "fund" insert "as identified in section 13 of this Act"

Page 7, line 3, replace "$942,550,279" with "$660,648,280"

Page 7, line 4, replace "$94,225,028" with "$66,064,828"

Page 7, line 21, remove "Critical access hospitals may not be paid less than one"

Page 7, remove line 22

Page 7, line 26, after "reimbursement" insert ". Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate"

Page 8, after line 2, insert:

"6. Except for the provisions in subsection 4, provider reimbursement rates under the medical assistance expansion program may not exceed one hundred twenty-five percent of traditional Medicaid reimbursement. Payment rate adjustments shall include alternative payment arrangements aimed at cost-effective, quality improvement strategies. This subsection applies to any medical assistance expansion program provider fee schedule which becomes effective on or after January 1, 2024.

SECTION 21. DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND PARENTING RESOURCE WEBSITE. The department of health and human services shall develop and maintain a state internet website that provides information and links to social services, financial assistance, parenting information, maternal and childbirth life services, planning guidance, care centers and agencies, and other available public and private resources for expectant families and new parents. The department may contract with a third party for the development of the website. The website must be operational by August 1, 2023, and have a domain name life.nd.gov or a similar domain name. The website must be distinct from the department's website and the department shall place a clear and conspicuous link to the website on the department website."

Page 9, after line 11, insert:

"**SECTION 23. AMENDMENT.** Section 50-01.2-01 of the North Dakota Century Code is amended and reenacted as follows:

50-01.2-01. Human service zone board - Members - Qualifications.

The board of county commissioners of each county within the human service zone shall appoint the appointed members of the human service zone board based upon fitness to serve as members by reason of character, experience, and training without regard to political affiliation. Appointed members of the human service zone board must consist of local elected officials and other key community partners, including at least one member of the legislative assembly. If a human service zone consists of two or more counties, each county must be represented on the human service zone board by only one county commissioner of that county. If a human service zone consists of a single county, the county must be represented on the human service zone board by no more than two county commissioners of that county and the human service zone board must have at least five appointed members. Appointed members shall elect a vice presiding officer and appoint a secretary, and other officers as the human service zone board determines necessary. The human service zone director shall serve as presiding officer of the human service zone board as a nonappointed member.

SECTION 24. A new section to chapter 50-06 of the North Dakota Century Code is created and enacted as follows:

North Dakota legislative health care task force - Duties - Membership - Legislative management report.

There is created a North Dakota legislative health care task force. The task force shall meet at least once each quarter and may request, obtain, review, and

analyze information relating to North Dakota health care, including data, reports, audits, and other information as requested by the task force. The task force shall submit a report of its activities and any recommendations to improve health care in the state to the legislative management by October first of each year. The chairman of the task force must be a member of the legislative assembly as selected by the task force. The task force consists of the following members:

1. The chairman of the house appropriations committee human resources division, or the chairman's designee;

2. The chairman of the senate appropriations committee human resources division, or the chairman's designee;

3. The chairman of the house human services committee, or the chairman's designee;

4. The chairman of the senate human services committee, or the chairman's designee;

5. One member of the house of representatives as appointed by the house minority leader;

6. One member of the senate as appointed by the senate minority leader;

7. The commissioner of the department of health and human services, or the commissioner's designee;

8. Two members of the department of health and human services as appointed by the commissioner of the department of health and human services;

9. One member from the governor's office appointed by the governor;

10. The insurance commissioner or the insurance commissioner's designee;

11. Two members to represent the North Dakota health insurance industry;

12. One member of the public appointed by an organization that represents North Dakota businesses;

13. One member appointed by the Indian affairs commissioner to represent tribal health care;

14. One member from a North Dakota association that represents physicians; and

15. Five members from a North Dakota association that represents hospitals, of which:

    a. Two members must represent rural hospitals, including one representative of a hospital in a city with a population of ten thousand or more and one representative of a hospital in a city with a population under ten thousand;

    b. Two members must represent urban hospitals, including one representative of an independent hospital and one representative of an integrated health care system; and

    c. One member must represent a psychiatric hospital.

SECTION 25. AMENDMENT. Section 50-11.1-02 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-02. Definitions. ~~(Effective through June 30, 2025)~~

As used in this chapter, unless the context or subject matter otherwise requires:

1. "Authorized agent" means the human service zone, unless another entity is designated by the department.

2. "Child care center" means an early childhood program licensed to provide early childhood services to nineteen or more children.

3. "Department" means the department of health and human services.

4. "Drop-in care" means the care of children on a one-time, occasional, or unscheduled basis to meet the short-term needs of families.

5. "Early childhood program" means any program licensed under this chapter where early childhood services are provided for at least two hours a day for three or more days a week.

6. "Early childhood services" means the care, supervision, education, or guidance of a child or children, which is provided in exchange for money, goods, or other services. Early childhood services does not include:

   a. Substitute parental child care provided pursuant to chapter 50-11.

   b. Child care provided in any educational facility, whether public or private, in grade one or above.

   c. Child care provided in a kindergarten which has been established pursuant to chapter 15.1-22 or a nonpublic elementary school program approved pursuant to section 15.1-06-06.1.

   d. Child care, preschool, and prekindergarten services provided to children under six years of age in any educational facility through a program approved by the department.

   e. Child care provided in facilities operated in connection with a church, business, or organization where children are cared for during periods of time not exceeding four continuous hours while the child's parent is attending church services or is engaged in other activities, on the premises.

   f. Schools or classes for religious instruction conducted by religious orders during the summer months for not more than two weeks, Sunday schools, weekly catechism, or other classes for religious instruction.

   g. Summer resident or day camps for children which serve no children under six years of age for more than two weeks.

   h. Sporting events, practices for sporting events, or sporting or physical activities conducted under the supervision of an adult.

   i. Head start and early head start programs that are federally funded and meet federal head start performance standards.

j. Child care provided in a medical facility by medical personnel to children who are ill.

7. "Family child care" means a private residence licensed to provide early childhood services for no more than seven children at any one time, except that the term includes a residence licensed to provide early childhood services to two additional school-age children.

8. "Four-year old program" means an approved child care program operated by a public or private educational entity or an early childhood program designed to serve four-year olds.

9. "Group child care" means a child care program licensed to provide early childhood services for thirty or fewer children.

10. "Household member" means an adult living in the private residence out of which a program is operated, regardless of whether the adult is living there permanently or temporarily.

11. "Human service zone" means a county or consolidated group of counties administering human services within a designated area in accordance with an agreement or plan approved by the department.

12. "In-home provider" means any person who provides early childhood services to children in the children's home.

13. "Licensed" means an early childhood program has the rights, authority, or permission granted by the department to operate and provide early childhood services.

14. "Multiple licensed program" means an early childhood program licensed to provide more than one type of early childhood services.

15. "Owner" or "operator" means the person who has legal responsibility for the early childhood program and premises.

16. "Parent" means an individual with the legal relationship of father or mother to a child or an individual who legally stands in place of a father or mother, including a legal guardian or custodian.

17. "Premises" means the indoor and outdoor areas approved for providing early childhood services.

18. "Preschool" means a program licensed to offer early childhood services, which follows a preschool curriculum and course of study designed primarily to enhance the educational development of the children enrolled and which serves no child for more than three hours per day.

19. "Public approval" means a nonlicensed early childhood program operated by a government entity that has self-certified that the program complies with this chapter.

20. "Registrant" means the holder of an in-home provider registration document issued by the department in accordance with this chapter.

21. "Registration" means the process whereby the department maintains a record of all in-home providers who have stated that they have complied or will comply with the prescribed standards and adopted rules.

22. "Registration document" means a written instrument issued by the department to publicly document that the registrant has complied with

this chapter and the applicable rules and standards as prescribed by the department.

23. "School-age child care" means a child care program licensed to provide early childhood services on a regular basis for nineteen or more children aged five years through eleven years.

24. "School-age children" means children served under this chapter who are at least five years but less than twelve years of age.

25. "Self-declaration" means voluntary documentation of an individual providing early childhood services in a private residence for up to five children through the age of eleven, of which no more than three may be under the age of twenty-four months.

26. "Staff member" means an individual:

    a. Who is an employee of an early childhood program or of an early childhood services provider under a self-declaration;

    b. Whose activities involve the care, supervision, or guidance of children of an early childhood program; or

    c. Who may have unsupervised access to children under the care, supervision, or guidance of an early childhood program or early childhood services provider under a self-declaration.

~~**Definitions. (Effective after June 30, 2025)**~~

~~As used in this chapter, unless the context or subject matter otherwise requires:~~

~~1. "Authorized agent" means the human service zone, unless another entity is designated by the department.~~

~~2. "Child care center" means an early childhood program licensed to provide early childhood services to nineteen or more children.~~

~~3. "Department" means the department of health and human services.~~

~~4. "Drop-in care" means the care of children on a one-time, occasional, or unscheduled basis to meet the short-term needs of families.~~

~~5. "Early childhood program" means any program licensed under this chapter where early childhood services are provided for at least two hours a day for three or more days a week.~~

~~6. "Early childhood services" means the care, supervision, education, or guidance of a child or children, which is provided in exchange for money, goods, or other services. Early childhood services does not include:~~

~~a. Substitute parental child care provided pursuant to chapter 50-11.~~

~~b. Child care provided in any educational facility, whether public or private, in grade one or above.~~

~~c. Child care provided in a kindergarten which has been established pursuant to chapter 15.1-22 or a nonpublic elementary school program approved pursuant to section 15.1-06-06.1.~~

d. ~~Child care, preschool, and prekindergarten services provided to children under six years of age in any educational facility through a program approved by the department.~~

e. ~~Child care provided in facilities operated in connection with a church, business, or organization where children are cared for during periods of time not exceeding four continuous hours while the child's parent is attending church services or is engaged in other activities, on the premises.~~

f. ~~Schools or classes for religious instruction conducted by religious orders during the summer months for not more than two weeks, Sunday schools, weekly catechism, or other classes for religious instruction.~~

g. ~~Summer resident or day camps for children which serve no children under six years of age for more than two weeks.~~

h. ~~Sporting events, practices for sporting events, or sporting or physical activities conducted under the supervision of an adult.~~

i. ~~Head start and early head start programs that are federally funded and meet federal head start performance standards.~~

j. ~~Child care provided in a medical facility by medical personnel to children who are ill.~~

7. ~~"Family child care" means a private residence licensed to provide early childhood services for no more than seven children at any one time, except that the term includes a residence licensed to provide early childhood services to two additional school-age children.~~

8. ~~"Group child care" means a child care program licensed to provide early childhood services for thirty or fewer children.~~

9. ~~"Household member" means an adult living in the private residence out of which a program is operated, regardless of whether the adult is living there permanently or temporarily.~~

10. ~~"Human service zone" means a county or consolidated group of counties administering human services within a designated area in accordance with an agreement or plan approved by the department.~~

11. ~~"In-home provider" means any person who provides early childhood services to children in the children's home.~~

12. ~~"Licensed" means an early childhood program has the rights, authority, or permission granted by the department to operate and provide early childhood services.~~

13. ~~"Multiple licensed program" means an early childhood program licensed to provide more than one type of early childhood services.~~

14. ~~"Owner" or "operator" means the person who has legal responsibility for the early childhood program and premises.~~

15. ~~"Parent" means an individual with the legal relationship of father or mother to a child or an individual who legally stands in place of a father or mother, including a legal guardian or custodian.~~

~~16. "Premises" means the indoor and outdoor areas approved for providing early childhood services.~~

~~17. "Preschool" means a program licensed to offer early childhood services, which follows a preschool curriculum and course of study designed primarily to enhance the educational development of the children enrolled and which serves no child for more than three hours per day.~~

~~18. "Public approval" means a nonlicensed early childhood program operated by a government entity that has self-certified that the program complies with this chapter.~~

~~19. "Registrant" means the holder of an in-home provider registration document issued by the department in accordance with this chapter.~~

~~20. "Registration" means the process whereby the department maintains a record of all in-home providers who have stated that they have complied or will comply with the prescribed standards and adopted rules.~~

~~21. "Registration document" means a written instrument issued by the department to publicly document that the registrant has complied with this chapter and the applicable rules and standards as prescribed by the department.~~

~~22. "School-age child care" means a child care program licensed to provide early childhood services on a regular basis for nineteen or more children aged five years through eleven years.~~

~~23. "School-age children" means children served under this chapter who are at least five years but less than twelve years of age.~~

~~24. "Self-declaration" means voluntary documentation of an individual providing early childhood services in a private residence for up to five children through the age of eleven, of which no more than three may be under the age of twenty-four months.~~

~~25. "Staff member" means an individual:~~

~~a. Who is an employee of an early childhood program or of an early childhood services provider under a self-declaration;~~

~~b. Whose activities involve the care, supervision, or guidance of children of an early childhood program; or~~

~~c. Who may have unsupervised access to children under the care, supervision, or guidance of an early childhood program or early childhood services provider under a self-declaration.~~

SECTION 26. AMENDMENT. Section 50-11.1-22 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-22. Early childhood grant for best in class four-year old experiences. ~~(Expired effective July 1, 2025)~~

1. A four-year old program deemed eligible under section 50-11.1-23 may submit an application for the best in class four-year old experiences grant. An approved program is eligible for an annual award of one hundred twenty thousand dollars per approved group size. The grant award must be matched with no less than twenty thousand dollars in other funds. The department shall assign a program support coach to each approved program. An approved program:

a. Shall utilize the assigned support coach and utilize the sliding fee scale for parent fees, as established by the department.

b. May use grant funds to support the provision of quality early childhood experiences, including expenditures related to staffing, training, equipment, and supplies.

c. May not use grant funds for construction or rehabilitation. An approved program must enter a grant agreement with the department.

2. The department may not collect equipment or supplies purchased with grant funds from the approved program after successful completion of the term of the grant.

SECTION 27. AMENDMENT. Section 50-11.1-23 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-23. Eligibility for best in class four-year old experiences grant. ~~(Expired effective July 1, 2025)~~

1. A four-year old program may submit, in the form and manner prescribed by the department, an application to the department for a grant under section 50-11.1-22, if the provider certifies to the department the provider:

   a. Operates a four-year old program in this state;

   b. Operates a four-year old program for children who have reached four years of age before August first in the year of enrollment;

   c. Operates a four-year old program that has a duration of at least four hundred hours over a period of at least thirty-two consecutive weeks;

   d. Incorporates within the four-year old program at least ten hours of research-based family engagement;

   e. Has been determined to meet the standards and expectations of no less than step three in the North Dakota early childhood quality improvement system;

   f. Is willing to admit children of all learning abilities into the four-year old program;

   g. Is willing to admit children who receive assistance from the child care assistance program into the four-year old program; and

   h. Is willing to operate in compliance with the grant requirements, including:

      (1) Maintaining the recommended group size for number of children served in the four-year old program;

      (2) Complying with requirements related to qualifications, training, and professional development of staff delivering services in the four-year old program; and

      (3) Adhering to expectations established by the department related to four-year old program monitoring and oversight.

2. The department may distribute grants under this section to approved four-year old programs, including four-year old programs operated as early childhood programs by educational facilities or federally funded head start programs or in connection with a church, business, or organization that operates a four-year old program.

3. The department may recapture grant funds distributed to an approved four-year old program found by the department to be out of compliance with requirements established for the best in class four-year old experiences grant program.

SECTION 28. AMENDMENT. Section 50-11.1-24 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-24. Grant program data collection - Requirements. ~~(Expired effective July 1, 2025)~~

The state agency with approval authority over four-year old programs, with the advice and consent of the department, shall implement a uniform system for the accounting, budgeting, and reporting of data by any four-year old program provider to whom or to which grants are distributed under section 50-11.1-23. Grants may be withheld or forfeited, in whole or in part, if information required in accordance with this section is not submitted at the time or in the manner requested by the state agency with approval authority over four-year old programs. A grant recipient shall consent to provide information needed to comply with data collection requirements. The state agency with approval authority over four-year old programs shall disclose the requested information to the department.

SECTION 29. A new subsection to section 50-24.1-07 of the North Dakota Century Code is created and enacted as follows:

In any probate proceedings in which the department has filed a claim under this section, no additional evidence of foundation may be required for the admission of the department's payment record supporting the department's claim if the payment record is certified as a true copy and bears the signature of a representative of the department. There is a rebuttable presumption that the amount of medical assistance on the claim was incurred and paid on behalf of the recipient of medical assistance and is an allowable claim."

Page 9, after line 19, insert:

"**SECTION 31. AMENDMENT.** Subsection 5 of section 50-24.1-37 of the North Dakota Century Code is amended and reenacted as follows:

5. Provider and managed care organization reimbursement rate information received or held by the department under this section is an open record.

SECTION 32. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall ~~establish, by rule, procedures for determining rates~~determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter~~. The procedures must be based on methods and standards that the department finds are adequate to recognize the~~data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated

basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.

2. The department shall ~~identify costs that are recognized for establishing payment rates~~establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.

3. For the rate year beginning July 1, ~~2016~~2023, the department shall ~~establish the limits by using the average of the highest and lowest rates from the 2014 rate year. The direct care limit must be ninety-five percent of the average and the indirect care limit must be ninety percent of the average. Beginning with the July 1, 2017, rate year, the department shall adjust the limits by using the cost percentage change from the prior two rate years, within the limits of legislative appropriations~~increase rates and limits two percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits two percent for inflation.

4. The department shall provide, by rule, within the limits of legislative appropriations, for payment of rates paid by the aged, blind, and disabled persons program for a maximum of thirty days per occurrence for leave days for a resident who is in a licensed health care facility when the resident is expected to return to the facility.

5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of ~~one hundred eighty~~three hundred sixty-five days."

Page 10, line 19, remove "**- CONTINGENT FULL-TIME EQUIVALENT POSITIONS - REPORT**"

Page 10, line 21, replace "three" with "one"

Page 10, line 21, replace "centers" with "center"

Page 10, replace lines 24 through 27 with "The department may consider the inclusion of providers of integrated, wraparound crisis services to young adults, who are at risk of being homeless or experiencing serious adverse life events, into the creation of any certified community behavioral health clinic."

Page 11, line 15, remove "of which the amount"

Page 11, remove line 16

Page 11, line 17, remove "home- and community-based services 10 percent enhancement plan"

Page 11, line 25, remove the second "and"

Page 11, line 28, after "50-06-42.1" insert "; and

10. The sum of $15,000,000 appropriated from the general fund and the sum of $15,000,000 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws"

Page 12, line 10, after the first "of" insert "underfunding,"

Page 12, line 11, remove "and"

Page 12, line 12, after "percentage" insert ", and unexpected contract cost increases that exceed ten percent"

Page 12, line 16, replace "four" with "two"

Page 12, line 18, replace "seven" with "three"

Page 12, line 18, replace "the first" with "each"

Page 12, line 18, remove "of the biennium and four percent the"

Page 12, line 19, remove "second year"

Page 12, line 20, remove "and basic care"

Page 12, line 20, after "facilities" insert "or prospective payment system hospitals"

Page 13, after line 2, insert:

"**SECTION 46. LEGISLATIVE MANAGEMENT STUDY - SOCIAL WORK LICENSURE COMPACT.** During the 2023-24 interim, the legislative management shall consider studying the feasibility and desirability of the legislative assembly enacting the social work licensure compact. The study may include consideration of whether the public and the social work community support enactment and whether the North Dakota board of social work examiners has the capacity to participate in the compact. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

SECTION 47. LEGISLATIVE MANAGEMENT STUDY - MEDICAID PROVIDER REIMBURSEMENT ARRANGEMENTS. During the 2023-24 interim, the legislative management shall study the benefits of basing provider reimbursement rates for the Medicaid program in accordance with a provider's performance under established and accepted value-based care metrics. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly."

Page 13, line 7, replace "19" with "34"

Page 13, after line 8, insert:

"**SECTION 50. EMERGENCY.** Section 4 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of House Action

	Base Budget	Senate Version	House Changes	House Version
UND Medical Center				
Total all funds	$0	$0	$3,500,000	$3,500,000
Less estimated income	0	0	3,500,000	3,500,000
General fund	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00
DHHS - Management				
Total all funds	$172,600,480	$265,550,380	$437,341,037	$702,891,417
Less estimated income	92,905,426	186,160,843	199,790,944	385,951,787
General fund	$79,695,054	$79,389,537	$237,550,093	$316,939,630
FTE	97.85	113.90	2,151.43	2,265.33

DHHS - Program/Policy				
Total all funds	$3,793,980,879	$4,617,924,174	($517,496,434)	$4,100,427,740
Less estimated income	2,499,452,627	2,988,736,618	(375,240,881)	2,613,495,737
General fund	$1,294,528,252	$1,629,187,556	($142,255,553)	$1,486,932,003
FTE	666.17	687.32	(687.32)	0.00
DHHS - County Social Services Financing				
Total all funds	$189,917,386	$225,361,586	($31,447,925)	$193,913,661
Less estimated income	188,676,995	224,010,514	(30,113,726)	193,896,788
General fund	$1,240,391	$1,351,072	($1,334,199)	$16,873
FTE	159.00	164.00	(164.00)	0.00
DHHS - Field Services				
Total all funds	$293,597,257	$352,897,223	($245,039,532)	$107,857,691
Less estimated income	114,273,300	95,698,581	(65,721,527)	29,977,054
General fund	$179,323,957	$257,198,642	($179,318,005)	$77,880,637
FTE	1,342.31	1,394.11	(1,394.11)	0.00
Bill total				
Total all funds	$4,450,096,002	$5,461,733,363	($353,142,854)	$5,108,590,509
Less estimated income	2,895,308,348	3,494,606,556	(267,785,190)	3,226,821,366
General fund	$1,554,787,654	$1,967,126,807	($85,357,664)	$1,881,769,143
FTE	2,265.33	2,359.33	(94.00)	2,265.33

Senate Bill No. 2012 - UND Medical Center - House Action

	Base Budget	Senate Version	House Changes	House Version
Clinical integrated network grant			$3,500,000	$3,500,000
Total all funds	$0	$0	$3,500,000	$3,500,000
Less estimated income	0	0	3,500,000	3,500,000
General fund	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00

Department 232 - UND Medical Center - Detail of House Changes

	Adds Funding for Clinical Integrated Network Grant[1]	Total House Changes
Clinical integrated network grant	$3,500,000	$3,500,000
Total all funds	$3,500,000	$3,500,000
Less estimated income	3,500,000	3,500,000
General fund	$0	$0
FTE	0.00	0.00

[1] Funding is added from the community health trust fund to allow the Center for Rural Health to award a grant to a clinical integrated network.

Senate Bill No. 2012 - DHHS - Management - House Action

	Base Budget	Senate Version	House Changes	House Version
Salaries and wages	$21,363,556	$24,409,456	($24,409,456)	
Operating expenses	151,161,924	241,065,924	5,000,000	$246,065,924
Capital assets	75,000	75,000		75,000
Salary block grant program			456,750,493	456,750,493
Total all funds	$172,600,480	$265,550,380	$437,341,037	$702,891,417
Less estimated income	92,905,426	186,160,843	199,790,944	385,951,787
General fund	$79,695,054	$79,389,537	$237,550,093	$316,939,630
FTE	97.85	113.90	2,151.43	2,265.33

Department 326 - DHHS - Management - Detail of House Changes

	Adjusts Funding for Management[1]	Total House Changes
Salaries and wages	($24,409,456)	($24,409,456)
Operating expenses	5,000,000	5,000,000
Capital assets		
Salary block grant program	456,750,493	456,750,493
Total all funds	$437,341,037	$437,341,037
Less estimated income	199,790,944	199,790,944
General fund	$237,550,093	$237,550,093
FTE	2,151.43	2,151.43

[1] Funding is adjusted for management as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program.		($862,063)	($283,496)	($1,145,559)
Transfers health insurance funding to a new FTE position block grant program.		(436,667)	(139,099)	(575,766)
Transfers funding for salaries and wages to a new salary block grant program.	(112.40)	(16,918,521)	(5,622,318)	(22,540,839)
Creates a new departmentwide FTE block grant program.	2,265.33	247,896,527	190,940,966	438,837,493
Provides a salary increase for the FTE block grant program of 6 percent the 1st year and 4 percent the 2nd year of the 2023-25 biennium.		16,629,803	10,869,007	27,498,810
Provides funding for increases in health insurance premiums from $1,429 to $1,648 per month.		5,861,794	4,052,396	9,914,190
Underfunds salaries and wages in anticipation of vacant positions.		(19,500,000)		(19,500,000)
Removes new criminal background check positions added by the Senate.	(1.50)	(120,780)	(26,512)	(147,292)
Reduces operating reductions made by the Senate from $19.9 million to $13.9 million.		6,000,000		6,000,000
Total ongoing funding changes	2,151.43	$238,550,093	$199,790,944	$438,341,037
One-time Funding Items				
Removes one-time funding added by the Senate to automate the criminal background check process.		($1,000,000)		($1,000,000)
Total one-time funding changes	0.00	($1,000,000)	0	($1,000,000)
Total changes to base level funding	2,151.43	$237,550,093	$199,790,944	$437,341,037

Senate Bill No. 2012 - DHHS - Program/Policy - House Action

	Base Budget	Senate Version	House Changes	House Version
Salaries and wages	$122,081,310	$141,618,507	($141,618,507)	
Operating expenses	176,078,719	231,801,268	(3,332,938)	$228,468,330
Capital assets	10,000	10,000		10,000
Grants	467,144,387	657,651,069	(23,576,583)	634,074,486
Grants - Medical assistance	3,028,666,463	3,584,843,330	(348,968,406)	3,235,874,924
Opioid prevention		2,000,000		2,000,000
Total all funds	$3,793,980,879	$4,617,924,174	($517,496,434)	$4,100,427,740
Less estimated income	2,499,452,627	2,988,736,618	(375,240,881)	2,613,495,737
General fund	$1,294,528,252	$1,629,187,556	($142,255,553)	$1,486,932,003
FTE	666.17	687.32	(687.32)	0.00

Department 328 - DHHS - Program/Policy - Detail of House Changes

	Adjusts Funding for Program and Policy[1]	Total House Changes
Salaries and wages	($141,618,507)	($141,618,507)
Operating expenses	(3,332,938)	(3,332,938)
Capital assets		
Grants	(23,576,583)	(23,576,583)
Grants - Medical assistance	(348,968,406)	(348,968,406)
Opioid prevention		
Total all funds	($517,496,434)	($517,496,434)
Less estimated income	(375,240,881)	(375,240,881)
General fund	($142,255,553)	($142,255,553)
FTE	(687.32)	(687.32)

[1] Funding for program and policy is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program.		($2,661,463)	($3,528,496)	($6,189,959)
Transfers health insurance funding to a new FTE position block grant program.		(1,338,470)	(1,865,110)	(3,203,580)
Transfers salaries and wages funding to a new FTE block grant program.	(675.32)	(52,606,648)	(77,965,332)	(130,571,980)
Reduces funding for provider inflation from 4 percent per year to 2 percent per year except as noted in medical services and developmental disabilities.		(22,687,172)	(24,677,641)	(47,364,813)
Economic Assistance				
Removes funding added by the Senate to increase the utilization of the child care assistance program for children ages 0 to 3.		(22,000,000)		(22,000,000)
Removes funding added by the Senate to improve the ability of low-income parents to obtain child care.		(12,900,000)		(12,900,000)
Medical Services				
Removes new Medicaid provider strike team positions added by the Senate.	(2.00)	(48,642)	(266,995)	(315,637)
Removes provider inflation for prospective payment system hospitals.		(4,063,720)	(4,148,691)	(8,212,411)
Reduces estimated utilization rates for Medicaid Expansion ($110,753,873) and provides for a realigned rate structure to pay 125 percent of traditional Medicaid costs ($171,148,131).		(28,190,200)	(253,711,804)	(281,902,004)
Long-Term Care				
Reduces funding added by the Senate for enhancements to home- and community-based services.		(1,288,319)		(1,288,319)
Adds funding for a long-term care value based payment program.		6,000,000	6,000,000	12,000,000
Reduces estimated long-term care utilization rates.		(9,949,900)	(11,220,100)	(21,170,000)
Adds funding to rebase basic care rates.		3,229,408	1,847,152	5,076,560
Adds funding from the health care trust fund for basic care facility bad debt expense.			500,000	500,000
Aging Services				
Removes new home- and community-based services positions added by the Senate.	(3.00)	(143,912)	(143,912)	(287,824)
Removes a new aging services compliance position added by the Senate.	(1.00)	(103,868)	(103,868)	(207,736)
Removes a new aging services lawsuit coordinator position added by the Senate.	(1.00)			0
Children and Family Services				
Adds funding for kinship childcare.		460,000		460,000
Behavioral Health				
Removes new community behavioral health positions added by the Senate.	(2.00)	(223,946)		(223,946)
Adjusts funding for the free through recovery program to provide funding directly to DHHS for the program rather than using		15,500,000	(15,500,000)	0

passthrough funds.				
Increases school behavioral health grants to provide a total of $9.5 million.		3,000,000		3,000,000
Adds funding from the community health trust fund for the 988 crisis hotline program.			1,867,500	1,867,500
Developmental Disabilities				
Removes a new quality assurance position added by the Senate.	(1.00)	(103,868)	(103,868)	(207,736)
Removes a new early intervention position added by the Senate.	(1.00)	(86,602)	(86,602)	(173,204)
Reduces enhanced payment rates for developmental disabilities providers to provide for annual inflation rate adjustments of 3 percent.		(5,102,578)	(5,682,141)	(10,784,719)
Removes funding added by the Senate to increase the number of corporate guardianship slots and increase funding rates.		(808,748)		(808,748)
Early Childhood				
Combines the best in class program and the kindergarten readiness program into the research-based 0-4 program.		2,400,000		2,400,000
Removes funding added by the Senate for early childhood career grants.		(2,000,000)		(2,000,000)
Removes a new program administrator position added by the Senate.	(1.00)	(236,905)		(236,905)
Adds federal funds spending authority for the child care development fund and the preschool development grant.			21,514,027	21,514,027
Total ongoing funding changes	(687.32)	($135,955,553)	($367,275,881)	($503,231,434)
One-time Funding Items				
Removes one-time funding added by the Senate for program integrity audits.		($2,250,000)	($2,250,000)	($4,500,000)
Adds funding for a behavioral health facility grant in the Northwest human service region.		1,950,000		1,950,000
Adds funding from the federal state fiscal recovery fund for grants to organizations that provide youth crisis services.			300,000	300,000
Adds funding from the federal State Fiscal Recovery Fund for grants to volunteer-based ecumenical ministry organizations.			285,000	285,000
Adds one-time funding from the community health trust fund for consultant and other costs to implement the cross-disability advisory council.			700,000	700,000
Workforce Initiative One-time Funding				
Removes funding added by the Senate for early childhood rating infrastructure.		(3,000,000)		(3,000,000)
Removes funding added by the Senate for quality tiers in the child care reimbursement program.		(3,000,000)		(3,000,000)
Removes funding added from legacy fund earnings to expand public-private child care benefits.			(1,000,000)	(1,000,000)
Removes funding added from legacy fund earnings for child care business operating grants.			(5,000,000)	(5,000,000)
Removes funding added from legacy fund earnings for a pilot program for child care during nontraditional hours.			(1,000,000)	(1,000,000)
Total one-time funding changes	0.00	($6,300,000)	($7,965,000)	($14,265,000)
Total changes to base level funding	(687.32)	($142,255,553)	($375,240,881)	($517,496,434)

Senate Bill No. 2012 - DHHS - County Social Services Financing - House Action

	Base Budget	Senate Version	House Changes	House Version
County social services	$189,917,386	$225,361,586	($31,447,925)	$193,913,661
Total all funds	$189,917,386	$225,361,586	($31,447,925)	$193,913,661
Less estimated income	188,676,995	224,010,514	(30,113,726)	193,896,788
General fund	$1,240,391	$1,351,072	($1,334,199)	$16,873
FTE	159.00	164.00	(164.00)	0.00

Department 333 - DHHS - County Social Services Financing - Detail of House Changes

	Adjusts Funding for County Social Services[1]	Total House Changes
County social services	($31,447,925)	($31,447,925)
Total all funds	($31,447,925)	($31,447,925)
Less estimated income	(30,113,726)	(30,113,726)
General fund	($1,334,199)	($1,334,199)
FTE	(164.00)	(164.00)

[1] Funding for the county social services program is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program.		($61,440)	($1,486,858)	($1,548,298)
Transfers health insurance funding to a new FTE position block grant program.		(30,807)	(721,687)	(752,494)
Transfers salaries and wages to a new FTE position block grant program.	(157.00)	(1,241,952)	(27,900,463)	(29,142,415)
Adds funding to provide for 2023-25 biennium human service zone salary increases of 6 percent on July 1, 2023, and 4 percent on July 1, 2024. The Senate provided salary adjustments of 4 percent on July 1, 2023, and July 1, 2024.			2,097,313	2,097,313
Removes funding added by the Senate for human service zone employee salary equity adjustments.			(1,000,000)	(1,000,000)
Removes new FTE positions added by the Senate for home- and community-based services.	(7.00)		(1,102,031)	(1,102,031)
Total ongoing funding changes	(164.00)	($1,334,199)	($30,113,726)	($31,447,925)

Senate Bill No. 2012 - DHHS - Field Services - House Action

	Base Budget	Senate Version	House Changes	House Version
Human service centers	$163,213,829	$189,374,455	($142,329,198)	$47,045,257
Institutions	130,383,428	163,522,768	(102,710,334)	60,812,434
Total all funds	$293,597,257	$352,897,223	($245,039,532)	$107,857,691
Less estimated income	114,273,300	95,698,581	(65,721,527)	29,977,054
General fund	$179,323,957	$257,198,642	($179,318,005)	$77,880,637
FTE	1,342.31	1,394.11	(1,394.11)	0.00

Department 349 - DHHS - Field Services - Detail of House Changes

	Adjust Funding for Field Services[1]	Total House Changes
Human service centers	($142,329,198)	($142,329,198)
Institutions	(102,710,334)	(102,710,334)
Total all funds	($245,039,532)	($245,039,532)
Less estimated income	(65,721,527)	(65,721,527)
General fund	($179,318,005)	($179,318,005)
FTE	(1,394.11)	(1,394.11)

[1] Funding for field services is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program.		($8,926,423)	($2,830,652)	($11,757,075)
Transfers health insurance increase funding to a new FTE position block grant program.		(4,161,185)	(1,449,231)	(5,610,416)
Transfers salaries and wages to an FTE block grant funding pool.	(1,320.61)	(172,296,141)	(77,619,785)	(249,915,926)
Removes FTE positions added by the Senate for community-based behavioral health.	(28.50)	(950,906)		(950,906)
Removes FTE positions added by the Senate for crisis support services.	(21.00)	(2,813,836)		(2,813,836)
Adjusts provider inflation to provide 2 percent annual adjustments. The Senate provided 4 percent annual adjustments.		(715,695)		(715,695)
Reduces the number of certified community behavioral health clinics from 3 to 1 and removes new FTE positions added for the clinics.	(24.00)	(5,711,959)		(5,711,959)
Restores operating reductions made in the executive budget for human service centers ($13,200,000) and the State Hospital ($7,586,281).		20,786,281		20,786,281
Adds funding to provide telehealth psychiatric services in correctional facilities.		1,500,000		1,500,000
Adds ongoing general fund support to replace funding at facilities due to a revenue shortfall.		30,000,000	(30,000,000)	0
Total ongoing funding changes	(1,394.11)	($143,289,864)	($111,899,668)	($255,189,532)
One-time Funding Items				
Increases funding from the strategic investment and improvements fund for State Hospital design and early construction costs from $5 to $12.5 million.			7,500,000	7,500,000
Removes one-time general fund support to replace funding at facilities due to a revenue shortfall.		(36,028,141)	36,028,141	0
Adds funding from the state fiscal recovery fund for a rural law enforcement telehealth program.			2,650,000	2,650,000
Total one-time funding changes	0.00	($36,028,141)	$46,178,141	$10,150,000
Total changes to base level funding	(1,394.11)	($179,318,005)	($65,721,527)	($245,039,532)

Senate Bill No. 2012 - Other Changes - House Action

This amendment also:

- Provides a 2021-23 biennium appropriation from the DHHS operating fund for the repayment of funds withheld from unemployment benefits.
- Authorizes DHHS to adjust the number of authorized full-time equivalent positions subject to the availability of funds.
- Adjusts the amount of the transfer from the strategic investment and improvements fund to the human service finance fund from $21.6 million to $23.2 million.
- Identifies appropriations from the strategic investment and improvements fund, human service finance fund, community health trust fund, health care trust fund, and the federal State Fiscal Recovery Fund.
- Directs the department to create a parenting resource website.
- Creates a North Dakota legislative health care task force.
- Removes the sunset clause on the best in class program.
- Adjusts Medicaid language relating to probate proceedings and reimbursement rate information.
- Provides for the rebasement of basic care payment rates.
- Adjusts guidelines for the development of certified community behavioral health clinics.

- Adjusts the amount of funding allowed to be continued from the 2021-23 biennium into the 2023-25 biennium.
- Provides for a Legislative Management study of the social work licensure compact.
- Provides for a Legislative Management study of Medicaid provider reimbursement arrangements.

2023 CONFERENCE COMMITTEE

SB 2012

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
4/22/2023 9.03
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; relating to the autism voucher; to provide a statement of legislative intent; to provide for a study; and to provide for a report; and to provide an effective date.

9:03 AM Chairman Senator Dever called the conference committee meeting to order on SB 2012. Senators Dever, Davison, Mathern, and Representatives Nelson, O'Brien, and Mitskog are present.

Discussion Topics:

- Health and Human Services
- Future schedules
- FTE block grants
- Pilot project
- Conference committee discussion

9:06 AM Conference committee discussion as to how the committee is going to proceed.

9:08 AM Donna Aukland, Department of Health and Human Services, explained the spreadsheets provided with color coding, and answered questions from the committee, testimony # 27818, #27931.

9:28 Chairman Dever adjourned the meeting.

Kathleen Hall for Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations – Health and Human Services
Rough Rider Room, State Capitol

SB 2012
4/22/2023 10.30
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to provide a statement of legislative intent; to provide for a study; and to provide for a report; and to provide an effective date.

10:32 AM Chairman Dever opened the meeting.
Senators Dever, Davison, Mathern, and Representatives Nelson, O'Brien, and Mitskog are present.

Discussion Topics:

- Billing Medicaid
- Community behavioral health
- Ministry on the Margins
- Youth crisis services
- Child support
- Provider inflation rates
- Cross disability waiver/Council
- Family caregiver pilot project
- Program integrity audits
- Personal needs allowance
- Nursing facility value-based payment
- Basic care long-term beds reduction projection
- Basic care rebase rates
- Healthcare Trust Fund
- Uncollectible debt expense
- Autism voucher
- Kinship childcare
- Free through Recovery
- School grants
- 988 crisis hotlines
- Behavioral Health facility grants – regional considerations
- Residential pregnant parenting
- Guardianship fee increase –

10:35 AM Representative Nelson addressed the differences between House and Senate budgets for Health and Human Services. Testimony #27818

10:42 AM Donna Aukland, Assistant Chief Financial Officer ND Department of Human Services, testified. Testimony #27818

10:54 AM Legislative Council Assistant Fiscal Analyst and Auditor Brady Larson testified. Testimony #27816

11:01 AM Shelly Peterson, Lobbyist #47, spoke on behalf of the ND Long-term Care Association. (No written testimony)

11:27 Erik Haas, ND Department of Human Services Accounting Budget Specialist III, testified. Testimony #27818

11:29 AM Chairman Dever closed the meeting.

Carol Thompson, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
4/24/2023
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services

9:31 AM Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison: Representatives Nelson, O'Brien, Mitskog.

Discussion Topics:

- Best-in-class
- Waterford program
- Parental & childcare grants
- Inflaters
- Funding shift
- Childcare behavioral health clinics
- Prioritizations
- Operating cost reduction restorations
- Correctional facilities
- Telehealth Behavioral Service
- Stabilization & release
- Rural law enforcement program
- Employee funding
- Zone equity
- Spending authority

9:33 AM Representative Nelson continued leading discussion of the SB 2012 Review Approval Worksheet. Testimony #27818

9:37 AM Eric Haas, Assistant Chief Financial Officer, Health & Human Services, answered questions & clarified points. No written testimony.

9:52 AM Donna Auckland, Assistant Chief Financial Office in Health & Human Services, explained the Pre-school Development Grant. No written testimony.

10:01 AM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
4/24/2023
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services.

10:33 AM Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison; Representatives Nelson, O'Brien, Mitskog.

Discussion Topics:

- Block grants
- Zone benefit equity payments
- County employees
- Inflator rate
- Systematic change
- Legislative integrity
- Salary
- Medicaid expansion
- Equity
- Funding adjustments
- Covid
- Audit letter

10:34 AM Representative Nelson continued leading discussion through the SB2012 Review Approval Worksheet. #27818

10:35 AM Donna Aukland, Assistant Chief Financial Officer for Department of Health and Human Services, clarified points & answered questions. No written testimony.

10:52 AM Representative J. Nelson reviewed the Medicaid package. #27846

11:09 AM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
4/24/2023
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services

2:31 PM Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison. Representatives Nelson, O'Brien, Mitskog.

Discussion Topics:

- Equity funding
- Comp + Equity study
- Review Approval Worksheet
- Developmental Disabilities Provider Inflation
- Budget

2:31 PM Chairman Dever reviewed the bill and opened the meeting up for discussion.

2:32 PM Representative J. Nelson introduced Sara Stolt.

2:32 PM Senator Davison provided information. No written testimony.

2:32 PM Sara Stolt, Deputy Commissioner, Health & Human Services, testified. #27852

2:58 PM Senator Dever testified. Testiony #27818

3:04 PM Representative Nelson testified. #27856, #27816

3:14 PM Representative Nelson reviewed Long sheet SB 2012 Budget no. 325. #27816

3:23 PM Erik Haas, Assistant Chief Financial Officer, Health & Human Services, provided information. No written testimony.

3:28 PM Krista Fremming, Medical Services Interim Director, Health & Human Services, provided information. No written testimony.

3:41 PM Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB2012
4/24/2023
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services

4:12 PM Chairman Dever opened the meeting. Members present: Senators Dever, Mathern Davison; Representatives Nelson, O'Brien, Mitskog.

Discussion Topics:

- Medicare & Medicaid comparisons
- Medical services
-
- Current Medicaid rate base
- Payment amount variance
- Critical access hospitals
- Expansion rate/private insurance comparisons
- Insurance company negotiability
- Significant funding in Behavioral area
- Workforce need for behavioral & others
- Comparison with other states
- Medicaid population

4:12 PM Senator Dever began committee discussion.

4:13 PM Chris Jones, Commissioner, Health & Human Services, testified. No written testimony.

4:20 PM Representative Nelson testified. No written testimony.

4:34 PM Lyndon Jahner, Health & Human Services, answered questions & verified points. No written testimony.

4:44 PM Donna Aukland, Assistant Chief Financial Officer, Health & Human Services, testified. No written testimony.

4:58 PM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
4/25/2023
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

9:32 AM Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison; Representatives Nelson, O'Brien, Mitskog.

Discussion Topics:

- Total Expansion Reduction
- Budget updates
- Payment alignment
- Data based decisions
- Benchmarks
- Centers for Medicare and Medicaid Services (CMS)
- CMS guidance

9:32 AM Senator Dever began committee discussion.

9:33 AM Representative J. Nelson testified. #27878, #27896

9:40 AM Krista Fremming, Medical Services Interim Director, Medical Services Division, Health & Human Services, testified and answered questions. No written testimony.

10:23 AM Brady Larson discussed spreadsheet, Total Expansion Reduction with Budget Update Payment Alignment. Testimony #27878, #27884

Additional written testimony:
Emily O'Brien #27894
Kathy Hogan #27905

10:28 AM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
4/25/2023
Conference committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

11:09 AM Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison; Representatives Nelson, O'Brien, Mitskog.

Discussion Topics:

- Medicare Payments Facts document
- Health & Human Services history
- Inflation
- Medicare expansion

11:09 AM Sen Dever opened the continued discussion of SB 2012 budget no. 325. Testimony #27816

11:10 AM Rep Nelson introduced ND Medicaid Payments Facts document & testified. Testimony #27906

General discussion.

11:26 AM Erik Haas, Assistant Chief Financial Officer, Health & Human Services, testified and provided information. Testimony #27879.

11:40 AM Chris Jones, Commissioner, Health & Human Services, testified and provided information. Testimony #27878

11:47 AM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations – Human Resources Division
Rough Rider Room, State Capitol

SB 2012
4/25/2023 2:00 PM
Conference Committee

A bill for an act to provide an appropriation for defraying the expenses of various divisions of the Department of Health and Human Services; to provide an exemption; and to provide for a report.

2:12 PM - Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison; Representatives Nelson, O'Brien, Mitskog.

Discussion Topics:

- Alternative to abortion funding
- TANFF funding
- Center of rural health
- Valley based purchasing
- Data sharing
- Ann Carlson request
- Wellness court

Eric Haas, Asst CFO Human Services Dept explained funding.

Sen Mathern talked about personal needs allowance.

Donna Auckland, Dept Health/Human Service explained lines 140 to 147. #27818.

Krista Flemming, Dir Interim Medical Assistance explained general fund cut.

Rep Nelson handed an amendment from Pam Sagness. #27896.

Rep O'Brien handed out amendment to change 'drug court' to 'wellness court' #27894.

Jonathan Alm, Legal Dept of Human Services answered Sen Mathern question.

3:02 PM Chair Dever adjourned the meeting.

Pam Dever on behalf of Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
4/25/2023 4:00 PM
Conference Committee

A bill for an act to provide an appropriation for defraying the expenses of various divisions of the Department of Health and Human Services; to provide an exemption; and to provide for a report.

4:00 PM - Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison; Representatives Nelson, O'Brien, Mitskog.

Discussion Topics:

- Tier one providers
- Single point audit
- Program integrity audits
- Community health trust fund

Sen Dever handed amendment by Sen Hogan #27905.

Chris Jones, Commissioner Dept of Health/Human Services, testified and answered questions. No written testimony.

Donna Auckland, Dept Human Services, provided information. No written testimony.

Chair Dever provided information. #27818.

Rep Mitskog provided information. No written testimony.

4:44 PM Chairman Dever closed the meeting.

Pam Dever on behalf of Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
4/26/2023
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services

11:03 AM Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison; Representatives Nelson, O'Brien, Mitzkog.

Discussion Topics:

- Certified Centers for Behavioral Health Care
- Provider rates
- Medicaid expansion
- Lottery & Gaming
- Gambling addiction problem
- Medicaid expansion
- Regions
- Staff
- Model
- Grants use
- Medicaid funding
- Community clinic support
- Vouchers
- Amendment

11:03 AM Chairman Dever opened committee discussion.

11:10 AM Representative O'Brien presented amendment no.23.0266.02030. #27917

11:22 AM Pam Sagness, Health & Human Services, provided information and answered questions. No written testimony.

11:34 AM Arnie Grebe, Chief Financial Officer, Health & Human Services, provided information. No written testimony.

11:38 AM Brady Larson, Fiscal Analyst, Legislative Council, reviewed budget. Testimony #27916

11:45 AM Eric Haas, Assistant Chief Financial Officer, Health & Human Services, provided information. No written testimony.

11:58 AM Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
4/26/2023
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services

2:40 PM Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison; Representatives Nelson, O'Brien, Mitskog.

Discussion Topics:

- General fund clarification
- Providers on inflationary increase list
- $12.1mil difference
- Hourly v salaried providers
- Service & program support staff
- Taskforce
- CCBHC support
- Amendment
- Zone employees to State
- Impactful other legislation
- Removal of moratorium
- Voucher program repeal
- Transparency & open records

2:40 PM Senator Dever opened the committee discussion.

2:41 PM Representative Nelson clarified & corrected 2&2, instead of 3&3, as a place-holder.

2:46 PM Eric Haas, Assistant Chief Finance Officer, Health & Human Services, clarified & answered questions on providers.

2:48 PM Brady Larson, fiscal analyst, Legislative Council, reviewed Budget no. 325, using House version column.

3:00 PM Members discussed budget line by line.

Committee Discussion

3:32 PM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
4/27/2023
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services

10:05 AM Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison; Representatives Nelson, O'Brien, Mitskog.

Discussion Topics:

- Mathern's amendment
- SB 2140 passage
- PERS extension
- Insulin & diabetic supplies
- Clarification of benefit
- Taskforce & expansion
- ND – SD development comparison
- State sales tax effects
- Major cuts
- Healthcare taskforce
- Deep dive & value of findings
- Bad debt
- Data
- Community Trust Fund
- Statewide communities effect
- Private income permission
- Accountability
- Facilitator

10:05 AM Senator Dever opened Committee discussion and called on Senator Mathern.

10:06 AM Senator Mathern introduced & explained amendment no. 23.0266.02037, regarding SB 2140. #27929

Committee discussion.

10:11 AM Senator Dever honors & commends these committee members. Reviews recent 40-year history of ND healthcare & improvements.

10:20 AM Representative Nelson & Senator Dever exchange views of most important issues.

10:32 AM Brady Larson commented on Community Trust Fund as a funding source. #27937

10:34 AM Representative Greg Stemen, District 27, gave information for a Legislative Leadership Taskforce & funding sources. No written testimony.

10:36 AM Senator Mathern discussed availability of private interest funding & other Federal funds.

10:38 AM Committee discussion.

10:45 AM Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
4/27/2023
Conference Committee

Relating to the autism voucher; to provide a statement of legislative intent; to provide for a legislative management study; to provide for a report; and to provide an effective date.

2:35 PM Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison; Representatives Nelson, O'Brien, Mitskog.

Discussion Topics:

- Amendment proposal
- Authority to hire
- Generating funds
- Transition time
- Amendment restoring lost support
- State hospital design amendment
- Process
- Commitment to accomplishment
- HB 1015 relation
- Plans & actions in context
- Other related bills
- Effective dates
- Legislative redundancy & removal
- Private resources

2:35 PM Representative Nelson discussed the sheet of amendments provided by Brady Larson provided. #27916

Committee discussion.

2:44 PM Representative O'Brien went through amendments, for Child support, State Hospital, ESB 2276 & ESB 2181, Childcare Financial Assistance, and HCBS Housing Assistance. #27937

2:48 PM Donna Aukland clarified points.

Committee discussion.

3:15 PM Krista Fremming testified. No written testimony.

3:19 PM Jonathan Alm, Health & Human Services, provided information. No written testimony.

3:21 PM Jonathan Alm clarified intent of the amendment on Housing Assistance.

3:22 PM Committee discussion.

3:27 PM Chris Jones, Commissioner, Health & Human Services, testified on potential budget amount.

3:30 PM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
4/28/2023
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services

9:03 AM - Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison; Representatives Nelson, O'Brien, Mitskog.

Discussion Topics:

- Logistics
- Amendments
- Medicaid Expansion
- Amendments
- PBS hospitals
- Zone salary adjustments
- ND highest US Medicaid rates
- Community Trust Fund
- Universal statewide budget effects
- Medicaid rate reductions

9:03 AM Senator Dever opened committee discussion.

9:08 AM Representative Nelson summarized current negotiations.

9:16 AM Senator Davison discussed moving money from General funds to Community Trust fund. Discussion.

9:22 AM Continued committee discussion.

9:32 AM Representative Mitskog presented an amendment on Taskforce responsibilities & rules. Committee discussion. #27948 and #27952

9:37 AM Representative O'Brien suggested stepdown proposals for Medicaid Expansion.

9:46 AM Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
4/28/2023
CONFERENCE COMMITTEE

Relating to human service zone board membership, the substance use disorder treatment voucher system, Medicaid in-home services, the best in class program, basic care payment rates, the Medicaid expansion program, & the children's health insurance program; relating to the autism voucher; provide a statement of legislative intent; provide for a legislative management study; provide for a report; provide an effective date.

11:00 AM Chair Dever opened the meeting. Present: Chair Dever, Sen Davison, Sen Mathern, Chair Nelson, Rep O'Brien, and Rep Mitskog.

Discussion Topics:

- Managed care rules
- Medical services health director
- Decline of workforce
- Healthcare task force

Krista Fremming, Interim Medical Services Director talked about managed care area.

Brady Larson, Legislative Council (LC), handed out a paper listing proposed funding changes to 2012 #27944, #27947.

Items 6, 7, 8, 9, and 11 were approved by conference members.

Chair Dever offered $1M reduction in Medicaid expansion. LC is working on amendments.

Sen Davison commented that we need the data from the Task Force.

Additional written testimony:
Representative Mitskog #27945

11:39 AM Chair Dever adjourned the meeting.

Pam Dever for Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
4/28/2023
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services

1:37 PM - Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison; Representatives Nelson, O'Brien, Mitskog.

Discussion Topics:

- House offering
- Senate counter offer
- **$**20mil gap
- Davison explanation
- Committee Impasse

1:37 PM Senator Dever opened committee discussion regarding amendments.

1:50 PM Senator Dever - Representative Nelson provided more discussion

1:52 PM Chairman Dever closed the meeting.

Susan Huntington, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
4/29/2023
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services

10:06 AM Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison; Representatives Nelson, O'Brien, Mitskog.

Discussion Topics:

- Provider inflators
- Savings to augment provider increases
- Motion to amend
- Amendment considerations in context
- Numbers
- Tribal changes
- Gambling funds
- Hospital & residential providers
- Lease of land exemption
- State Hospital & Bison World

10:06 AM Chairman Dever opened committee discussion by reviewing Leadership agreed-upon items.

10:08 AM Davison moved to adopt amendment to increase provider inflator to 1 & 2% on SB 2012. Senator Mathern seconded the motion. Discussion.

10:15 AM Roll call vote. Motion failed, 3-3-0.

10:16 AM Senator Davison moved to adopt amendment to add inflator of 0% & 2% to SB 2012. Senator Mathern seconded the motion.

10:18 AM Roll call vote. Motion passed 6-0-0.

10:19 AM Discussion of Eric Haas hand-out Developmental Disabilities provider inflation chart. Testimony #27986

10:26 AM Senator Mathern moved to adopt amendment giving inflator of 3 & 3% plus $1 increase. Motion fails for lack of a second.

10:27 AM Representative Nelson moved to adopt amendment giving inflator of 2 & 2% and 3 &3%. Representative Mitskog seconded the motion. Discussion.

10:29 AM Roll call vote. Motion passed 6-0-0.

10:30 AM Senator Mathern moved to adopt all sections not agreed upon so far, to the Bill.

10:31 AM Brady Larson added information. Discussion.

10:37 AM Representative Nelson moved to adopt amendment moving $500,000 from Gambling Operations Fund to Department of Human Services.
Representative O'Brien seconded the motion.

10:38 AM Roll call vote. Motion passed 6-0-0.

10:39 AM Representative O'Brien moved to add carve out for Behavioral Health to amendment. Representative Mitskog seconded the motion. Discussion.

10:45 AM Krista Fremming, Health and Human Services, provided information.

10:49 AM Roll call vote. Motion passed 6-0-0.

10:50 AM Senator Mathern moved to adopt all remaining items on List of Changes.
Representative O'Brien seconded the motion. Discussion.

10:51 AM Roll call vote. Motion passed 6-0-0.

10:52 AM Committee discussion

11:06 AM Representative O'Brien moved to adopt additional amendment No.23.0266.02039. Representative Mitskog seconded the motion.

11:06 AM Roll call vote. Motion failed 3-3-0.

Committee Discussion.

11:23 AM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

Date: 4/29/2023
10:00 AM
Roll Call Vote #: 1

2023 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2012 as engrossed

Senate Appropriations Human Resources Committee

Action Taken
- ☐ **SENATE accede to House Amendments**
- ☐ **SENATE accede to House Amendments and further amend**
- ☐ **HOUSE recede from House amendments**
- ☐ **HOUSE recede from House amendments and amend as follows**

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

Motion Made by: D*avison* Seconded by: M*athern*

Senators				Yes	No		Representatives				Yes	No
Chair Dever				x			Chair Nelson					x
Senator Davison				x			Representative O'Brien					x
Senator Mathern				x			Representative Mitskog					x
Total Senate Vote				3			Total Rep. Vote					3

Vote Count Yes: 3 No: 3 Absent: 0

Senate Carrier _____ House Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment:

1 and 2 Inflator - Failed

Date: 4/29/2023
10:00 AM
Roll Call Vote #: 2

2023 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2012 as engrossed

Senate Appropriations Human Resources Committee

Action Taken
- ☐ **SENATE accede to House Amendments**
- ☐ **SENATE accede to House Amendments and further amend**
- ☐ **HOUSE recede from House amendments**
- ☐ **HOUSE recede from House amendments and amend as follows**

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

Motion Made by: D*avison* Seconded by: M*athern*

Senators				Yes	No		Representatives				Yes	No
Chair Dever				x			Chair Nelson				x	
Senator Davison				x			Representative O'Brien				x	
Senator Mathern				x			Representative Mitskog				x	
Total Senate Vote				3			Total Rep. Vote				3	

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier _____ House Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment:

0 and 2 Inflator - $3.7 M payment to county workers

Date: 4/29/2023
10:00 AM
Roll Call Vote #: 3

2023 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2012 as engrossed

Senate Appropriations Human Resources Committee

Action Taken
- ☐ **SENATE accede to House Amendments**
- ☐ **SENATE accede to House Amendments and further amend**
- ☐ **HOUSE recede from House amendments**
- ☐ **HOUSE recede from House amendments and amend as follows**

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

Motion Made by: N*elson* Seconded by: M*itskog*

Senators				Yes	No		Representatives				Yes	No
Chair Dever				x			Chair Nelson				x	
Senator Davison				x			Representative O'Brien				x	
Senator Mathern				x			Representative Mitskog				x	
Total Senate Vote				3			Total Rep. Vote				3	

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier _____ House Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment:

2% & 2% plus $1 per hour for staff program support

Date: 4/29/2023
10:00 AM
Roll Call Vote #: 4

2023 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2012 as engrossed

Senate Appropriations Human Resources Committee

Action Taken
- ☐ **SENATE accede to House Amendments**
- ☐ **SENATE accede to House Amendments and further amend**
- ☐ **HOUSE recede from House amendments**
- ☐ **HOUSE recede from House amendments and amend as follows**

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

Motion Made by: N*elson* Seconded by: *O'Brien*

Senators				Yes	No		Representatives				Yes	No
Chair Dever				x			Chair Nelson				x	
Senator Davison				x			Representative O'Brien				x	
Senator Mathern				x			Representative Mitskog				x	
Total Senate Vote				3			Total Rep. Vote				3	

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier _____ House Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment:

Add $500K from gambling operations fund to DHHS (a direct appropriation)

Date: 4/29/2023
10:00 AM
Roll Call Vote #: 5

2023 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2012 as engrossed

Senate Appropriations Human Resources Committee

Action Taken
- ☐ **SENATE accede to House Amendments**
- ☐ **SENATE accede to House Amendments and further amend**
- ☐ **HOUSE recede from House amendments**
- ☐ **HOUSE recede from House amendments and amend as follows**

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

Motion Made by: *O'Brien* Seconded by: M*itskog*

Senators				Yes	No		Representatives				Yes	No
Chair Dever				x			Chair Nelson				x	
Senator Davison				x			Representative O'Brien				x	
Senator Mathern				x			Representative Mitskog				x	
Total Senate Vote				3			Total Rep. Vote				3	

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier _____ House Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment:

To add carve out for behavioral health to amendment

Date: 4/29/2023
10:00 AM
Roll Call Vote #: 6

2023 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2012 as engrossed

Senate Appropriations Human Resources Committee

Action Taken
- ☐ **SENATE accede to House Amendments**
- ☐ **SENATE accede to House Amendments and further amend**
- ☐ **HOUSE recede from House amendments**
- ☐ **HOUSE recede from House amendments and amend as follows**

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

Motion Made by: M*athern* Seconded by: *O'Brien*

Senators				Yes	No		Representatives				Yes	No
Chair Dever				x			Chair Nelson				x	
Senator Davison				x			Representative O'Brien				x	
Senator Mathern				x			Representative Mitskog				x	
Total Senate Vote				3			Total Rep. Vote				3	

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier _____ House Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment:

Include rest of items on sheet plus 1-9 on bottom of sheet

Date: 4/29/2023
10:00 AM
Roll Call Vote #: 7

2023 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2012 as engrossed

Senate Appropriations Human Resources Committee

Action Taken
- ☐ **SENATE accede to House Amendments**
- ☐ **SENATE accede to House Amendments and further amend**
- ☐ **HOUSE recede from House amendments**
- ☐ **HOUSE recede from House amendments and amend as follows**

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

Motion Made by: *O'Brien* Seconded by: M*itskog*

Senators				Yes	No		Representatives				Yes	No
Chair Dever					x		Chair Nelson				x	
Senator Davison					x		Representative O'Brien				x	
Senator Mathern					x		Representative Mitskog				x	
Total Senate Vote					3		Total Rep. Vote				3	

Vote Count Yes: 3 No: 3 Absent: 0

Senate Carrier _____ House Carrier _____

LC Number 23.0266 . 02039 of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment:

To include Bison World to possible location on HS land where new state hospital may be built

(Motion Failed)

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
4/29/2023

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services

12:34 PM - Chairman Dever opened the meeting. Members present: Senators Dever, Mathern, Davison; Representatives Nelson, O'Brien, Mitskog.

Discussion Topics:

- Basic Care rates
- Bison World & State Hospital land
- 2 amendments ruled out of order
- Basic Care inflators
- Vote
- Integrity audits amendment
- Federally required information
- Vote
- Taskforce
- Appointed by leaders
- Non-participating entities

12:35 PM Chairman Dever opened committee discussion.

12:36PM Representative O'Brien amendments reviewed (#27989, #27990) & discarded. Committee discussion on Basic Care inflators.

12:45 PM Senator Mathern moved to increase inflators to Basic Care providers from 3% to 3.5%. Representative O'Brien seconded the motion. Committee discussion.

12:47 PM Roll call vote. Motion passed 4-2-0.

12:48 PM Representative Mitskog moved to adopt amendment to add back integrity audits to the Bill. Senator Davison seconded the motion. Discussion.

12:53 PM Roll call vote. Motion passed 5-1-0.

12:57 PM Chairman Dever adjourned the meeting.

Susan Huntington, Committee Clerk

Date: 4/29/2023
12:30 PM
Roll Call Vote #: 1

2023 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2012 as engrossed

Senate Appropriations Human Resources Committee

Action Taken
- ☐ **SENATE accede to House Amendments**
- ☐ **SENATE accede to House Amendments and further amend**
- ☐ **HOUSE recede from House amendments**
- ☐ **HOUSE recede from House amendments and amend as follows**

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

Motion Made by: M*athern* Seconded by: *O'Brien*

Senators				Yes	No		Representatives				Yes	No
Chair Dever				x			Chair Nelson					x
Senator Davison					x		Representative O'Brien				x	
Senator Mathern				x			Representative Mitskog				x	
Total Senate Vote				2	1		Total Rep. Vote				2	1

Vote Count Yes: 4 No: 2 Absent: 0

Senate Carrier _____ House Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment:

To increase inflators to Basic Care providers from 3% to 3.5%.

Date: 4/29/2023
12:30 PM
Roll Call Vote #: 2

2023 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2012 as engrossed

Senate Appropriations Human Resources Committee

Action Taken
- ☐ **SENATE accede to House Amendments**
- ☐ **SENATE accede to House Amendments and further amend**
- ☐ **HOUSE recede from House amendments**
- ☐ **HOUSE recede from House amendments and amend as follows**

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

Motion Made by: M*itskog* Seconded by: D*avison*

Senators				Yes	No		Representatives				Yes	No
Chair Dever				x			Chair Nelson				x	
Senator Davison				x			Representative O'Brien				x	
Senator Mathern					x		Representative Mitskog				x	
Total Senate Vote				2	1		Total Rep. Vote				3	

Vote Count Yes: 5 No: 1 Absent: 0

Senate Carrier _____ House Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment:

To add back integrity audits to the Bill.

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

SB 2012
4/29/2023
CONFERENCE COMMITTEE

Relating to human service zone board membership, the substance use disorder treatment voucher system, Medicaid in-home services, the best in class program, basic care payment rats, the Medicaid expansion program, & the children's health insurance program; relating to the autism voucher; provide a statement of legislative intent; provide for a legislative management study; provide for a report; provide an effective date.

6:00 PM Chair Dever opened the meeting. Present: Chair Dever, Sen Davison, Sen Mathern, Chair Nelson, Rep O'Brien, and Rep Mitskog.

Discussion Topics:

- Funding pieces
- Amendment
- Long term care increase

Brady Larson, Legislative Council fiscal analysist, explained amendment 23.0266.02035 and clarified questions asked. He handed out amendment #28013 and #28014.

Rep O'Brien moved House recede from House amendments and further amend.
Seconded by Sen. Davison

Roll Call Vote Taken. Motion passes 6-0-0

Sen. Dever is the bill carrier for the Senate.
Rep. Nelson is the bill carrier for the House.

6:30 PM Chair Dever adjourned the meeting.

Pam Dever for Susan Huntington, Committee Clerk

23.0266.02035
Title.05000
Fiscal No. 1

Prepared by the Legislative Council staff for
Conference Committee
April 29, 2023

4/29/23
1/30

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

That the House recede from its amendments as printed on pages 1811-1832 of the Senate Journal and pages 2037-2058 of the House Journal and that Engrossed Senate Bill No. 2012 be amended as follows:

Page 1, line 2, after "services" insert "; to provide an appropriation to the university of North Dakota school of medicine and health sciences"

Page 1, line 2, after "exemption" insert "; to create and enact a new section to chapter 50-06 and a new subsection to section 50-24.1-07 of the North Dakota Century Code and two new subsections to the new section to chapter 54-52.1 as created by section 2 of Senate Bill No. 2140, as approved by the sixty-eighth legislative assembly, of the North Dakota Century Code, relating to public employee health benefits coverage of insulin, a North Dakota legislative health care task force, and Medicaid claims"

Page 1 line 2, after "reenact" insert "subsection 2 of section 12.1-04-07,"

Page 1, line 3, after "sections" insert "50-01.2-01,"

Page 1, line 3, after "50-06-42" insert ", 50-11.1-02, 50-11.1-22, 50-11.1-23, 50-11.1-24"

Page 1, line 3, after the first comma insert "and"

Page 1, line 3, after the second comma insert "subsection 5 of section 50-24.1-37, and sections 50-24.5-02.3"

Page 1, line 3, after "to" insert "fitness to proceed examination, human service zone board membership,"

Page 1, line 4, after "services" insert ", the best in class program, basic care payment rates, the Medicaid expansion program"

Page 1, line 6, after the second "a" insert "legislative management"

Page 1, line 7, remove "and"

Page 1, line 7, after "date" insert "; and to declare an emergency"

Page 1, remove lines 19 through 24

Page 2, remove lines 1 through 31

Page 3, replace lines 1 through 7 with:

"Salaries and wages	$21,363,556	($21,363,556)	$0
Salaries and wages block grant	0	456,750,493	456,750,493
Operating expenses	151,161,924	95,654,000	246,815,924
Capital assets	75,000	0	75,000
Total all funds	$172,600,480	$531,040,937	$703,641,417
Less estimated income	92,905,426	293,796,361	386,701,787
Total general fund	$79,695,054	$237,244,576	$316,939,630

Subdivision 2.

jk 2/30

PROGRAM AND POLICY

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$122,081,310	($122,081,310)	$0
Operating expenses	176,078,719	59,740,165	235,818,884
Capital assets	10,000	0	10,000
Grants	467,144,387	168,924,549	636,068,936
Grants - medical assistance	3,028,666,463	396,605,903	3,425,272,366
Opioid prevention	0	2,000,000	2,000,000
Total all funds	$3,793,980,879	$505,189,307	$4,299,170,186
Less estimated income	2,499,452,627	269,279,579	2,768,732,206
Total general fund	$1,294,528,252	$235,909,728	$1,530,437,980

Subdivision 3.

FIELD SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Human service centers	$163,213,829	($115,810,747)	$47,403,082
Institutions	130,383,428	(69,570,994)	60,812,434
Total all funds	$293,597,257	($185,381,741)	$108,215,516
Less estimated income	114,273,300	(84,296,246)	29,977,054
Total general fund	$179,323,957	($101,085,495)	$78,238,462

Subdivision 4.

COUNTY SOCIAL SERVICE FINANCING

	Base Level	Adjustments or Enhancements	Appropriation
County social services	$189,917,386	$7,746,275	$197,663,661
Total all funds	$189,917,386	$7,746,275	$197,663,661
Less estimated income	188,676,995	8,969,793	197,646,788
Total general fund	$1,240,391	($1,223,518)	$16,873

Subdivision 5.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total general fund	$1,554,787,654	$370,845,291	$1,925,632,945
Grand total special funds	2,895,308,348	487,749,487	3,383,057,835
Grand total all funds	$4,450,096,002	$858,594,778	$5,308,690,780
Full-time equivalent positions	2,265.33	0.00	2,265.33"

Page 3, replace line 11 with:

"Technology projects $67,596,372 $71,000,000"

Page 3, replace line 18 with:

JR 3/30

"State hospital design	0	12,500,000
Service grants	0	585,000
Cross-disability advisory council	0	1,400,000
Behavioral health facility grants	0	1,950,000
Base care payment study	0	600,000
Health care task force	0	750,000"

Page 3, remove line 20

Page 3, replace lines 23 through 26 with:

"Law enforcement telehealth	0	2,650,000
Total all funds	$216,080,305	$118,234,498
Less estimated income	191,847,089	103,752,326
Total general fund	$24,233,216	$14,482,172

SECTION 3. APPROPRIATION - UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE AND HEALTH SCIENCES - CLINICAL INTEGRATED NETWORK GRANT.

1. There is appropriated out of any moneys in the community health trust fund in the state treasury, not otherwise appropriated, the sum of $3,500,000, or so much of the sum as may be necessary, to the university of North Dakota school of medicine and health sciences for the purpose of the center for rural health awarding a grant to a clinically integrated network, for the biennium beginning July 1, 2023, and ending June 30, 2025.

2. To qualify for a grant under this section, an applicant:

   a. Must be a statewide value-based clinically integrated network that supports a majority of the independent critical access hospitals in the state.

   b. Must certify one dollar of matching funds for every five dollars of grant funds awarded.

   c. Shall demonstrate a strategic plan to accomplish the following goals:

      (1) Implementation of a data-sharing platform;

      (2) Utilization of value-based care contract modeling;

      (3) Utilization of data analytics software to provide for risk stratification and referral management capabilities;

      (4) Development of unified care management practices; and

      (5) Staffing of the clinically integrated network.

   d. Shall agree during the 2023-25 and 2025-27 bienniums to make annual reports to the department of health and human services and the center for rural health on the use of the grant funds and the status of accomplishing the clinically integrated network strategic plan goals.

SECTION 4. APPROPRIATION - 2021-23 BIENNIUM - CHILD SUPPORT. There is appropriated out of any moneys in the department of health and human services operating fund in the state treasury, not otherwise appropriated, the sum of

4/30

$4,500, or so much of the sum as may be necessary, to the the department of health and human services for the purpose of repayment of moneys, including interest, not withheld by the state in accordance with section 14-09-09.16 from an obligor's unemployment benefits from June 1, 2021, through September 30, 2021, for the period beginning with the effective date of this section and ending June 30, 2023."

Page 3, line 29, remove "and"

Page 3, line 29, after "3" insert ", and 4"

Page 4, remove lines 3 through 8

Page 4, line 9, replace "health and human services." with "The department of health and human services may use the transfer authority in this section to transfer or expend funds for the continuation of the community behavioral health program pursuant to section 54-23.3-10."

Page 4, after line 22, insert:

"**SECTION 7. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT.** Subdivision 1 of section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding, along with salaries and wages funding appropriated in House Bill No. 1004, as approved by the sixty-eighth legislative assembly, is available to fund full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department may not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 5 of this Act, the department is authorized to transfer funding to and from the salaries and wages block grant line item. The department shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions. The department shall provide reports to the legislative management regarding the use of funding for the program."

Page 4, line 25, replace "$21,600,000" with "$26,950,000"

Page 4, line 28, replace "item" with "items"

Page 4, line 28, replace "subdivision" with "subdivisions 1 and"

Page 4, line 28, replace "$221,600,000" with "$226,950,000"

Page 5, line 2, replace "item" with "items"

Page 5, line 2, replace "subdivision" with "subdivisions 1 and"

Page 5, line 2, replace "$20,400,000" with "$24,317,500"

Page 5, line 3, remove "defraying expenses of the child support computer"

Page 5, line 4, replace "replacement project" with "the following purposes:

1. The sum of $20,400,000 for the child support computer replacement project;

2. The sum of $1,867,500 for the 988 crisis hotline program;

JR 5/30

3. The sum of $700,000 for costs to implement the cross-disability advisory council;

4. The sum of $600,000 for a study of basic care funding rates; and

5. The sum of $750,000 for costs of the health care task force"

Page 5, replace lines 5 through 7 with:

"**SECTION 11. ESTIMATED INCOME - HEALTH CARE TRUST FUND.** The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the health care trust fund for basic care facility bad debt expense.

SECTION 12. ESTIMATED INCOME - FEDERAL STATE FISCAL RECOVERY FUND. The estimated income line items in subdivisions 2 and 3 of section 1 of this Act includes the sum of $3,235,000 from the federal state fiscal recovery fund for the following purposes:

1. The sum of $2,650,000 to implement a virtual behavioral health crisis care program for rural law enforcement;

2. The sum of $300,000 for crisis organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events. After July 1, 2024, this funding may be provided only to organizations that are certified in services provided by the organization; and

3. The sum of $285,000 for grants to volunteer-based ecumenical ministry organizations.

SECTION 13. ESTIMATED INCOME - CHARITABLE GAMING OPERATING FUND. Notwithstanding section 53-06.1-11.2, the estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the charitable gaming operating fund for costs of gambling disorder prevention services."

Page 5, line 10, replace "$17,735,154" with "$25,235,154"

Page 5, line 13, replace "$5,000,000" with "$12,500,000"

Page 5, after line 15, insert:

"**SECTION 15. BEHAVIORAL HEALTH FACILITY GRANTS.** Section 1 of this Act includes the sum of $1,950,000 from the general fund for the purpose of providing a one-time behavioral health facility grant to establish a behavioral health facility in the northwest human service center region, for the biennium beginning July 1, 2023, and ending June 30, 2025. The department of health and human services shall provide a grant as follows:

1. The grant recipient must provide matching funds of $1,750,000 to establish the facility.

2. The grant term must be for five years.

3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

4. To receive the grant, the behavioral health facility shall:

   a. Submit an application in the form and manner prescribed by the department;

   b. Enter a grant agreement with the department;

   c. Use grant funds to support the provision of behavioral health in the grant award service areas;

   d. Provide and disclose information needed to comply with the department's data collection requirements; and

   e. Operate in compliance with grant requirements.

5. The department may recapture grant funds distributed to a grant recipient found by the department to be out of compliance with the requirements established by the grant program, including ending or reducing the operation of the behavioral health facility in the service area.

6. The department may not collect property, equipment, or supplies purchased with grant funds from the grant recipient after successful completion of the terms of the grant.

SECTION 16. HEALTH CARE TASK FORCE - APPROPRIATION - REPORT. Subdivision 1 of section 1 of this Act includes the sum of $750,000 from the community health trust fund for expenses of the health care task force and for the purpose of facilitating the task force. The task force may seek funding from outside sources and any funds received are appropriated to the department of health and human services for activities of the task force for the biennium beginning July 1, 2023, and ending June 30, 2025. The purpose of the task force is to understand and create transparency around health care costs and the drivers of cost growth with the goal of lessening the impact of rising health care costs to citizens, businesses, and government. The task force shall take a holistic view to include the full payor mix, including the uninsured and charity care. The task force shall collect and analyze health care spending data to create meaningful actions to slow spending growth and improve health care access and quality. The task force shall meet at least once each quarter and may request, obtain, review, and analyze information relating to North Dakota health care, including data, reports, audits, and other information as requested by the task force."

Page 5, line 18, after "hospital" insert ", southeast human service center,"

Page 5, line 19, replace "3" with "5"

Page 5, line 24, after "hospital" insert ", southeast human service center,"

Page 5, line 30, replace "3" with "5"

Page 6, remove lines 9 and 10

Page 6, line 11, remove "and ending June 30, 2025."

Page 6, line 23, replace "$5,000,000" with "$12,500,000"

Page 6, line 24, after "fund" insert "as identified in section 14 of this Act"

Page 6, line 30, after the period insert "The requirements of chapter 54-44.4 do not apply to the selection of a vendor, the procurement award, or payments made under this section regarding the design process and design of the new state hospital."

Page 7, line 3, replace "$942,550,279" with "$802,616,809"

Page 7, line 4, replace "$94,225,028" with "$80,261,681"

Page 7, line 21, remove "Critical access hospitals may not be paid less than one"

Page 7, remove line 22

Page 7, line 26, after "reimbursement" insert ". Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6"

Page 8, after line 2, insert:

"6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement. This subsection applies to any medical assistance expansion program provider fee schedule that becomes effective on or after January 1, 2025.

SECTION 23. DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND PARENTING RESOURCE WEBSITE. The department of health and human services shall develop and maintain a state internet website that provides information and links to social services, financial assistance, parenting information, maternal and childbirth life services, planning guidance, care centers and agencies, and other available public and private resources for expectant families and new parents. The department may contract with a third party for the development of the website. The website must be operational by August 1, 2023, and have a domain name life.nd.gov or a similar domain name. The website must be distinct from the department's website and the department shall place a clear and conspicuous link to the website on the department website.

SECTION 24. QUARTERLY BUDGET AND UTILIZATION REPORTS. During the biennium beginning July 1, 2023, and ending June 30, 2025, the department of health and human services shall make quarterly reports available that detail the status of the department's budget and the utilization rates of programs. The reports must be made available within 30 days of the close of each quarter.

SECTION 25. AMENDMENT. Subsection 2 of section 12.1-04-07 of the North Dakota Century Code is amended and reenacted as follows:

2. An examination must occur within fifteen days from <u>receipt of material necessary to examine the fitness of the individual and</u> notice of entry of the order served upon the tier 1a mental health professional. Attorneys shall disclose any materials necessary to examine the fitness of the individual to the tier 1a examiner contemporaneously with the order. For good cause

shown, the court may grant an extension allowing an additional seven days to complete the examination."

SECTION 26. AMENDMENT. Section 50-01.2-01 of the North Dakota Century Code is amended and reenacted as follows:

50-01.2-01. Human service zone board - Members - Qualifications.

The board of county commissioners of each county within the human service zone shall appoint the appointed members of the human service zone board based upon fitness to serve as members by reason of character, experience, and training without regard to political affiliation. Appointed members of the human service zone board must consist of local elected officials and other key community partners, including at least one member of the legislative assembly. If a human service zone consists of two or more counties, each county must be represented on the human service zone board by only one county commissioner of that county. If a human service zone consists of a single county, the county must be represented on the human service zone board by no more than two county commissioners of that county and the human service zone board must have at least five appointed members. Appointed members shall elect a vice presiding officer and appoint a secretary, and other officers as the human service zone board determines necessary. The human service zone director shall serve as presiding officer of the human service zone board as a nonappointed member.

Page 9, after line 11, insert:

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

North Dakota legislative health care task force - Duties - Membership - Legislative management report.

There is created a North Dakota legislative health care task force. The task force shall meet at least once each quarter and may request, obtain, review, and analyze information relating to North Dakota health care, including data, reports, audits, and other information as requested by the task force. The department of health and human services shall provide staff services for the task force. The task force shall submit a report of its activities and any recommendations to improve health care in the state to the legislative management by October first of each year. The chairman of the task force must be a member of the legislative assembly appointed by the chairman of the legislative management. The chairman of the task force may invite guests to participate in task force activities. The task force consists of the following members:

1. The chairman of the house appropriations committee human resources division, or the chairman's designee;
2. The chairman of the senate appropriations committee human resources division, or the chairman's designee;
3. The chairman of the house human services committee, or the chairman's designee;
4. The chairman of the senate human services committee, or the chairman's designee;

5. One member of the house of representatives as appointed by the house minority leader;

6. One member of the senate as appointed by the senate minority leader;

7. The commissioner of the department of health and human services, or the commissioner's designee;

8. Two members of the department of health and human services, including the state health officer and one member appointed by the commissioner of the department of health and human services;

9. One member from the governor's office, appointed by the governor;

10. The insurance commissioner, or the insurance commissioner's designee;

11. Two members to represent the North Dakota health insurance industry;

12. One member of the public, appointed by an organization that represents North Dakota businesses;

13. One member appointed by the Indian affairs commissioner to represent tribal health care;

14. One member from a North Dakota association that represents physicians;

15. Five members from a North Dakota association that represents hospitals, of which:

    a. Two members must represent rural hospitals, including one representative of a hospital in a city with a population of ten thousand or more and one representative of a hospital in a city with a population under ten thousand;

    b. Two members must represent urban hospitals, including one representative of an independent hospital and one representative of an integrated health care system; and

    c. One member must represent a psychiatric hospital; and

16. Any other members appointed by the chairman of legislative management.

SECTION 29. AMENDMENT. Section 50-11.1-02 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-02. Definitions. ~~(Effective through June 30, 2025)~~

As used in this chapter, unless the context or subject matter otherwise requires:

1. "Authorized agent" means the human service zone, unless another entity is designated by the department.

2. "Child care center" means an early childhood program licensed to provide early childhood services to nineteen or more children.

3. "Department" means the department of health and human services.

4. "Drop-in care" means the care of children on a one-time, occasional, or unscheduled basis to meet the short-term needs of families.

5. "Early childhood program" means any program licensed under this chapter where early childhood services are provided for at least two hours a day for three or more days a week.

6. "Early childhood services" means the care, supervision, education, or guidance of a child or children, which is provided in exchange for money, goods, or other services. Early childhood services does not include:

   a. Substitute parental child care provided pursuant to chapter 50-11.

   b. Child care provided in any educational facility, whether public or private, in grade one or above.

   c. Child care provided in a kindergarten which has been established pursuant to chapter 15.1-22 or a nonpublic elementary school program approved pursuant to section 15.1-06-06.1.

   d. Child care, preschool, and prekindergarten services provided to children under six years of age in any educational facility through a program approved by the department.

   e. Child care provided in facilities operated in connection with a church, business, or organization where children are cared for during periods of time not exceeding four continuous hours while the child's parent is attending church services or is engaged in other activities, on the premises.

   f. Schools or classes for religious instruction conducted by religious orders during the summer months for not more than two weeks, Sunday schools, weekly catechism, or other classes for religious instruction.

   g. Summer resident or day camps for children which serve no children under six years of age for more than two weeks.

   h. Sporting events, practices for sporting events, or sporting or physical activities conducted under the supervision of an adult.

   i. Head start and early head start programs that are federally funded and meet federal head start performance standards.

   j. Child care provided in a medical facility by medical personnel to children who are ill.

7. "Family child care" means a private residence licensed to provide early childhood services for no more than seven children at any one time, except that the term includes a residence licensed to provide early childhood services to two additional school-age children.

8. "Four-year old program" means an approved child care program operated by a public or private educational entity or an early childhood program designed to serve four-year olds.

JAE 11/30

9. "Group child care" means a child care program licensed to provide early childhood services for thirty or fewer children.

10. "Household member" means an adult living in the private residence out of which a program is operated, regardless of whether the adult is living there permanently or temporarily.

11. "Human service zone" means a county or consolidated group of counties administering human services within a designated area in accordance with an agreement or plan approved by the department.

12. "In-home provider" means any person who provides early childhood services to children in the children's home.

13. "Licensed" means an early childhood program has the rights, authority, or permission granted by the department to operate and provide early childhood services.

14. "Multiple licensed program" means an early childhood program licensed to provide more than one type of early childhood services.

15. "Owner" or "operator" means the person who has legal responsibility for the early childhood program and premises.

16. "Parent" means an individual with the legal relationship of father or mother to a child or an individual who legally stands in place of a father or mother, including a legal guardian or custodian.

17. "Premises" means the indoor and outdoor areas approved for providing early childhood services.

18. "Preschool" means a program licensed to offer early childhood services, which follows a preschool curriculum and course of study designed primarily to enhance the educational development of the children enrolled and which serves no child for more than three hours per day.

19. "Public approval" means a nonlicensed early childhood program operated by a government entity that has self-certified that the program complies with this chapter.

20. "Registrant" means the holder of an in-home provider registration document issued by the department in accordance with this chapter.

21. "Registration" means the process whereby the department maintains a record of all in-home providers who have stated that they have complied or will comply with the prescribed standards and adopted rules.

22. "Registration document" means a written instrument issued by the department to publicly document that the registrant has complied with this chapter and the applicable rules and standards as prescribed by the department.

23. "School-age child care" means a child care program licensed to provide early childhood services on a regular basis for nineteen or more children aged five years through eleven years.

24. "School-age children" means children served under this chapter who are at least five years but less than twelve years of age.

25. "Self-declaration" means voluntary documentation of an individual providing early childhood services in a private residence for up to five children through the age of eleven, of which no more than three may be under the age of twenty-four months.

26. "Staff member" means an individual:

    a. Who is an employee of an early childhood program or of an early childhood services provider under a self-declaration;

    b. Whose activities involve the care, supervision, or guidance of children of an early childhood program; or

    c. Who may have unsupervised access to children under the care, supervision, or guidance of an early childhood program or early childhood services provider under a self-declaration.

~~**Definitions. (Effective after June 30, 2025)**~~

~~As used in this chapter, unless the context or subject matter otherwise requires:~~

~~1. "Authorized agent" means the human service zone, unless another entity is designated by the department.~~

~~2. "Child care center" means an early childhood program licensed to provide early childhood services to nineteen or more children.~~

~~3. "Department" means the department of health and human services.~~

~~4. "Drop-in care" means the care of children on a one-time, occasional, or unscheduled basis to meet the short-term needs of families.~~

~~5. "Early childhood program" means any program licensed under this chapter where early childhood services are provided for at least two hours a day for three or more days a week.~~

~~6. "Early childhood services" means the care, supervision, education, or guidance of a child or children, which is provided in exchange for money, goods, or other services. Early childhood services does not include:~~

~~a. Substitute parental child care provided pursuant to chapter 50-11.~~

~~b. Child care provided in any educational facility, whether public or private, in grade one or above.~~

~~c. Child care provided in a kindergarten which has been established pursuant to chapter 15.1-22 or a nonpublic elementary school program approved pursuant to section 15.1-06-06.1.~~

~~d. Child care, preschool, and prekindergarten services provided to children under six years of age in any educational facility through a program approved by the department.~~

13/30

e. Child care provided in facilities operated in connection with a church, business, or organization where children are cared for during periods of time not exceeding four continuous hours while the child's parent is attending church services or is engaged in other activities, on the premises.

f. Schools or classes for religious instruction conducted by religious orders during the summer months for not more than two weeks, Sunday schools, weekly catechism, or other classes for religious instruction.

g. Summer resident or day camps for children which serve no children under six years of age for more than two weeks.

h. Sporting events, practices for sporting events, or sporting or physical activities conducted under the supervision of an adult.

i. Head start and early head start programs that are federally funded and meet federal head start performance standards.

j. Child care provided in a medical facility by medical personnel to children who are ill.

7. "Family child care" means a private residence licensed to provide early childhood services for no more than seven children at any one time, except that the term includes a residence licensed to provide early childhood services to two additional school-age children.

8. "Group child care" means a child care program licensed to provide early childhood services for thirty or fewer children.

9. "Household member" means an adult living in the private residence out of which a program is operated, regardless of whether the adult is living there permanently or temporarily.

10. "Human service zone" means a county or consolidated group of counties administering human services within a designated area in accordance with an agreement or plan approved by the department.

11. "In-home provider" means any person who provides early childhood services to children in the children's home.

12. "Licensed" means an early childhood program has the rights, authority, or permission granted by the department to operate and provide early childhood services.

13. "Multiple licensed program" means an early childhood program licensed to provide more than one type of early childhood services.

14. "Owner" or "operator" means the person who has legal responsibility for the early childhood program and premises.

15. "Parent" means an individual with the legal relationship of father or mother to a child or an individual who legally stands in place of a father or mother, including a legal guardian or custodian.

~~16. "Premises" means the indoor and outdoor areas approved for providing early childhood services.~~

~~17. "Preschool" means a program licensed to offer early childhood services, which follows a preschool curriculum and course of study designed primarily to enhance the educational development of the children enrolled and which serves no child for more than three hours per day.~~

~~18. "Public approval" means a nonlicensed early childhood program operated by a government entity that has self-certified that the program complies with this chapter.~~

~~19. "Registrant" means the holder of an in-home provider registration document issued by the department in accordance with this chapter.~~

~~20. "Registration" means the process whereby the department maintains a record of all in-home providers who have stated that they have complied or will comply with the prescribed standards and adopted rules.~~

~~21. "Registration document" means a written instrument issued by the department to publicly document that the registrant has complied with this chapter and the applicable rules and standards as prescribed by the department.~~

~~22. "School-age child care" means a child care program licensed to provide early childhood services on a regular basis for nineteen or more children aged five years through eleven years.~~

~~23. "School-age children" means children served under this chapter who are at least five years but less than twelve years of age.~~

~~24. "Self-declaration" means voluntary documentation of an individual providing early childhood services in a private residence for up to five children through the age of eleven, of which no more than three may be under the age of twenty-four months.~~

~~25. "Staff member" means an individual:~~

~~a. Who is an employee of an early childhood program or of an early childhood services provider under a self-declaration;~~

~~b. Whose activities involve the care, supervision, or guidance of children of an early childhood program; or~~

~~c. Who may have unsupervised access to children under the care, supervision, or guidance of an early childhood program or early childhood services provider under a self-declaration.~~

SECTION 30. AMENDMENT. Section 50-11.1-22 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-22. Early childhood grant for best in class four-year old experiences. ~~(Expired effective July 1, 2025)~~

1. A four-year old program deemed eligible under section 50-11.1-23 may submit an application for the best in class four-year old experiences grant.

An approved program is eligible for an annual award of one hundred twenty thousand dollars per approved group size. The grant award must be matched with no less than twenty thousand dollars in other funds. The department shall assign a program support coach to each approved program. An approved program:

a. Shall utilize the assigned support coach and utilize the sliding fee scale for parent fees, as established by the department.

b. May use grant funds to support the provision of quality early childhood experiences, including expenditures related to staffing, training, equipment, and supplies.

c. May not use grant funds for construction or rehabilitation. An approved program must enter a grant agreement with the department.

2. The department may not collect equipment or supplies purchased with grant funds from the approved program after successful completion of the term of the grant.

SECTION 31. AMENDMENT. Section 50-11.1-23 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-23. Eligibility for best in class four-year old experiences grant. ~~(Expired effective July 1, 2025)~~

1. A four-year old program may submit, in the form and manner prescribed by the department, an application to the department for a grant under section 50-11.1-22, if the provider certifies to the department the provider:

a. Operates a four-year old program in this state;

b. Operates a four-year old program for children who have reached four years of age before August first in the year of enrollment;

c. Operates a four-year old program that has a duration of at least four hundred hours over a period of at least thirty-two consecutive weeks;

d. Incorporates within the four-year old program at least ten hours of research-based family engagement;

e. Has been determined to meet the standards and expectations of no less than step three in the North Dakota early childhood quality improvement system;

f. Is willing to admit children of all learning abilities into the four-year old program;

g. Is willing to admit children who receive assistance from the child care assistance program into the four-year old program; and

h. Is willing to operate in compliance with the grant requirements, including:

(1) Maintaining the recommended group size for number of children served in the four-year old program;

JK 1/6/30

(2) Complying with requirements related to qualifications, training, and professional development of staff delivering services in the four-year old program; and

(3) Adhering to expectations established by the department related to four-year old program monitoring and oversight.

2. The department may distribute grants under this section to approved four-year old programs, including four-year old programs operated as early childhood programs by educational facilities or federally funded head start programs or in connection with a church, business, or organization that operates a four-year old program.

3. The department may recapture grant funds distributed to an approved four-year old program found by the department to be out of compliance with requirements established for the best in class four-year old experiences grant program.

SECTION 32. AMENDMENT. Section 50-11.1-24 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-24. Grant program data collection - Requirements. ~~(Expired effective July 1, 2025)~~

The state agency with approval authority over four-year old programs, with the advice and consent of the department, shall implement a uniform system for the accounting, budgeting, and reporting of data by any four-year old program provider to whom or to which grants are distributed under section 50-11.1-23. Grants may be withheld or forfeited, in whole or in part, if information required in accordance with this section is not submitted at the time or in the manner requested by the state agency with approval authority over four-year old programs. A grant recipient shall consent to provide information needed to comply with data collection requirements. The state agency with approval authority over four-year old programs shall disclose the requested information to the department.

SECTION 33. A new subsection to section 50-24.1-07 of the North Dakota Century Code is created and enacted as follows:

In any probate proceedings in which the department has filed a claim under this section, no additional evidence of foundation may be required for the admission of the department's payment record supporting the department's claim if the payment record is certified as a true copy and bears the signature of a representative of the department. There is a rebuttable presumption that the amount of medical assistance on the claim was incurred and paid on behalf of the recipient of medical assistance and is an allowable claim."

Page 9, after line 19, insert:

"**SECTION 35. AMENDMENT.** Subsection 5 of section 50-24.1-37 of the North Dakota Century Code is amended and reenacted as follows:

5. Provider and managed care organization reimbursement rate information received or held by the department under this section is an open record.

JSL 1/30

SECTION 36. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall ~~establish, by rule, procedures for determining rates~~determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter~~. The procedures must be~~ based on ~~methods and standards that the department finds are adequate to recognize the~~data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.

2. The department shall ~~identify costs that are recognized for establishing payment rates~~establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.

3. For the rate year beginning July 1, ~~2016~~2023, the department shall ~~establish the limits by using the average of the highest and lowest rates from the 2014 rate year. The direct care limit must be ninety-five percent of the average and the indirect care limit must be ninety percent of the average. Beginning with the July 1, 2017, rate year, the department shall adjust the limits by using the cost percentage change from the prior two rate years, within the limits of legislative appropriations~~increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.

4. The department shall ~~provide, by rule, within the limits of legislative appropriations, for payment of rates paid by the aged, blind, and disabled persons program for a maximum of thirty days per occurrence for leave days for a resident who is in a licensed health care facility when the resident is expected to return to the facility~~provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, 2025, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.

5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of ~~one hundred eighty~~three hundred sixty-five days."

Page 10, after line 2, insert:

SECTION 38. Two new subsections to the new section to chapter 54-52.1 of the North Dakota Century Code as created by section 2 of Senate Bill No. 2140, as approved by the sixty-eighth legislative assembly, are created and enacted as follows:

If application of subsection 3 would result in the ineligibility of a health benefit plan that is a qualified high-deductible health plan to qualify as a health savings account under section 223 of the Internal Revenue Code [26 U.S.C. 223], the requirements of subsection 3 do not apply with

JR 1/6/23

respect to the deductible of the health benefit plan until after the enrollee has satisfied the minimum deductible under section 26 U.S.C. 223.

This section does not apply to the Medicare part D prescription drug coverage plan.

Page 10, line 19, remove "**CONTINGENT**"

Page 10, line 19, after "**REPORT**" insert "- **EXEMPTION**"

Page 10, line 20, replace "Beginning with the effective date of this Act, the" with "1. The"

Page 10, line 21, replace "three" with "at least one"

Page 10, line 21, replace "centers" with "center"

Page 10, line 24, remove "up to fifty"

Page 10, after line 27, insert:

"2. The department may consider the inclusion of providers of integrated, wraparound crisis services to young adults, who are at risk of being homeless or experiencing serious adverse life events, into the creation of any certified community behavioral health clinic.

3. The $15,000,000 from the general fund appropriated to the department of health and human services for the substance use disorder treatment voucher system in chapter 12 of the 2021 Session Laws is not subject to the provisions of section 54-44.1-11, and any unexpended funds of up to $4,150,000 from this appropriation may be continued and spent for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults during the biennium beginning July 1, 2023, and ending June 30, 2025."

Page 11, line 15, remove "of which the amount"

Page 11, remove line 16

Page 11, line 17, remove "home- and community-based services 10 percent enhancement plan"

Page 11, line 25, remove the second "and"

Page 11, line 28, after "50-06-42.1" insert ";

10. The sum of $175,000 for home and community-based services housing assistance in chapter 12 of the 2021 Session Laws; and

11. The sum of $15,000,000 appropriated from the general fund and the sum of $15,000,000 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws"

Page 12, line 10, after the first "of" insert "underfunding,"

JJL 1/9/23

Page 12, line 11, remove "and"

Page 12, line 12, after "percentage" insert ", and unexpected contract cost increases that exceed ten percent"

Page 12, line 16, replace "four" with "two"

Page 12, line 18, replace "seven" with "three"

Page 12, line 18, replace "the first" with "each"

Page 12, line 18, remove "of the biennium and four percent the"

Page 12, line 19, remove "second year"

Page 12, line 20, after "facilities" insert "or prospective payment system hospitals that have different inflation rates"

Page 12, after line 20, insert:

"**SECTION 49. DEVELOPMENTAL DISABILITY PROVIDER ADJUSTMENT.** Subdivision 2 of section 1 of this Act includes funding for developmental disability provider rate adjustments. Adjustments must provide for the equivalent of a one dollar per hour increase for direct care staff and the equivalent of a one dollar per hour increase for indirect program support staff of licensed developmental disability providers. Developmental disability providers shall provide a report to the department of health and human services as determined by the department. The increase to direct care staff and related indirect program support staff does not apply to qualified service provider rates as established under the long-term care program."

Page 13, after line 2, insert:

SECTION 52. LEGISLATIVE MANAGEMENT STUDY - SOCIAL WORK LICENSURE COMPACT. During the 2023-24 interim, the legislative management shall consider studying the feasibility and desirability of the legislative assembly enacting the social work licensure compact. The study may include consideration of whether the public and the social work community support enactment and whether the North Dakota board of social work examiners has the capacity to participate in the compact. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

SECTION 53. LEGISLATIVE MANAGEMENT STUDY - MEDICAID PROVIDER REIMBURSEMENT ARRANGEMENTS. During the 2023-24 interim, the legislative management shall study the benefits of basing provider reimbursement rates for the Medicaid program in accordance with a provider's performance under established and accepted value-based care metrics. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

SECTION 54. LEGISLATIVE MANAGEMENT STUDY - INTERMEDIATE CARE FACILITY RATE FORMULA. During the 2023-24 interim, the legislative management shall consider studying the payment rates for intermediate care facilities, including options to increase the rates. The study must consider the funded percentage of costs for services including day and small group care, individual employment, in-home supports, respite care, habilitative care, independent habitation, and residential habitation. The legislative management shall report its findings and

recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

SECTION 55. SUPREME COURT STUDY - WELLNESS COURT - REPORT TO LEGISLATIVE MANAGEMENT. During the 2023-24 interim, the supreme court, in consultation with the department of corrections and rehabilitation, the department of health and human services, and the attorney general, shall study and identify those provisions of the North Dakota Century Code which pertain to drug court and assess whether the term wellness court should be adopted to replace drug court. The supreme court shall report its findings and recommendations, together with any legislation required to implement the statutory change of drug court to wellness court, to the legislative management by June 1, 2024.

Page 13, line 7, replace "19" with "39"

Page 13, line 8, after "2024" insert "; Senate Bill No. 2181, as approved by the sixty-eighth legislative assembly, becomes effective on October 1, 2023; and section 2 of Senate Bill No. 2276, as approved by the sixty-eighth legislative assembly, becomes effective on April 1, 2024"

Page 13, after line 8, insert:

"**SECTION 58. EMERGENCY.** Section 4 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
UND Medical Center						
Total all funds	$0	$0	$3,500,000	$3,500,000	$3,500,000	$0
Less estimated income	0	0	3,500,000	3,500,000	3,500,000	0
General fund	$0	$0	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00
DHHS - Management						
Total all funds	$172,600,480	$265,550,380	$438,091,037	$703,641,417	$702,891,417	$750,000
Less estimated income	92,905,426	186,160,843	200,540,944	386,701,787	385,951,787	750,000
General fund	$79,695,054	$79,389,537	$237,550,093	$316,939,630	$316,939,630	$0
FTE	97.85	113.90	2,151.43	2,265.33	2,265.33	0.00
DHHS - Program/Policy						
Total all funds	$3,793,980,879	$4,617,924,174	($318,753,988)	$4,299,170,186	$4,100,427,740	$198,742,446
Less estimated income	2,499,452,627	2,988,736,618	(220,004,412)	2,768,732,206	2,613,495,737	155,236,469
General fund	$1,294,528,252	$1,629,187,556	($98,749,576)	$1,530,437,980	$1,486,932,003	$43,505,977
FTE	666.17	687.32	(687.32)	0.00	0.00	0.00
DHHS - County Social Services Financing						
Total all funds	$189,917,386	$225,361,586	($27,697,925)	$197,663,661	$193,913,661	$3,750,000
Less estimated income	188,676,995	224,010,514	(26,363,726)	197,646,788	193,896,788	3,750,000
General fund	$1,240,391	$1,351,072	($1,334,199)	$16,873	$16,873	$0
FTE	159.00	164.00	(164.00)	0.00	0.00	0.00
DHHS - Field Services						
Total all funds	$293,597,257	$352,897,223	($244,681,707)	$108,215,516	$107,857,691	$357,825

Less estimated income	114,273,300	95,698,581	(65,721,527)	29,977,054	29,977,054	0
General fund	$179,323,957	$257,198,642	($178,960,180)	$78,238,462	$77,880,637	$357,825
FTE	1,342.31	1,394.11	(1,394.11)	0.00	0.00	0.00
Bill total						
Total all funds	$4,450,096,002	$5,461,733,363	($149,542,583)	$5,312,190,780	$5,108,590,509	$203,600,271
Less estimated income	2,895,308,348	3,494,606,556	(108,048,721)	3,386,557,835	3,226,821,366	159,736,469
General fund	$1,554,787,654	$1,967,126,807	($41,493,862)	$1,925,632,945	$1,881,769,143	$43,863,802
FTE	2,265.33	2,359.33	(94.00)	2,265.33	2,265.33	0.00

Senate Bill No. 2012 - UND Medical Center - Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Clinical integrated network grant			$3,500,000	$3,500,000	$3,500,000	
Total all funds	$0	$0	$3,500,000	$3,500,000	$3,500,000	$0
Less estimated income	0	0	3,500,000	3,500,000	3,500,000	0
General fund	$0	$0	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00

Department 232 - UND Medical Center - Detail of Conference Committee Changes

	Adds Funding for Clinical Integrated Network Grant[1]	Total Conference Committee Changes
Clinical integrated network grant	$3,500,000	$3,500,000
Total all funds	$3,500,000	$3,500,000
Less estimated income	3,500,000	3,500,000
General fund	$0	$0
FTE	0.00	0.00

[1] Funding is added from the community health trust fund to allow the Center for Rural Health to award a grant to a clinical integrated network. The House also added this funding.

Senate Bill No. 2012 - DHHS - Management - Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Salaries and wages	$21,363,556	$24,409,456	($24,409,456)			
Operating expenses	151,161,924	241,065,924	5,750,000	$246,815,924	$246,065,924	$750,000
Capital assets	75,000	75,000		75,000	75,000	
Salary block grant program			456,750,493	456,750,493	456,750,493	
Total all funds	$172,600,480	$265,550,380	$438,091,037	$703,641,417	$702,891,417	$750,000
Less estimated income	92,905,426	186,160,843	200,540,944	386,701,787	385,951,787	750,000
General fund	$79,695,054	$79,389,537	$237,550,093	$316,939,630	$316,939,630	$0
FTE	97.85	113.90	2,151.43	2,265.33	2,265.33	0.00

Department 326 - DHHS - Management - Detail of Conference Committee Changes

	Adjusts Funding for Management[1]	Total Conference Committee Changes
Salaries and wages	($24,409,456)	($24,409,456)
Operating expenses	5,750,000	5,750,000
Capital assets		
Salary block grant program	456,750,493	456,750,493
Total all funds	$438,091,037	$438,091,037
Less estimated income	200,540,944	200,540,944
General fund	$237,550,093	$237,550,093
FTE	2,151.43	2,151.43

[1] Funding is adjusted for management as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program, the same as the House.		($862,063)	($283,496)	($1,145,559)
Transfers health insurance funding to a new FTE position block grant program, the same as the House.		(436,667)	(139,099)	(575,766)
Transfers funding for salaries and wages to a new salary block grant program, the same as the House.	(112.40)	(16,918,521)	(5,622,318)	(22,540,839)
Creates a new departmentwide FTE block grant program, the same as the House.	2,265.33	247,896,527	190,940,966	438,837,493
Provides a salary increase for the FTE block grant program of 6 percent the 1st year and 4 percent the 2nd year of the 2023-25 biennium, the same as the House.		16,629,803	10,869,007	27,498,810
Provides funding for increases in health insurance premiums from $1,429 to $1,643 per month, the same as the House.		5,861,794	4,052,396	9,914,190
Underfunds salaries and wages in anticipation of vacant positions, the same as the House.		(19,500,000)		(19,500,000)
Removes new criminal background check positions added by the Senate. The House also removed these positions.	(1.50)	(120,780)	(26,512)	(147,292)
Reduces operating reductions made by the Senate from $19.9 million to $13.9 million. The House also made this adjustment.		6,000,000		6,000,000
Total ongoing funding changes	2,151.43	$238,550,093	$199,790,944	$438,341,037
One-time Funding Items				
Removes one-time funding added by		($1,000,000)		($1,000,000)

the Senate to automate the criminal background check process. The House also removed this funding.				
Adds one-time funding from the community health trust fund for expenses of the health care task force including a health care study.			750,000	750,000
Total one-time funding changes	0.00	($1,000,000)	$750,000	($250,000)
Total changes to base level funding	2,151.43	$237,550,093	$200,540,944	$438,091,037

Senate Bill No. 2012 - DHHS - Program/Policy - Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Salaries and wages	$122,081,310	$141,618,507	($141,618,507)			
Operating expenses	176,078,719	231,801,268	4,017,616	$235,818,884	$228,468,330	$7,350,554
Capital assets	10,000	10,000		10,000	10,000	
Grants	467,144,387	657,651,069	(21,582,133)	636,068,936	634,074,486	1,994,450
Grants - Medical assistance	3,028,666,463	3,584,843,330	(159,570,964)	3,425,272,366	3,235,874,924	189,397,442
Opioid prevention		2,000,000		2,000,000	2,000,000	
Total all funds	$3,793,980,879	$4,617,924,174	($318,753,988)	$4,299,170,186	$4,100,427,740	$198,742,446
Less estimated income	2,499,452,627	2,988,736,618	(220,004,412)	2,768,732,206	2,613,495,737	155,236,469
General fund	$1,294,528,252	$1,629,187,556	($98,749,576)	$1,530,437,980	$1,486,932,003	$43,505,977
FTE	666.17	687.32	(687.32)	0.00	0.00	0.00

Department 328 - DHHS - Program/Policy - Detail of Conference Committee Changes

	Adjusts Funding for Program and Policy[1]	Total Conference Committee Changes
Salaries and wages	($141,618,507)	($141,618,507)
Operating expenses	4,017,616	4,017,616
Capital assets		
Grants	(21,582,133)	(21,582,133)
Grants - Medical assistance	(159,570,964)	(159,570,964)
Opioid prevention		
Total all funds	($318,753,988)	($318,753,988)
Less estimated income	(220,004,412)	(220,004,412)
General fund	($98,749,576)	($98,749,576)
FTE	(687.32)	(687.32)

[1] Funding for program and policy is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program, the same as the House.		($2,661,463)	($3,528,496)	($6,189,959)
Transfers health insurance funding to a new FTE position block grant program, the same as the House.		(1,338,470)	(1,865,110)	(3,203,580)
Transfers salaries and wages funding to a new FTE block grant program, the same as the House.	(675.32)	(52,606,648)	(77,965,332)	(130,571,980)

JK 2/4/30

Reduces funding for provider inflation from 4 percent per year to 3 percent per year except as noted in medical services, long-term care, and developmental disabilities. The House provided 2 percent per year inflationary adjustments.		(10,189,967)	(11,820,510)	(22,010,477)
Economic assistance				
Removes funding added by the Senate to increase the utilization of the child care assistance program for children ages 0 to 3. The House also removed this funding.		(22,000,000)		(22,000,000)
Removes funding added by the Senate to improve the ability of low-income parents to obtain child care, the same as the House.		(12,900,000)		(12,900,000)
Medical Services				
Removes new Medicaid provider strike team positions added by the Senate. The House also removed these positions.	(2.00)	(48,642)	(266,995)	(315,637)
Adjusts inflation for prospective payment system hospital to 0 percent the 1st year and 2 percent the 2nd year of the biennium. The House removed provider inflation for prospective payment system hospitals.		(4,385,331)	(4,133,123)	(8,518,454)
Reduces estimated utilization rates for Medicaid Expansion ($110,753,873) and provides for a realigned rate structure to pay 145 percent of traditional Medicaid costs effective January 1, 2025 ($29,179,602) except for behavioral health providers.		(13,993,347)	(125,940,128)	(139,933,475)
Long-Term Care				
Adds funding for a long-term care value based payment program, the same as the House.		6,000,000	6,000,000	12,000,000
Reduces estimated long-term care utilization rates, the same as the House.		(9,949,900)	(11,220,100)	(21,170,000)
Adds funding to rebase basic care rates. The House also added funding to rebase basic care rates.		3,880,000	2,120,000	6,000,000
Increases basic care daily rate by $5.		4,067,056	1,474,184	5,541,240
Adds funding from the health care trust fund for basic care facility bad debt expense, the same as the House.			500,000	500,000
Provides additional funding to increase basic care inflation to 3.5 percent each year of the 2023-25 biennium.		301,358	141,244	442,602

JR 25/30

Aging Services				
Removes new home- and community-based services positions added by the Senate. The House also removed these positions.	(3.00)	(143,912)	(143,912)	(287,824)
Removes a new aging services compliance position added by the Senate.The House also removed this position.	(1.00)	(103,868)	(103,868)	(207,736)
Removes a new aging services lawsuit coordinator position added by the Senate. The House also removed this position.	(1.00)			0
Children and Family Services				
Adds funding for kinship childcare, the same as the House.		460,000		460,000
Behavioral Health				
Removes new community behavioral health positions added by the Senate. The House also removed these positions.	(2.00)	(223,946)		(223,946)
Adjusts funding for the free through recovery program to provide funding directly to DHHS for the program rather than using passthrough funds. The House also made this adjustment.		15,500,000	(15,500,000)	0
Increases school behavioral health grants to provide a total of $9.5 million, the same as the House.		3,000,000		3,000,000
Adds funding from the community health trust fund for the 988 crisis hotline program, the same as the House.			1,867,500	1,867,500
Adds funding from the charitable gaming operating fund for additional gambling disorder services. This will result in a general fund reduction of $500,000.			500,000	500,000
Developmental Disabilities				
Removes a new quality assurance position added by the Senate. The House also removed this position.	(1.00)	(103,868)	(103,868)	(207,736)
Removes a new early intervention position added by the Senate. The House also removed this position.	(1.00)	(86,602)	(86,602)	(173,204)
Adjusts enhanced payment rates for developmental disabilities providers to provide for a $1 per hour increase for workers and 2 percent annual inflation increases. The House had provided		2,664,879	2,971,677	5,636,556

JK 2/6/30

3 percent annual inflation adjustments.

Early Childhood

Combines the best in class program and the kindergarten readiness program into the research-based 0-4 program, the same as the House.		2,400,000		2,400,000
Removes funding added by the Senate for early childhood career grants, the same as the House.		(2,000,000)		(2,000,000)
Removes a new program administrator position added by the Senate. The House also removed this position.	(1.00)	(236,905)		(236,905)
Adds federal funds spending authority for the child care development fund and the preschool development grant, the same as the House.			21,514,027	21,514,027
Total ongoing funding changes	(687.32)	($94,699,576)	($215,589,412)	($310,288,988)

One-Time Funding Items

Adds funding for a behavioral health facility grant in the Northwest human service region, the same as the House.		$1,950,000		$1,950,000
Adds funding from the federal state fiscal recovery fund for grants to organizations that provide youth crisis services, the same as the House.			300,000	300,000
Adds funding from the federal state fiscal recovery fund for grants to volunteer-based ecumenical ministry organizations, the same as the House.			285,000	285,000
Adds one-time funding from the community health trust fund ($700,000) and from federal funds ($700,000) for consultant and other costs to implement the cross disability advisory council. The House did not add the federal funding.			1,400,000	1,400,000
Adds one-time funding from the community health trust fund for a study of the basic care payment system. The House and Senate did not include this funding.			600,000	600,000

Workforce Initiative One-Time Funding

Removes funding added by the Senate for early childhood rating infrastructure. The House also removed this funding.		(3,000,000)		(3,000,000)
Removes funding added by the Senate for quality tiers in the child care reimbursement program. The House also removed this funding.		(3,000,000)		(3,000,000)
Removes funding added from legacy fund earnings to expand public-private child care benefits. The House also removed			(1,000,000)	(1,000,000)

this funding.				
Removes funding added from legacy fund earnings for child care business operating grants. The House also removed this funding.			(5,000,000)	(5,000,000)
Removes funding added from legacy fund earnings for a pilot program for child care during nontraditional hours. The House also removed this funding.			(1,000,000)	(1,000,000)
Total one-time funding changes	0.00	($4,050,000)	($4,415,000)	($8,465,000)
Total changes to base level funding	(687.32)	($98,749,576)	($220,004,412)	($318,753,988)

Senate Bill No. 2012 - DHHS - County Social Services Financing - Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
County social services	$189,917,386	$225,361,586	($27,697,925)	$197,663,661	$193,913,661	$3,750,000
Total all funds	$189,917,386	$225,361,586	($27,697,925)	$197,663,661	$193,913,661	$3,750,000
Less estimated income	188,676,995	224,010,514	(26,363,726)	197,646,788	193,896,788	3,750,000
General fund	$1,240,391	$1,351,072	($1,334,199)	$16,873	$16,873	$0
FTE	159.00	164.00	(164.00)	0.00	0.00	0.00

Department 333 - DHHS - County Social Services Financing - Detail of Conference Committee Changes

	Adjusts Funding for County Social Services[1]	Total Conference Committee Changes
County social services	($27,697,925)	($27,697,925)
Total all funds	($27,697,925)	($27,697,925)
Less estimated income	(26,363,726)	(26,363,726)
General fund	($1,334,199)	($1,334,199)
FTE	(164.00)	(164.00)

[1] Funding for the county social services program is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program, the same as the House.		($61,440)	($1,486,858)	($1,548,298)
Transfers health insurance funding to a new FTE position block grant program, the same as the House.		(30,807)	(721,687)	(752,494)
Funding is transferred to a new FTE position block grant program. The House also transferred this funding.	(157.00)	(1,241,952)	(27,900,463)	(29,142,415)
Adds funding to provide for 2023-25 biennium human service zone salary increases of 6 percent on July 1, 2023, and 4 percent on July 1, 2024, the same as the House. The Senate provided salary adjustments of 4 percent on July 1, 2023, and July 1, 2024.			2,097,313	2,097,313

Increases funding added by the Senate for human service zone employee salary equity adjustments to provide $3.75 million. The House did not include any equity funding.			2,750,000	2,750,000
Removes new FTE positions added by the Senate for home- and community-based services.	(7.00)		(1,102,031)	(1,102,031)
Total ongoing funding changes	(164.00)	($1,334,199)	($26,363,726)	($27,697,925)

Senate Bill No. 2012 - DHHS - Field Services - Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Human service centers	$163,213,829	$189,374,455	($141,971,373)	$47,403,082	$47,045,257	$357,825
Institutions	130,383,428	163,522,768	(102,710,334)	60,812,434	60,812,434	
Total all funds	$293,597,257	$352,897,223	($244,681,707)	$108,215,516	$107,857,691	$357,825
Less estimated income	114,273,300	95,698,581	(65,721,527)	29,977,054	29,977,054	0
General fund	$179,323,957	$257,198,642	($178,960,180)	$78,238,462	$77,880,637	$357,825
FTE	1,342.31	1,394.11	(1,394.11)	0.00	0.00	0.00

Department 349 - DHHS - Field Services - Detail of Conference Committee Changes

	Adjust Funding for Field Services[1]	Total Conference Committee Changes
Human service centers	($141,971,373)	($141,971,373)
Institutions	(102,710,334)	(102,710,334)
Total all funds	($244,681,707)	($244,681,707)
Less estimated income	(65,721,527)	(65,721,527)
General fund	($178,960,180)	($178,960,180)
FTE	(1,394.11)	(1,394.11)

[1] Funding for field services is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program, the same as the House.		($8,926,423)	($2,830,652)	($11,757,075)
Transfers health insurance increase funding to a new FTE position block grant program, the same as the House.		(4,161,185)	(1,449,231)	(5,610,416)
Transfers salaries and wages to an FTE block grant funding pool, the same as the House.	(1,320.61)	(172,296,141)	(77,619,785)	(249,915,926)
Removes FTE positions added by the Senate for community-based behavioral health. The House also removed these positions.	(28.50)	(950,906)		(950,906)
Removes FTE positions added by the Senate for crisis support services. The House also removed these positions.	(21.00)	(2,813,836)		(2,813,836)

Adjusts provider inflation to provide 3 percent annual adjustments. The Senate provided 4 percent annual adjustment and the House provided 2 percent annual adjustments.		(357,870)		(357,870)
Reduces the number of certified community behavioral health clinics from 3 to 1 and removes new FTE positions added for the clinics. The House also made this adjustment.	(24.00)	(5,711,959)		(5,711,959)
Restores operating reductions made in the executive budget for Human Service Centers ($13,200,000) and the State Hospital ($7,586,281). The House also restored this funding.		20,786,281		20,786,281
Adds funding to provide telehealth psychiatric services in correctional facilities, the same as the House.		1,500,000		1,500,000
Adds ongoing general fund support to replace funding at facilities due to a revenue shortfall, the same as the House.		30,000,000	(30,000,000)	0
Total ongoing funding changes	(1,394.11)	($142,932,039)	($111,899,668)	($254,831,707)
One-Time Funding Items				
Increases funding from the strategic investment and improvements fund for State Hospital design from $5 to $12.5 million, the same as the House.			$7,500,000	$7,500,000
Removes one-time general fund support to replace funding at facilities due to a revenue shortfall. The House also removed this funding.		(36,028,141)	36,028,141	0
Adds funding from the state fiscal recovery fund for a rural law enforcement telehealth program, the same as the House.			2,650,000	2,650,000
Total one-time funding changes	0.00	($36,028,141)	$46,178,141	$10,150,000
Total changes to base level funding	(1,394.11)	($178,960,180)	($65,721,527)	($244,681,707)

Senate Bill No. 2012 - Other Changes - Conference Committee Action

This amendment also:

- Provides a 2021-23 biennium appropriation from the DHHS operating fund for the repayment of funds withheld from unemployment benefits. The House also included an appropriation.
- Authorizes DHHS to adjust the number of authorized full-time equivalent positions subject to the availability of funds. The House also authorized this provision.
- Adjusts the amount of the transfer from the strategic investment and improvements fund to the human service finance fund from $21.6 million to $26.95 million. The House transferred $23.2 million.
- Identifies appropriations from the strategic investment and improvements fund, human service finance fund, community health trust fund, health care trust fund, and the federal State Fiscal Recovery Fund.
- Directs the department to create a parenting resource website. The House also included this provision.

- Directs the department to provide quarterly budget and utilization information.
- Creates a North Dakota legislative health care task force. The House also included this provision.
- Removes the sunset clause on the best in class program. The House also included this provision.
- Adjusts Medicaid language relating to probate proceedings and reimbursement rate information. The House also included this provision.
- Provides for the rebasement of basic care payment rates. The House also included this provision.
- Provides statutory clarification regarding public employee health plan coverage of insulin.
- Adjusts guidelines for the development of certified community behavioral health clinics. The House also adjusted the guidelines.
- Authorizes the carryover of unexpended appropriation to be used for the certified community behavioral health clinics. This will reduce the general fund beginning balance by $4.15 million.
- Adjusts the amount of funding allowed to be continued from the 2021-23 biennium into the 2023-25 biennium.
- Provides for a Legislative Management study of the social work licensure compact. The House also included this study.
- Provides for a Legislative Management study of Medicaid provider reimbursement arrangements. The House also included this study.
- Provides for a Legislative Management study of the intermediate care facility rate formula.
- Adds effective dates for Senate Bill No. 2181 relating to medical assistance for pregnant women and Senate Bill No. 2276 relating to a family caregiver pilot project.

Date: 4/29/2023
Roll Call Vote #: 1

2023 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2012 as (re) engrossed

Senate Appropriations Human Resource Committee

Action Taken
- ☐ **SENATE accede to House Amendments**
- ☐ **SENATE accede to House Amendments and further amend**
- ☐ **HOUSE recede from House amendments**
- ☒ **HOUSE recede from House amendments and amend as follows**

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

Motion Made by: *Rep O'Brien* Seconded by: *Sen Davison*

Senators	*4/29 6:00*			**Yes**	**No**		**Representatives**	*4/29 6:00*			**Yes**	**No**
Chair Dever	x			X			*Chair Nelson*	x			X	
Sen Davison	x			X			Rep O'Brien	x			X	
Sen Mathern	x			X			Rep Mitskog	x			X	
Total Senate Vote				3			Total Rep. Vote				3	

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier Sen Dever House Carrier Rep Nelson

LC Number 23.0266 . 02035 of amendment

LC Number 23.0266 . 05000 of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Insert LC: 23.0266.02035
Senate Carrier: Dever
House Carrier: Nelson

REPORT OF CONFERENCE COMMITTEE

SB 2012, as engrossed: Your conference committee (Sens. Dever, Davison, Mathern and Reps. Nelson, O'Brien, Mitskog) recommends that the **HOUSE RECEDE** from the House amendments as printed on SJ pages 1811-1832, adopt amendments as follows, and place SB 2012 on the Seventh order:

That the House recede from its amendments as printed on pages 1811-1832 of the Senate Journal and pages 2037-2058 of the House Journal and that Engrossed Senate Bill No. 2012 be amended as follows:

Page 1, line 2, after "services" insert "; to provide an appropriation to the university of North Dakota school of medicine and health sciences"

Page 1, line 2, after "exemption" insert "; to create and enact a new section to chapter 50-06 and a new subsection to section 50-24.1-07 of the North Dakota Century Code and two new subsections to the new section to chapter 54-52.1 as created by section 2 of Senate Bill No. 2140, as approved by the sixty-eighth legislative assembly, of the North Dakota Century Code, relating to public employee health benefits coverage of insulin, a North Dakota legislative health care task force, and Medicaid claims"

Page 1 line 2, after "reenact" insert "subsection 2 of section 12.1-04-07,"

Page 1, line 3, after "sections" insert "50-01.2-01,"

Page 1, line 3, after "50-06-42" insert ", 50-11.1-02, 50-11.1-22, 50-11.1-23, 50-11.1-24"

Page 1, line 3, after the first comma insert "and"

Page 1, line 3, after the second comma insert "subsection 5 of section 50-24.1-37, and sections 50-24.5-02.3"

Page 1, line 3, after "to" insert "fitness to proceed examination, human service zone board membership,"

Page 1, line 4, after "services" insert ", the best in class program, basic care payment rates, the Medicaid expansion program"

Page 1, line 6, after the second "a" insert "legislative management"

Page 1, line 7, remove "and"

Page 1, line 7, after "date" insert "; and to declare an emergency"

Page 1, remove lines 19 through 24

Page 2, remove lines 1 through 31

Page 3, replace lines 1 through 7 with:

"Salaries and wages	$21,363,556	($21,363,556)	$0
Salaries and wages block grant	0	456,750,493	456,750,493
Operating expenses	151,161,924	95,654,000	246,815,924
Capital assets	75,000	0	75,000
Total all funds	$172,600,480	$531,040,937	$703,641,417
Less estimated income	92,905,426	293,796,361	386,701,787
Total general fund	$79,695,054	$237,244,576	$316,939,630

Subdivision 2.

PROGRAM AND POLICY

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$122,081,310	($122,081,310)	$0
Operating expenses	176,078,719	59,740,165	235,818,884
Capital assets	10,000	0	10,000
Grants	467,144,387	168,924,549	636,068,936
Grants - medical assistance	3,028,666,463	396,605,903	3,425,272,366
Opioid prevention	0	2,000,000	2,000,000
Total all funds	$3,793,980,879	$505,189,307	$4,299,170,186
Less estimated income	2,499,452,627	269,279,579	2,768,732,206
Total general fund	$1,294,528,252	$235,909,728	$1,530,437,980

Subdivision 3.

FIELD SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Human service centers	$163,213,829	($115,810,747)	$47,403,082
Institutions	130,383,428	(69,570,994)	60,812,434
Total all funds	$293,597,257	($185,381,741)	$108,215,516
Less estimated income	114,273,300	(84,296,246)	29,977,054
Total general fund	$179,323,957	($101,085,495)	$78,238,462

Subdivision 4.

COUNTY SOCIAL SERVICE FINANCING

	Base Level	Adjustments or Enhancements	Appropriation
County social services	$189,917,386	$7,746,275	$197,663,661
Total all funds	$189,917,386	$7,746,275	$197,663,661
Less estimated income	188,676,995	8,969,793	197,646,788
Total general fund	$1,240,391	($1,223,518)	$16,873

Subdivision 5.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total general fund	$1,554,787,654	$370,845,291	$1,925,632,945
Grand total special funds	2,895,308,348	487,749,487	3,383,057,835
Grand total all funds	$4,450,096,002	$858,594,778	$5,308,690,780
Full-time equivalent positions	2,265.33	0.00	2,265.33"

Page 3, replace line 11 with:

"Technology projects	$67,596,372	$71,000,000"

Page 3, replace line 18 with:

"State hospital design	0	12,500,000
Service grants	0	585,000
Cross-disability advisory council	0	1,400,000
Behavioral health facility grants	0	1,950,000

Base care payment study	0	600,000
Health care task force	0	750,000"

Page 3, remove line 20

Page 3, replace lines 23 through 26 with:

"Law enforcement telehealth	0	2,650,000
Total all funds	$216,080,305	$118,234,498
Less estimated income	191,847,089	103,752,326
Total general fund	$24,233,216	$14,482,172

SECTION 3. APPROPRIATION - UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE AND HEALTH SCIENCES - CLINICAL INTEGRATED NETWORK GRANT.

1. There is appropriated out of any moneys in the community health trust fund in the state treasury, not otherwise appropriated, the sum of $3,500,000, or so much of the sum as may be necessary, to the university of North Dakota school of medicine and health sciences for the purpose of the center for rural health awarding a grant to a clinically integrated network, for the biennium beginning July 1, 2023, and ending June 30, 2025.

2. To qualify for a grant under this section, an applicant:

   a. Must be a statewide value-based clinically integrated network that supports a majority of the independent critical access hospitals in the state.

   b. Must certify one dollar of matching funds for every five dollars of grant funds awarded.

   c. Shall demonstrate a strategic plan to accomplish the following goals:

      (1) Implementation of a data-sharing platform;

      (2) Utilization of value-based care contract modeling;

      (3) Utilization of data analytics software to provide for risk stratification and referral management capabilities;

      (4) Development of unified care management practices; and

      (5) Staffing of the clinically integrated network.

   d. Shall agree during the 2023-25 and 2025-27 bienniums to make annual reports to the department of health and human services and the center for rural health on the use of the grant funds and the status of accomplishing the clinically integrated network strategic plan goals.

SECTION 4. APPROPRIATION - 2021-23 BIENNIUM - CHILD SUPPORT. There is appropriated out of any moneys in the department of health and human services operating fund in the state treasury, not otherwise appropriated, the sum of $4,500, or so much of the sum as may be necessary, to the the department of health and human services for the purpose of repayment of moneys, including interest, not withheld by the state in accordance with section 14-09-09.16 from an obligor's

unemployment benefits from June 1, 2021, through September 30, 2021, for the period beginning with the effective date of this section and ending June 30, 2023."

Page 3, line 29, remove "and"

Page 3, line 29, after "3" insert ", and 4"

Page 4, remove lines 3 through 8

Page 4, line 9, replace "health and human services." with "The department of health and human services may use the transfer authority in this section to transfer or expend funds for the continuation of the community behavioral health program pursuant to section 54-23.3-10."

Page 4, after line 22, insert:

"**SECTION 7. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT.** Subdivision 1 of section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding, along with salaries and wages funding appropriated in House Bill No. 1004, as approved by the sixty-eighth legislative assembly, is available to fund full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department may not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 5 of this Act, the department is authorized to transfer funding to and from the salaries and wages block grant line item. The department shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions. The department shall provide reports to the legislative management regarding the use of funding for the program."

Page 4, line 25, replace "$21,600,000" with "$26,950,000"

Page 4, line 28, replace "item" with "items"

Page 4, line 28, replace "subdivision" with "subdivisions 1 and"

Page 4, line 28, replace "$221,600,000" with "$226,950,000"

Page 5, line 2, replace "item" with "items"

Page 5, line 2, replace "subdivision" with "subdivisions 1 and"

Page 5, line 2, replace "$20,400,000" with "$24,317,500"

Page 5, line 3, remove "defraying expenses of the child support computer"

Page 5, line 4, replace "replacement project" with "the following purposes:

1. The sum of $20,400,000 for the child support computer replacement project;

2. The sum of $1,867,500 for the 988 crisis hotline program;

3. The sum of $700,000 for costs to implement the cross-disability advisory council;

4. The sum of $600,000 for a study of basic care funding rates; and

5. The sum of $750,000 for costs of the health care task force"

Page 5, replace lines 5 through 7 with:

"**SECTION 11. ESTIMATED INCOME - HEALTH CARE TRUST FUND.** The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the health care trust fund for basic care facility bad debt expense.

SECTION 12. ESTIMATED INCOME - FEDERAL STATE FISCAL RECOVERY FUND. The estimated income line items in subdivisions 2 and 3 of section 1 of this Act includes the sum of $3,235,000 from the federal state fiscal recovery fund for the following purposes:

1. The sum of $2,650,000 to implement a virtual behavioral health crisis care program for rural law enforcement;

2. The sum of $300,000 for crisis organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events. After July 1, 2024, this funding may be provided only to organizations that are certified in services provided by the organization; and

3. The sum of $285,000 for grants to volunteer-based ecumenical ministry organizations.

SECTION 13. ESTIMATED INCOME - CHARITABLE GAMING OPERATING FUND. Notwithstanding section 53-06.1-11.2, the estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the charitable gaming operating fund for costs of gambling disorder prevention services."

Page 5, line 10, replace "$17,735,154" with "$25,235,154"

Page 5, line 13, replace "$5,000,000" with "$12,500,000"

Page 5, after line 15, insert:

"**SECTION 15. BEHAVIORAL HEALTH FACILITY GRANTS.** Section 1 of this Act includes the sum of $1,950,000 from the general fund for the purpose of providing a one-time behavioral health facility grant to establish a behavioral health facility in the northwest human service center region, for the biennium beginning July 1, 2023, and ending June 30, 2025. The department of health and human services shall provide a grant as follows:

1. The grant recipient must provide matching funds of $1,750,000 to establish the facility.

2. The grant term must be for five years.

3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

4. To receive the grant, the behavioral health facility shall:

   a. Submit an application in the form and manner prescribed by the department;

b. Enter a grant agreement with the department;

c. Use grant funds to support the provision of behavioral health in the grant award service areas;

d. Provide and disclose information needed to comply with the department's data collection requirements; and

e. Operate in compliance with grant requirements.

5. The department may recapture grant funds distributed to a grant recipient found by the department to be out of compliance with the requirements established by the grant program, including ending or reducing the operation of the behavioral health facility in the service area.

6. The department may not collect property, equipment, or supplies purchased with grant funds from the grant recipient after successful completion of the terms of the grant.

SECTION 16. HEALTH CARE TASK FORCE - APPROPRIATION - REPORT. Subdivision 1 of section 1 of this Act includes the sum of $750,000 from the community health trust fund for expenses of the health care task force and for the purpose of facilitating the task force. The task force may seek funding from outside sources and any funds received are appropriated to the department of health and human services for activities of the task force for the biennium beginning July 1, 2023, and ending June 30, 2025. The purpose of the task force is to understand and create transparency around health care costs and the drivers of cost growth with the goal of lessening the impact of rising health care costs to citizens, businesses, and government. The task force shall take a holistic view to include the full payor mix, including the uninsured and charity care. The task force shall collect and analyze health care spending data to create meaningful actions to slow spending growth and improve health care access and quality. The task force shall meet at least once each quarter and may request, obtain, review, and analyze information relating to North Dakota health care, including data, reports, audits, and other information as requested by the task force."

Page 5, line 18, after "hospital" insert ", southeast human service center,"

Page 5, line 19, replace "3" with "5"

Page 5, line 24, after "hospital" insert ", southeast human service center,"

Page 5, line 30, replace "3" with "5"

Page 6, remove lines 9 and 10

Page 6, line 11, remove "and ending June 30, 2025."

Page 6, line 23, replace "$5,000,000" with "$12,500,000"

Page 6, line 24, after "fund" insert "as identified in section 14 of this Act"

Page 6, line 30, after the period insert "The requirements of chapter 54-44.4 do not apply to the selection of a vendor, the procurement award, or payments made under this section regarding the design process and design of the new state hospital."

Page 7, line 3, replace "$942,550,279" with "$802,616,809"

Page 7, line 4, replace "$94,225,028" with "$80,261,681"

Page 7, line 21, remove "Critical access hospitals may not be paid less than one"

Page 7, remove line 22

Page 7, line 26, after "reimbursement" insert ". Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6"

Page 8, after line 2, insert:

"6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement. This subsection applies to any medical assistance expansion program provider fee schedule that becomes effective on or after January 1, 2025.

SECTION 23. DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND PARENTING RESOURCE WEBSITE. The department of health and human services shall develop and maintain a state internet website that provides information and links to social services, financial assistance, parenting information, maternal and childbirth life services, planning guidance, care centers and agencies, and other available public and private resources for expectant families and new parents. The department may contract with a third party for the development of the website. The website must be operational by August 1, 2023, and have a domain name life.nd.gov or a similar domain name. The website must be distinct from the department's website and the department shall place a clear and conspicuous link to the website on the department website.

SECTION 24. QUARTERLY BUDGET AND UTILIZATION REPORTS. During the biennium beginning July 1, 2023, and ending June 30, 2025, the department of health and human services shall make quarterly reports available that detail the status of the department's budget and the utilization rates of programs. The reports must be made available within 30 days of the close of each quarter.

SECTION 25. AMENDMENT. Subsection 2 of section 12.1-04-07 of the North Dakota Century Code is amended and reenacted as follows:

2. An examination must occur within fifteen days from <u>receipt of material necessary to examine the fitness of the individual and</u> notice of entry of the order served upon the tier 1a mental health professional. Attorneys shall disclose any materials necessary to examine the fitness of the individual to the tier 1a examiner contemporaneously with the order. For good cause shown, the court may grant an extension allowing an additional seven days to complete the examination."

SECTION 26. AMENDMENT. Section 50-01.2-01 of the North Dakota Century Code is amended and reenacted as follows:

50-01.2-01. Human service zone board - Members - Qualifications.

The board of county commissioners of each county within the human service zone shall appoint the appointed members of the human service zone board based upon fitness to serve as members by reason of character, experience, and training without regard to political affiliation. Appointed members of the human service zone

board must consist of local elected officials and other key community partners, including at least one member of the legislative assembly. If a human service zone consists of two or more counties, each county must be represented on the human service zone board by only one county commissioner of that county. If a human service zone consists of a single county, the county must be represented on the human service zone board by no more than two county commissioners of that county and the human service zone board must have at least five appointed members. Appointed members shall elect a vice presiding officer and appoint a secretary, and other officers as the human service zone board determines necessary. The human service zone director shall serve as presiding officer of the human service zone board as a nonappointed member.

Page 9, after line 11, insert:

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

North Dakota legislative health care task force - Duties - Membership - Legislative management report.

There is created a North Dakota legislative health care task force. The task force shall meet at least once each quarter and may request, obtain, review, and analyze information relating to North Dakota health care, including data, reports, audits, and other information as requested by the task force. The department of health and human services shall provide staff services for the task force. The task force shall submit a report of its activities and any recommendations to improve health care in the state to the legislative management by October first of each year. The chairman of the task force must be a member of the legislative assembly appointed by the chairman of the legislative management. The chairman of the task force may invite guests to participate in task force activities. The task force consists of the following members:

1. The chairman of the house appropriations committee human resources division, or the chairman's designee;
2. The chairman of the senate appropriations committee human resources division, or the chairman's designee;
3. The chairman of the house human services committee, or the chairman's designee;
4. The chairman of the senate human services committee, or the chairman's designee;
5. One member of the house of representatives as appointed by the house minority leader;
6. One member of the senate as appointed by the senate minority leader;
7. The commissioner of the department of health and human services, or the commissioner's designee;
8. Two members of the department of health and human services, including the state health officer and one member appointed by the commissioner of the department of health and human services;
9. One member from the governor's office, appointed by the governor;
10. The insurance commissioner, or the insurance commissioner's designee;

11. Two members to represent the North Dakota health insurance industry;

12. One member of the public, appointed by an organization that represents North Dakota businesses;

13. One member appointed by the Indian affairs commissioner to represent tribal health care;

14. One member from a North Dakota association that represents physicians;

15. Five members from a North Dakota association that represents hospitals, of which:

    a. Two members must represent rural hospitals, including one representative of a hospital in a city with a population of ten thousand or more and one representative of a hospital in a city with a population under ten thousand;

    b. Two members must represent urban hospitals, including one representative of an independent hospital and one representative of an integrated health care system; and

    c. One member must represent a psychiatric hospital; and

16. Any other members appointed by the chairman of legislative management.

SECTION 29. AMENDMENT. Section 50-11.1-02 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-02. Definitions. ~~(Effective through June 30, 2025)~~

As used in this chapter, unless the context or subject matter otherwise requires:

1. "Authorized agent" means the human service zone, unless another entity is designated by the department.

2. "Child care center" means an early childhood program licensed to provide early childhood services to nineteen or more children.

3. "Department" means the department of health and human services.

4. "Drop-in care" means the care of children on a one-time, occasional, or unscheduled basis to meet the short-term needs of families.

5. "Early childhood program" means any program licensed under this chapter where early childhood services are provided for at least two hours a day for three or more days a week.

6. "Early childhood services" means the care, supervision, education, or guidance of a child or children, which is provided in exchange for money, goods, or other services. Early childhood services does not include:

    a. Substitute parental child care provided pursuant to chapter 50-11.

    b. Child care provided in any educational facility, whether public or private, in grade one or above.

c. Child care provided in a kindergarten which has been established pursuant to chapter 15.1-22 or a nonpublic elementary school program approved pursuant to section 15.1-06-06.1.

d. Child care, preschool, and prekindergarten services provided to children under six years of age in any educational facility through a program approved by the department.

e. Child care provided in facilities operated in connection with a church, business, or organization where children are cared for during periods of time not exceeding four continuous hours while the child's parent is attending church services or is engaged in other activities, on the premises.

f. Schools or classes for religious instruction conducted by religious orders during the summer months for not more than two weeks, Sunday schools, weekly catechism, or other classes for religious instruction.

g. Summer resident or day camps for children which serve no children under six years of age for more than two weeks.

h. Sporting events, practices for sporting events, or sporting or physical activities conducted under the supervision of an adult.

i. Head start and early head start programs that are federally funded and meet federal head start performance standards.

j. Child care provided in a medical facility by medical personnel to children who are ill.

7. "Family child care" means a private residence licensed to provide early childhood services for no more than seven children at any one time, except that the term includes a residence licensed to provide early childhood services to two additional school-age children.

8. "Four-year old program" means an approved child care program operated by a public or private educational entity or an early childhood program designed to serve four-year olds.

9. "Group child care" means a child care program licensed to provide early childhood services for thirty or fewer children.

10. "Household member" means an adult living in the private residence out of which a program is operated, regardless of whether the adult is living there permanently or temporarily.

11. "Human service zone" means a county or consolidated group of counties administering human services within a designated area in accordance with an agreement or plan approved by the department.

12. "In-home provider" means any person who provides early childhood services to children in the children's home.

13. "Licensed" means an early childhood program has the rights, authority, or permission granted by the department to operate and provide early childhood services.

14. "Multiple licensed program" means an early childhood program licensed to provide more than one type of early childhood services.

15. "Owner" or "operator" means the person who has legal responsibility for the early childhood program and premises.

16. "Parent" means an individual with the legal relationship of father or mother to a child or an individual who legally stands in place of a father or mother, including a legal guardian or custodian.

17. "Premises" means the indoor and outdoor areas approved for providing early childhood services.

18. "Preschool" means a program licensed to offer early childhood services, which follows a preschool curriculum and course of study designed primarily to enhance the educational development of the children enrolled and which serves no child for more than three hours per day.

19. "Public approval" means a nonlicensed early childhood program operated by a government entity that has self-certified that the program complies with this chapter.

20. "Registrant" means the holder of an in-home provider registration document issued by the department in accordance with this chapter.

21. "Registration" means the process whereby the department maintains a record of all in-home providers who have stated that they have complied or will comply with the prescribed standards and adopted rules.

22. "Registration document" means a written instrument issued by the department to publicly document that the registrant has complied with this chapter and the applicable rules and standards as prescribed by the department.

23. "School-age child care" means a child care program licensed to provide early childhood services on a regular basis for nineteen or more children aged five years through eleven years.

24. "School-age children" means children served under this chapter who are at least five years but less than twelve years of age.

25. "Self-declaration" means voluntary documentation of an individual providing early childhood services in a private residence for up to five children through the age of eleven, of which no more than three may be under the age of twenty-four months.

26. "Staff member" means an individual:

    a. Who is an employee of an early childhood program or of an early childhood services provider under a self-declaration;

    b. Whose activities involve the care, supervision, or guidance of children of an early childhood program; or

    c. Who may have unsupervised access to children under the care, supervision, or guidance of an early childhood program or early childhood services provider under a self-declaration.

~~**Definitions. (Effective after June 30, 2025)**~~

~~As used in this chapter, unless the context or subject matter otherwise requires:~~

1. ~~"Authorized agent" means the human service zone, unless another entity is designated by the department.~~

2. ~~"Child care center" means an early childhood program licensed to provide early childhood services to nineteen or more children.~~

3. ~~"Department" means the department of health and human services.~~

4. ~~"Drop-in care" means the care of children on a one-time, occasional, or unscheduled basis to meet the short-term needs of families.~~

5. ~~"Early childhood program" means any program licensed under this chapter where early childhood services are provided for at least two hours a day for three or more days a week.~~

6. ~~"Early childhood services" means the care, supervision, education, or guidance of a child or children, which is provided in exchange for money, goods, or other services. Early childhood services does not include:~~

   a. ~~Substitute parental child care provided pursuant to chapter 50-11.~~

   b. ~~Child care provided in any educational facility, whether public or private, in grade one or above.~~

   c. ~~Child care provided in a kindergarten which has been established pursuant to chapter 15.1-22 or a nonpublic elementary school program approved pursuant to section 15.1-06-06.1.~~

   d. ~~Child care, preschool, and prekindergarten services provided to children under six years of age in any educational facility through a program approved by the department.~~

   e. ~~Child care provided in facilities operated in connection with a church, business, or organization where children are cared for during periods of time not exceeding four continuous hours while the child's parent is attending church services or is engaged in other activities, on the premises.~~

   f. ~~Schools or classes for religious instruction conducted by religious orders during the summer months for not more than two weeks, Sunday schools, weekly catechism, or other classes for religious instruction.~~

   g. ~~Summer resident or day camps for children which serve no children under six years of age for more than two weeks.~~

   h. ~~Sporting events, practices for sporting events, or sporting or physical activities conducted under the supervision of an adult.~~

   i. ~~Head start and early head start programs that are federally funded and meet federal head start performance standards.~~

   j. ~~Child care provided in a medical facility by medical personnel to children who are ill.~~

~~7. "Family child care" means a private residence licensed to provide early childhood services for no more than seven children at any one time, except that the term includes a residence licensed to provide early childhood services to two additional school-age children.~~

~~8. "Group child care" means a child care program licensed to provide early childhood services for thirty or fewer children.~~

~~9. "Household member" means an adult living in the private residence out of which a program is operated, regardless of whether the adult is living there permanently or temporarily.~~

~~10. "Human service zone" means a county or consolidated group of counties administering human services within a designated area in accordance with an agreement or plan approved by the department.~~

~~11. "In-home provider" means any person who provides early childhood services to children in the children's home.~~

~~12. "Licensed" means an early childhood program has the rights, authority, or permission granted by the department to operate and provide early childhood services.~~

~~13. "Multiple licensed program" means an early childhood program licensed to provide more than one type of early childhood services.~~

~~14. "Owner" or "operator" means the person who has legal responsibility for the early childhood program and premises.~~

~~15. "Parent" means an individual with the legal relationship of father or mother to a child or an individual who legally stands in place of a father or mother, including a legal guardian or custodian.~~

~~16. "Premises" means the indoor and outdoor areas approved for providing early childhood services.~~

~~17. "Preschool" means a program licensed to offer early childhood services, which follows a preschool curriculum and course of study designed primarily to enhance the educational development of the children enrolled and which serves no child for more than three hours per day.~~

~~18. "Public approval" means a nonlicensed early childhood program operated by a government entity that has self-certified that the program complies with this chapter.~~

~~19. "Registrant" means the holder of an in-home provider registration document issued by the department in accordance with this chapter.~~

~~20. "Registration" means the process whereby the department maintains a record of all in-home providers who have stated that they have complied or will comply with the prescribed standards and adopted rules.~~

~~21. "Registration document" means a written instrument issued by the department to publicly document that the registrant has complied with this chapter and the applicable rules and standards as prescribed by the department.~~

~~22. "School-age child care" means a child care program licensed to provide early childhood services on a regular basis for nineteen or more children aged five years through eleven years.~~

~~23. "School-age children" means children served under this chapter who are at least five years but less than twelve years of age.~~

~~24. "Self-declaration" means voluntary documentation of an individual providing early childhood services in a private residence for up to five children through the age of eleven, of which no more than three may be under the age of twenty-four months.~~

~~25. "Staff member" means an individual:~~

~~a. Who is an employee of an early childhood program or of an early childhood services provider under a self-declaration;~~

~~b. Whose activities involve the care, supervision, or guidance of children of an early childhood program; or~~

~~c. Who may have unsupervised access to children under the care, supervision, or guidance of an early childhood program or early childhood services provider under a self-declaration.~~

SECTION 30. AMENDMENT. Section 50-11.1-22 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-22. Early childhood grant for best in class four-year old experiences. ~~(Expired effective July 1, 2025)~~

1. A four-year old program deemed eligible under section 50-11.1-23 may submit an application for the best in class four-year old experiences grant. An approved program is eligible for an annual award of one hundred twenty thousand dollars per approved group size. The grant award must be matched with no less than twenty thousand dollars in other funds. The department shall assign a program support coach to each approved program. An approved program:

   a. Shall utilize the assigned support coach and utilize the sliding fee scale for parent fees, as established by the department.

   b. May use grant funds to support the provision of quality early childhood experiences, including expenditures related to staffing, training, equipment, and supplies.

   c. May not use grant funds for construction or rehabilitation. An approved program must enter a grant agreement with the department.

2. The department may not collect equipment or supplies purchased with grant funds from the approved program after successful completion of the term of the grant.

SECTION 31. AMENDMENT. Section 50-11.1-23 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-23. Eligibility for best in class four-year old experiences grant. ~~(Expired effective July 1, 2025)~~

1. A four-year old program may submit, in the form and manner prescribed by the department, an application to the department for a grant under section 50-11.1-22, if the provider certifies to the department the provider:

   a. Operates a four-year old program in this state;

   b. Operates a four-year old program for children who have reached four years of age before August first in the year of enrollment;

   c. Operates a four-year old program that has a duration of at least four hundred hours over a period of at least thirty-two consecutive weeks;

   d. Incorporates within the four-year old program at least ten hours of research-based family engagement;

   e. Has been determined to meet the standards and expectations of no less than step three in the North Dakota early childhood quality improvement system;

   f. Is willing to admit children of all learning abilities into the four-year old program;

   g. Is willing to admit children who receive assistance from the child care assistance program into the four-year old program; and

   h. Is willing to operate in compliance with the grant requirements, including:

      (1) Maintaining the recommended group size for number of children served in the four-year old program;

      (2) Complying with requirements related to qualifications, training, and professional development of staff delivering services in the four-year old program; and

      (3) Adhering to expectations established by the department related to four-year old program monitoring and oversight.

2. The department may distribute grants under this section to approved four-year old programs, including four-year old programs operated as early childhood programs by educational facilities or federally funded head start programs or in connection with a church, business, or organization that operates a four-year old program.

3. The department may recapture grant funds distributed to an approved four-year old program found by the department to be out of compliance with requirements established for the best in class four-year old experiences grant program.

SECTION 32. AMENDMENT. Section 50-11.1-24 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-24. Grant program data collection - Requirements. ~~(Expired effective July 1, 2025)~~

The state agency with approval authority over four-year old programs, with the advice and consent of the department, shall implement a uniform system for the accounting, budgeting, and reporting of data by any four-year old program provider to whom or to which grants are distributed under section 50-11.1-23. Grants may be withheld or forfeited, in whole or in part, if information required in accordance with this section is not submitted at the time or in the manner requested by the state agency with approval authority over four-year old programs. A grant recipient shall consent to provide information needed to comply with data collection requirements. The state agency with approval authority over four-year old programs shall disclose the requested information to the department.

SECTION 33. A new subsection to section 50-24.1-07 of the North Dakota Century Code is created and enacted as follows:

In any probate proceedings in which the department has filed a claim under this section, no additional evidence of foundation may be required for the admission of the department's payment record supporting the department's claim if the payment record is certified as a true copy and bears the signature of a representative of the department. There is a rebuttable presumption that the amount of medical assistance on the claim was incurred and paid on behalf of the recipient of medical assistance and is an allowable claim."

Page 9, after line 19, insert:

"**SECTION 35. AMENDMENT.** Subsection 5 of section 50-24.1-37 of the North Dakota Century Code is amended and reenacted as follows:

5. Provider and managed care organization reimbursement rate information received or held by the department under this section is an open record.

SECTION 36. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall ~~establish, by rule, procedures for determining rates~~determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter~~. The procedures must be~~ based on ~~methods and standards that the department finds are adequate to recognize the~~data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.

2. The department shall ~~identify costs that are recognized for establishing payment rates~~establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.

3. For the rate year beginning July 1, ~~2016~~2023, the department shall ~~establish the limits by using the average of the highest and lowest rates from the 2014 rate year. The direct care limit must be ninety-five percent of the average and the indirect care limit must be ninety percent of the~~

~~average. Beginning with the July 1, 2017, rate year, the department shall adjust the limits by using the cost percentage change from the prior two rate years, within the limits of legislative appropriations~~increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.

4. The department shall ~~provide, by rule, within the limits of legislative appropriations, for payment of rates paid by the aged, blind, and disabled persons program for a maximum of thirty days per occurrence for leave days for a resident who is in a licensed health care facility when the resident is expected to return to the facility~~provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, 2025, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.

5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of ~~one hundred eighty~~three hundred sixty-five days."

Page 10, after line 2, insert:

SECTION 38. Two new subsections to the new section to chapter 54-52.1 of the North Dakota Century Code as created by section 2 of Senate Bill No. 2140, as approved by the sixty-eighth legislative assembly, are created and enacted as follows:

If application of subsection 3 would result in the ineligibility of a health benefit plan that is a qualified high-deductible health plan to qualify as a health savings account under section 223 of the Internal Revenue Code [26 U.S.C. 223], the requirements of subsection 3 do not apply with respect to the deductible of the health benefit plan until after the enrollee has satisfied the minimum deductible under section 26 U.S.C. 223.

This section does not apply to the Medicare part D prescription drug coverage plan.

Page 10, line 19, remove "**CONTINGENT**"

Page 10, line 19, after "**REPORT**" insert "- **EXEMPTION**"

Page 10, line 20, replace "Beginning with the effective date of this Act, the" with "1. The"

Page 10, line 21, replace "three" with "at least one"

Page 10, line 21, replace "centers" with "center"

Page 10, line 24, remove "up to fifty"

Page 10, after line 27, insert:

"2. The department may consider the inclusion of providers of integrated, wraparound crisis services to young adults, who are at risk of being homeless or experiencing serious adverse life events, into the creation of any certified community behavioral health clinic.

3. The $15,000,000 from the general fund appropriated to the department of health and human services for the substance use disorder treatment voucher system in chapter 12 of the 2021 Session Laws is not subject to the provisions of section 54-44.1-11, and any unexpended funds of up to $4,150,000 from this appropriation may be continued and spent for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults during the biennium beginning July 1, 2023, and ending June 30, 2025."

Page 11, line 15, remove "of which the amount"

Page 11, remove line 16

Page 11, line 17, remove "home- and community-based services 10 percent enhancement plan"

Page 11, line 25, remove the second "and"

Page 11, line 28, after "50-06-42.1" insert ";

10. The sum of $175,000 for home and community-based services housing assistance in chapter 12 of the 2021 Session Laws; and

11. The sum of $15,000,000 appropriated from the general fund and the sum of $15,000,000 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws"

Page 12, line 10, after the first "of" insert "underfunding,"

Page 12, line 11, remove "and"

Page 12, line 12, after "percentage" insert ", and unexpected contract cost increases that exceed ten percent"

Page 12, line 16, replace "four" with "two"

Page 12, line 18, replace "seven" with "three"

Page 12, line 18, replace "the first" with "each"

Page 12, line 18, remove "of the biennium and four percent the"

Page 12, line 19, remove "second year"

Page 12, line 20, after "facilities" insert "or prospective payment system hospitals that have different inflation rates"

Page 12, after line 20, insert:

"**SECTION 49. DEVELOPMENTAL DISABILITY PROVIDER ADJUSTMENT.** Subdivision 2 of section 1 of this Act includes funding for developmental disability provider rate adjustments. Adjustments must provide for the equivalent of a one dollar per hour increase for direct care staff and the equivalent of a one dollar per hour increase for indirect program support staff of licensed developmental disability providers. Developmental disability providers shall provide a report to the department of health and human services as determined by the department. The increase to direct care staff and related indirect program support

staff does not apply to qualified service provider rates as established under the long-term care program."

Page 13, after line 2, insert:

SECTION 52. LEGISLATIVE MANAGEMENT STUDY - SOCIAL WORK LICENSURE COMPACT. During the 2023-24 interim, the legislative management shall consider studying the feasibility and desirability of the legislative assembly enacting the social work licensure compact. The study may include consideration of whether the public and the social work community support enactment and whether the North Dakota board of social work examiners has the capacity to participate in the compact. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

SECTION 53. LEGISLATIVE MANAGEMENT STUDY - MEDICAID PROVIDER REIMBURSEMENT ARRANGEMENTS. During the 2023-24 interim, the legislative management shall study the benefits of basing provider reimbursement rates for the Medicaid program in accordance with a provider's performance under established and accepted value-based care metrics. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

SECTION 54. LEGISLATIVE MANAGEMENT STUDY - INTERMEDIATE CARE FACILITY RATE FORMULA. During the 2023-24 interim, the legislative management shall consider studying the payment rates for intermediate care facilities, including options to increase the rates. The study must consider the funded percentage of costs for services including day and small group care, individual employment, in-home supports, respite care, habilitative care, independent habitation, and residential habitation. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

SECTION 55. SUPREME COURT STUDY - WELLNESS COURT - REPORT TO LEGISLATIVE MANAGEMENT. During the 2023-24 interim, the supreme court, in consultation with the department of corrections and rehabilitation, the department of health and human services, and the attorney general, shall study and identify those provisions of the North Dakota Century Code which pertain to drug court and assess whether the term wellness court should be adopted to replace drug court. The supreme court shall report its findings and recommendations, together with any legislation required to implement the statutory change of drug court to wellness court, to the legislative management by June 1, 2024.

Page 13, line 7, replace "19" with "39"

Page 13, line 8, after "2024" insert "; Senate Bill No. 2181, as approved by the sixty-eighth legislative assembly, becomes effective on October 1, 2023; and section 2 of Senate Bill No. 2276, as approved by the sixty-eighth legislative assembly, becomes effective on April 1, 2024"

Page 13, after line 8, insert:

"**SECTION 58. EMERGENCY.** Section 4 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
UND Medical Center						
Total all funds	$0	$0	$3,500,000	$3,500,000	$3,500,000	$0
Less estimated income	0	0	3,500,000	3,500,000	3,500,000	0
General fund	$0	$0	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00
DHHS - Management						
Total all funds	$172,600,480	$265,550,380	$438,091,037	$703,641,417	$702,891,417	$750,000
Less estimated income	92,905,426	186,160,843	200,540,944	386,701,787	385,951,787	750,000
General fund	$79,695,054	$79,389,537	$237,550,093	$316,939,630	$316,939,630	$0
FTE	97.85	113.90	2,151.43	2,265.33	2,265.33	0.00
DHHS - Program/Policy						
Total all funds	$3,793,980,879	$4,617,924,174	($318,753,988)	$4,299,170,186	$4,100,427,740	$198,742,446
Less estimated income	2,499,452,627	2,988,736,618	(220,004,412)	2,768,732,206	2,613,495,737	155,236,469
General fund	$1,294,528,252	$1,629,187,556	($98,749,576)	$1,530,437,980	$1,486,932,003	$43,505,977
FTE	666.17	687.32	(687.32)	0.00	0.00	0.00
DHHS - County Social Services Financing						
Total all funds	$189,917,386	$225,361,586	($27,697,925)	$197,663,661	$193,913,661	$3,750,000
Less estimated income	188,676,995	224,010,514	(26,363,726)	197,646,788	193,896,788	3,750,000
General fund	$1,240,391	$1,351,072	($1,334,199)	$16,873	$16,873	$0
FTE	159.00	164.00	(164.00)	0.00	0.00	0.00
DHHS - Field Services						
Total all funds	$293,597,257	$352,897,223	($244,681,707)	$108,215,516	$107,857,691	$357,825
Less estimated income	114,273,300	95,698,581	(65,721,527)	29,977,054	29,977,054	0
General fund	$179,323,957	$257,198,642	($178,960,180)	$78,238,462	$77,880,637	$357,825
FTE	1,342.31	1,394.11	(1,394.11)	0.00	0.00	0.00
Bill total						
Total all funds	$4,450,096,002	$5,461,733,363	($149,542,583)	$5,312,190,780	$5,108,590,509	$203,600,271
Less estimated income	2,895,308,348	3,494,606,556	(108,048,721)	3,386,557,835	3,226,821,366	159,736,469
General fund	$1,554,787,654	$1,967,126,807	($41,493,862)	$1,925,632,945	$1,881,769,143	$43,863,802
FTE	2,265.33	2,359.33	(94.00)	2,265.33	2,265.33	0.00

Senate Bill No. 2012 - UND Medical Center - Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Clinical integrated network grant			$3,500,000	$3,500,000	$3,500,000	
Total all funds	$0	$0	$3,500,000	$3,500,000	$3,500,000	$0
Less estimated income	0	0	3,500,000	3,500,000	3,500,000	0
General fund	$0	$0	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00

Department 232 - UND Medical Center - Detail of Conference Committee Changes

	Adds Funding for Clinical Integrated Network Grant[1]	Total Conference Committee Changes
Clinical integrated network grant	$3,500,000	$3,500,000
Total all funds	$3,500,000	$3,500,000
Less estimated income	3,500,000	3,500,000
General fund	$0	$0
FTE	0.00	0.00

[1] Funding is added from the community health trust fund to allow the Center for Rural Health to award a grant to a clinical integrated network. The House also added this funding.

Senate Bill No. 2012 - DHHS - Management - Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Salaries and wages	$21,363,556	$24,409,456	($24,409,456)			
Operating expenses	151,161,924	241,065,924	5,750,000	$246,815,924	$246,065,924	$750,000
Capital assets	75,000	75,000		75,000	75,000	
Salary block grant program			456,750,493	456,750,493	456,750,493	
Total all funds	$172,600,480	$265,550,380	$438,091,037	$703,641,417	$702,891,417	$750,000
Less estimated income	92,905,426	186,160,843	200,540,944	386,701,787	385,951,787	750,000
General fund	$79,695,054	$79,389,537	$237,550,093	$316,939,630	$316,939,630	$0
FTE	97.85	113.90	2,151.43	2,265.33	2,265.33	0.00

Department 326 - DHHS - Management - Detail of Conference Committee Changes

	Adjusts Funding for Management[1]	Total Conference Committee Changes
Salaries and wages	($24,409,456)	($24,409,456)
Operating expenses	5,750,000	5,750,000
Capital assets		
Salary block grant program	456,750,493	456,750,493
Total all funds	$438,091,037	$438,091,037
Less estimated income	200,540,944	200,540,944
General fund	$237,550,093	$237,550,093
FTE	2,151.43	2,151.43

[1] Funding is adjusted for management as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program, the same as the House.		($862,063)	($283,496)	($1,145,559)
Transfers health insurance funding to a new FTE position block grant program, the same as the House.		(436,667)	(139,099)	(575,766)
Transfers funding for salaries and wages to a new salary block grant program, the same as the House.	(112.40)	(16,918,521)	(5,622,318)	(22,540,839)
Creates a new departmentwide FTE block grant program, the same as the House.	2,265.33	247,896,527	190,940,966	438,837,493
Provides a salary increase for the FTE block grant program of 6 percent the 1st year and 4 percent the 2nd year of the 2023-25 biennium, the same as the House.		16,629,803	10,869,007	27,498,810
Provides funding for increases in health insurance premiums from $1,429 to $1,643 per month, the same as the House.		5,861,794	4,052,396	9,914,190
Underfunds salaries and wages in anticipation of vacant positions, the same as the House.		(19,500,000)		(19,500,000)
Removes new criminal background check positions added by the Senate. The House also removed these positions.	(1.50)	(120,780)	(26,512)	(147,292)
Reduces operating reductions made by the Senate from $19.9 million to $13.9		6,000,000		6,000,000

million. The House also made this adjustment.				
Total ongoing funding changes	2,151.43	$238,550,093	$199,790,944	$438,341,037
One-time Funding Items				
Removes one-time funding added by the Senate to automate the criminal background check process. The House also removed this funding.		($1,000,000)		($1,000,000)
Adds one-time funding from the community health trust fund for expenses of the health care task force including a health care study.			750,000	750,000
Total one-time funding changes	0.00	($1,000,000)	$750,000	($250,000)
Total changes to base level funding	2,151.43	$237,550,093	$200,540,944	$438,091,037

Senate Bill No. 2012 - DHHS - Program/Policy - Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Salaries and wages	$122,081,310	$141,618,507	($141,618,507)			
Operating expenses	176,078,719	231,801,268	4,017,616	$235,818,884	$228,468,330	$7,350,554
Capital assets	10,000	10,000		10,000	10,000	
Grants	467,144,387	657,651,069	(21,582,133)	636,068,936	634,074,486	1,994,450
Grants - Medical assistance	3,028,666,463	3,584,843,330	(159,570,964)	3,425,272,366	3,235,874,924	189,397,442
Opioid prevention		2,000,000		2,000,000	2,000,000	
Total all funds	$3,793,980,879	$4,617,924,174	($318,753,988)	$4,299,170,186	$4,100,427,740	$198,742,446
Less estimated income	2,499,452,627	2,988,736,618	(220,004,412)	2,768,732,206	2,613,495,737	155,236,469
General fund	$1,294,528,252	$1,629,187,556	($98,749,576)	$1,530,437,980	$1,486,932,003	$43,505,977
FTE	666.17	687.32	(687.32)	0.00	0.00	0.00

Department 328 - DHHS - Program/Policy - Detail of Conference Committee Changes

	Adjusts Funding for Program and Policy[1]	Total Conference Committee Changes
Salaries and wages	($141,618,507)	($141,618,507)
Operating expenses	4,017,616	4,017,616
Capital assets		
Grants	(21,582,133)	(21,582,133)
Grants - Medical assistance	(159,570,964)	(159,570,964)
Opioid prevention		
Total all funds	($318,753,988)	($318,753,988)
Less estimated income	(220,004,412)	(220,004,412)
General fund	($98,749,576)	($98,749,576)
FTE	(687.32)	(687.32)

[1] Funding for program and policy is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program, the same as the House.		($2,661,463)	($3,528,496)	($6,189,959)
Transfers health insurance funding to a new FTE position block grant program, the same as the House.		(1,338,470)	(1,865,110)	(3,203,580)
Transfers salaries and wages funding to a new FTE block grant program, the same as the House.	(675.32)	(52,606,648)	(77,965,332)	(130,571,980)

Reduces funding for provider inflation from 4 percent per year to 3 percent per year except as noted in medical services, long-term care, and developmental disabilities. The House provided 2 percent per year inflationary adjustments.		(10,189,967)	(11,820,510)	(22,010,477)
Economic assistance				
Removes funding added by the Senate to increase the utilization of the child care assistance program for children ages 0 to 3. The House also removed this funding.		(22,000,000)		(22,000,000)
Removes funding added by the Senate to improve the ability of low-income parents to obtain child care, the same as the House.		(12,900,000)		(12,900,000)
Medical Services				
Removes new Medicaid provider strike team positions added by the Senate. The House also removed these positions.	(2.00)	(48,642)	(266,995)	(315,637)
Adjusts inflation for prospective payment system hospital to 0 percent the 1st year and 2 percent the 2nd year of the biennium. The House removed provider inflation for prospective payment system hospitals.		(4,385,331)	(4,133,123)	(8,518,454)
Reduces estimated utilization rates for Medicaid Expansion ($110,753,873) and provides for a realigned rate structure to pay 145 percent of traditional Medicaid costs effective January 1, 2025 ($29,179,602) except for behavioral health providers.		(13,993,347)	(125,940,128)	(139,933,475)
Long-Term Care				
Adds funding for a long-term care value based payment program, the same as the House.		6,000,000	6,000,000	12,000,000
Reduces estimated long-term care utilization rates, the same as the House.		(9,949,900)	(11,220,100)	(21,170,000)
Adds funding to rebase basic care rates. The House also added funding to rebase basic care rates.		3,880,000	2,120,000	6,000,000
Increases basic care daily rate by $5.		4,067,056	1,474,184	5,541,240
Adds funding from the health care trust fund for basic care facility bad debt expense, the same as the House.			500,000	500,000
Provides additional funding to increase basic care inflation to 3.5 percent each year of the 2023-25 biennium.		301,358	141,244	442,602
Aging Services				
Removes new home- and community-based services positions added by the Senate. The House also removed these positions.	(3.00)	(143,912)	(143,912)	(287,824)
Removes a new aging services compliance position added by the Senate.The House also removed this position.	(1.00)	(103,868)	(103,868)	(207,736)
Removes a new aging services lawsuit coordinator position added by the Senate. The House also removed this position.	(1.00)			0

Children and Family Services				
Adds funding for kinship childcare, the same as the House.		460,000		460,000
Behavioral Health				
Removes new community behavioral health positions added by the Senate. The House also removed these positions.	(2.00)	(223,946)		(223,946)
Adjusts funding for the free through recovery program to provide funding directly to DHHS for the program rather than using passthrough funds. The House also made this adjustment.		15,500,000	(15,500,000)	0
Increases school behavioral health grants to provide a total of $9.5 million, the same as the House.		3,000,000		3,000,000
Adds funding from the community health trust fund for the 988 crisis hotline program, the same as the House.			1,867,500	1,867,500
Adds funding from the charitable gaming operating fund for additional gambling disorder services. This will result in a general fund reduction of $500,000.			500,000	500,000
Developmental Disabilities				
Removes a new quality assurance position added by the Senate. The House also removed this position.	(1.00)	(103,868)	(103,868)	(207,736)
Removes a new early intervention position added by the Senate. The House also removed this position.	(1.00)	(86,602)	(86,602)	(173,204)
Adjusts enhanced payment rates for developmental disabilities providers to provide for a $1 per hour increase for workers and 2 percent annual inflation increases. The House had provided 3 percent annual inflation adjustments.		2,664,879	2,971,677	5,636,556
Early Childhood				
Combines the best in class program and the kindergarten readiness program into the research-based 0-4 program, the same as the House.		2,400,000		2,400,000
Removes funding added by the Senate for early childhood career grants, the same as the House.		(2,000,000)		(2,000,000)
Removes a new program administrator position added by the Senate. The House also removed this position.	(1.00)	(236,905)		(236,905)
Adds federal funds spending authority for the child care development fund and the preschool development grant, the same as the House.			21,514,027	21,514,027
Total ongoing funding changes	(687.32)	($94,699,576)	($215,589,412)	($310,288,988)
One-Time Funding Items				

Adds funding for a behavioral health facility grant in the Northwest human service region, the same as the House.		$1,950,000		$1,950,000
Adds funding from the federal state fiscal recovery fund for grants to organizations that provide youth crisis services, the same as the House.			300,000	300,000
Adds funding from the federal state fiscal recovery fund for grants to volunteer-based ecumenical ministry organizations, the same as the House.			285,000	285,000
Adds one-time funding from the community health trust fund ($700,000) and from federal funds ($700,000) for consultant and other costs to implement the cross disability advisory council. The House did not add the federal funding.			1,400,000	1,400,000
Adds one-time funding from the community health trust fund for a study of the basic care payment system. The House and Senate did not include this funding.			600,000	600,000
Workforce Initiative One-Time Funding				
Removes funding added by the Senate for early childhood rating infrastructure. The House also removed this funding.		(3,000,000)		(3,000,000)
Removes funding added by the Senate for quality tiers in the child care reimbursement program. The House also removed this funding.		(3,000,000)		(3,000,000)
Removes funding added from legacy fund earnings to expand public-private child care benefits. The House also removed this funding.			(1,000,000)	(1,000,000)
Removes funding added from legacy fund earnings for child care business operating grants. The House also removed this funding.			(5,000,000)	(5,000,000)
Removes funding added from legacy fund earnings for a pilot program for child care during nontraditional hours. The House also removed this funding.			(1,000,000)	(1,000,000)
Total one-time funding changes	0.00	($4,050,000)	($4,415,000)	($8,465,000)
Total changes to base level funding	(687.32)	($98,749,576)	($220,004,412)	($318,753,988)

Senate Bill No. 2012 - DHHS - County Social Services Financing - Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
County social services	$189,917,386	$225,361,586	($27,697,925)	$197,663,661	$193,913,661	$3,750,000
Total all funds	$189,917,386	$225,361,586	($27,697,925)	$197,663,661	$193,913,661	$3,750,000
Less estimated income	188,676,995	224,010,514	(26,363,726)	197,646,788	193,896,788	3,750,000
General fund	$1,240,391	$1,351,072	($1,334,199)	$16,873	$16,873	$0
FTE	159.00	164.00	(164.00)	0.00	0.00	0.00

Department 333 - DHHS - County Social Services Financing - Detail of Conference Committee Changes

	Adjusts Funding for County Social Services[1]	Total Conference Committee Changes
County social services	($27,697,925)	($27,697,925)
Total all funds	($27,697,925)	($27,697,925)
Less estimated income	(26,363,726)	(26,363,726)
General fund	($1,334,199)	($1,334,199)
FTE	(164.00)	(164.00)

[1] Funding for the county social services program is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program, the same as the House.		($61,440)	($1,486,858)	($1,548,298)
Transfers health insurance funding to a new FTE position block grant program, the same as the House.		(30,807)	(721,687)	(752,494)
Funding is transferred to a new FTE position block grant program. The House also transferred this funding.	(157.00)	(1,241,952)	(27,900,463)	(29,142,415)
Adds funding to provide for 2023-25 biennium human service zone salary increases of 6 percent on July 1, 2023, and 4 percent on July 1, 2024, the same as the House. The Senate provided salary adjustments of 4 percent on July 1, 2023, and July 1, 2024.			2,097,313	2,097,313
Increases funding added by the Senate for human service zone employee salary equity adjustments to provide $3.75 million. The House did not include any equity funding.			2,750,000	2,750,000
Removes new FTE positions added by the Senate for home- and community-based services.	(7.00)		(1,102,031)	(1,102,031)
Total ongoing funding changes	(164.00)	($1,334,199)	($26,363,726)	($27,697,925)

Senate Bill No. 2012 - DHHS - Field Services - Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Human service centers	$163,213,829	$189,374,455	($141,971,373)	$47,403,082	$47,045,257	$357,825
Institutions	130,383,428	163,522,768	(102,710,334)	60,812,434	60,812,434	
Total all funds	$293,597,257	$352,897,223	($244,681,707)	$108,215,516	$107,857,691	$357,825
Less estimated income	114,273,300	95,698,581	(65,721,527)	29,977,054	29,977,054	0
General fund	$179,323,957	$257,198,642	($178,960,180)	$78,238,462	$77,880,637	$357,825
FTE	1,342.31	1,394.11	(1,394.11)	0.00	0.00	0.00

Department 349 - DHHS - Field Services - Detail of Conference Committee Changes

	Adjust Funding for Field Services[1]	Total Conference Committee Changes
Human service centers	($141,971,373)	($141,971,373)
Institutions	(102,710,334)	(102,710,334)
Total all funds	($244,681,707)	($244,681,707)
Less estimated income	(65,721,527)	(65,721,527)
General fund	($178,960,180)	($178,960,180)
FTE	(1,394.11)	(1,394.11)

[1] Funding for field services is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program, the same as the House.		($8,926,423)	($2,830,652)	($11,757,075)
Transfers health insurance increase funding to a new FTE position block grant program, the same as the House.		(4,161,185)	(1,449,231)	(5,610,416)
Transfers salaries and wages to an FTE block grant funding pool, the same as the House.	(1,320.61)	(172,296,141)	(77,619,785)	(249,915,926)
Removes FTE positions added by the Senate for community-based behavioral health. The House also removed these positions.	(28.50)	(950,906)		(950,906)
Removes FTE positions added by the Senate for crisis support services. The House also removed these positions.	(21.00)	(2,813,836)		(2,813,836)
Adjusts provider inflation to provide 3 percent annual adjustments. The Senate provided 4 percent annual adjustment and the House provided 2 percent annual adjustments.		(357,870)		(357,870)
Reduces the number of certified community behavioral health clinics from 3 to 1 and removes new FTE positions added for the clinics. The House also made this adjustment.	(24.00)	(5,711,959)		(5,711,959)
Restores operating reductions made in the executive budget for Human Service Centers ($13,200,000) and the State Hospital ($7,586,281). The House also restored this funding.		20,786,281		20,786,281
Adds funding to provide telehealth psychiatric services in correctional facilities, the same as the House.		1,500,000		1,500,000
Adds ongoing general fund support to replace funding at facilities due to a revenue shortfall, the same as the House.		30,000,000	(30,000,000)	0
Total ongoing funding changes	(1,394.11)	($142,932,039)	($111,899,668)	($254,831,707)
One-Time Funding Items				
Increases funding from the strategic investment and improvements fund for State Hospital design from $5 to $12.5 million, the same as the House.			$7,500,000	$7,500,000
Removes one-time general fund support to replace funding at facilities due to a revenue shortfall. The House also removed this funding.		(36,028,141)	36,028,141	0
Adds funding from the state fiscal recovery fund for a rural law enforcement telehealth program, the same as the House.			2,650,000	2,650,000
Total one-time funding changes	0.00	($36,028,141)	$46,178,141	$10,150,000
Total changes to base level funding	(1,394.11)	($178,960,180)	($65,721,527)	($244,681,707)

Senate Bill No. 2012 - Other Changes - Conference Committee Action

This amendment also:

- Provides a 2021-23 biennium appropriation from the DHHS operating fund for the repayment of funds withheld from unemployment benefits. The House also included an appropriation.
- Authorizes DHHS to adjust the number of authorized full-time equivalent positions subject to the availability of funds. The House also authorized this provision.
- Adjusts the amount of the transfer from the strategic investment and improvements fund to the human service finance fund from $21.6 million to $26.95 million. The House transferred $23.2 million.
- Identifies appropriations from the strategic investment and improvements fund, human service finance fund, community health trust fund, health care trust fund, and the federal State Fiscal Recovery Fund.
- Directs the department to create a parenting resource website. The House also included this provision.
- Directs the department to provide quarterly budget and utilization information.
- Creates a North Dakota legislative health care task force. The House also included this provision.
- Removes the sunset clause on the best in class program. The House also included this provision.
- Adjusts Medicaid language relating to probate proceedings and reimbursement rate information. The House also included this provision.
- Provides for the rebasement of basic care payment rates. The House also included this provision.
- Provides statutory clarification regarding public employee health plan coverage of insulin.
- Adjusts guidelines for the development of certified community behavioral health clinics. The House also adjusted the guidelines.
- Authorizes the carryover of unexpended appropriation to be used for the certified community behavioral health clinics. This will reduce the general fund beginning balance by $4.15 million.
- Adjusts the amount of funding allowed to be continued from the 2021-23 biennium into the 2023-25 biennium.
- Provides for a Legislative Management study of the social work licensure compact. The House also included this study.
- Provides for a Legislative Management study of Medicaid provider reimbursement arrangements. The House also included this study.
- Provides for a Legislative Management study of the intermediate care facility rate formula.
- Adds effective dates for Senate Bill No. 2181 relating to medical assistance for pregnant women and Senate Bill No. 2276 relating to a family caregiver pilot project.

Engrossed SB 2012 was placed on the Seventh order of business on the calendar.

TESTIMONY

SB 2012



SB2012

Senate Appropriations Committee
Senator Brad Bekkedahl, Chairman

HHS Overview | January 16, 2023

NORTH Dakota Be Legendary. | Health & Human Services

Agenda

- HHS integration journey
- HHS Goal: Help ND become the healthiest state in the nation
- The science of well-being
- HHS priorities and action plans
- Overview of HHS 2023-25 budget changes
- Tactics

HHS integration journey

Key phases and activities of our journey toward one **Better Together Department of Health and Human Services** on Sept. 1, 2022.

BETTER TOGETHER
Transforming the Citizen Experience

September – December 2021

DECIDE on a guiding principle for the integration

CORE ACTIVITIES

- Develop a **new process to gain team member input and make decisions** about building a unified approach to health and human services.
- Establish a **guiding principle and goals for the journey** to become one team HHS and to transform the citizen experience.
- Identify several projects that support the guiding principle and goals and **create work teams with representation from DoH and DHS.**

January 2022 – May 2022

DESIGN a new DHHS

CORE ACTIVITIES

- Develop a **new Better Together DHHS team structure** that transitions all current team members into one combined HHS to support transforming the citizen experience.
- Work on **projects across DoH and DHS** that will position us to serve North Dakotans successfully as one unified team.
- Support and engage managers/supervisors and team members with an **enhanced focus on change management and increased communications.**

June 2022 – September 2022

DELIVER a plan to set up DHHS for success

CORE ACTIVITIES

- **Begin to see our unified approach take shape!** Continue to work on projects that will help HHS improve the health and well-being of North Dakotans.
- Begin to create new opportunities to **engage and develop one high-performing HHS team.**
- Begin to implement changes that will maintain **day-to-day operations** for all team members in a new unified HHS.

Guiding our Better Together journey toward One Team HHS

Guiding Principle

North Dakota becomes the healthiest state in the nation by reinforcing the foundations of well-being

Integration Goals	Example Objectives
1. Deliver **one streamlined path** to quality and equitable programs and services	*Simplify the customer journey to HHS programs*
2. Continue to improve **quality, effective and efficient** health and human services	*Improve timeliness and access to services*
3. Create **career growth and development opportunities** for team members and build a new **one-team** culture	*Define an agreed-upon culture; create the foundation for a workplace that honors autonomy and empowers individuals to contribute*

Team member participation and engagement were key priorities and central to the process



Culture surveys and focus groups

Team members defined a shared HHS culture.

WORKSTREAM WEDNESDAY

Workstream Wednesday interactive forums

Team members provided input toward workstream projects.



Team member communications

- Town halls
- Email updates
- Better Together podcasts
- Frequently asked questions



Day 1 HHS Quick Start Guide

Resource for team members to help them understand how the integration will impact day-to-day job functions.

Our approach to designing the future HHS organizational structure



- ✓ **Every team member will have a role**
- ✓ **Transform health and human services for North Dakotans**
- ✓ **Follow our guiding principle to become the healthiest state in the nation by reinforcing the foundations of well-being**

BETTER TOGETHER

Transforming the Citizen Experience

North Dakota Department of Health & Human Services

Core Functions of the SHO

1. Governor's Cabinet Member
2. Lead Tribal Health Engagement
3. Health Liaison to the Legislature
4. External Stakeholder Engagement
5. Advisor to specific DHHS focus areas, including:
   a. Community Engagement
   b. Health Care Workforce Development
   c. Emergency Preparedness & Response
6. Developer of Wellness Strategies for North Dakota

Core Functions of the DC

1. **Day-to-Day Operations**
   a. Constituent Services/Appeals Review
   b. Facilities Planning/Operations Management
   c. Criminal Background Check Services
   d. Document Management
   e. Contact Center Operations Coordination
   f. Refugee Support Services
   g. DD Council
2. **Transformation Centers**
   a. Portfolio and Project Management
   b. Process Improvement & Quality Management
   c. Change Management
   d. Customer Experience Management
   e. IT and Data Governance

Governor's Office
Doug Burgum

State Health Officer
Dr. Nizar Wehbi

DHHS Commissioner
Chris Jones

Deputy Commissioner
Sara Stolt

Executive Director Public Health
Dirk Wilke

- Disease Control and Forensic Pathology
- Healthy & Safe Communities
- Health Response and Licensure
- Laboratory Services
- Health Statistics and Performance

Executive Director Medical Services
Krista Fremming, Interim

- Medicaid

Executive Director Behavioral Health
Pamela Sagness

- Human Service Centers
- State Hospital
- Behavioral Health Policy

Executive Director Human Services
Jessica Thomasson

- Disability Determination Srvc
- Human Service Zone Operations
- Economic Asst
- Vocational Rehabilitation
- Children & Family Services
- Child Support
- Early Childhood
- Life Skills and Transition Center
- Aging Services
- Developmental Disabilities

Chief Financial Officer
Arnold Strebe

- Assistant CFOs for each Division
- Budget Management
- Audit Management
- Procurement and Contracts
- Logistics Management
- Performance and Data Management
- Supply Chain Operations

Chief Human Resources Officer
Marcie Wuitschick

- HR Business Partners for each Division
- Operations and Digital
- Talent Acquisition
- Talent Management and Development
- Total Rewards
- Risk Management/ Employee Health
- Safety/Disaster Preparedness

Chief Communications Officer
Lynn Bargmann

- Communications Managers for each Division
- Internal Communications
- External Communications
- Marketing, Outreach, and Education
- Multi-Media Support

Chief Legal Officer
Jon Alm

- Legal Advisory
- Attorney General Office Coordination regarding the Public Health Division and Litigation

Day 1 and **the Road Ahead**

Key milestones in our journey toward one **Better Together Health and Human Services** on Sept. 1, 2022, and our priorities for the road ahead

Sept. 2021 – Sept. 1, 2022

KEY MILESTONES ACCOMPLISHED

- Identified 18 **program integration opportunities** to improve the delivery of programs and services for North Dakotans.
- Identified more than **50 workstream projects across six workstreams** that will be accomplished as part of the integration.
- Designed a new **organizational structure** for HHS.
- Developed a **new, unified HHS website.**
- Established consistent **branding guidance.**
- Reviewed and **aligned all HR policies.**
- Implemented **New Workplace guidance.**
- Launched **new team member intranet.**

Sept. 1, 2022, and beyond

KEY PRIORITIES TO COME DOWN THE ROAD

- **Begin to see our unified approach take shape!** Continue to work on projects that will help HHS improve the health and well-being of North Dakotans **through September 2022 and BEYOND.**
- Begin to create new opportunities to **engage and develop one high-performing HHS team.**
- Begin to implement changes that will support **day-to-day operations** for all team members in a new unified HHS.

Make ND the Healthiest State in the nation by reinforcing the foundations of well-being



Physical Health



Behavioral Health



Economic Health

NORTH Dakota Be Legendary. | Health & Human Services

HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the **FOUNDATIONS** of well-being

- Economic Health
- Behavioral Health
- Physical Health

Ensure everyone has the opportunity to realize their **POTENTIAL**

- Strong, Stable Families
- Services Closer to Home
- Early Childhood Experiences

- Efficiency Through Redesign
- High-Performing Team

Give everyone the **OPPORTUNITY** to decide to:

- Be Healthy
- Be Active
- Find & Prevent Disease Early

NORTH Dakota Be Legendary. | Health & Human Services



The science of well-being

Investing in North Dakotans to create the healthiest state and deliver taxpayer value

NORTH Dakota Be Legendary. | Health & Human Services

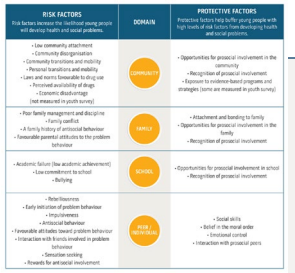
The science



Socioecological Model



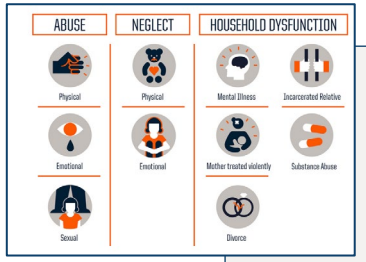
Social Determinants of Health



Risk/Protection Factors



Resilience



Adverse Childhood Experiences (ACEs)

NORTH Dakota | Health & Human Services
Be Legendary.

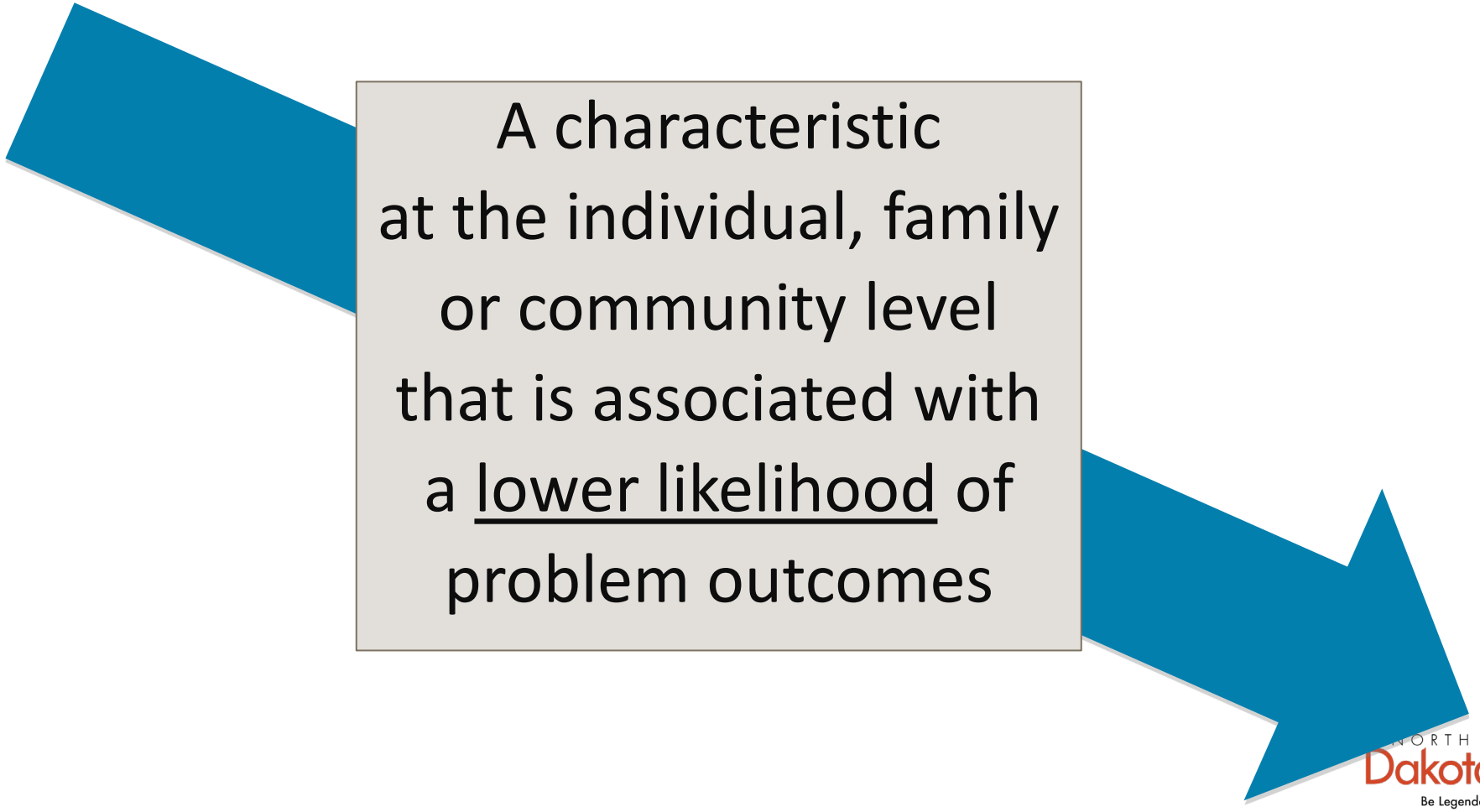
Multiple levels of influence surround each of us.



Risk factors

A characteristic at the biological, psychological, family, community or cultural level that precedes and is associated with a higher likelihood of problem outcomes

Protective factors

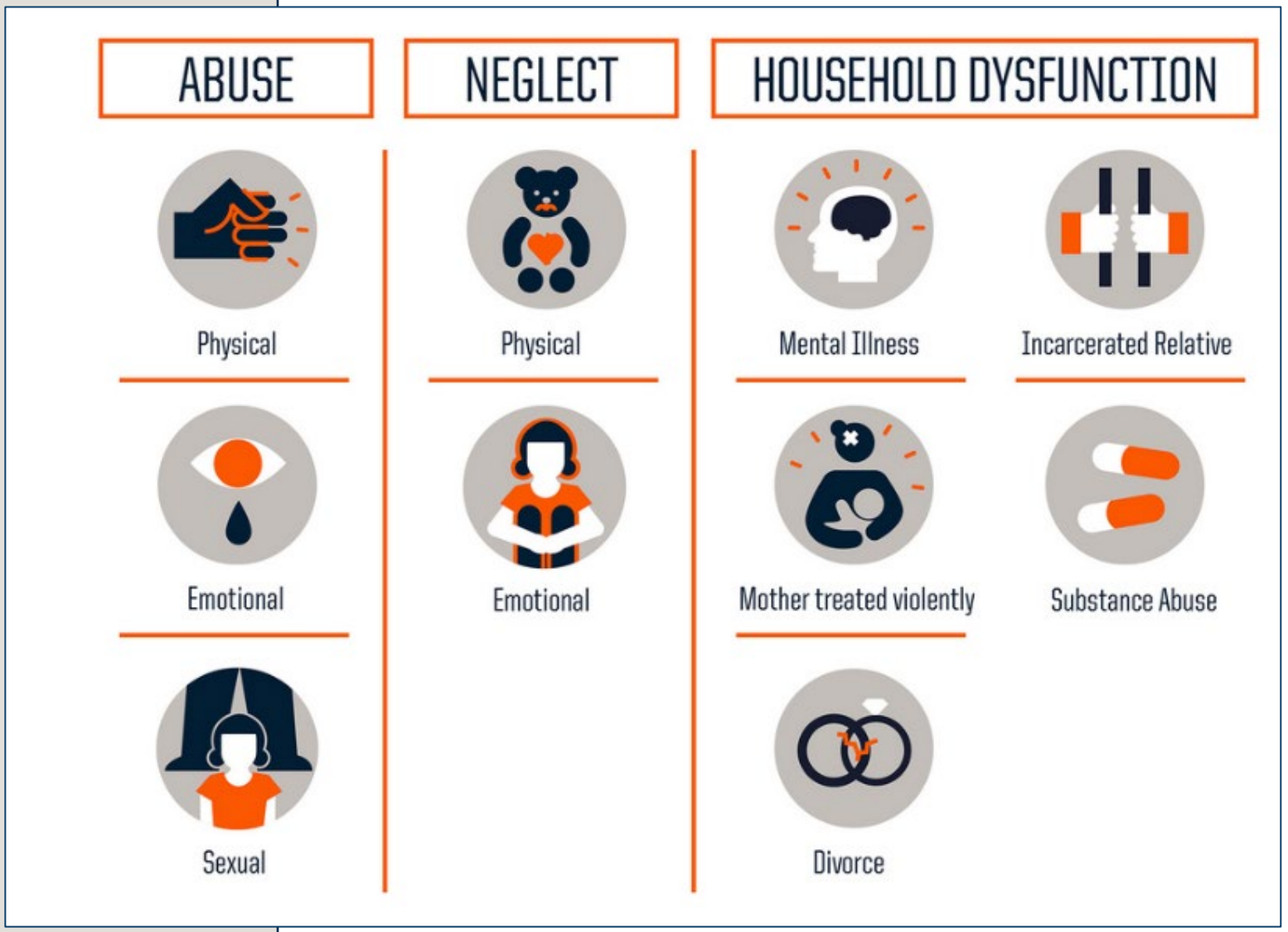


Risk and protective factors impacting healthy development of children and adolescents.

RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN	PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
• Low community attachment • Community disorganisation • Community transitions and mobility • Personal transitions and mobility • Laws and norms favourable to drug use • Perceived availability of drugs • Economic disadvantage (not measured in youth survey)	COMMUNITY	• Opportunities for prosocial involvement in the community • Recognition of prosocial involvement • Exposure to evidence-based programs and strategies (some are measured in youth survey)
• Poor family management and discipline • Family conflict • A family history of antisocial behaviour • Favourable parental attitudes to the problem behaviour	FAMILY	• Attachment and bonding to family • Opportunities for prosocial involvement in the family • Recognition of prosocial involvement
• Academic failure (low academic achievement) • Low commitment to school • Bullying	SCHOOL	• Opportunities for prosocial involvement in school • Recognition of prosocial involvement
• Rebelliousness • Early initiation of problem behaviour • Impulsiveness • Antisocial behaviour • Favourable attitudes toward problem behaviour • Interaction with friends involved in problem behaviour • Sensation seeking • Rewards for antisocial involvement	PEER / INDIVIDUAL	• Social skills • Belief in the moral order • Emotional control • Interaction with prosocial peers

Source: Communities That Care

TYPE OF ACES (ADVERSE CHILDHOOD EXPERIENCES)



Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation

Social determinants of health

The social determinants of health are the conditions in which we are born, grow and age, and in which we live and work.

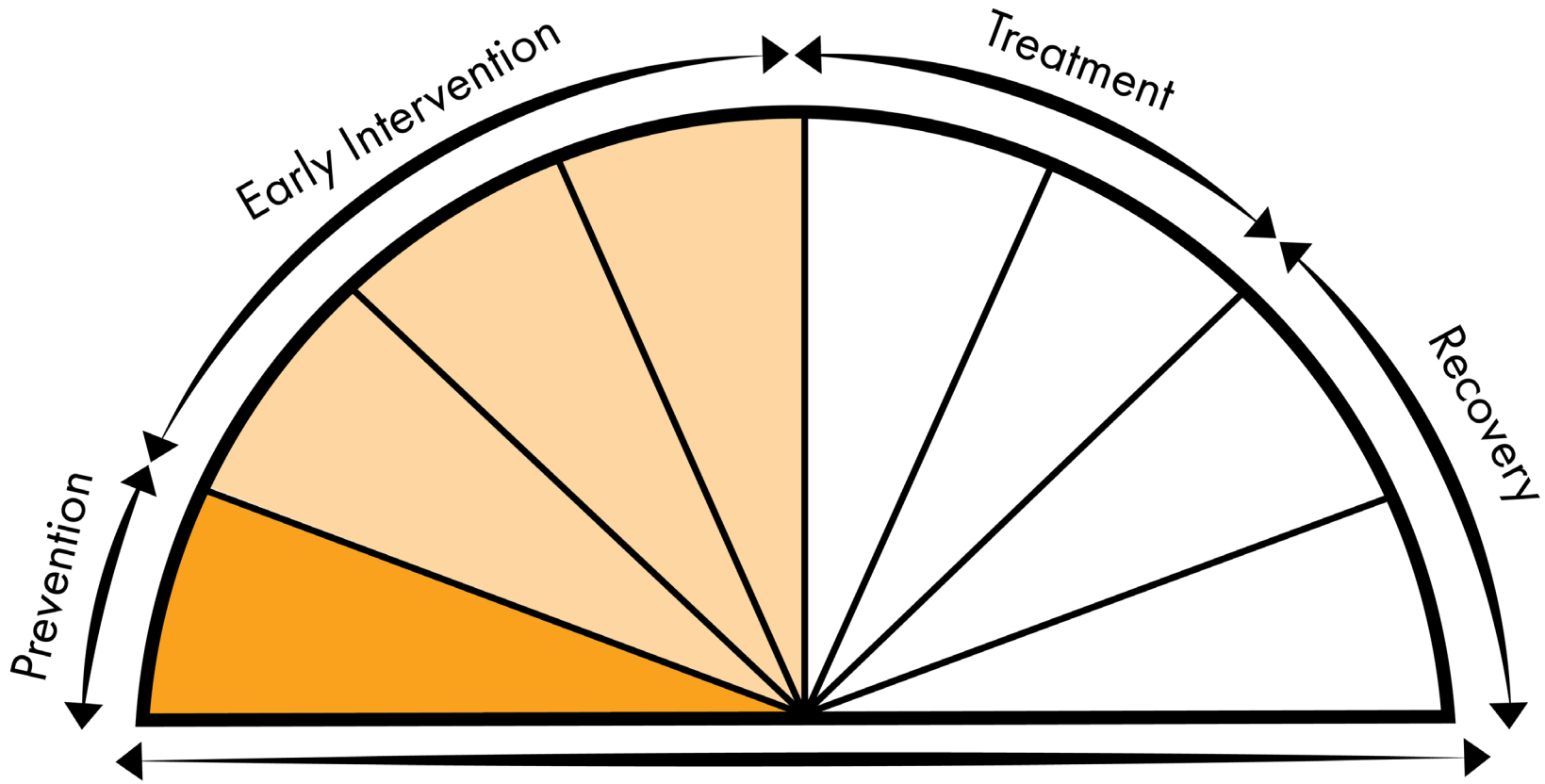


NORTH Dakota Be Legendary. | Health & Human Services

PROTECTIVE FACTORS BUILD RESILIENCE



Services and support occur along a continuum



Institute of Medicine Continuum of Care

Reinforce the foundations of well-being



Physical Health



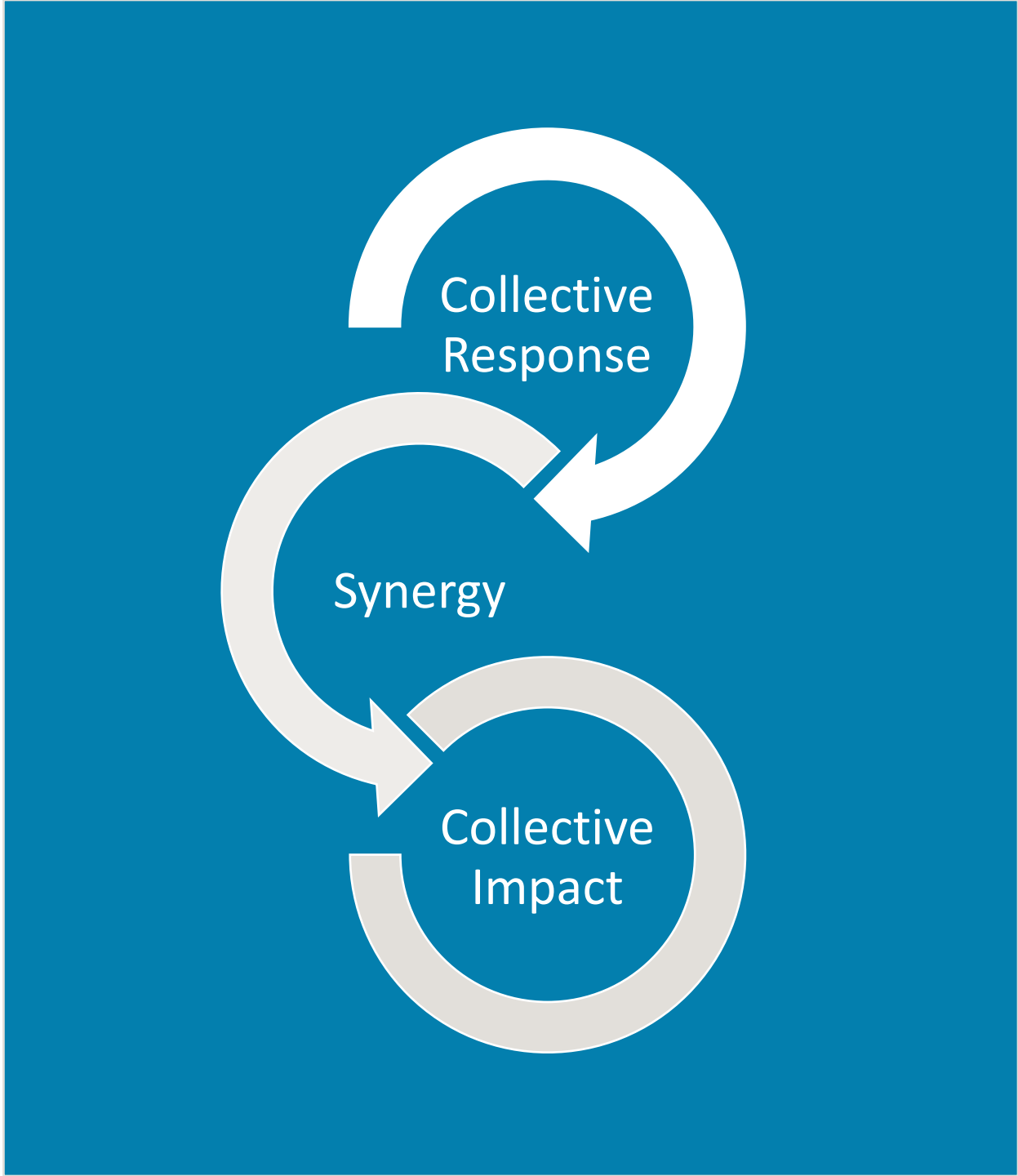
Behavioral Health



Economic Health

NORTH Dakota Be Legendary. | Health & Human Services

By focusing on **shared** risk factors or **shared** protective factors, we benefit from a collective response.



HHS priorities and action plans

Investing in North Dakotans to create the healthiest state and deliver taxpayer value



NORTH Dakota | Health & Human Services
Be Legendary.

HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the **FOUNDATIONS** of well-being

- Economic Health
- Behavioral Health
- Physical Health

Ensure everyone has the opportunity to realize their **POTENTIAL**

- Strong, Stable Families
- Services Closer to Home
- Early Childhood Experiences
- Efficiency Through Redesign
- High-Performing Team

Give everyone the **OPPORTUNITY** to decide to:

- Be Healthy
- Be Active
- Find & Prevent Disease Early

NORTH Dakota Be Legendary. | Health & Human Services

HHS Action Plan

1

Forward Progress on Key Initiatives

- Behavioral Health Implementation
- Transformation of Home and Community Based Services
- Behavioral, Physical and Economic Health

2

Evolving How We Do Our Work

- DHHS Integration
- Social Service Redesign

3

New Investment Focus 2023-2025

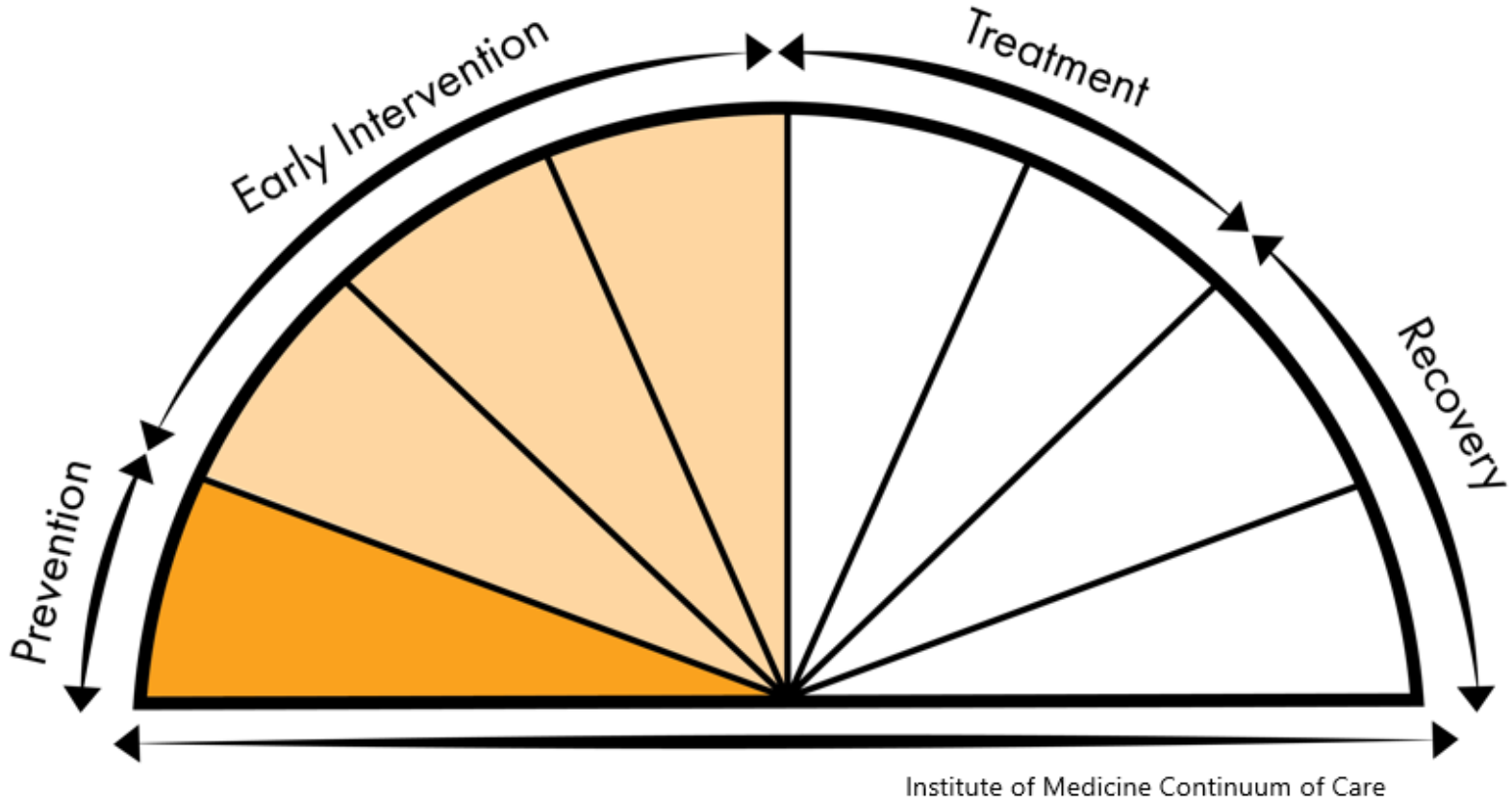
- Kids' Health, Safety and Wellbeing
- Lab Infrastructure Development
- Treatment Environment at State Hospital
- Emergency Preparedness and Response

NORTH Dakota Be Legendary. | Health & Human Services

Forward progress on key initiatives

Forward Progress

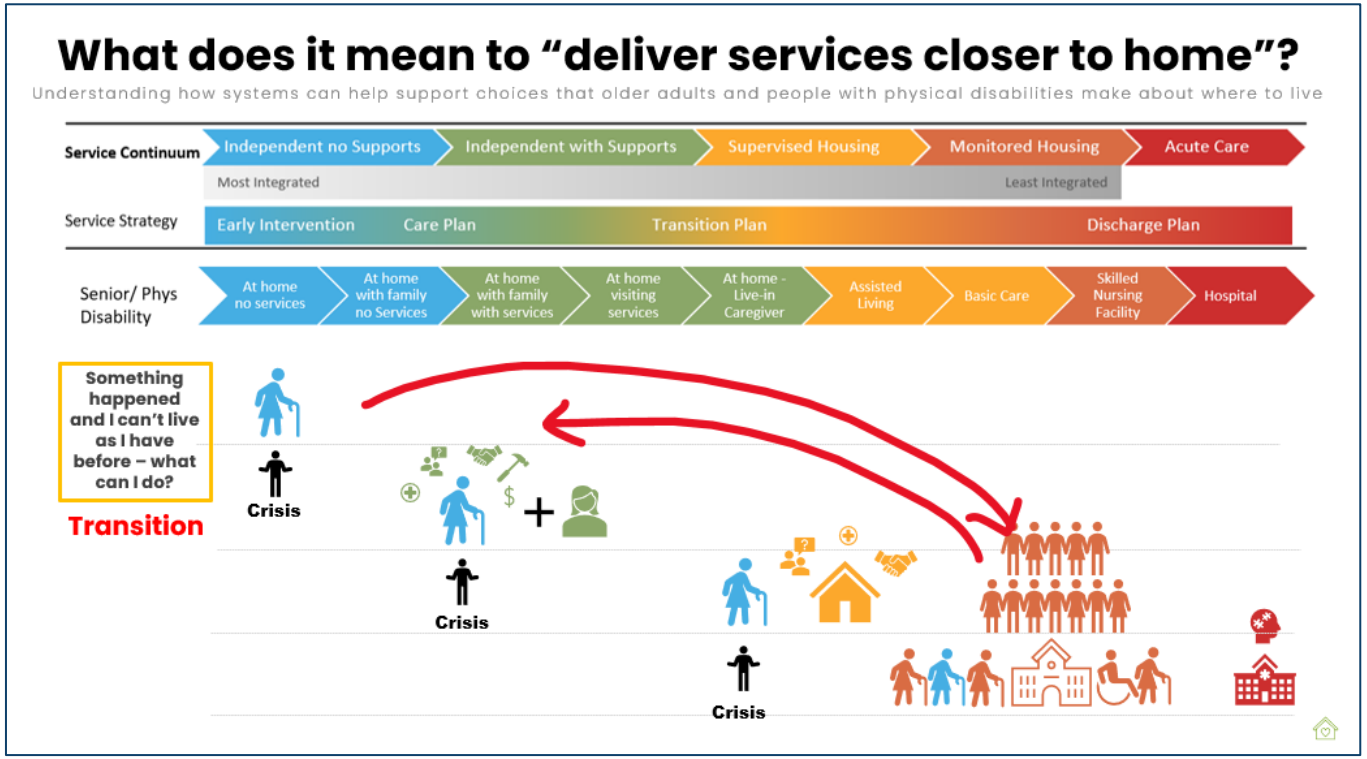
- Expansion of Free Through Recovery to Community Connect
- Mobile Crisis Services
- Suicide Hotline / 988
- Peer Support
- 1915(i)
- Stigma



Forward progress on key initiatives

Forward Progress

- Staff who can coordinate, navigate and connect people to resources they need
- Housing alternatives
  - Assistive technology and modified environments
- Upskilling direct care professionals re: behavioral health
- Support for transitions and diversions



NORTH Dakota | Health & Human Services
Be Legendary.

Forward progress on key initiatives

Forward Progress

- Child care affordability
- Housing stability resources
- Employment coaching
- Resources for kin caregivers
- Schools and behavioral health
- SUD Voucher and access to treatment options
- Postpartum benefits
- Addressing the benefit cliff



Childhood Experience



Housing



Education



Social Support



Family Income



Employment



Our Communities



Access to Health Services

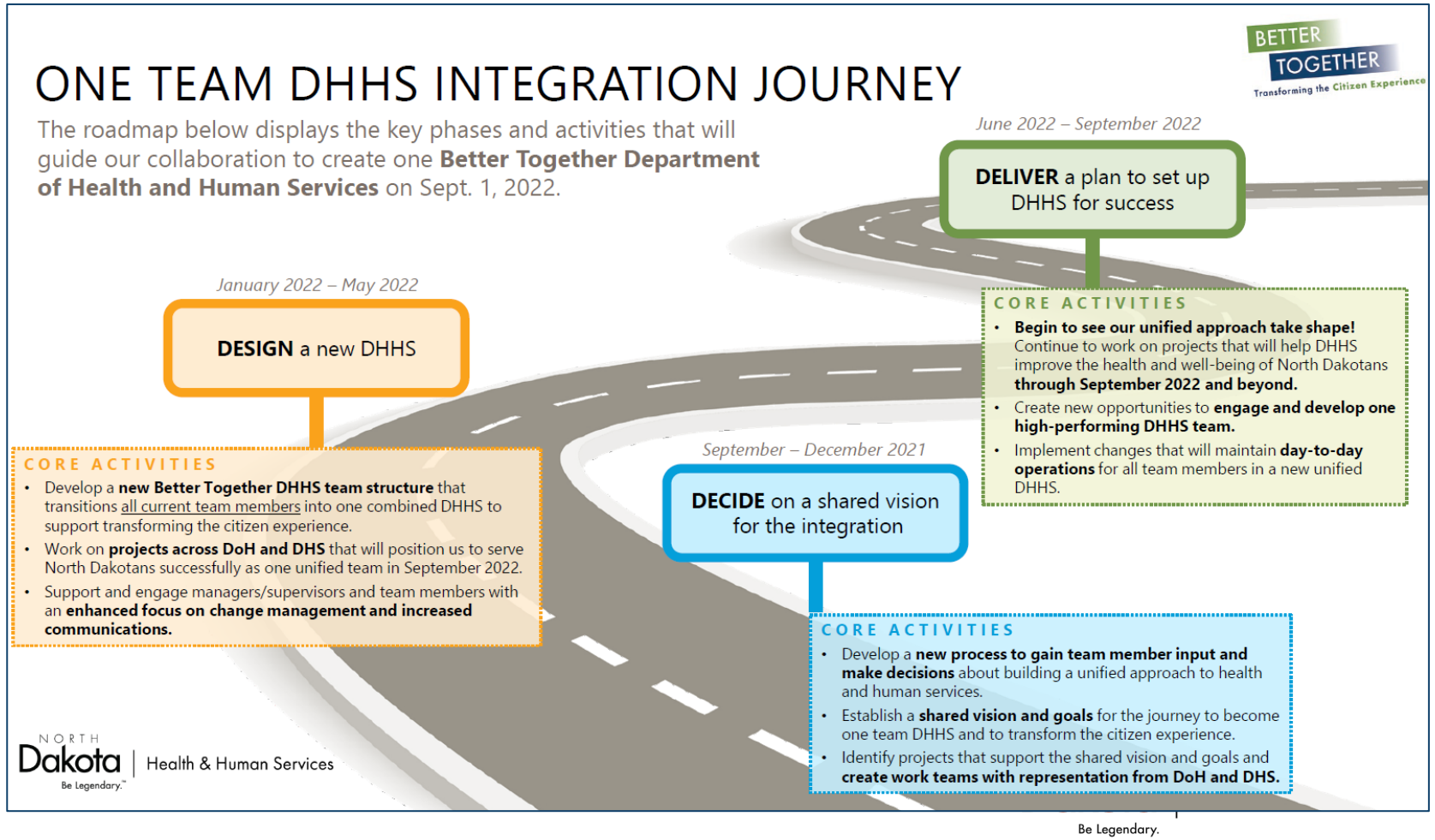
NORTH Dakota Be Legendary. | Health & Human Services

Evolving how we do our work

HHS integration

Evolving

- Unified shared services for contracting and budgeting, website, communications and human resources
- Optimize Medicaid as funding source for DHHS vision
- Improved licensing and certification experience

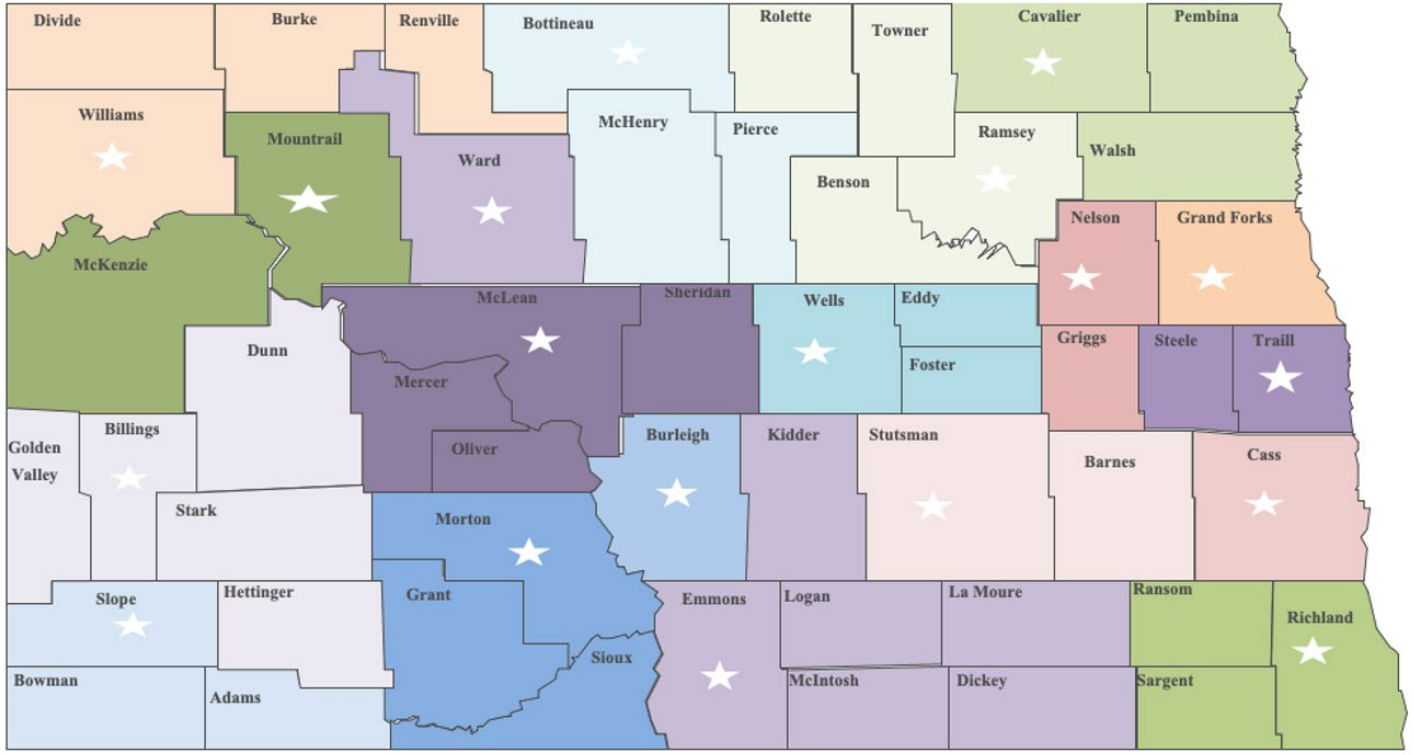


Evolving how we do our work

Social service redesign

Evolving

- Legislative studies related to equity, indirect rates and organization
- Redesign of economic assistance eligibility processing
- Final phases of child welfare systems redesign



NORTH Dakota Be Legendary. | Health & Human Services

New investment focus 2023-25

Kids' health, safety and well-being

New Investment

- Deliver Child Care assistance to more working families
- Expand Best in Class to more communities
- Develop coaching for families through times of crisis
- Focus on childhood obesity
- Medicaid coverage for postpartum care extension from 60 to 365 days
- Crisis Stabilization services available without family separation
- Support family and friends who can offer kids a stable home



New investment focus 2023-25

Laboratory infrastructure development

New Investment

1

Initial Funding

Received a $15M appropriation from the legislature

2

Planning Committee

Governor's Office, DoH, DHS, and DEQ engaged a consultant "Zerr Berg Architects" to provide various options (June 2022)

3

Recommendation

After selecting the best option, a budget request will be submitted by DHHS

State-of-the-art lab to serve North Dakota for the next **50** years!



Regional | Ready | Responsive ces

Strategic focus 2023-25

Treatment environment at the State Hospital

New Investment

- New treatment campus to deliver specialized behavioral health services
- Develop specialized unit to deliver services to individuals from prison and jail settings (forensics)
- Create short-term crisis stabilization, assessment and specialized mobile supports for adolescents with complex needs



Acute/ Sub-Acute Inpatient	Specialized Inpatient	Specialized Residential	Outpatient
• Jamestown and Devils Lake Regions • Jail Settings • Hospital transfers	• Psychiatric rehabilitation • Forensic assessment • Restoration treatment	• SUD treatment • Sex offender treatment • Transitional living	• SUD day treatment • Adult forensic assessment • Youth forensic assessment • Restoration treatment

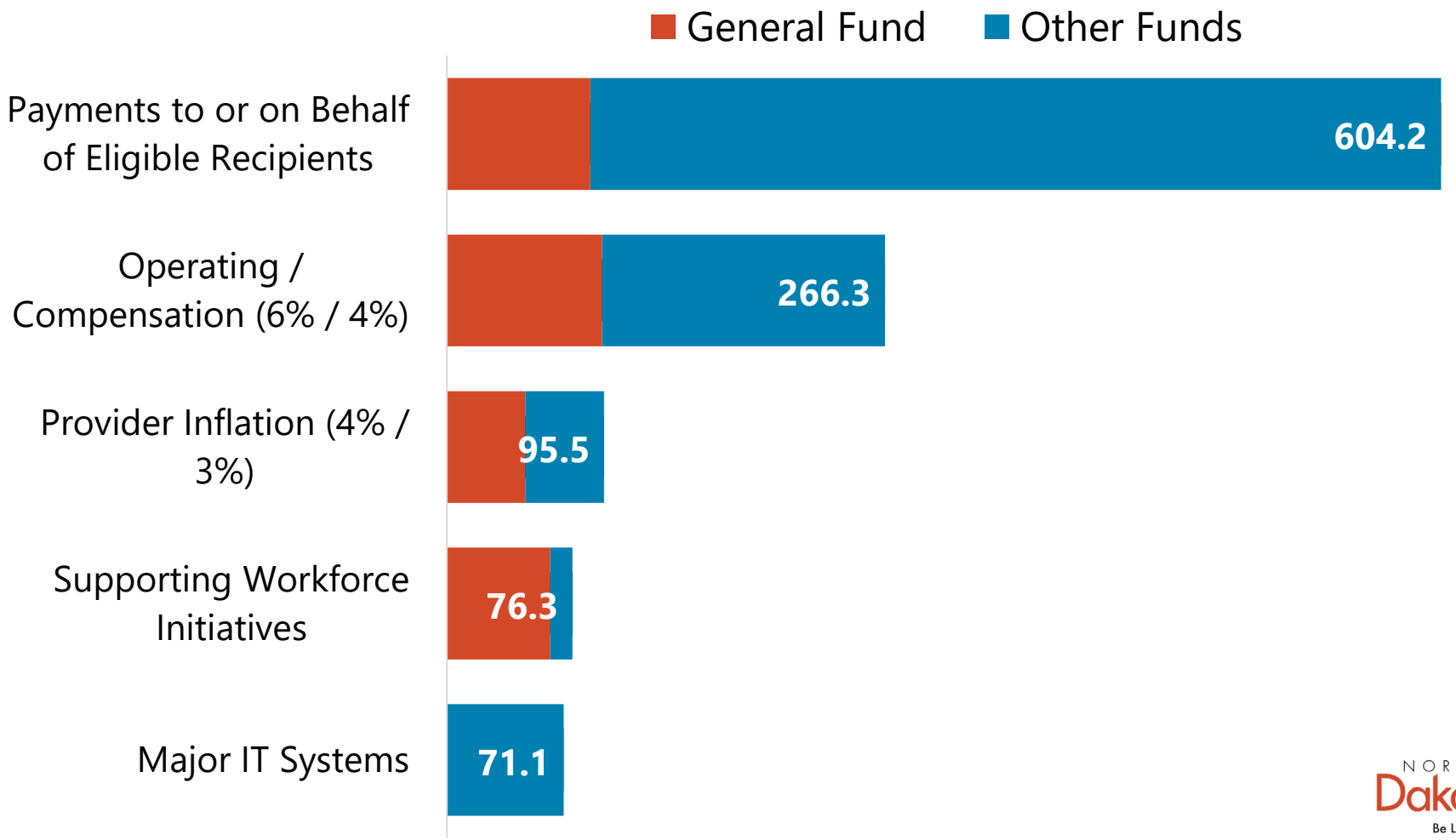
Overview of HHS 2023-2025 budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 442,536,412	$ 82,834,795	$ 525,371,207
Operating	272,225,097	119,134,588	391,359,685
IT Services	153,398,090	101,051,275	254,449,365
Capital Asset Expense	2,247,075	55,852,557	58,099,632
Capital Assets	1,913,748	10,225,984	12,139,732
Grants	3,747,425,766	803,872,182	4,551,297,948
Total	$ 4,619,746,188	$ 1,172,971,381	$ 5,792,717,569

General Fund	**$ 1,593,362,812**	**$ 442,101,510**	**$ 2,035,464,322**
Federal Funds	**2,639,466,955**	**692,669,786**	**3,332,136,741**
Other Funds	**386,916,421**	**38,200,085**	**425,116,506**
Total Funds	**$ 4,619,746,188**	**$ 1,172,971,381**	**$ 5,792,717,569**

Full Time Equivalent (FTE)	2,476	86	2,562

Overview of budget changes (IN MILLIONS)



NORTH Dakota Be Legendary. | Health & Human Services



Tactics

Investing in North Dakotans to create the healthiest state and deliver taxpayer value

NORTH Dakota Be Legendary. | Health & Human Services

Opportunities and challenges

What will it take for HHS to meet the moment?

Talent

- Managing immense and **continual change**
- Workforce shortage and **talent war** with private sector for key roles:
  - Behavioral health clinicians
  - Child safety and protection case managers
  - Direct support caregivers
  - Nurses
- Our partnership with private partners for **service delivery** = their challenges are our challenges

Systems

- **Mainframe** environment
- **Data analysis** and **data modernization**
- **Re-design delivery of services** in eligibility determination, case management, provider enrollment
- **Integrate** behavioral health policy and service delivery
- OCR and Bots as **automation tools**
- Update **state lab**
- Phase 2 of **HHS integration effort**

Budget

- **Rates tied to quality** and complexity of care
- **Re-balancing investment** from institutional to non-institutional settings
- Address immediate / acute / urgent needs **without sacrificing investments** in approaches that can prevent crisis
- **Right sizing staff** to meet demand
- **Efficient operations / efficient team**

Policy

- FORWARD PROGRESS: Invest energy, talent and resources in **ongoing strategic initiatives**
- STRATEGIC PRIORITY: **Kids' health,** safety and wellbeing, and childhood obesity
- STRATEGIC PRIORITY: Update **state lab**
- STRATEGIC PRIORITY: Treatment environment at the **State Hospital**

Takeaways heading into legislative session



- As a unified DHHS, we'll help **ND become the healthiest state in the nation.**
- **A strategic investment in North Dakotans** is an investment in the foundations of well-being: physical, behavioral and economic health.
- **To achieve excellence,** we need human, system and physical infrastructure investment.

NORTH Dakota Be Legendary. | Health & Human Services



Contact information

Chris Jones

HHS Commissioner
cdjones@nd.gov

Dr. Nizar Wehbi

ND State Health Officer
nwehbi@nd.gov

www.hhs@nd.gov

NORTH Dakota Be Legendary. | Health & Human Services



Senate Bill 2012

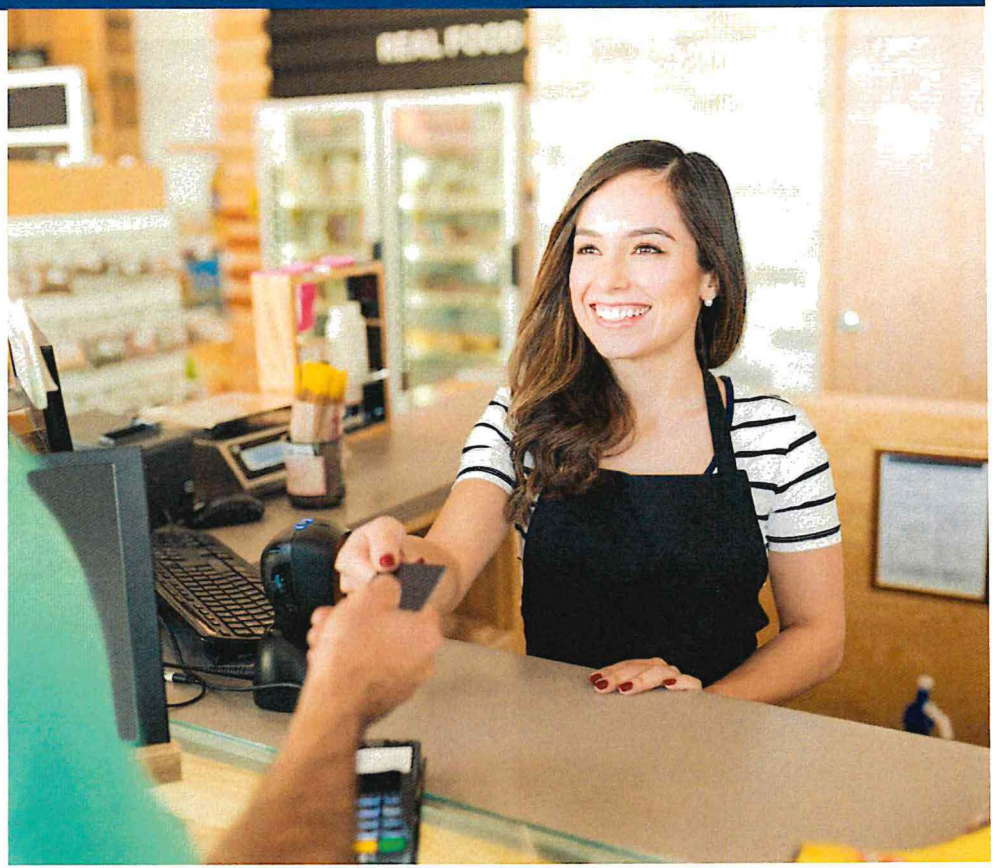
Senate Appropriations Committee
Senator Brad Bekkedahl, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Supporting Working Families | Strengthening Our Workforce
An Overview of the ND Child Care Proposal

Why think about Child Care as a Workforce Solution?

- ✓ North Dakota has more job openings than people to fill them.
- ✓ 47% of ND job openings pay an average starting wage of less than $25/hour.
- ✓ To thrive communities need workers who want to work in both high-skill-required and low-skill-required jobs.
- ✓ The economic realities of child-rearing affect household decisions about employment.
- ✓ There are 45,000 ND households who have children younger than age 5.
- ✓ 3 of every 4 children households with children younger than age 5 have all parents in the workforce.

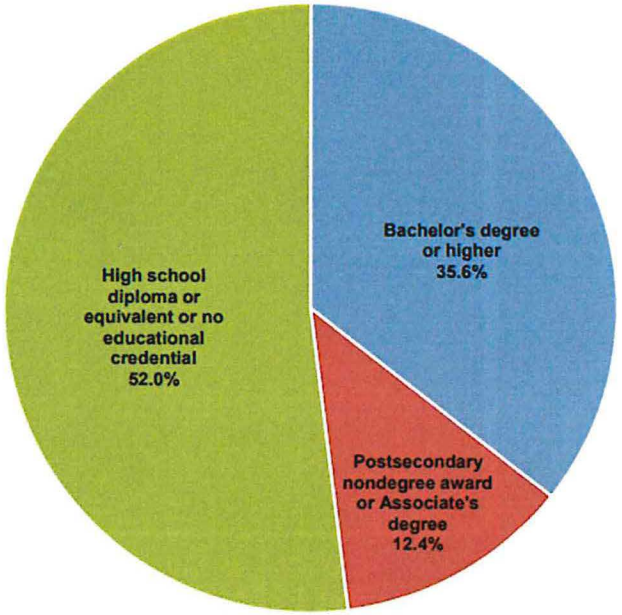


In-demand occupations that require specialized training or education are found in many different sectors of the economy



Distribution of Job openings by typical entry level education

December 2022 Job Openings Report



DEC 2022
TOTAL
16,133
DOC OR PROF
324
MASTER'S
372
BACHELOR'S
5,037
ASSOCIATE'S
634
POSTSEC AWARD
1,362
HIGH SCHOOL
5,209
NO EDU CRED
3,166
UNASSIGNED
29

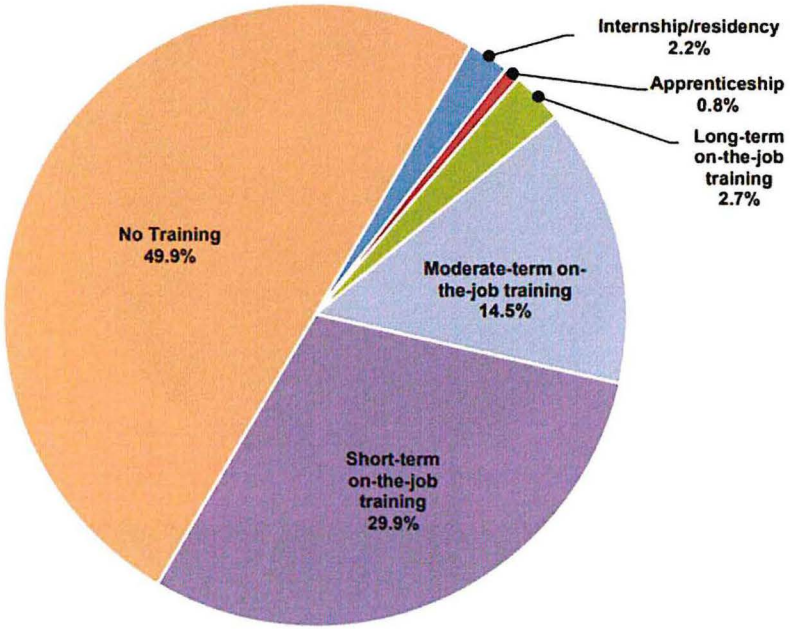
[Unassigned openings excluded from pie chart calculations]

Source: Labor Market Information Center | Job Service ND
https://www.ndlmi.com/admin/gsipub/htmlarea/uploads/lmi_ojornd.pdf

NORTH Dakota Be Legendary. | Health & Human Services

Distribution of Job Openings by Typical Training

December 2022 Job Openings Report



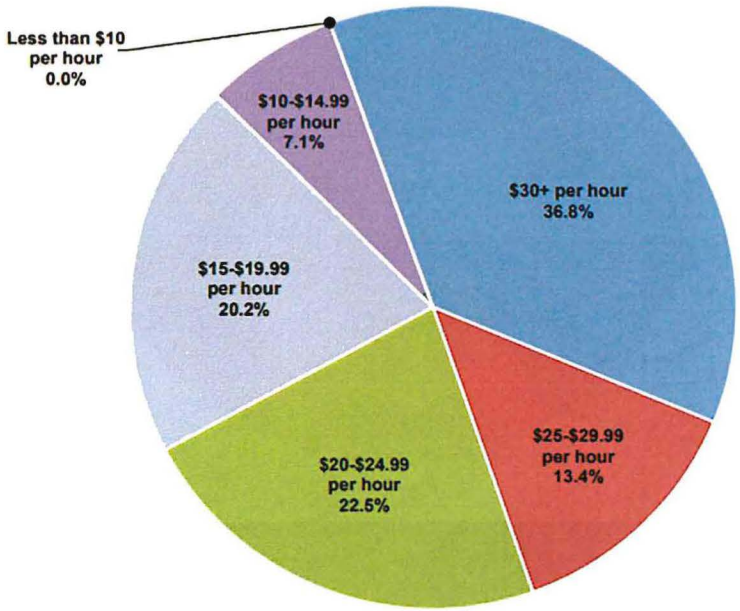
DEC 2022
TOTAL
16,133
INTERN/RES
351
APPRENTICESHIP
128
LT OJT
435
MT OJT
2,336
ST OJT
4,815
NO TRAINING
8,039
UNASSIGNED
29

[Unassigned openings excluded from pie chart calculations]

Source: Labor Market Information Center | Job Service ND
https://www.ndlmi.com/admin/gsipub/htmlarea/uploads/lmi_ojornd.pdf

Distribution of Job Openings by Typical Average Wage

December 2022 Job Openings Report



DEC 2022
TOTAL
16,133
$30+
5,892
$25.00-$29.99
2,138
$20.00-$24.99
3,602
$15.00-$19.99
3,231
$10.00-$14.99
1,131
LESS THAN $10
2
UNASSIGNED
137

[Unassigned openings excluded from pie chart calculations]

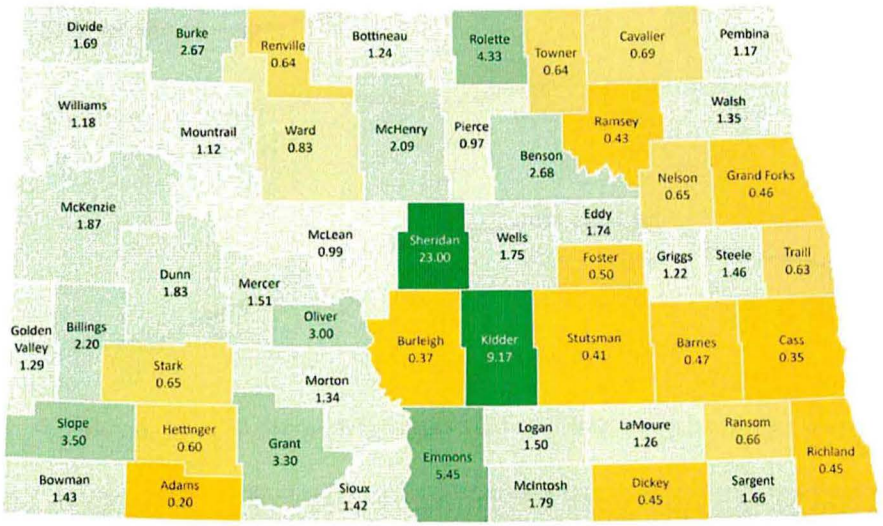
Source: Labor Market Information Center | Job Service ND
https://www.ndlmi.com/admin/gsipub/htmlarea/uploads/lmi_ojornd.pdf

NORTH Dakota | Health & Human Services
Be Legendary.

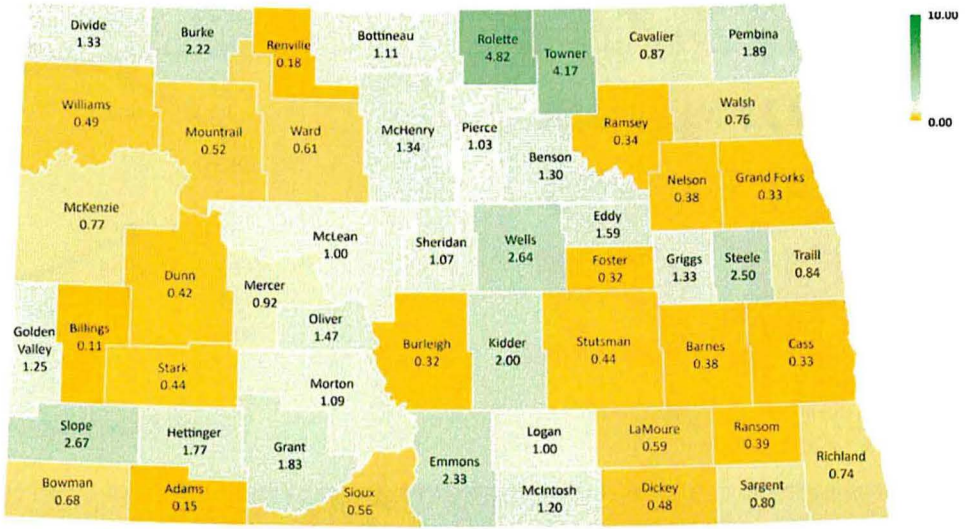
Many ND communities are experiencing greater workforce shortages in 2022 than 2021

December 2022 Online Job Openings report | ND LMI Center

UNEMPLOYED PER JOB OPENING BY COUNTY



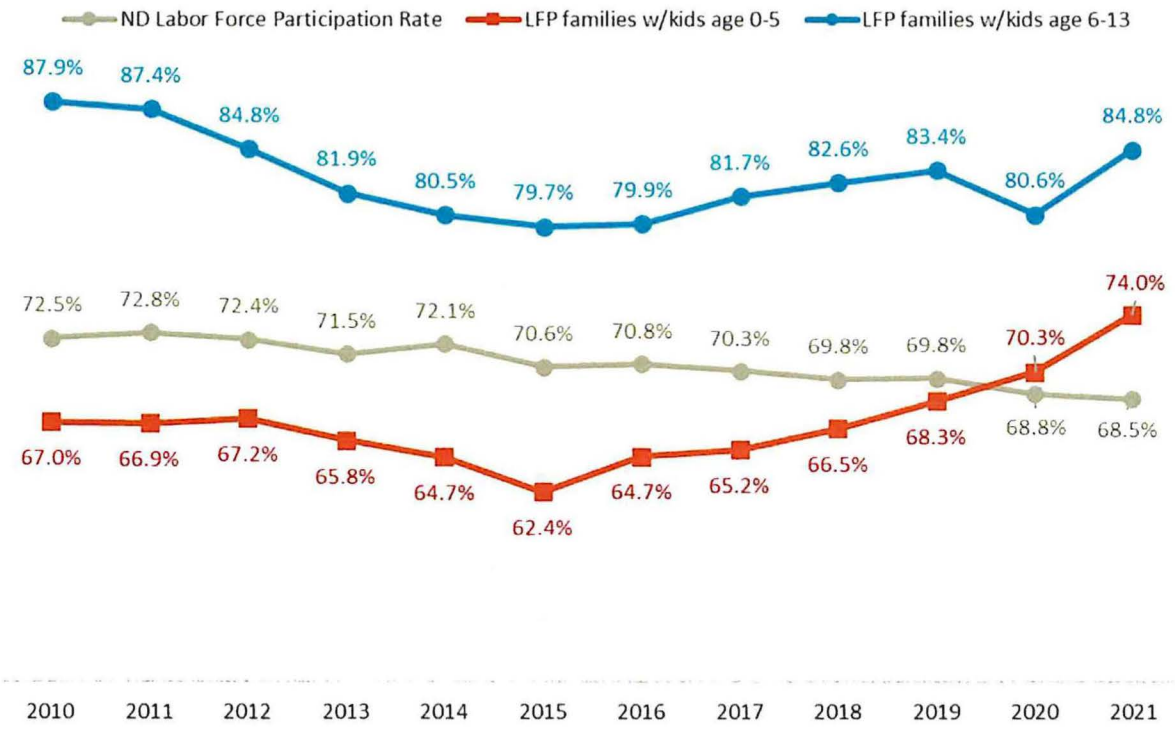
UNEMPLOYED PER JOB OPENING BY COUNTY [NOV 2022]



Source: Labor Market Information Center | Job Service ND
https://www.ndlmi.com/admin/gsipub/htmlarea/uploads/lmi_ojornd.pdf

NORTH Dakota | Health & Human Services
Be Legendary.

The percent of ND children ages 0-5 who have all available parents in the labor force has been steadily increasing since 2010



Source: ND Kids Count | US Census American Community Survey | Bureau of Labor Statistics

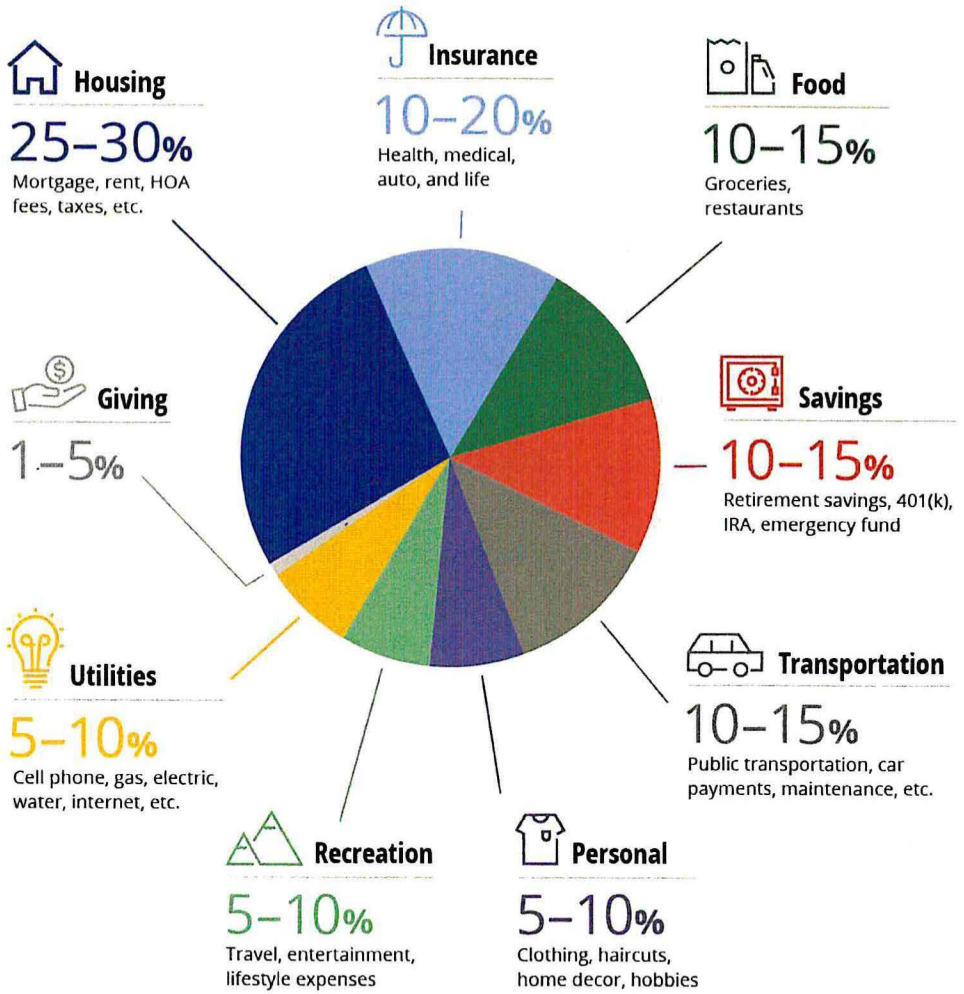
73%

Parents in workforce

73% of the 44,237 North Dakota households who have children younger than age 5 likely have at least some need for child care as all available parents are in the workforce

What does someone think about when they are looking for a job?

Interest
Aptitude
Purpose
Opportunity
Location
Income



NOTE

What's missing from this picture?



Child Care

Housing
25–30%
Mortgage, rent, HOA fees, taxes, etc.

Insurance
10–20%
Health, medical, auto, and life

Food
10–15%
Groceries, restaurants

Giving
1–5%

Savings
10–15%
Retirement savings, 401(k), IRA, emergency fund

Utilities
Cell phone, gas, electric, water, internet, etc.

Transportation
10–15%
Public transportation, car payments, maintenance, etc.

To be affordable Child Care should represent no more than 7% of a household budget

For many families with young children, child care costs are **15-40%** of their gross household income

Recreation
5–10%
Travel, entertainment, lifestyle expenses

Personal
5–10%
Clothing, haircuts, home decor, hobbies

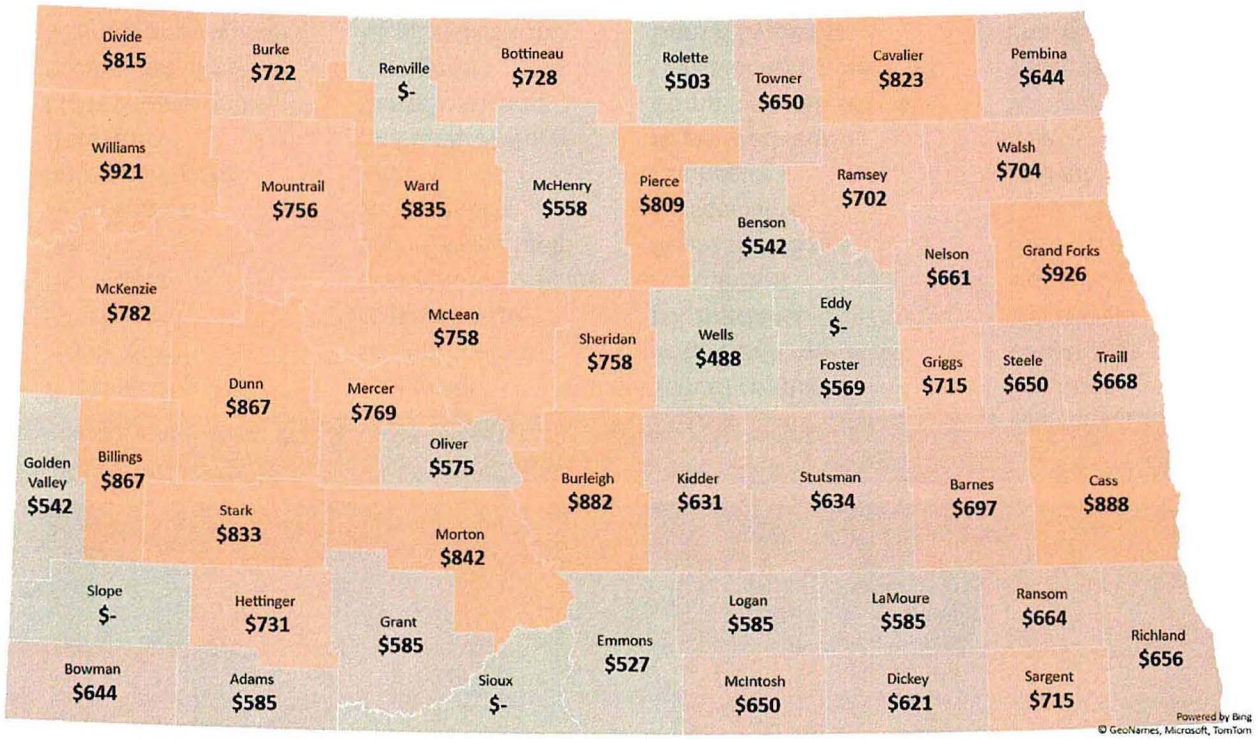
Child care is one of the largest monthly costs for families with young children

WHAT DOES CHILD CARE COST?

Age 0-17 months	Age 18-35 months
Center-based	*Center-based*
$595 - $1,890	$595 - $1,810
Avg: $838	**Avg: $798**
Family/Group-based	*Family/Group-based*
$475 - $1,200	$475 - $1,000
Avg: $672	**Avg: $661**

Source: Oct 2021 Child Care Market Study conducted for ND Child Care Assistance Program

2020 average monthly cost of licensed child care for Infants and Toddlers (ages 0-17 mo)



84% of Jobs in the ND labor market pay an average wage of $35/hour or less







Less than $13 / hr	$13 - $20 / hour	$20 - $28 / hour	$28 - $35 / hour	>$35 / hour
Waiter/Waitress	Pharmacy tech	Carpenter	School counselor	Engineer
Child care worker	Home health	Loan processor	Rotary drill operator	Constr mgr
Dishwasher	PT assistant	Legal secretary	HR specialist	Electrician
Bartender	Hair stylist	Correctional officers	Accountant	Lineman
Cafeteria worker	Retail	Auto service tech	Real Estate Sales	Gen/Op mgr
Short order cook	Farmworker	Surgical tech	PR specialist	Loan officer
Cashiers	Restaurant cook	Roofer	Counselor	Lawyer
Veterinary Assistant	Data entry	Lic Practical Nurse	Registered Nurse	Sales
	EMTs & paramedics	Dental assistant	Comp network specialist	Software dev
	Carpet installers	Firefighter	Construction supervisor	Veterinarian
	Maintenance workers	Surgical assistant	Dental hygienist	Pharmacist
	Nursing assistant	Clergy	Architectural drafter	Physician
	Laborer	Social worker	Speech pathologist	Dentist
	Substitute teacher	Police		Psychologist
	Extraction helper	Hotel manager		
		Truck driver		
70,770	**219,490**	**215,200**	**90,740**	**114,730**
# of people employed in a job with average wage of <$13/hour	*31%*	*30%*	*13%*	*16%*
represents 10% of total jobs				

Source: Job Service ND 2020 Employment and Wages by Occupation dataset | mean wage by occupation; 710,910 jobs included in wage summary

Most all households earning less than 150% of state median income (SMI) will struggle with costs of child care

Families potentially eligible for child care assistance program (CCAP)

	Federal Poverty Level		30% SMI		60% SMI		85% SMI		100% SMI	
Household Size	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage
1	$12,880	$6.19	$16,238	$7.81	$32,475	$15.61	$ 46,008	$ 22.12	$54,125	$26.02
2	$17,420	$8.38	$21,233	$10.21	$42,467	$20.42	$ 60,156	$ 28.92	$70,778	$34.90
3	$21,960	$10.56	$26,230	$12.61	$52,460	$25.22	$ 74,316	$ 35.73	$87,433	$42.04
4	$26,500	$12.74	$31,226	$15.01	$62,452	$30.03	$ 88,476	$ 42.54	$104,087	$50.04
5	$31,040	$14.92	$36,222	$17.41	$72,444	$34.83	$ 102,636	$ 49.34	$120,740	$58.05
6	$35,580	$17.11	$41,219	$19.82	$82,437	$39.63	$ 116,796	$ 56.15	$137,395	$66.06
7	$40,120	$19.29	$42,155	$20.26	$84,310	$40.53	$ 119,448	$ 57.43	$140,517	$67.56
8	$44,660	$21.47	$43,092	$20.72	$86,184	$41.43	$ 122,100	$ 58.70	$143,640	$69.06

"Hourly Wage" is calculated by assuming 2,080 hours worked per year per annual income range noted.
Multiple wage earners could combine earnings to attain the noted household income / hourly wage.

NORTH Dakota | Health & Human Services
Be Legendary.

When is child care affordable?

Average monthly cost of care in a Child Care Center compared to affordability standard of 7% of household income



1 child (9-month-old)

Center-based avg		*Household income needed?*	=	*combined hourly wage of*
$838	→	**$143,600**		**$69/hr**



1 child (3-year-old)

Center-based avg		*Household income needed?*	=	*combined hourly wage of*
$726	→	**$124,400**		**$60/hr**



2 children (1-year-old and 4-year old)

Center-based avg		*Household income needed?*	=	*combined hourly wage of*
$1,564	→	**$268,100**		**$129/hr**

NORTH Dakota | Health & Human Services
Be Legendary.

When is child care affordable?

Average monthly cost of care in a Family/Group Child Care compared to affordability standard of 7% of household income



1 child (9-month-old)

Family/Group avg		*Household income needed?*	=	*combined hourly wage of*
$672	→	**$115,200**		**$55/hr**



1 child (3-year-old)

Family/Group avg		*Household income needed?*	=	*combined hourly wage of*
$653	→	**$111,900**		**$54/hr**



2 children (1-year-old and 4-year old)

Family/Group avg		*Household income needed?*	=	*combined hourly wage of*
$1,325	→	**$227,100**		**$109/hr**

NORTH Dakota | Health & Human Services
Be Legendary.

A strategy of both comprehensive and targeted investment



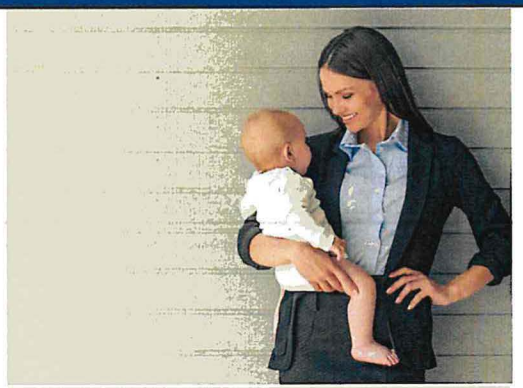
Target investments to ages 0-3

- ✓ Age of highest developmental return for children
- ✓ Period of greatest economic pressure for most young families
- ✓ Critical decision point for individual-level decisions about how/if to rejoin the labor force
- ✓ Focus on working families employed in occupations where compensation doesn't offset the cost of child care needed to enable work



Embrace an all-of-the-above approach to child care

- ✓ Quality early experiences can happen anywhere.
- ✓ Working families should have meaningful choices about child care.
- ✓ Principles of quality are knowable and transferrable to any setting.
- ✓ Sustainable child care businesses will support more sustainability within the workforce.



Help working parents provide for their families by supporting employment, training and education goals

- ✓ Benefits are scaled to family need.
- ✓ Employers have meaningful vehicles to remediate child care as a barrier to work.
- ✓ There are opportunities for children who are least likely to have access to quality early childhood experiences.

Child care is a workforce solution that can make a difference for ND employers



Affordability

Connect more working families to child care assistance to keep the cost of child care within 7% of household income

$27 million | Helping lower income working parents with child care costs | Public private cost share for employer-provided child care benefit for employees



Availability

Make it easier for working families to find child care when and where they need it

$22 million | Payments for Infant and Toddler care | Supporting more sustainable operations for child care entrepreneurs | Care during non-traditional hours | Child care worker career pathways | Criminal background checks

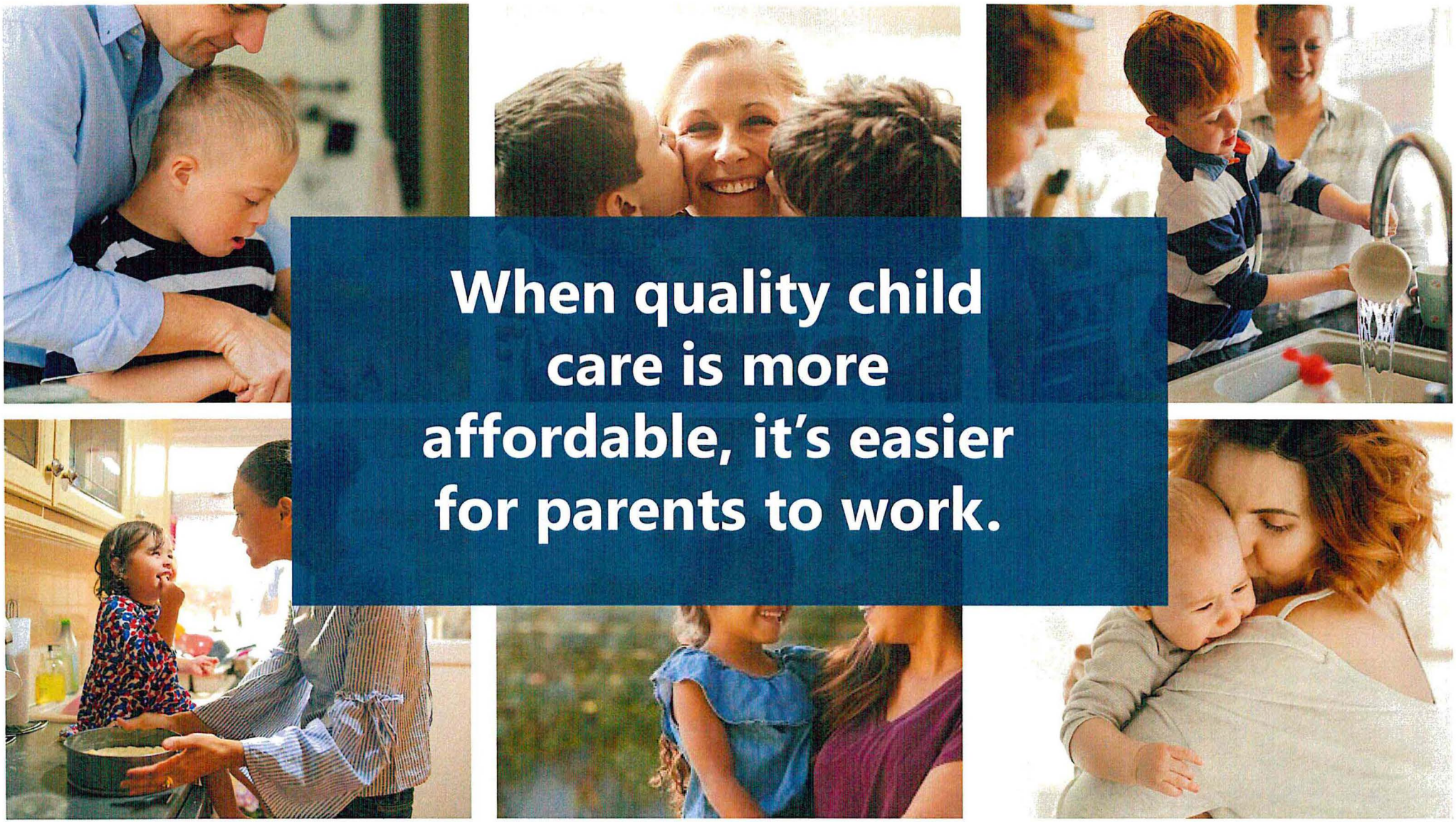


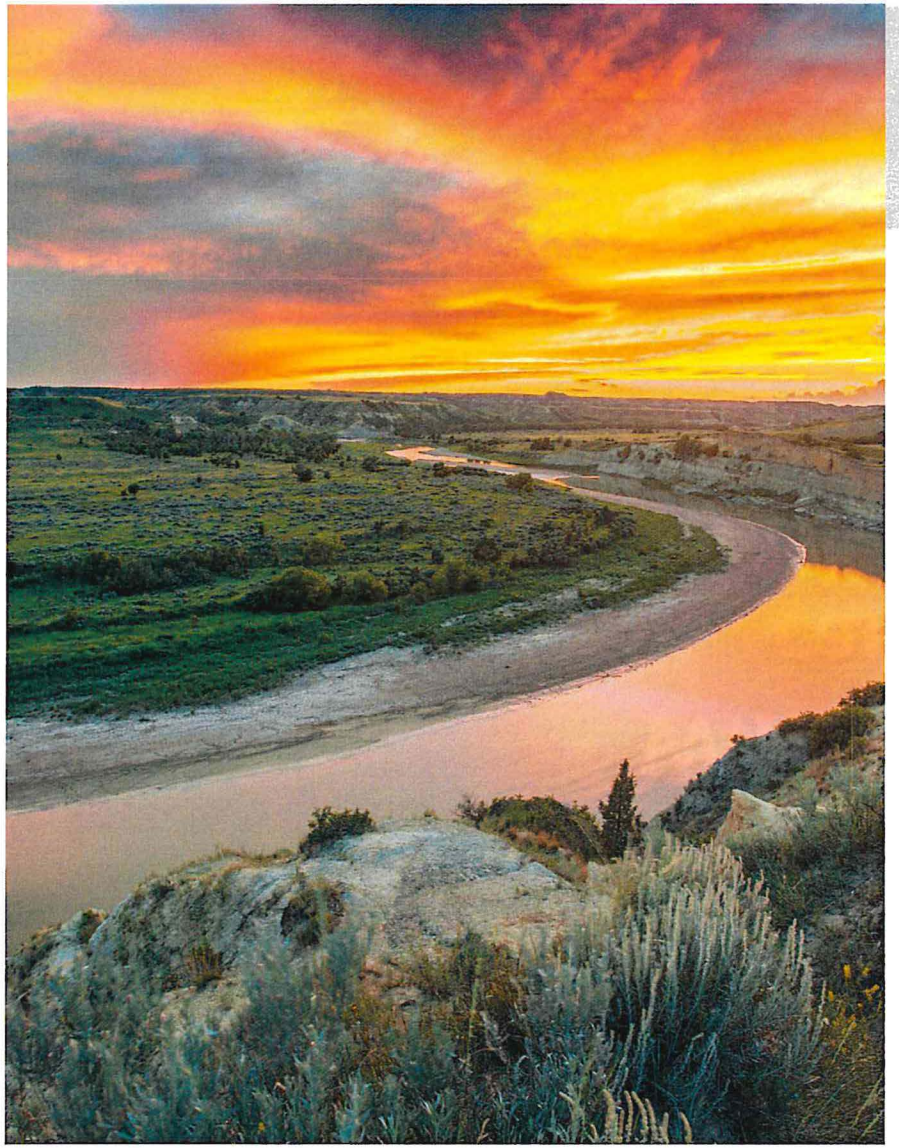
Quality

Help kids realize their potential by supporting quality early childhood experiences

$24 million | Best in Class program | Scholarships and Incentives for child care worker professional development | Connecting child care payments to quality


What is workforce?
It's workers.


When quality child
care is more
affordable, it's easier
for parents to work.



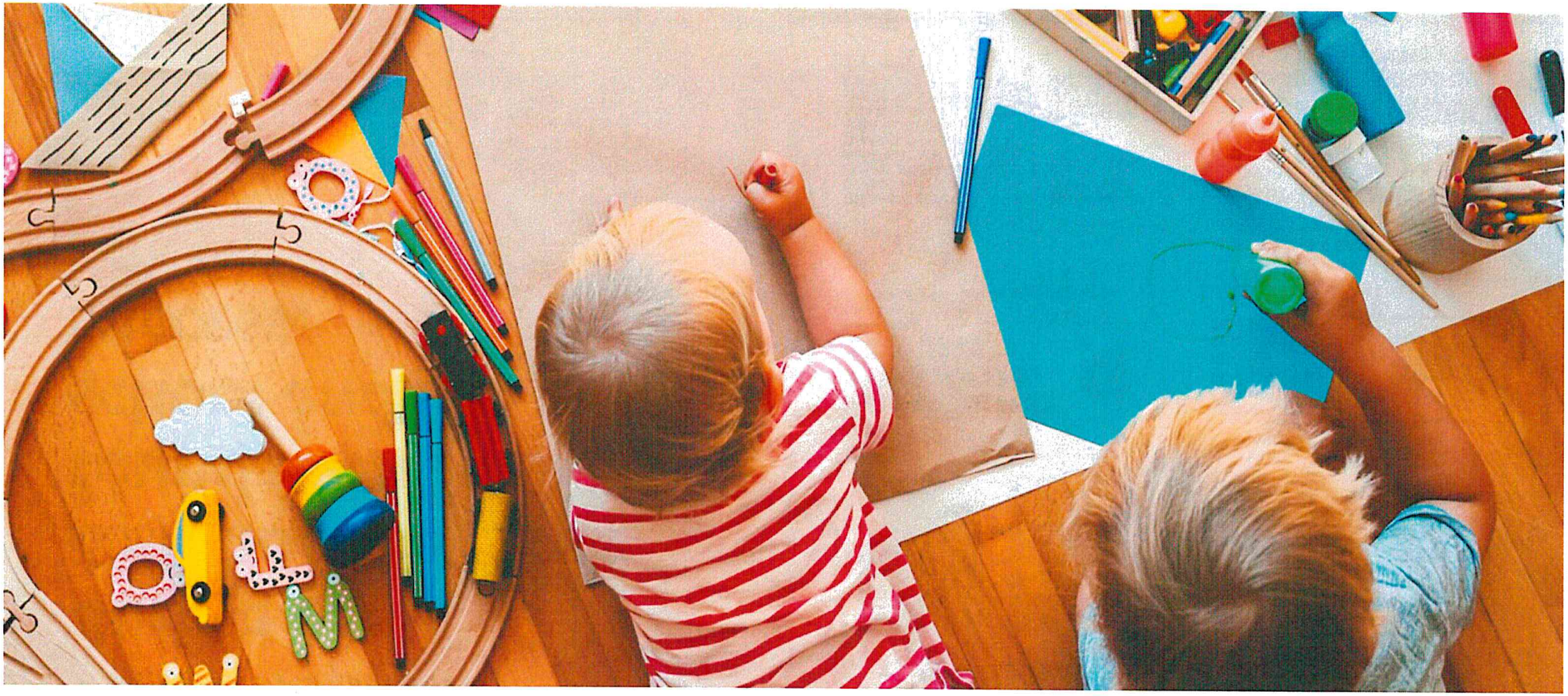
Contact information

Jessica Thomasson

Executive Director
Human Services Division
jthomasson@nd.gov

www.hhs.nd.gov

NORTH Dakota | Health & Human Services
Be Legendary.



Senate Bill 2012

Senate Appropriations Committee
Senator Brad Bekkedahl, Chairman

Early Childhood | January 16, 2023

NORTH Dakota | Health & Human Services
Be Legendary.

What happens during early childhood lays the foundation for school and life success.

NORTH Dakota | Health & Human Services
Be Legendary.

WHY EARLY CHILDHOOD MATTERS

IT'S AN OPPORTUNITY TO MAKE A POSITIVE, LIFELONG IMPACT



95% OF BRAIN DEVELOPMENT OCCURS BEFORE THE AGE OF **FIVE**[1]

DURING THE FIRST 5 YEARS OF LIFE, EMOTIONALLY NOURISHING RELATIONSHIPS LAY THE FOUNDATION FOR LIFELONG HEALTH AND WELL-BEING[2]



THE AVERAGE PRICE OF CENTER-BASED INFANT CHILD CARE IN ND IS MORE THAT THE AVERAGE ANNUAL TUITION AND FEES AT A PUBLIC FOUR-YEAR COLLEGE OR UNIVERSITY[3]



CENTER-BASED INFANT CARE **$9,182**



PUBLIC FOUR-YEAR UNIVERSITY TUITION **$8,660**

ACCESS TO QUALITY EARLY CHILDHOOD CARE IS A WORKFORCE ISSUE



60% OF THE CHILD CARE WORKFORCE IS UNDER AGE 30[4]

44,000+ = THE NUMBER OF HOUSEHOLDS IN ND WITH CHILDREN UNDER THE AGE OF FIVE

73% OF THESE HOUSEHOLDS HAVE ALL PARENTS IN WORKFORCE[5]

MORE THAN HALF OF AMERICAN **CHILDREN UNDER AGE 5 SPEND MORE THAN**



HOURS PER WEEK,

ON AVERAGE, IN CHILD CARE SETTINGS OUTSIDE THE HOME[6]



Who we serve

The Early Childhood section delivers programs and services so kids ages 0 – 5 from all backgrounds and circumstances, their families, and those who support them have the opportunity to realize their potential.

NORTH Dakota | Health & Human Services
Be Legendary.

The Early Childhood Sections provides services to



Help families access early childhood services so they can go to school or participate in ND's workforce

- Child care referrals
- Navigating early intervention and early childhood special needs



Support early childhood experience providers in their day to day work with children

- Training and Professional Development
- Coaching on health, safety, inclusion
- Quality Improvement



Support children's optimal development and school readiness

- Developmental screening and referrals
- Supporting teachers in assessment and planning for child outcomes

NORTH Dakota | Health & Human Services
Be Legendary.

Early Childhood Section Programs and Services



Licensing

Consumer protection that reduces the risk of children being cared for in an unsafe environment



Professional Development

Maintain workforce registry and vet trainers and training, offer technical assistance to potential and existing providers



Quality

Operate quality improvement system, maintain early childhood standards, support inclusive child care



Best in Class

Support to offer quality experiences in the year before kindergarten focused on child outcomes



Family Support and Education

Consumer ed, child care assistance and referrals, early intervention and special education, head start collaboration



EC Operations

CCDBG CCDF state plan, EC technology coordination and support

NORTH Dakota | Health & Human Services
Be Legendary.

In ND early childhood is a mixed delivery system, involving both public and private partners using both federal and state funds

Human Services Division

Early Childhood

Children & Family Services
- Home Visitation
- Child Protection
- Abuse Prevention

Developmental Disabilities
- Early Intervention
- In home supports

Economic Assistance
- Child Care Assistance Program

Training and Early Childhood Supports

Trainers, coaches, mentors, consultants
- Health and wellness
- Business success
- Quality improvement
- Inclusive child care

Consumer education resource and referral

Early Childhood Experience Providers

- Early childhood programs including center and home based programs
- Public School PreK
- Early Childhood Special Education services
- Head Start and Early Head Start
- Home visiting providers
- Developmental Disabilities and Early Intervention providers

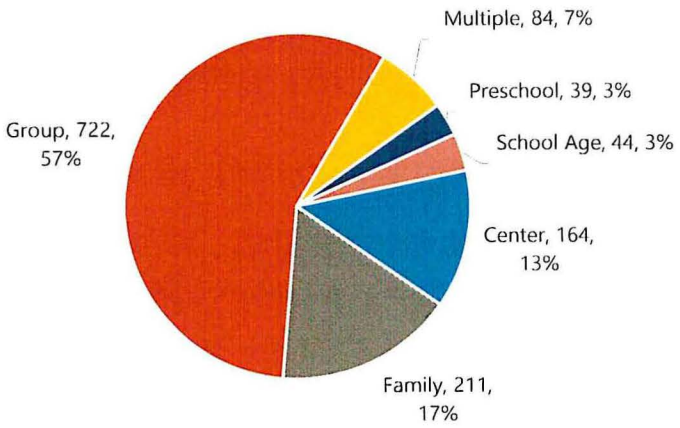
ND Department of Public Instruction

- Office of Specialized Services
- PK-12 Vision
- K-12 coordinating council
- Comprehensive State Literacy Program
- Child and Adult Care Food Program
- Family Engagement Council

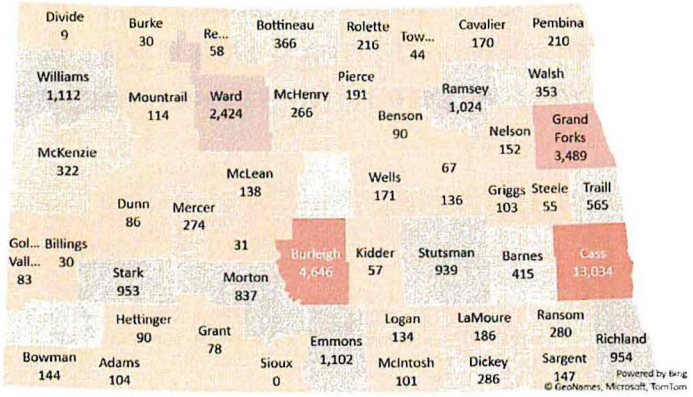
NORTH Dakota Be Legendary. | Health & Human Services

Early Childhood by the Numbers

1,264 Licensed Early Childhood Programs



Licensed Child Care Capacity – 36,866



7,523
Growing Futures members

1,000+
Coaching hours delivered by our contracted partners

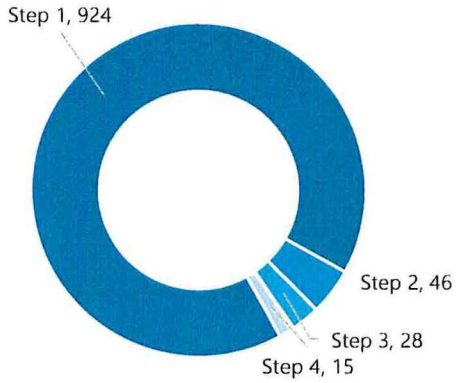
3,179
Children supported by IDEA Part C Early Intervention

1,653
Children supported by IDEA Part B 619 services

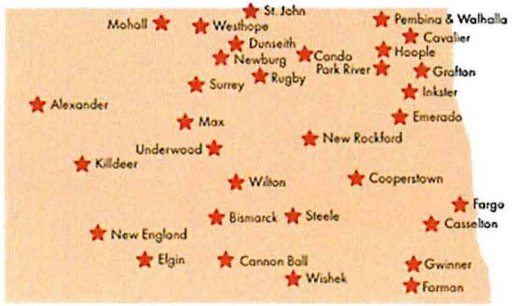
1,117
Waterford Upstart households representing all but two counties

Data current as of December 2022

1,013 Quality Rated Programs



33 Best in Class Programs 2022-23



NORTH Dakota | Health & Human Services
Be Legendary.

Working Better Together

Early Childhood Family and School Engagement Unit

- IDEA Part B 619 Special Ed for 3-5 year olds
- Head Start Collaboration

Developmental Disabilities

- IDEA Part C Early Intervention for Birth through 35 months

Healthy and Safe Communities

- Special Health Services Unit

DPI Office of Specialized Services

Benefits to North Dakotans

Strong collaboration and co-leadership of the Interagency Coordinating Council connect early intervention services and prevention awareness for children with disabilities and at-risk children ages 0 to five at more touchpoints.



On the Horizon:
Working Better Together in 2023-25



HHS-EC Family & School Engagement Unit

+

HHS-HSC Men's Health Unit

Working together to explore opportunities to bring fatherhood initiatives to families served by Head Start and early childhood services providers

NORTH Dakota | Health & Human Services
Be Legendary.

21-23 Budget helped give ND children ages 0 to 5 an opportunity to realize their full potential



New early childhood section

- Coordinated Early Childhood supports and consistency in approach to serve the mixed delivery system



Best in Class program

- Pilot year one: 23 grantees, 28 sections, 371 children
- Pilot year two: 33 grantees, 44 sections, 544 children

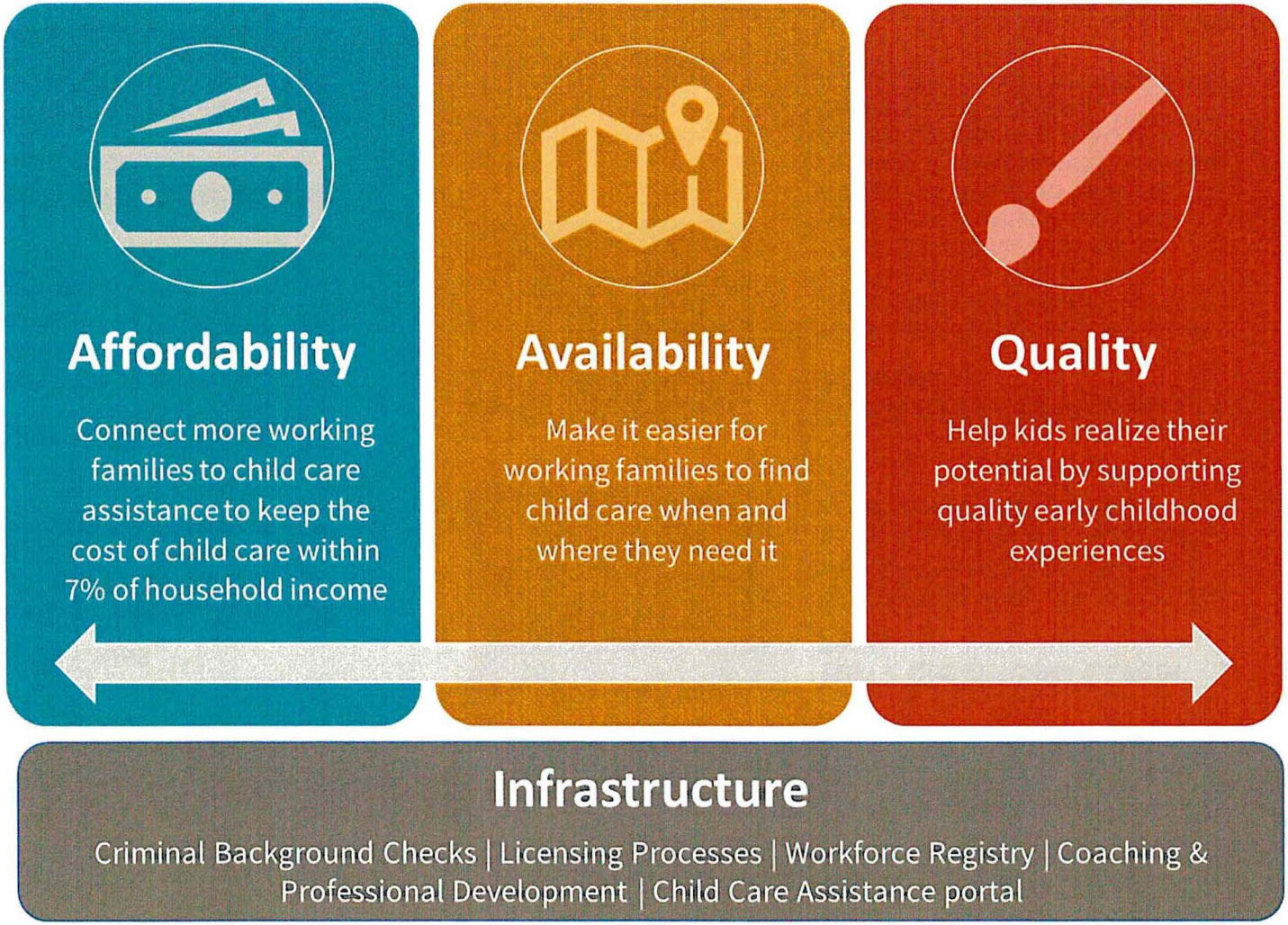


Support for EC providers

- Child Care Stabilization
- Workforce Incentives and Stipends
- Child Care Licensing system

NORTH Dakota | Health & Human Services
Be Legendary.

Continued progress requires a bold and comprehensive strategy



21-23 Budget helped give ND children ages 0 to 5 an opportunity to realize their full potential



New early childhood section

- Coordinated Early Childhood supports and consistency in approach to serve the mixed delivery system



Best in Class program

- Pilot year one: 23 grantees, 28 sections, 371 children
- Pilot year two: 33 grantees, 44 sections, 544 children

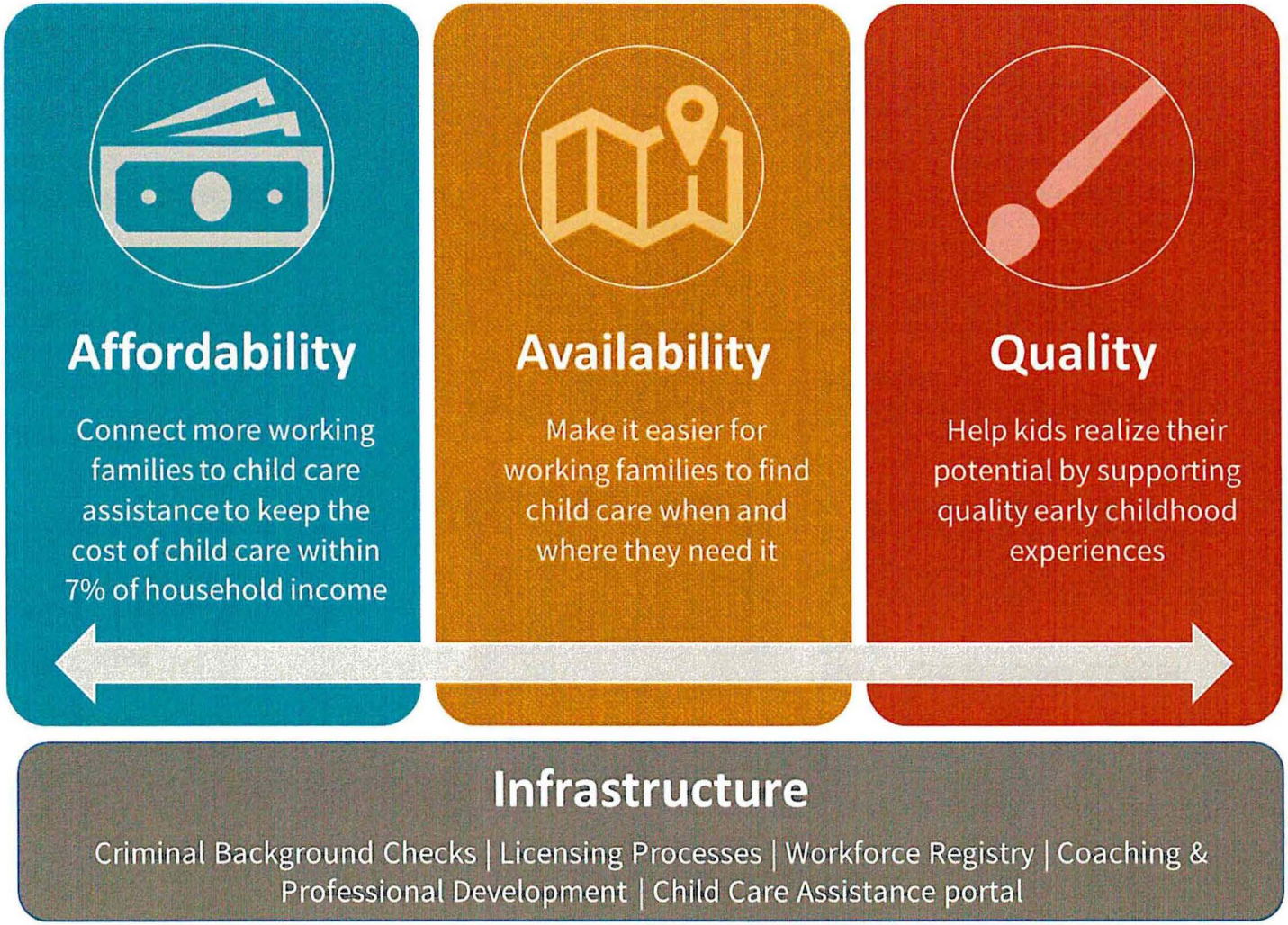


Support for EC providers

- Child Care Stabilization
- Workforce Incentives and Stipends
- Child Care Licensing system

NORTH Dakota | Health & Human Services
Be Legendary.

Continued progress requires a bold and comprehensive strategy



Continued progress includes an enhanced focus on early childhood access, affordability and quality



Best in Class

Expanding opportunities in the year before kindergarten ensuring every child whose family is interested has access



Inclusive Child Care

Business solutions, facility grants and resources to create environments for children with special needs



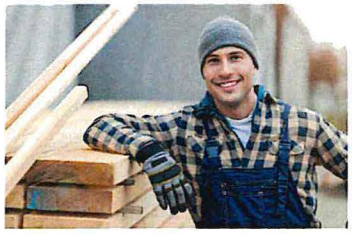
Support for Sustainable Child Care

Grants, incentives, training, and shared service resources with focus on infant toddler care and meeting quality standards



Early Childhood Career Path

Partnerships with CTE, K-12, and Higher Education to offer on-the-job training and certification in early childhood careers



Support for Working Parents

Partnerships with employers to offer child care benefits and find creative solutions for parents working non-typical hours. Expanding Child Care Assistance Program to more families and increasing parental choice by creating quality-based payment tiers in the Child Care Assistance Program.

NORTH Dakota | Health & Human Services
Be Legendary.

Early Childhood: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$3,824,550	$5,905,524	$9,730,074
Operating	585,522	93,701	679,223
Grants	10,152,967	35,950,000	46,102,967
Total	$14,563,039	$41,949,225	$56,512,264

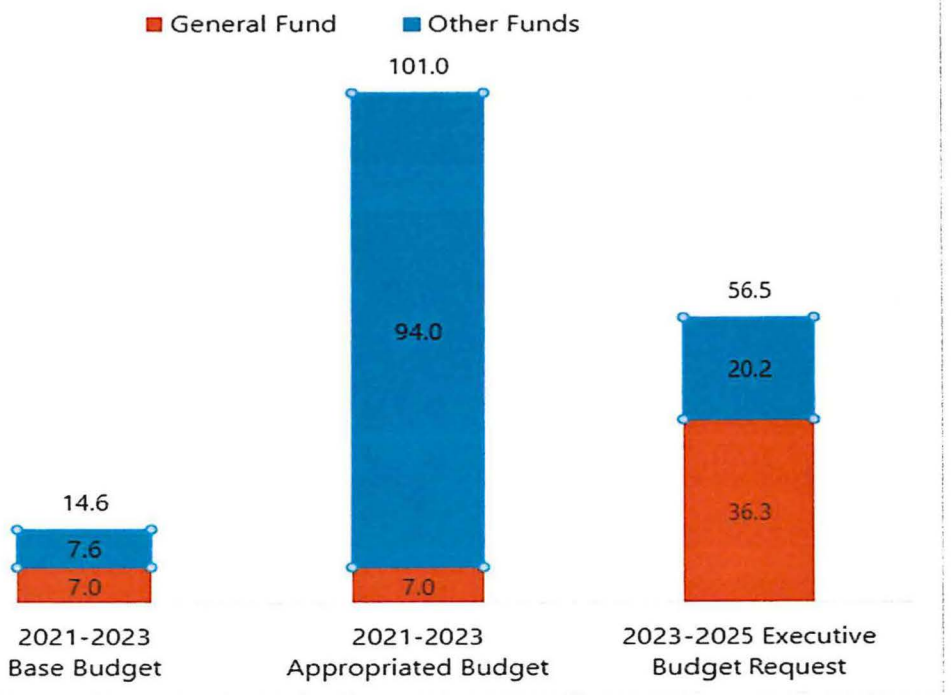
General Fund	**$6,960,072**	**$29,333,422**	**$36,293,494**
Federal Funds	**7,422,479**	**(203,709)**	**7,218,770**
Other Funds	**180,488**	**12,819,512**	**13,000,000**
Total Funds	**$14,563,039**	**$41,949,225**	**$56,512,264**

Full Time Equivalent (FTE)	19.00	28.00	47.00

Early Childhood: Overview of budget changes (IN MILLIONS)

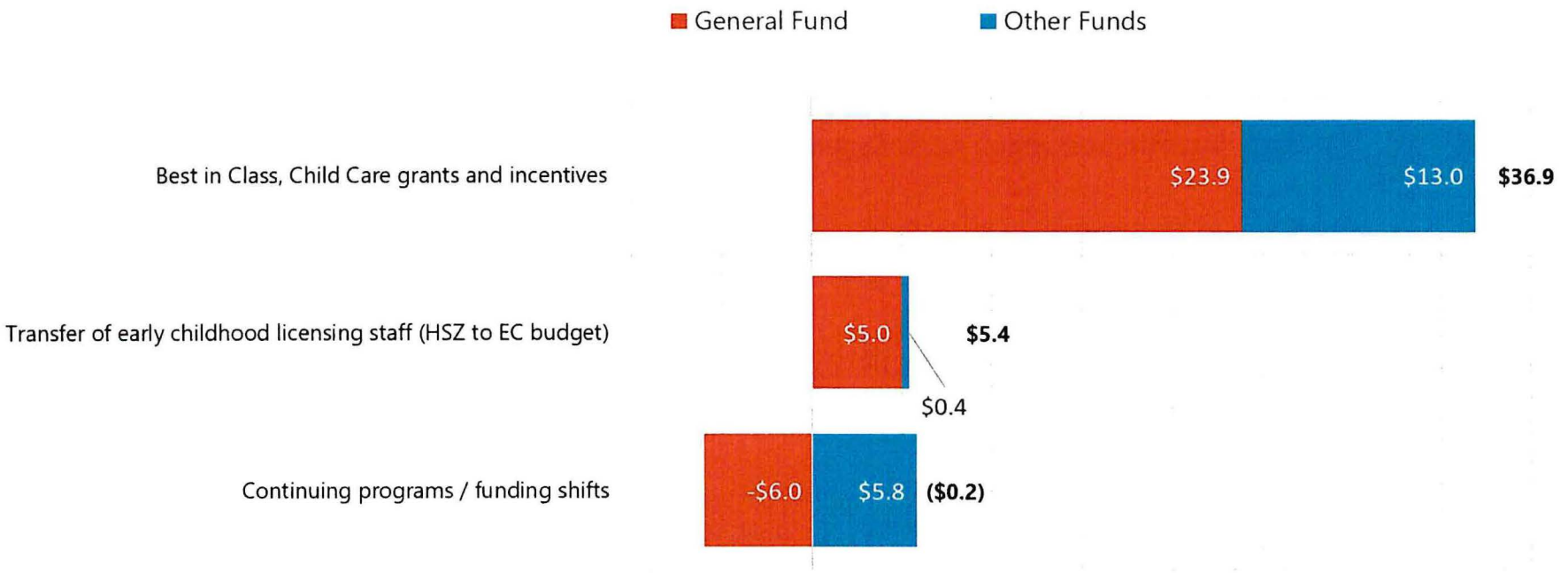
INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION
$ 41.9 MILLION

- 2021-2023 base budget reflects funding from CFS and DPI
- 2021- 2023 appropriated budget includes federal COVID funding designated for early childhood (appropriated during both regular and special session)
- 2023 – 2025 executive budget request includes increase in state funds to enhance impact and transfer of licensing staff budget from HSZ to EC



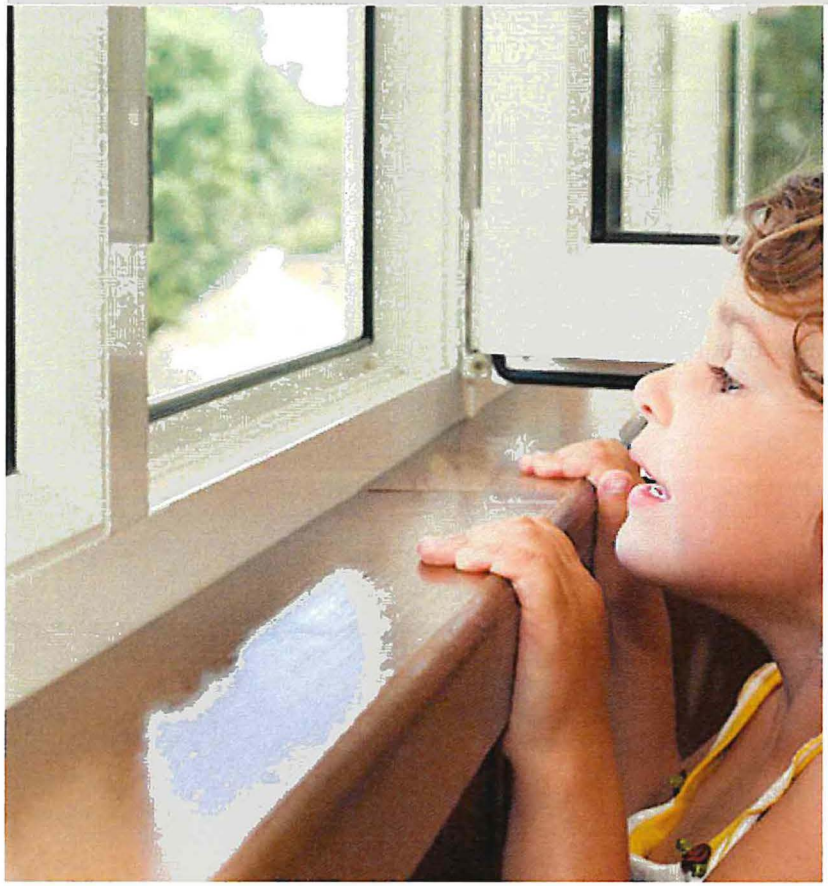
NORTH Dakota | Health & Human Services
Be Legendary.

Early Childhood: Overview of budget changes (IN MILLIONS)



NORTH Dakota Be Legendary. | Health & Human Services

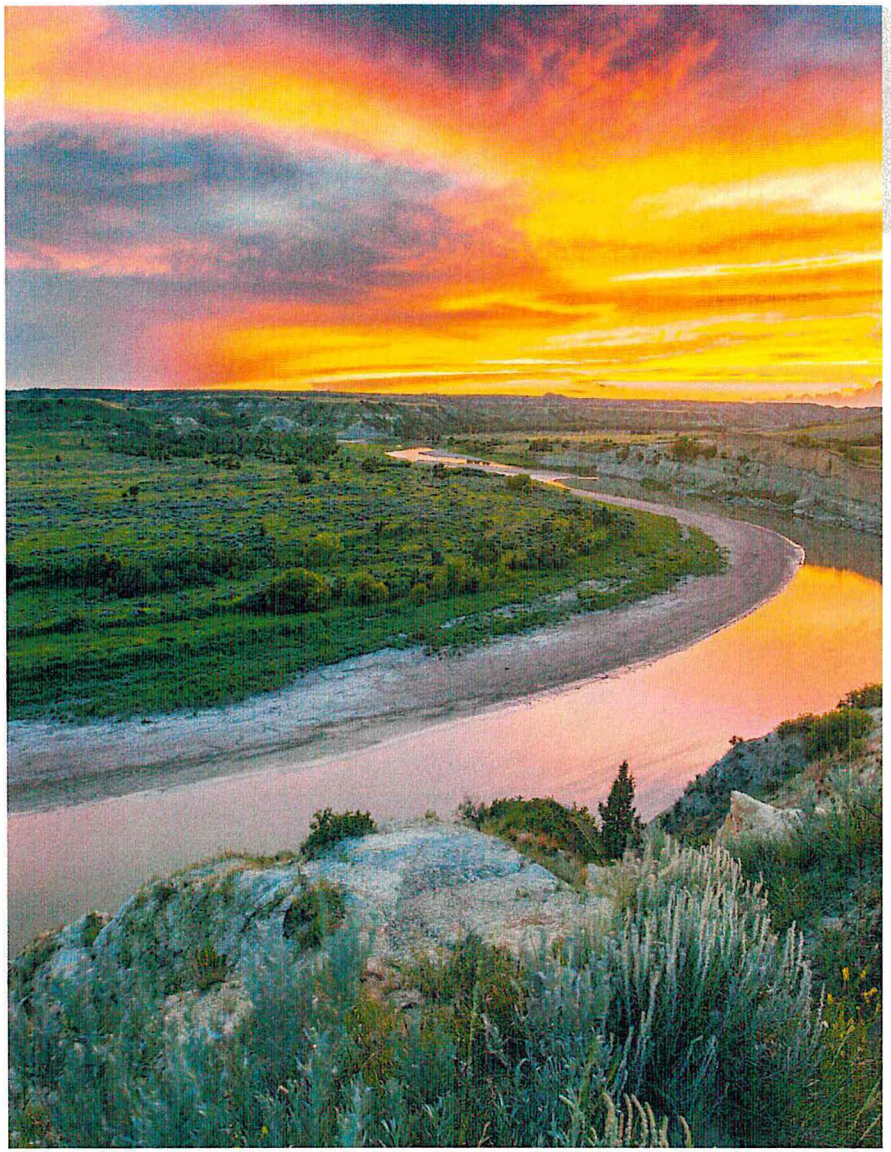
Key Takeaway



Making strategic investments in early childhood will make a difference for North Dakota families and businesses.

- ✓ **Bolster the supply and affordability** of child care
- ✓ **Support quality** early childhood experiences
- ✓ Make **non-standard hour care** available
- ✓ **Allow parents to work**
- ✓ Help local businesses **overcome workforce challenges**

NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Kay Larson

Director, Early Childhood

kaylarson@nd.gov

https://www.hhs.nd.gov/cfs/early-childhood-services

NORTH Dakota | Health & Human Services
Be Legendary.

APPENDIX: EARLY CHILDHOOD DIVISION TIMELINE

July 2021 to Oct 2021



April 2021

- HB1416 moves Office of Early Learning from DPI to DHS
- HB1466 establishes Best in Class program
- HB1012 authorizes 8 FTE for EC division
- Begin co-pay relief for families receiving CCAP

May 2021

- Develop BIC application
- Begin drafting RFPs and transitioning data system contracts

June 2021

- Open applications for Best in Class
- Draft plan for COVID-related childcare grants and incentives
- Begin hiring EC team members
- Finalize 3-year CCDF state plan

July 2021

- New EC division launches, coinciding with new biennium
- Complete hiring of state EC team
- Publish RFPs for EC services

August 2021

- Award Best in Class grants
- Let's Chalk 0-5 milestone celebration
- Finalize 1416/1466-related agreements
- Waterford Upstart outreach & enrollment

Sept/Oct 2021

- Best in Class 1st cohort begins
- Open applications for provider grants
- Child Care licensing benchmark study
- DPI SpEd/DHS B-5 plan for Part C to Part B transitions
- CCAP outreach initiative

APPENDIX: EARLY CHILDHOOD DIVISION TIMELINE

Nov 2021-June 2022



Nov 2021

- Launch of inclusion supports by USpireND
- Launch of child care resource and referral services by SEEC
- Pyramid Model and NCEDTL courses available via Growing Futures
- ECIDS project planning

Dec 2021

- Award contract for QRIS supports

Jan 2022

- Finalize integrations for CCL system development
- Finalize five-year plan for Head Start Collaboration Office
- Submit first federal report of APRA grants to child care sector
- ECIDS priority use cases

Feb/Mar/April 2022

- Open application for Best in Class 2022-23 cohort and made awards
- Launch QRIS supports by CAPLP and Four Year Old Program Approval
- Update state Child Care Emergency Plan and RBPD Endorsements

May/Jun 2022

- Prepare for website conversion
- Prepare for Best in Class cohort launch
- Provide staff support to Lt. Governor and Early Childhood Council

APPENDIX: EARLY CHILDHOOD DIVISION TIMELINE

July – Dec 2022

July 2022

- 2022/23 Best in Class cohort begins
- Research partner assists Best in Class programs to market and recruit their community
- Open grant applications for workforce retention, training and career path incentives
- ECIDS Charter and Executive Steering Committee launch

August 2022

- Prepare content for website conversion
- Launch Best in Class 2022-2023 cohort

September 2022

- Launch September QRIS Bright & Early ND Cohort
- Provide staff support to Lt. Governor and Early Childhood Council
- Convene Early Childhood Special Education Directors for training and networking around IDEA

October/November 2022

- CCL training for Licensing Specialists
- Promote new self service portal for child care assistance
- Author a PDG B-5 Renewal Grant application

December 2022

- Launch CCL
- CCL training for child care providers



Senate Bill 2012

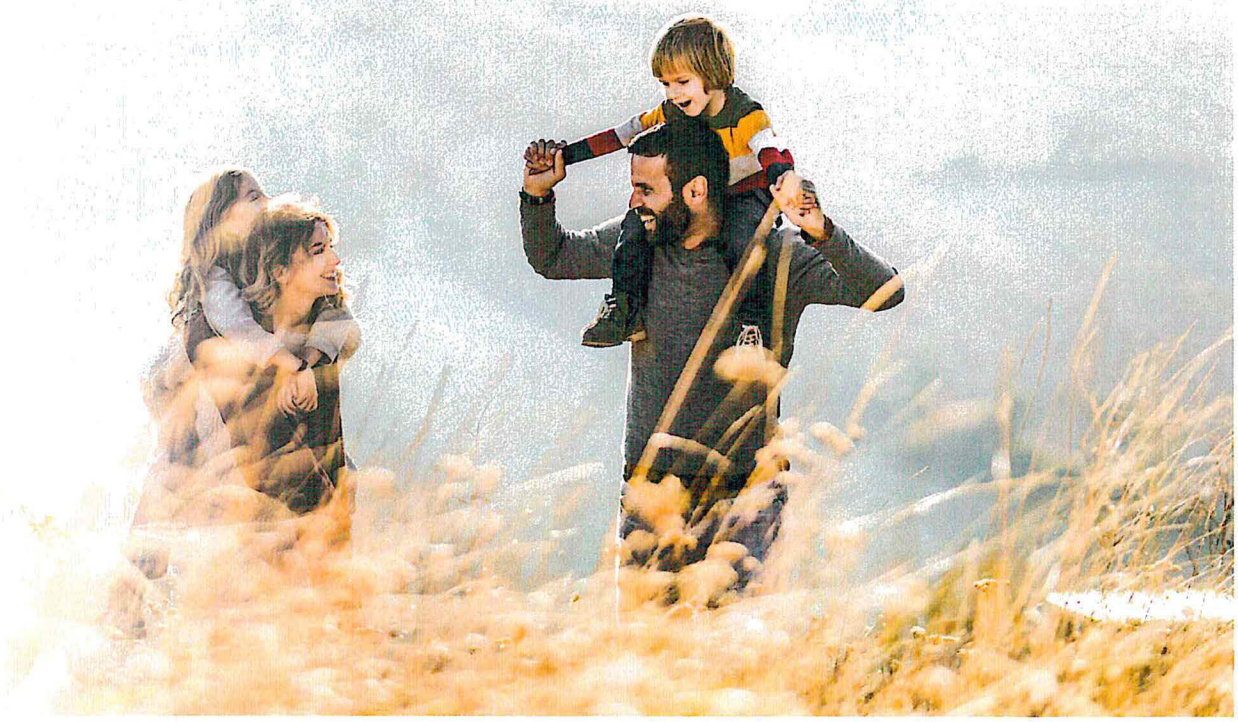
Senate Appropriations Committee
Senator Brad Bekkedahl, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Economic Assistance Section | January 16, 2023

Who we serve

Economic Assistance Programs help North Dakotans struggling to make ends meet by connecting them to resources that can help meet their basic needs, preventing greater and more damaging crises.



Economic Assistance Programs and Services



Child Care Assistance

Pay a portion of the cost of childcare for working families or families in training or education programs.



Housing Stability

Assist renters struggling to pay rent and utilities and homeowners at risk of housing instability with financial assistance to support housing costs.



Supplemental Nutrition Assistance

Provide nutrition benefits to supplement the food budget of needy families so they can purchase healthy food.



Home Energy Assistance

Help households with home heating costs by paying a portion of their heating bills and assisting with home modifications to support energy efficiency.



Temporary Assistance for Needy Families

Serve families with children who are deprived of parental support or care due to divorce, separation, death or one or both parents being aged or disabled.



Long-Term Care Eligibility

Determine Medicaid eligibility for individuals seeking Long-Term Care, Basic Care and Home & Community Based Services.

NORTH Dakota | Health & Human Services
Be Legendary.

Additional support to families



Nutrition Education

Provide SNAP eligible individuals with nutrition education focusing on:

- Increasing fruit and vegetable consumption
- Balancing healthful food with physical activity
- Helping families get the most nutrition for their food dollar



Work support

- Help individuals who are able to work take meaningful steps to achieve greater self sufficiency.
- Resources to help with costs associated with seeking and maintaining employment, such as child care, transportation, vehicle repairs, insurance, uniforms and certifications.



Home energy modifications

Offer weatherization services such as:

- Insulating, weather stripping and chimney cleanings
- Minor furnace and cooling device repair
- Replacement of inefficient or inoperable heating systems

NORTH Dakota | Health & Human Services
Be Legendary.

Connecting Families to Economic Assistance is a Partnership

The state and Human Service Zones (HSZs) work together to deliver help to low and moderate-income families

Person decides to apply

Making ends meet is getting more difficult every month so the applicant makes the decision to reach out for help.

Human Service Zone

The applicant can contact their human service zone directly or they can simply apply online.

Gather information

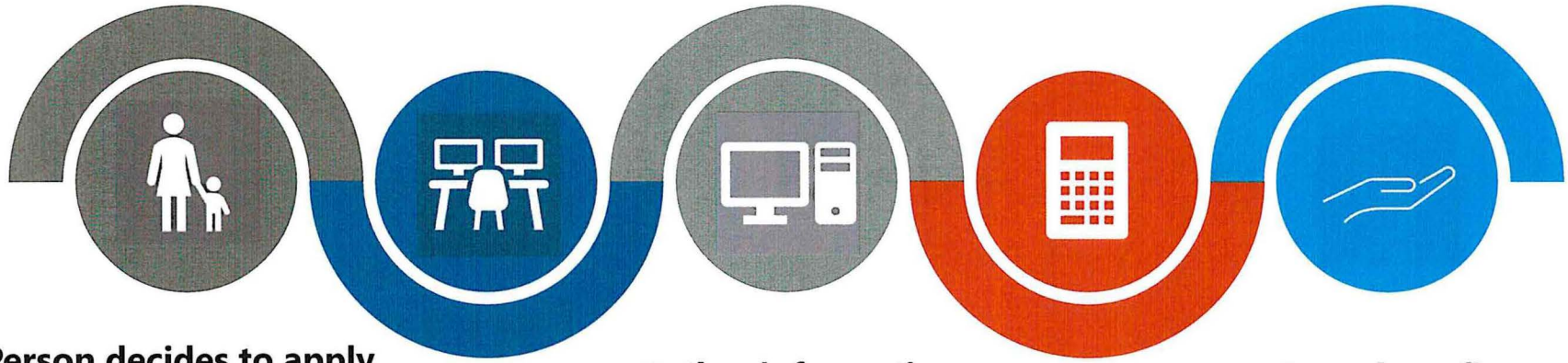
The applicant can enter as much info as they can in the SPACES self-service portal.

Determine eligibility

An eligibility worker determines eligibility.

Issue benefits

If the applicant is eligible to receive assistance, the state will issue the benefit in the appropriate manner.



NORTH Dakota | Health & Human Services
Be Legendary.

HHS and HSZs connected 1 in 5 NDs to at least one resource designed to support their economic health and wellbeing

154,000

North Dakotans utilized
SPACES to access Economic Assistance and Medicaid
coverage during SFY 2022

74,817 people in
36,076 households

Food Assistance

5,937 children in
3,610 families

Child Care Assistance

4,613 people in
1,729 households

Temporary Assistance

30,408 people in
14,023 households

Home Energy Assistance

141,051 people in
82,180 households

Medicaid Coverage

35,717 people in
19,385 households
(from 01/21 through 12/22)

Housing Stability Assistance

5,585 households experiencing homelessness
(from 09/21 through 12/22)

NORTH Dakota | Health & Human Services
Be Legendary.

Working Better Together



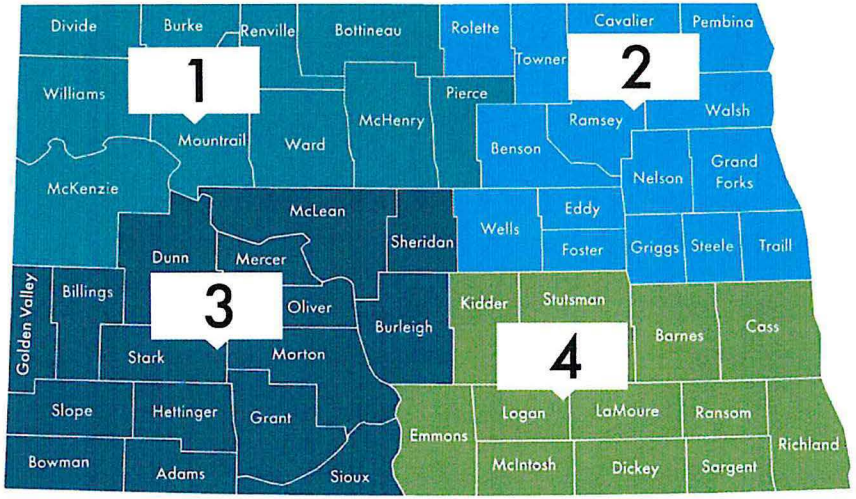
Health and Human Services and Human Service Zones have worked together to redesign the delivery of eligibility determination that supports Economic Assistance and Medicaid coverage.

GOALS OF REDESIGN:

- Level the workload so each worker has the capacity to handle the volume and the complexity.
- Process applications in a timely manner.
- Simplify the process to serve customers efficiently.
- Decrease errors and issue all the benefits a family is eligible to receive at the right time.

NORTH Dakota | Health & Human Services
Be Legendary.

Redesign Implementation: February 2023



Four Regions – Each Working as One Team

Human Service Zones in each region will work together as one team.

Local Support

Local offices will remain open for in-person support.

Customer Support Center

One phone number to speak to an expert in eligibility services.

Centralized Mail Unit

One mail and one email address for document submission.

Self-Service Portal Upgrade

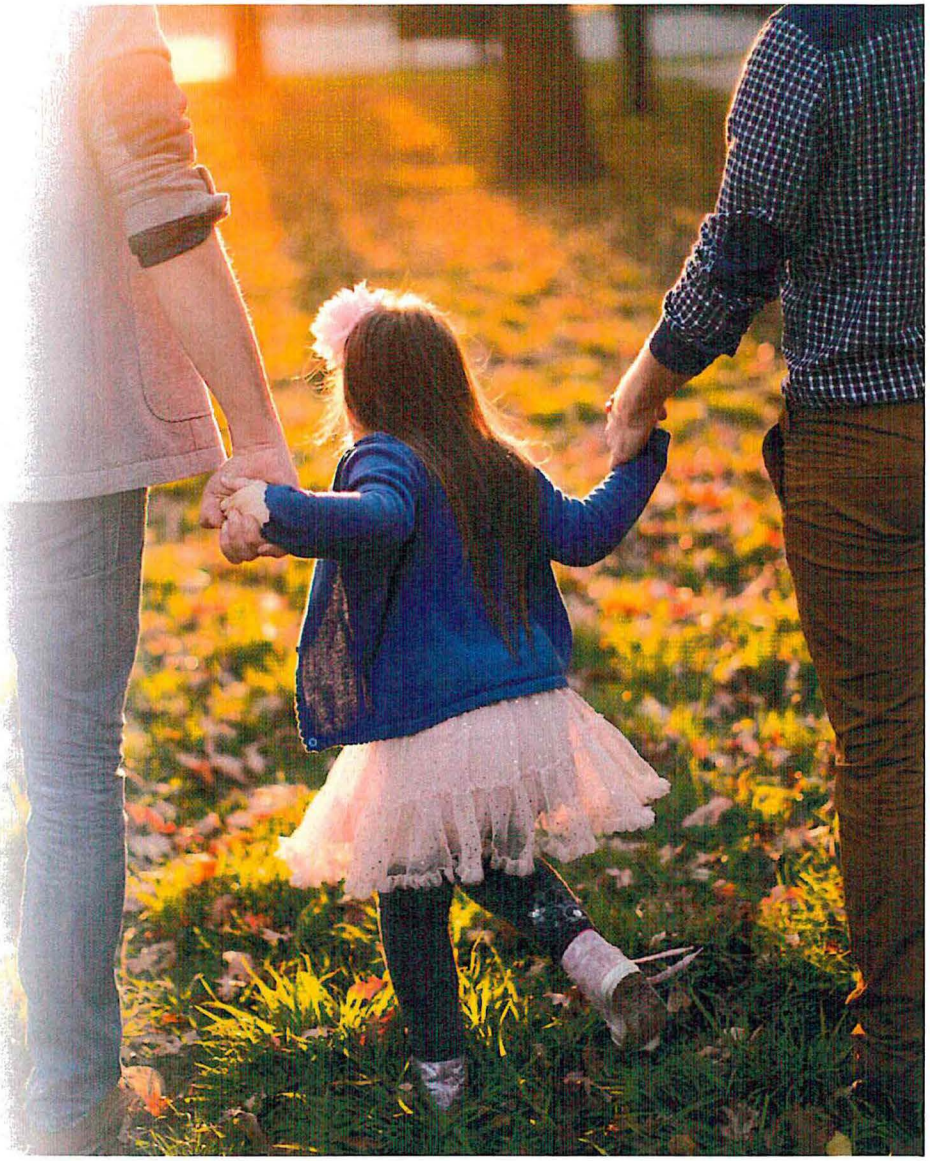
Work has been done on the SSP to make it more user and mobile friendly.

NORTH Dakota | Health & Human Services
Be Legendary.

Improving the lives of North Dakotans

How legislative support and appropriations made an impact in the **2021-2023 biennium**

NORTH Dakota | Health & Human Services
Be Legendary.



Child Care Assistance Program Milestones



March 2021

Utilize COVID funds to waive family co-pays and pay providers based on maximum state rates.



November 2022

Transitioned to a prospective payment model. This allows for assistance payments to occur at the beginning of the month based on the child's enrollment.

Prior to this change, reimbursement was made the month after care.



February 2022

Increased the eligibility limit to 85% of State Median Income.

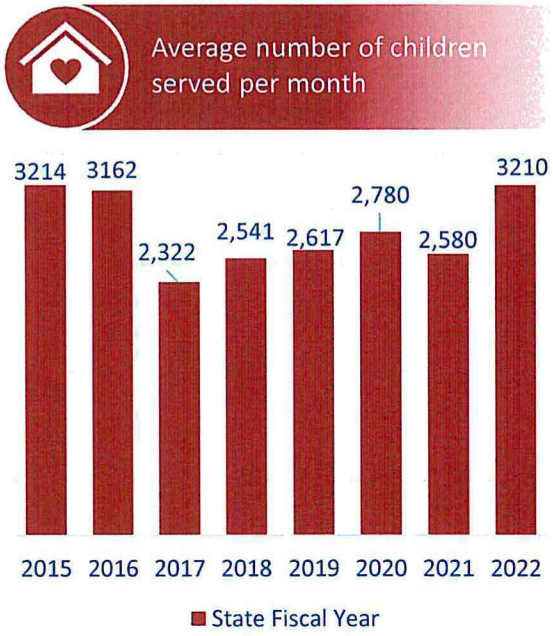


November 2022

Enhanced the provider portal in SPACES to:

- Allow for prospective payments
- Provide payment via direct deposit
- Eliminate paper billing forms
- Allows provider to access their account via a mobile device

Child Care Assistance Program Impact



Impact for ND families with income up to 85% of State Median Income

SFY 2022

$28.5 million	Support to families
$741	Average payment per child per month
3,210	Average number of children served per month

Find the NDHHS Child Care Assistance Data Dashboard online at: www.hhs.nd.gov/applyforhelp/ccap

NORTH Dakota Be Legendary. | Health & Human Services

Home Energy Assistance Program Milestones

September 2021

Integrated LIHEAP eligibility determination into SPACES.

*Represented the final step to fully integrate eligibility determinations for all Economic Assistance and Medicaid programs.

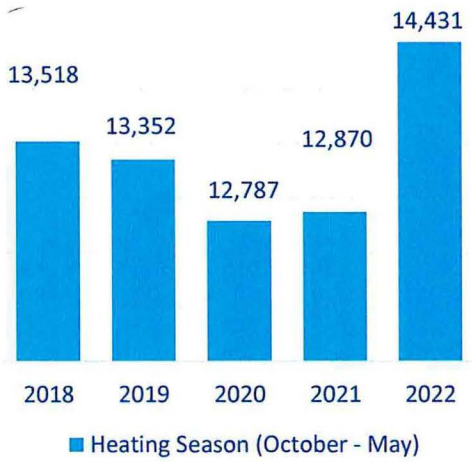
July 2022

Expanded the cooling assistance program in 2022 to include all LIHEAP eligible families. Program provides cooling devices.



LIHEAP PROGRAM IMPACT

Total households served per heating season



Impact for ND families with income up to 60% of State Median Income

2022 Heating Season

$15.8 million	Support to households
$1,086	Average payment per household per heating season
14,431	Households served

NORTH Dakota Be Legendary. | Health & Human Services

SNAP PROGRAM MILESTONES

School Years 19-20 and 20-21
Operated a Pandemic EBT Program, providing SNAP benefits to children eligible for free or reduced-price meals who missed those meals due to school closures or virtual learning.



Summer PEBT 2022 & planned for 2023
Operated a summer Pandemic EBT Program, providing SNAP benefit to school age children and children in child care with additional assistance to help families with food and nutrition costs.

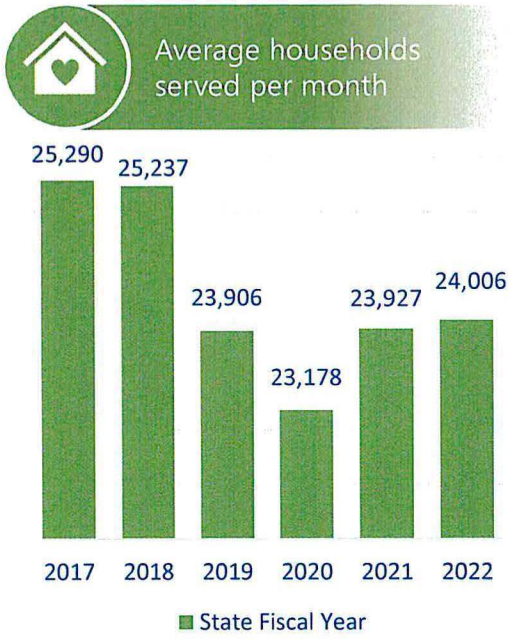


October 2021
Implemented a 27% increase in the SNAP benefit level based on a Federal increase in the Thrifty Food Plan.



February 2022
Implemented a third-party earned income verification system, streamlining eligibility determinations and reducing burden on families. This was made possible through a federal SNAP data grant award.

SNAP PROGRAM IMPACT



Impact for ND families with income up to 60% of State Median Income

SFY 2022

$93.8 million	Support to households
$326	Average payment per household per month
48,391	Average number of individuals served in 24,006 households

NORTH Dakota | Health & Human Services
Be Legendary.

TANF PROGRAM ENVIRONMENTAL SCAN
What We Learned



Financial Support

Suggestions include:

- Increase TANF grant to create a more impactful benefit
- Increase Post & Transitional Assistance
- Expand financial management skills and education



Administrative Barriers

Suggestions include:

- Eliminate pay-after-performance policy
- Eliminate monthly reporting and streamline the application process
- Remove benefit cap policy



Support Services

Suggestions include:

- Better options for delivering support services – electronic or direct deposit
- Increase transportation allowance
- Consider alternative approaches for rural communities



Support from Workers

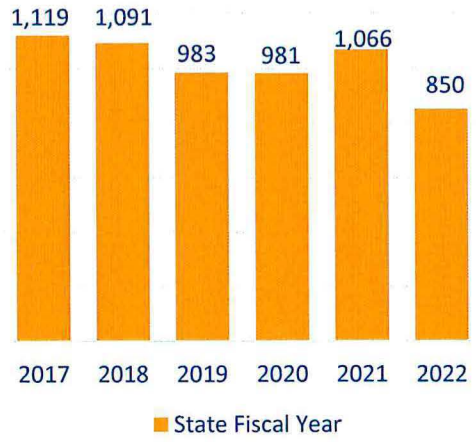
Suggestions include:

- Training
- Strength-based coaching
- Caseworkers to meet client where they are at

NORTH Dakota | Health & Human Services
Be Legendary.

TANF PROGRAM IMPACT

Average households served per month



Impact for ND families with income at less then 10% of State Median Income

SFY 2022

81%	Of beneficiaries are children
$300	Average payment per family
1,921	Average number of individuals served in 850 families

NORTH Dakota Be Legendary. | Health & Human Services

HOUSING STABILITY PROGRAM MILESTONES

August 2021

Added utility assistance for ND Renters

October 2021

Implemented an enhanced application portal and specialized process for households experiencing homelessness.

May 2022

NW ND Emergency Housing Stability storm response (temporary program)

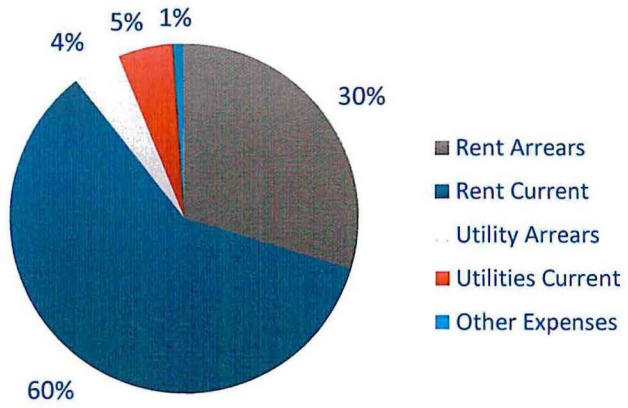
June 2022

Launch of ND Homeowner Assistance Fund



HOUSING STABILITY PROGRAM IMPACT

Financial Assistance by Category



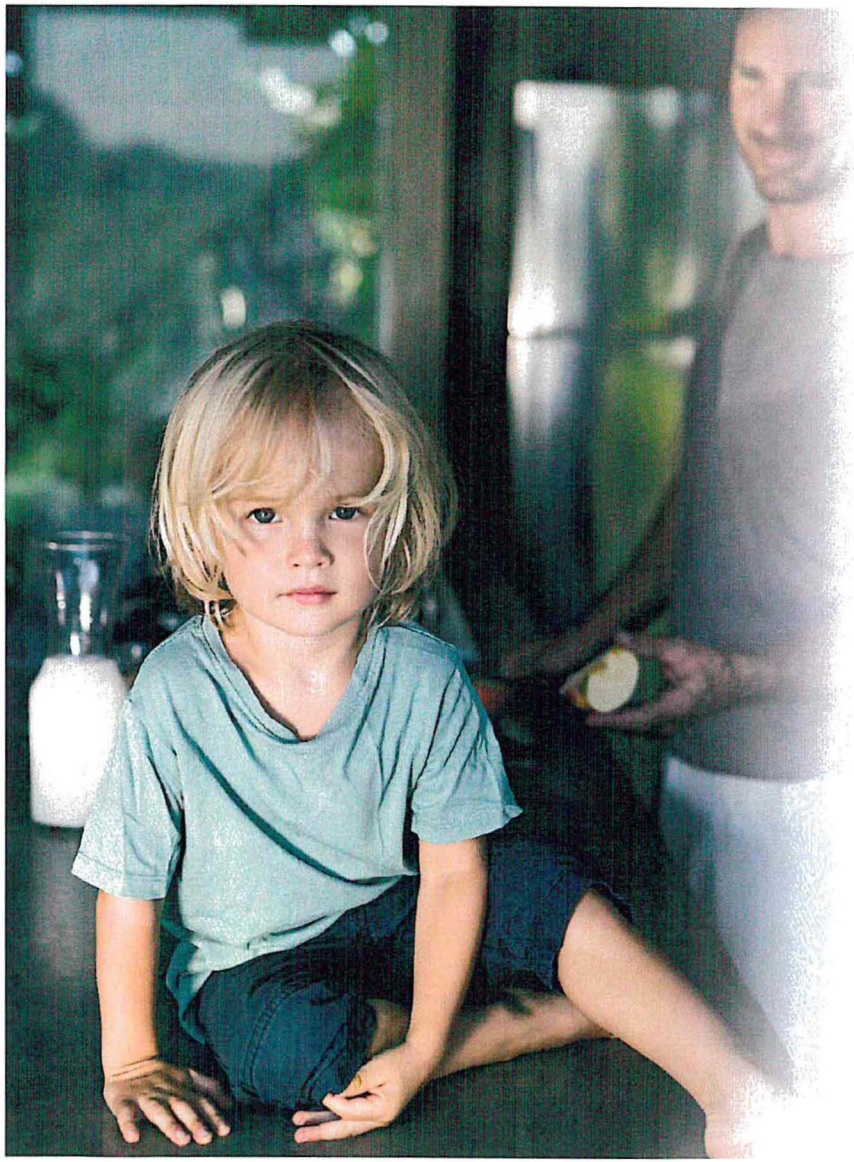
Impact for ND families with income up 80% of Area Median Income

January 2020-December 2022

$78 million	Support to households
$731	Average assistance per household per month
19,588	Households assisted

Find the NDHHS Housing Stability Data Dashboard online at: https://www.hhs.nd.gov/applyforhelp/rent-help

NORTH Dakota Be Legendary. | Health & Human Services



2023-2025 Budget request

The **program, systems and workforce support** necessary to continue to serve North Dakotans

NORTH Dakota Be Legendary. | Health & Human Services

Economic Assistance: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 7,491,381	$ 2,625,709	$ 10,117,090
Operating	10,049,033	(276,783)	9,772,250
IT Services	4,389	9,611	14,000
Grants	257,416,610	122,726,053	380,142,663
Total	$ 274,961,413	$ 125,084,590	$ 400,046,003

General Fund	**$ 11,831,644**	**$ 45,625,238**	**$ 57,456,882**
Federal Funds	**243,692,453**	**78,295,988**	**321,988,441**
Other Funds	**19,437,316**	**1,163,364**	**20,600,680**
Total Funds	**$ 274,961,413**	**$ 125,084,590**	**$ 400,046,003**

Full Time Equivalent (FTE)	49.80	-	49.80

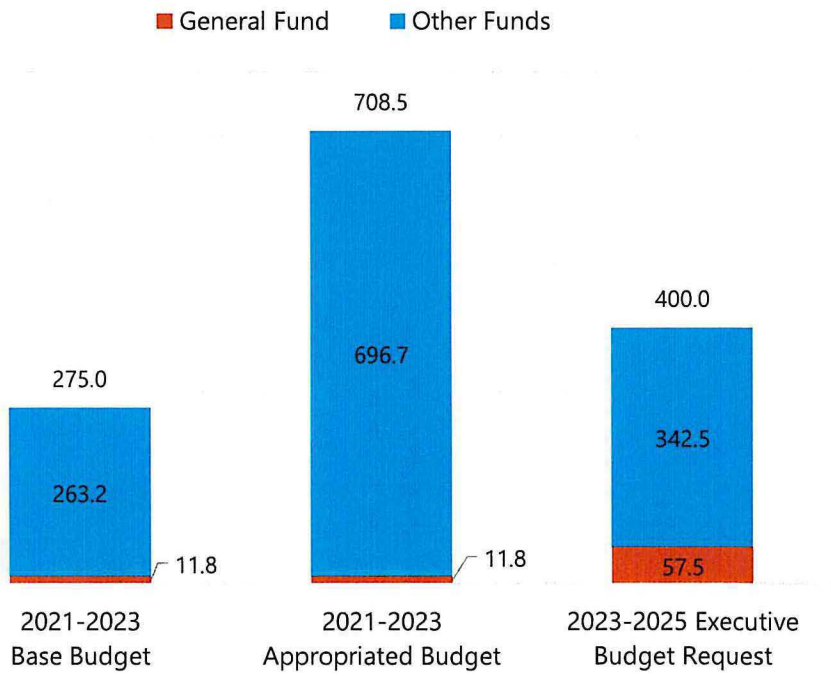
NORTH Dakota | Health & Human Services
Be Legendary.

Economic Assistance: Overview of budget changes
(IN MILLIONS)

INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION
$ 125 MILLION

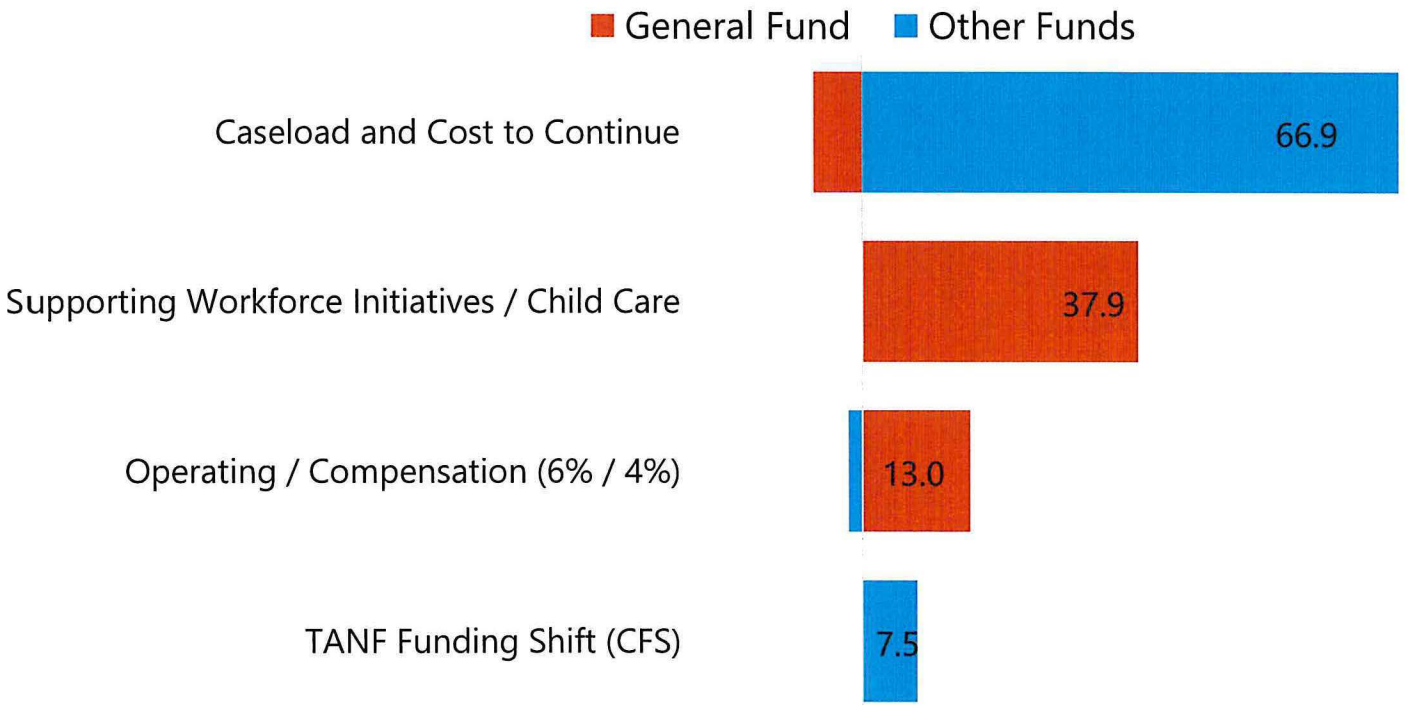
2021-23 Appropriated Budget includes $433.5 million in time-limited COVID relief funds

2023-25 Executive Budget Request
- +$2.6 M salaries and - $275K in operating
- +$66.9 M cost to continue (grants), including $55.6 M SNAP and $6.6 M LIHEAP
- +$7.5 M TANF (shift from CFS)
- +$37.9 M child care assistance (child care / workforce proposal)



NORTH Dakota Be Legendary. | Health & Human Services

Economic Assistance: Overview of budget changes
(IN MILLIONS)



NORTH Dakota Be Legendary. | Health & Human Services



Contact information

Michele Gee

Director, Economic Assistance Section

mgee@nd.gov

www.hhs.nd.gov/applyforhelp

NORTH Dakota | Health & Human Services
Be Legendary.

Appendix: Comparison of the 2021 state median income (SMI) and the federal poverty level

	Federal Poverty Level		30% SMI		60% SMI		85% SMI		100% SMI	
Household Size	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage
1	$12,880	$6.19	$16,238	$7.81	$32,475	$15.61	$ 46,008	$ 22.12	$54,125	$26.02
2	$17,420	$8.38	$21,233	$10.21	$42,467	$20.42	$ 60,156	$ 28.92	$70,778	$34.90
3	$21,960	$10.56	$26,230	$12.61	$52,460	$25.22	$ 74,316	$ 35.73	$87,433	$42.04
4	$26,500	$12.74	$31,226	$15.01	$62,452	$30.03	$ 88,476	$ 42.54	$104,087	$50.04
5	$31,040	$14.92	$36,222	$17.41	$72,444	$34.83	$ 102,636	$ 49.34	$120,740	$58.05
6	$35,580	$17.11	$41,219	$19.82	$82,437	$39.63	$ 116,796	$ 56.15	$137,395	$66.06
7	$40,120	$19.29	$42,155	$20.26	$84,310	$40.53	$ 119,448	$ 57.43	$140,517	$67.56
8	$44,660	$21.47	$43,092	$20.72	$86,184	$41.43	$ 122,100	$ 58.70	$143,640	$69.06

Appendix: Occupations by Average Wage

71% of jobs in the ND labor market pay an average wage of $28/hour or less







Less than $13 / hr	$13 - $20 / hour	$20 - $28 / hour	$28 - $35 / hour	>$35 / hour
Waiter/Waitress	Pharmacy tech	Carpenter	School counselor	Engineer
Child care worker	Home health	Loan processor	Rotary drill operator	Constr mgr
Dishwasher	PT assistant	Legal secretary	HR specialist	Electrician
Bartender	Hair stylist	Correctional officers	Accountant	Lineman
Cafeteria worker	Retail	Auto service tech	Real Estate Sales	Gen/Op mgr
Short order cook	Farmworker	Surgical tech	PR specialist	Loan officer
Cashiers	Restaurant cook	Roofer	Counselor	Lawyer
Veterinary Assistant	Data entry	Lic Practical Nurse	Registered Nurse	Sales
	EMTs & paramedics	Dental assistant	Comp network specialist	Software dev
	Carpet installers	Firefighter	Construction supervisor	Veterinarian
	Maintenance workers	Surgical assistant	Dental hygienist	Pharmacist
	Nursing assistant	Clergy	Architectural drafter	Physician
	Laborer	Social worker	Speech pathologist	Dentist
	Substitute teacher	Police		Psychologist
	Extraction helper	Hotel manager		
		Truck driver		
70,770	**219,490**	**215,200**	**90,740**	**114,730**
# of people employed in a job with average wage of <$13/hour	*31%*	*30%*	*13%*	*16%*
represents 10% of total jobs				

Source: Job Service ND 2020 Employment and Wages by Occupation dataset | mean wage by occupation; 710,910 jobs included in wage summary



Senate Bill 2012

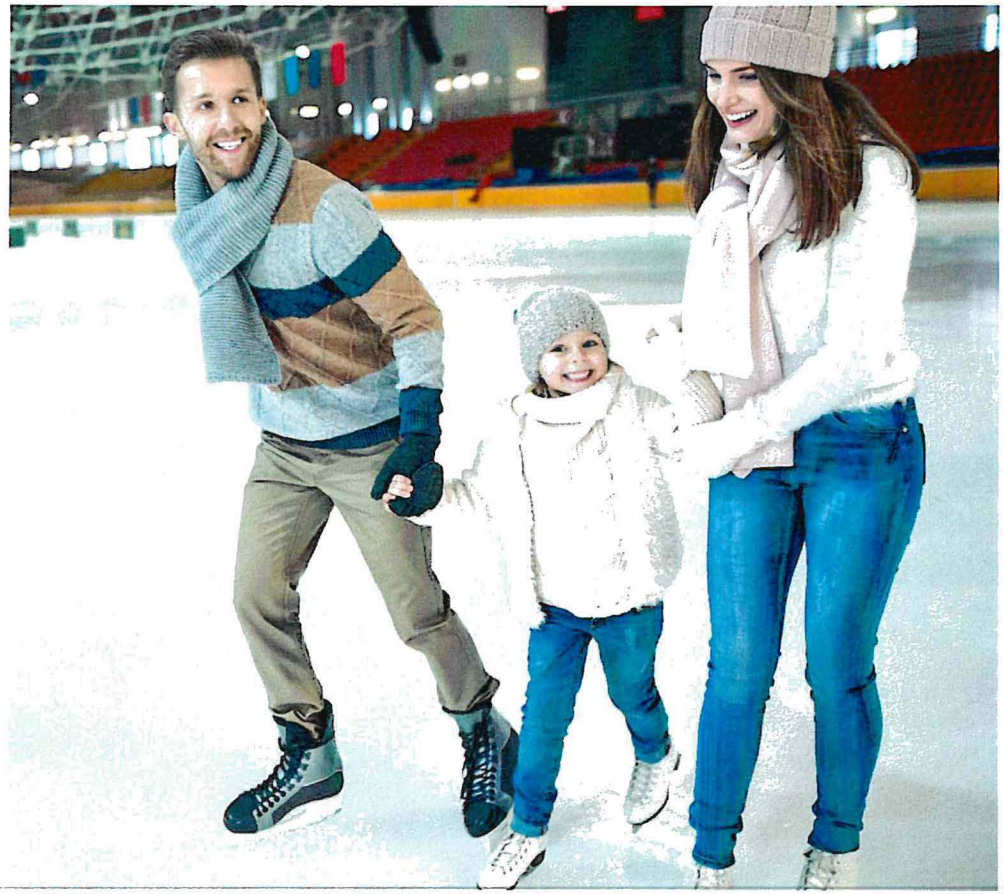
Senate Appropriations Committee
Senator Brad Bekkedahl, Chairman

Child Support Section| January 16, 2023

NORTH Dakota | Health & Human Services
Be Legendary.

Child Support Program Purpose

The purpose of the Child Support program is to help parents meet the needs of their children by securing appropriate and sustainable child support.



NORTH Dakota | Health & Human Services
Be Legendary.

Who we serve

As of 2022, the Child Support section delivers programs and services to:

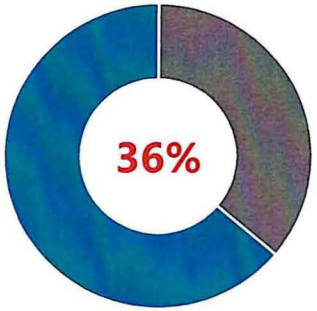
- 67,136 children
- 86,050 parents
- 53,318 cases
  - Full service. – 32,797
  - Limited service – 20,521
- Employers 79,176



NORTH Dakota Be Legendary. | Health & Human Services

Child Support
Who we serve

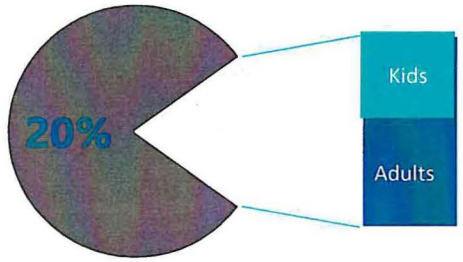
67,136



1 in 3 ND kids

In 2022, 67,136 children received child support services. That is more than 1 of every 3 children under age 18 in the state.

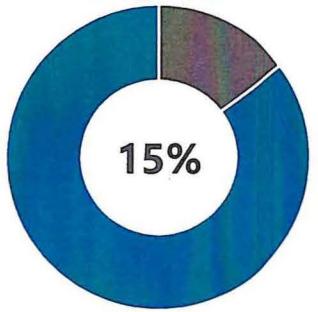
153,186



1 in 5 North Dakotans

153,186 people received child support services in North Dakota in 2022.

86,050

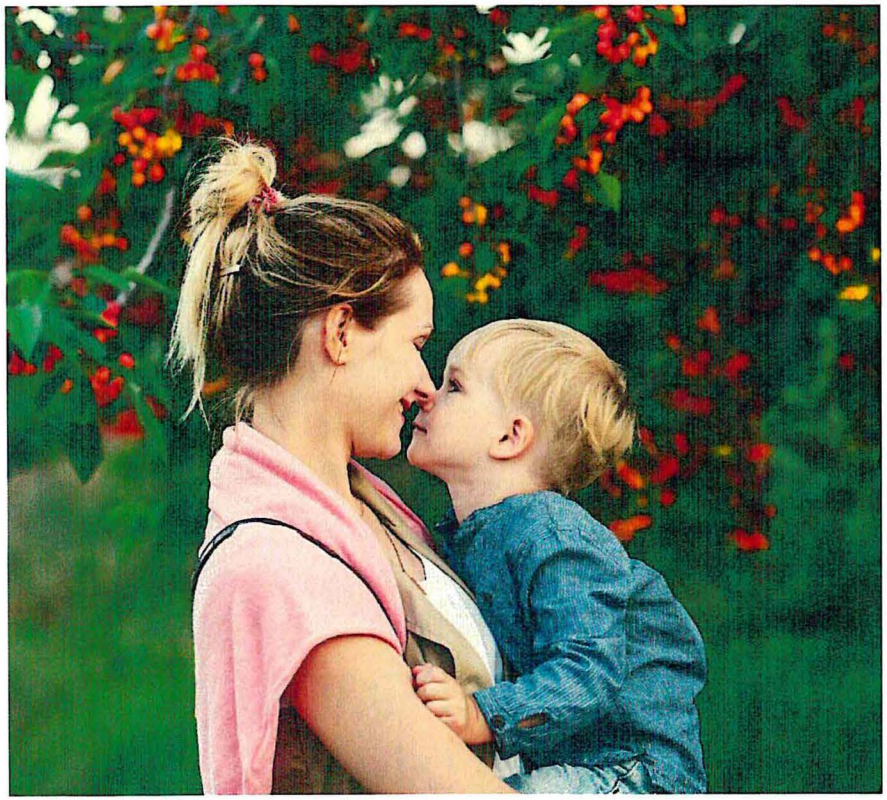


1 in 7 ND adults

In 2022, 86,050 parents received child support services. That means nearly 1 of every 7 adults (age 18+) in the state has a connection to the child support division.

NORTH Dakota | Health & Human Services
Be Legendary.

Meet Bobbi Jo & Tanner



Bobbi Jo is 22 years old and lives in Devils Lake. She used to live with the father of her two-year old son Tanner.

Tanner's father acknowledged his paternity in the hospital when Tanner was born but broke up with Bobbi Jo when Tanner was a baby.

Bobbi Jo has a part-time job at a local convenience store. She is receiving health coverage for herself and Tanner under the Medicaid program.

She is struggling to make ends meet, but currently makes too much income to be eligible for SNAP or TANF.

NORTH Dakota | Health & Human Services
Be Legendary.

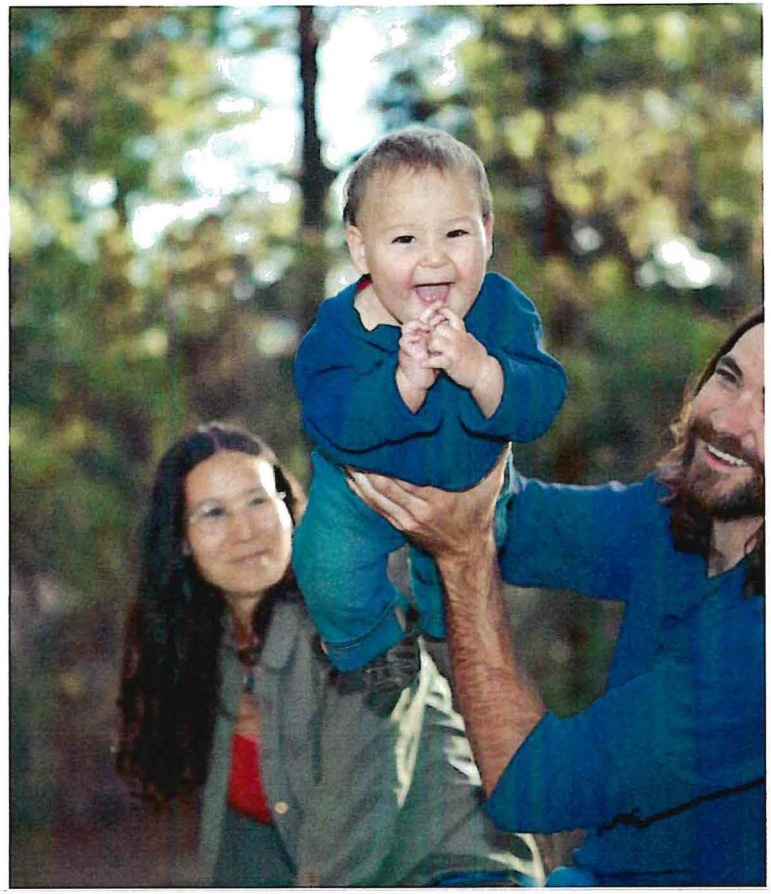
Child Support
What we do – Full Service and Limited Service

All Cases

- Customer service
- Income withholding
- Account management

Full-Service Cases

- Establishment of paternity
- Establishment of a child support and medical support order
- Other enforcement actions such as tax refund offset and license suspension
- Employment services
- Periodic review and modification of child support obligation



NORTH Dakota | Health & Human Services
Be Legendary.

Child Support section provides services that promote family self sufficiency



Customer Service

- 24/7/365 information on website and interactive phone system
- Customer service call center
- Appointments



Establish paternity

- In-hospital paternity acknowledgment program
- Genetic tests
- Paternity judgment



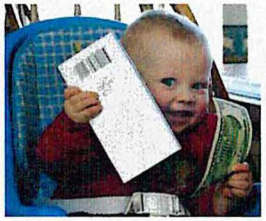
Establish and modify court orders for child and medical support

- Child Support guidelines
- Periodic reviews



Enforcement

- Income withholding
- Tax refunds
- License suspension
- Employment assistance



Account Management

- Receive payments
- Maintain payment ledger
- Disburse payments

NORTH Dakota | Health & Human Services
Be Legendary.

Child Support
Opening a Full-Service case

- TANF Referral
- Medicaid Referral
- Foster Care Referral
- Referral from another state or tribal or international child support program
- Application by a parent



NORTH Dakota | Health & Human Services
Be Legendary.

How we measure success
Collection of payments owed

When child support is received, the child is able to grow up in a more secure and stable environment.

Studies have shown that for every $1 a family receives in child support, $0.19 is saved in reduced need for TANF, SNAP, Medicaid and other programs.

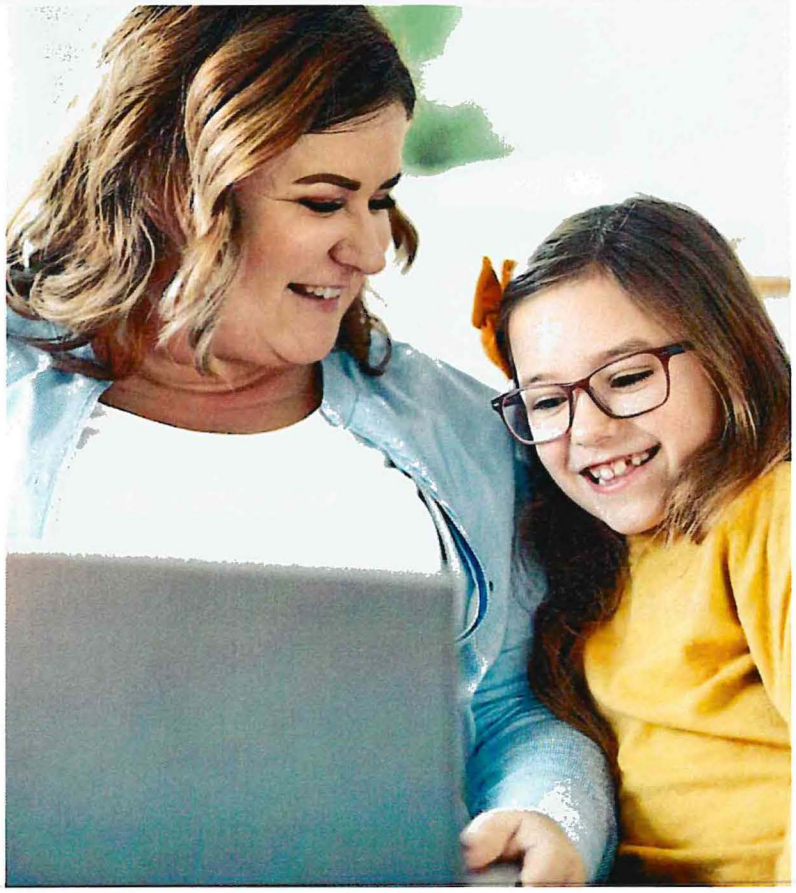


NORTH Dakota | Health & Human Services
Be Legendary.

Child Support Return on Investment

- Every **$1.00 spent** on Child Support generated **$6.31 for family recipients**

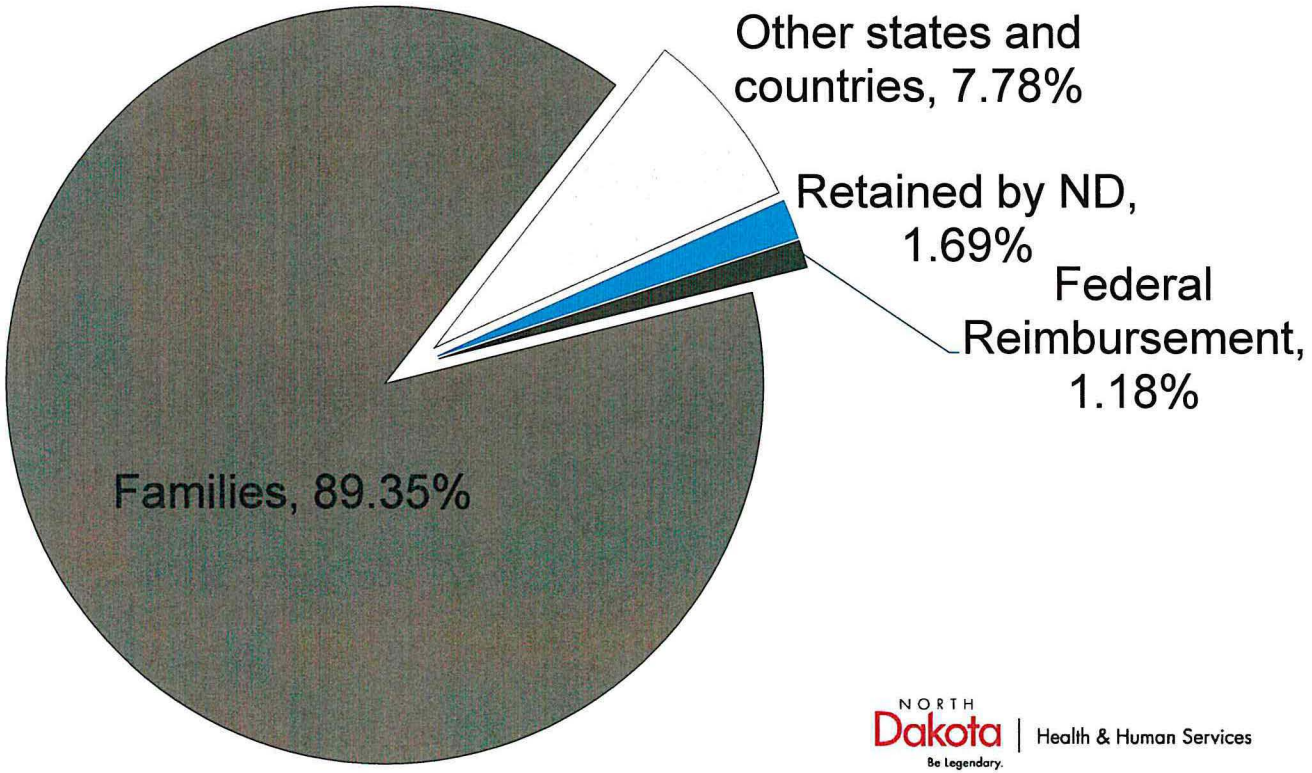
- Every **$1.00 in state General Funds spent** on Child Support generates **$18.55 in support for family** recipients



NORTH Dakota | Health & Human Services
Be Legendary.

Collections - Where the money goes

Child support agencies work collaboratively, across state lines, to ensure that families receive the child support they are owed regardless of where they live.



NORTH Dakota Be Legendary. | Health & Human Services

Child Support Partners



- Employers
- Judges
- Clerks of court
- Sheriffs
- ND state and local government agencies
- Other state and tribal child support programs
- Private attorneys
- Car dealers
- Gaming operators

NORTH Dakota | Health & Human Services
Be Legendary.

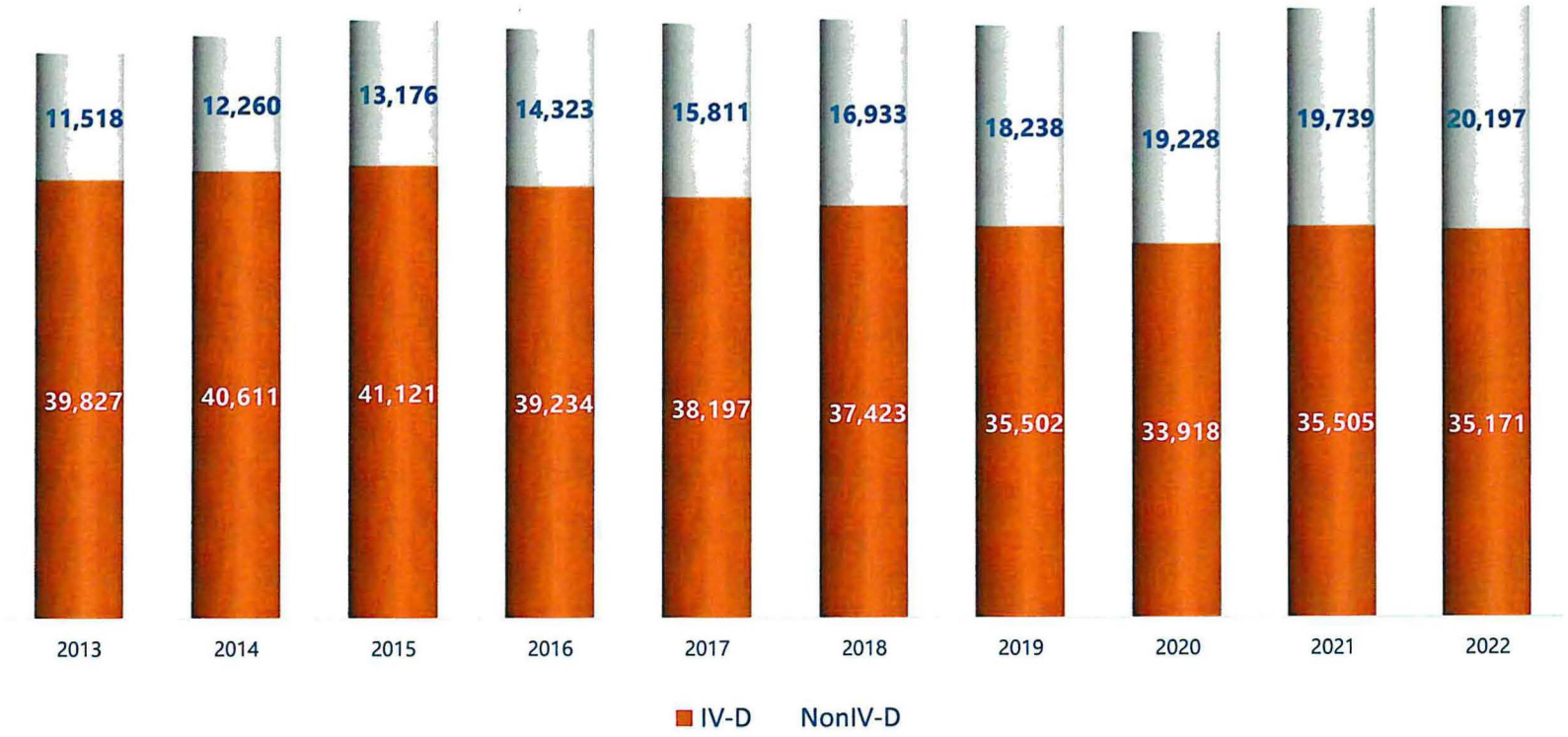
Child Support Tribal Partnerships

- "Lack of jurisdiction" cases are excluded from federal performance measures
- Partnership with Three Affiliated Tribes and Standing Rock Sioux Tribe child support programs
- Bring actions in Turtle Mountain and Spirit Lake tribal courts
- Host Tribal Offset Partnership so tribes can access federal offset services



NORTH Dakota | Health & Human Services
Be Legendary.

Child Support caseload is stable



Non-IV-D case = Limited Service

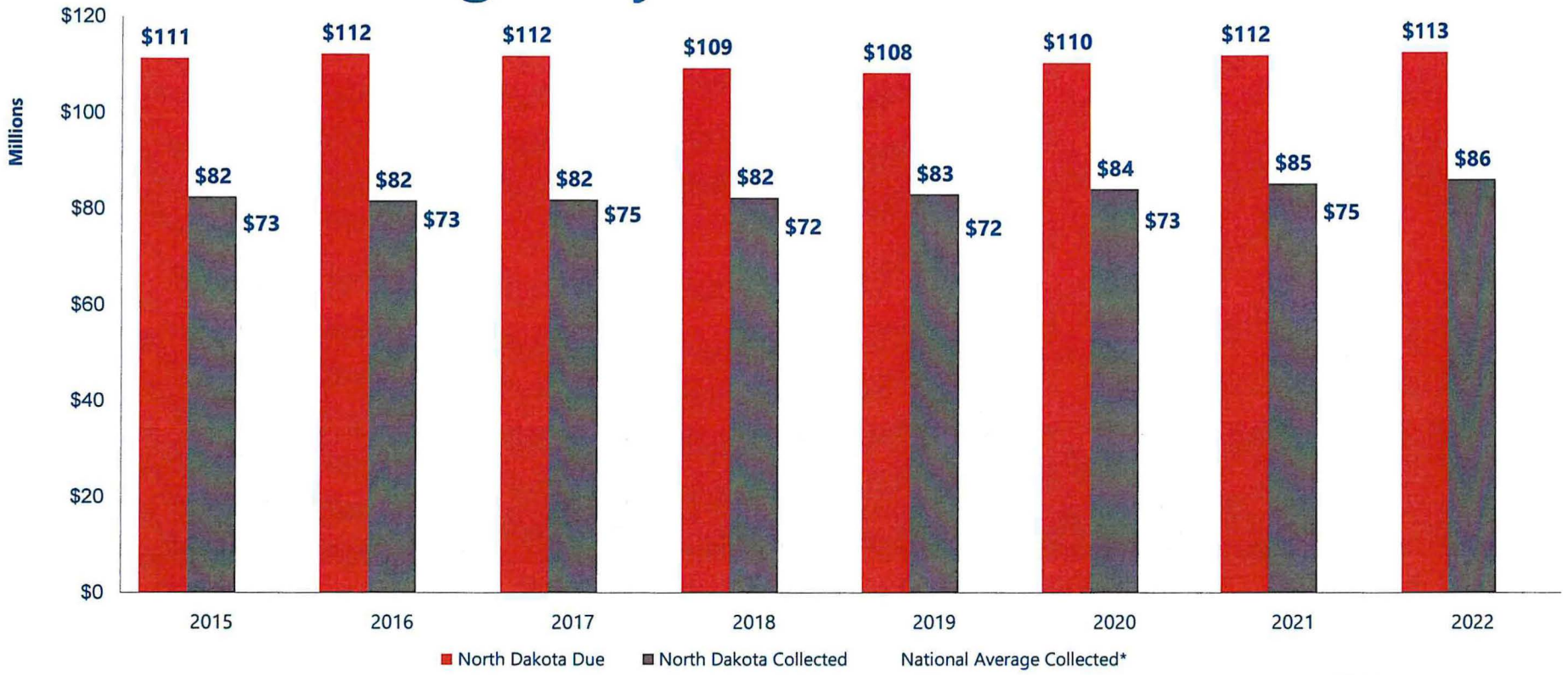
IV-D case = Full Service

NORTH Dakota Be Legendary. | Health & Human Services

Child Support Performance Measures

	Orders Established	Paternity Established	Current Support	Cases with Arrears Collection	Cost Benefit
ND FFY 2022	90.09%	108.66%	75.88%	67.34%	$6.31
ND FFY 2021	90.38% (20)	104.67% (7)	75.45% (5)	67.72% (28)	$6.26 (13)
#1 State	94.83%	165.33%	84.33%	86.33%	$11.80
#5 State	94.44%	110.95%	75.45%	75.28%	$7.92
#10 State	93.14%	101.75%	71.33%	73.16%	$6.43

ND child support collections typically exceed national averages by about 10%

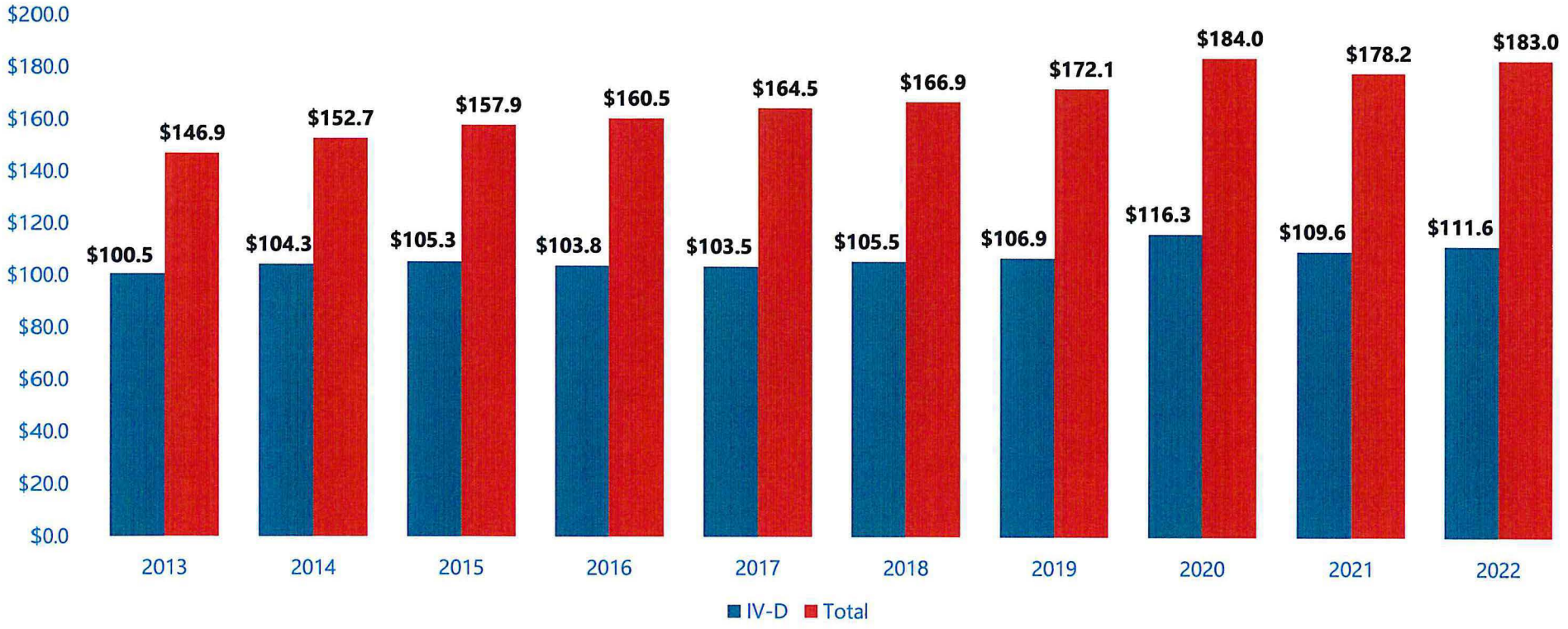


	2015	2016	2017	2018	2019	2020	2021	2022
North Dakota	74.1%	72.8%	73.2%	75.3%	76.7%	76.2%	75.5%	75.9%
National Average	65.2%	65.4%	66.6%	65.8%	66.2%	66.3%	67.0%	N/A

NORTH Dakota Be Legendary. | Health & Human Services

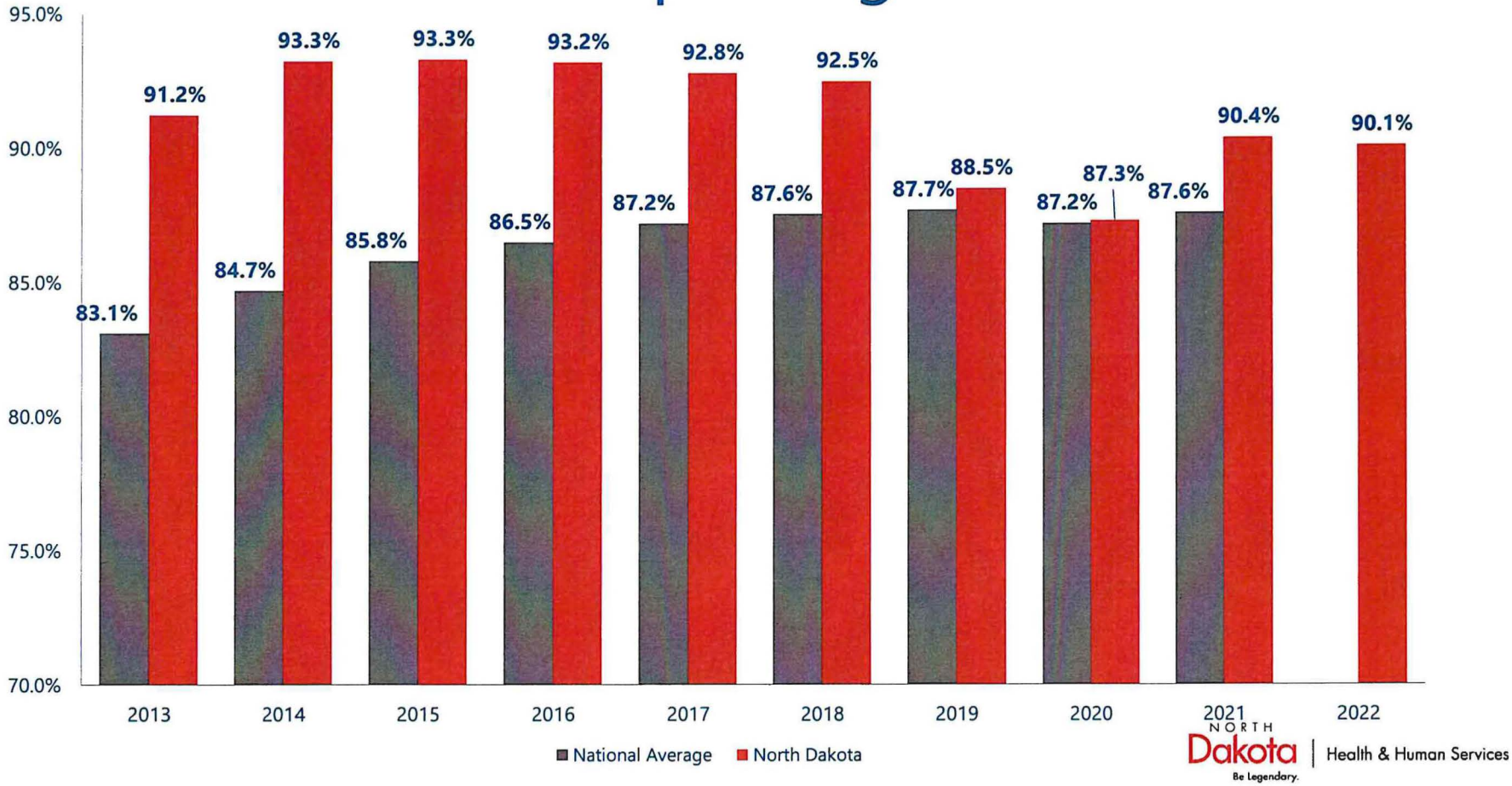
**National average performance applied to North Dakota's current support due.*

Collections continue to increase



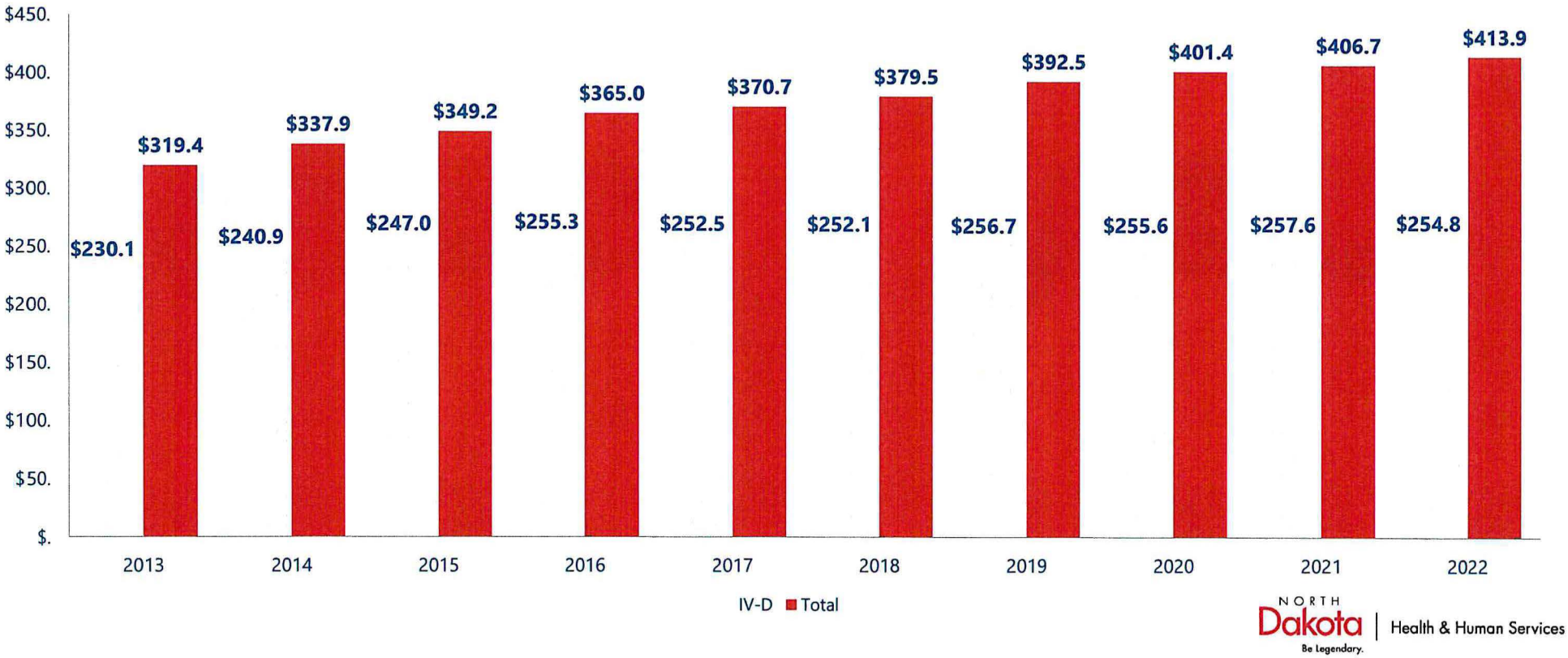
NORTH Dakota | Health & Human Services
Be Legendary.

Order establishment improving after COVID-19



NORTH Dakota Be Legendary. | Health & Human Services

Unpaid support in full-service cases is being contained



NORTH Dakota Be Legendary. | Health & Human Services

How do customers reach us?



childsupport@nd.gov



(800) 231-4255

NORTH Dakota | Health & Human Services
Be Legendary.



A future of continued progress

2023-2025 is the biennium to complete modernization of the child support program as a component of economic health and delivery of comprehensive human services

NORTH Dakota Be Legendary. | Health & Human Services



2023-2025 Budget request

The **program, systems and workforce support** necessary to continue to serve North Dakotans

NORTH Dakota | Health & Human Services
Be Legendary.

HHS Child Support: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 27,413,957	$ 2,733,526	$ 30,147,483
Operating	3,461,249	(917,645)	2,543,604
IT Services	99,555	27,600	127,155
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	-	-	-
Total	$ 30,974,761	$ 1,843,481	$ 32,818,242

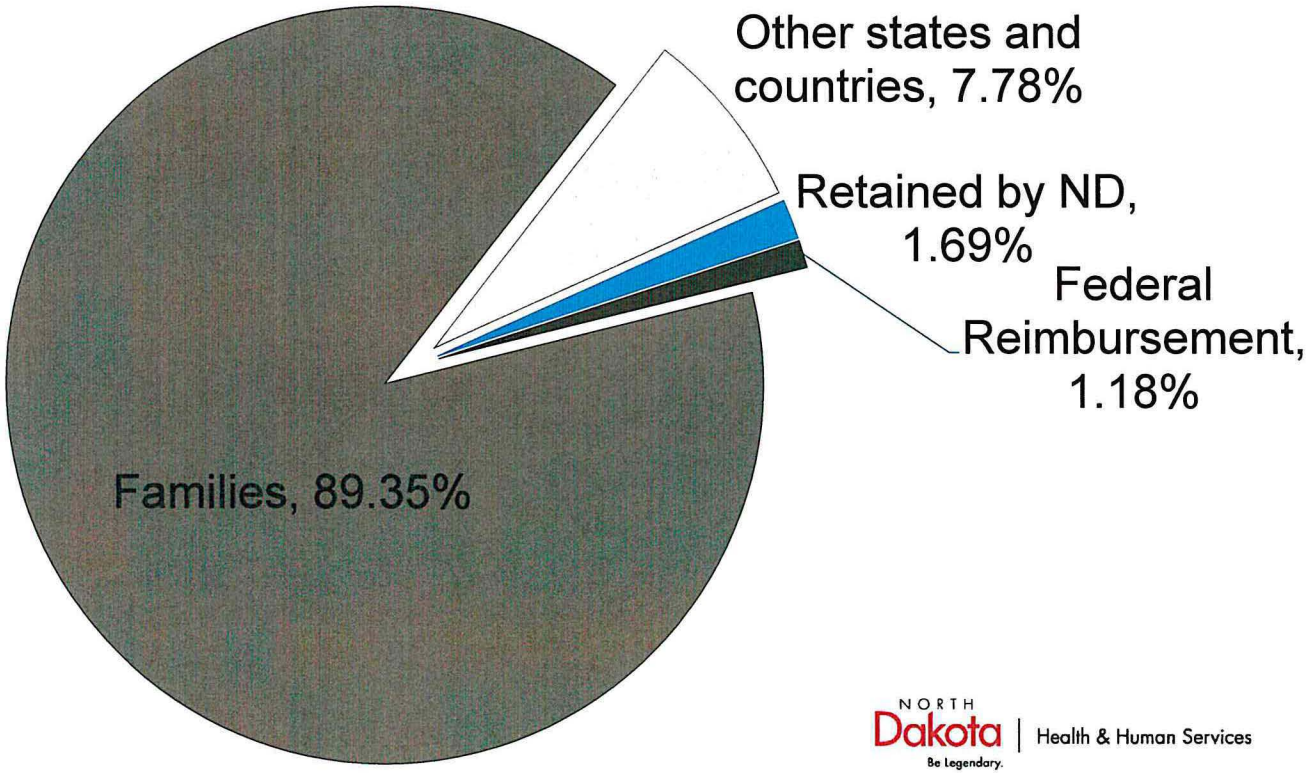
General Fund	**$ 8,486,110**	**$ 980,259**	**$ 9,466,369**
Federal Funds	**18,465,044**	**973,254**	**19,438,298**
Other Funds	**4,023,607**	**(110,032)**	**3,913,575**
Total Funds	**$ 30,974,761**	**$ 1,843,481**	**$ 32,818,242**

Full Time Equivalent (FTE)	161.20	-	161.20

NORTH Dakota Be Legendary. | Health & Human Services

Collections - Where the money goes

Child support agencies work collaboratively, across state lines, to ensure that families receive the child support they are owed regardless of where they live.



NORTH Dakota Be Legendary. | Health & Human Services

Child Support Partners



- Employers
- Judges
- Clerks of court
- Sheriffs
- ND state and local government agencies
- Other state and tribal child support programs
- Private attorneys
- Car dealers
- Gaming operators

NORTH Dakota | Health & Human Services
Be Legendary.

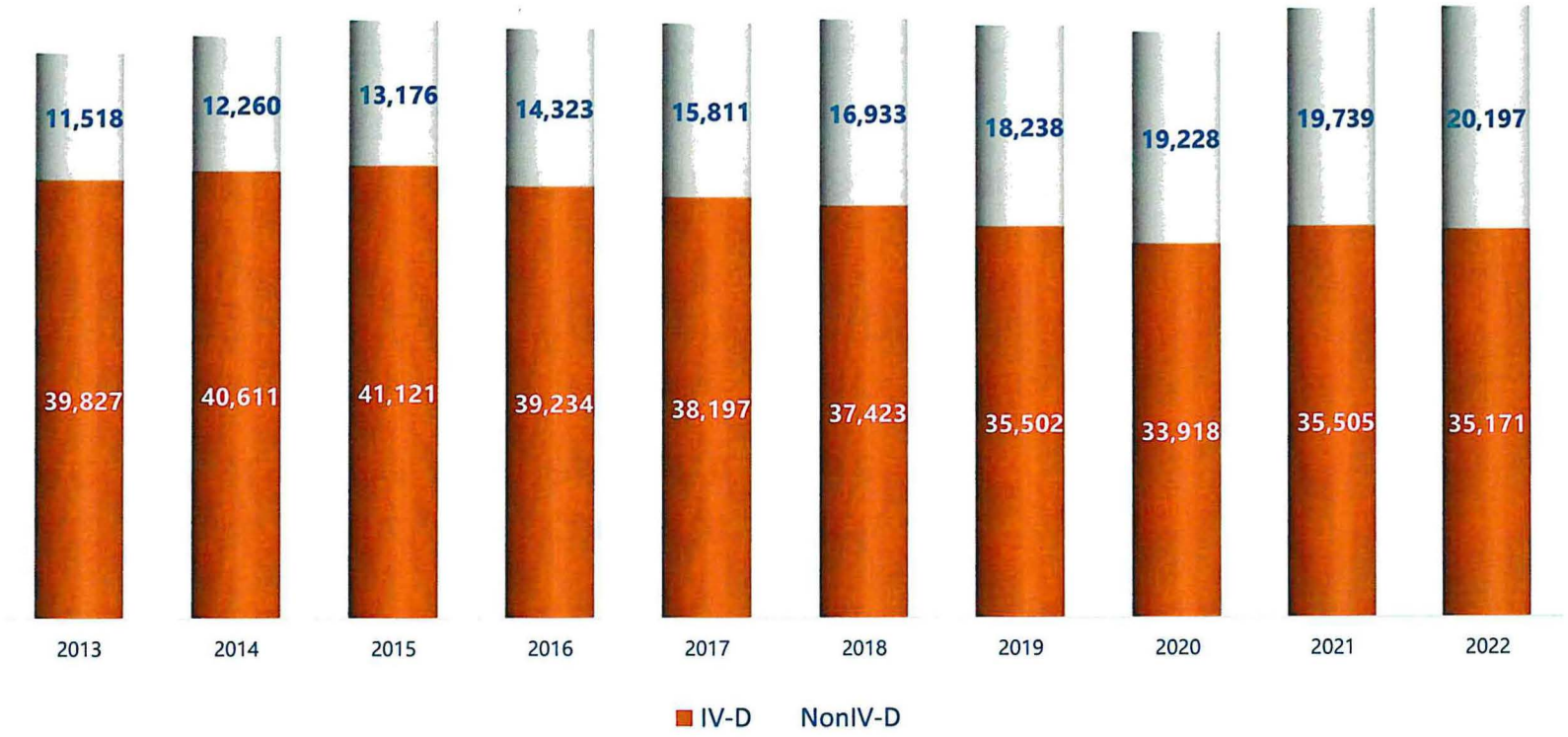
Child Support Tribal Partnerships

- "Lack of jurisdiction" cases are excluded from federal performance measures
- Partnership with Three Affiliated Tribes and Standing Rock Sioux Tribe child support programs
- Bring actions in Turtle Mountain and Spirit Lake tribal courts
- Host Tribal Offset Partnership so tribes can access federal offset services



NORTH Dakota | Health & Human Services
Be Legendary.

Child Support caseload is stable



Non-IV-D case = Limited Service

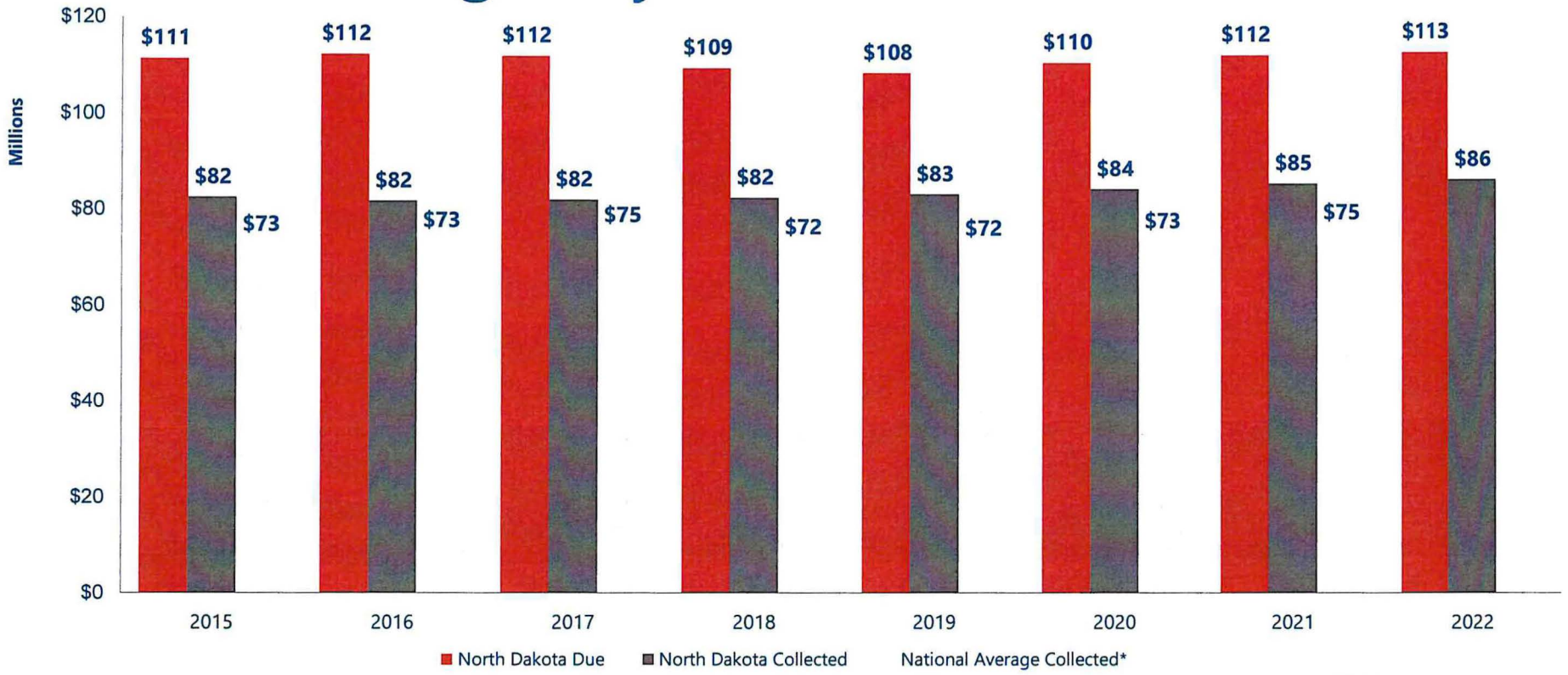
IV-D case = Full Service

NORTH Dakota Be Legendary. | Health & Human Services

Child Support Performance Measures

	Orders Established	Paternity Established	Current Support	Cases with Arrears Collection	Cost Benefit
ND FFY 2022	90.09%	108.66%	75.88%	67.34%	$6.31
ND FFY 2021	90.38% (20)	104.67% (7)	75.45% (5)	67.72% (28)	$6.26 (13)
#1 State	94.83%	165.33%	84.33%	86.33%	$11.80
#5 State	94.44%	110.95%	75.45%	75.28%	$7.92
#10 State	93.14%	101.75%	71.33%	73.16%	$6.43

ND child support collections typically exceed national averages by about 10%

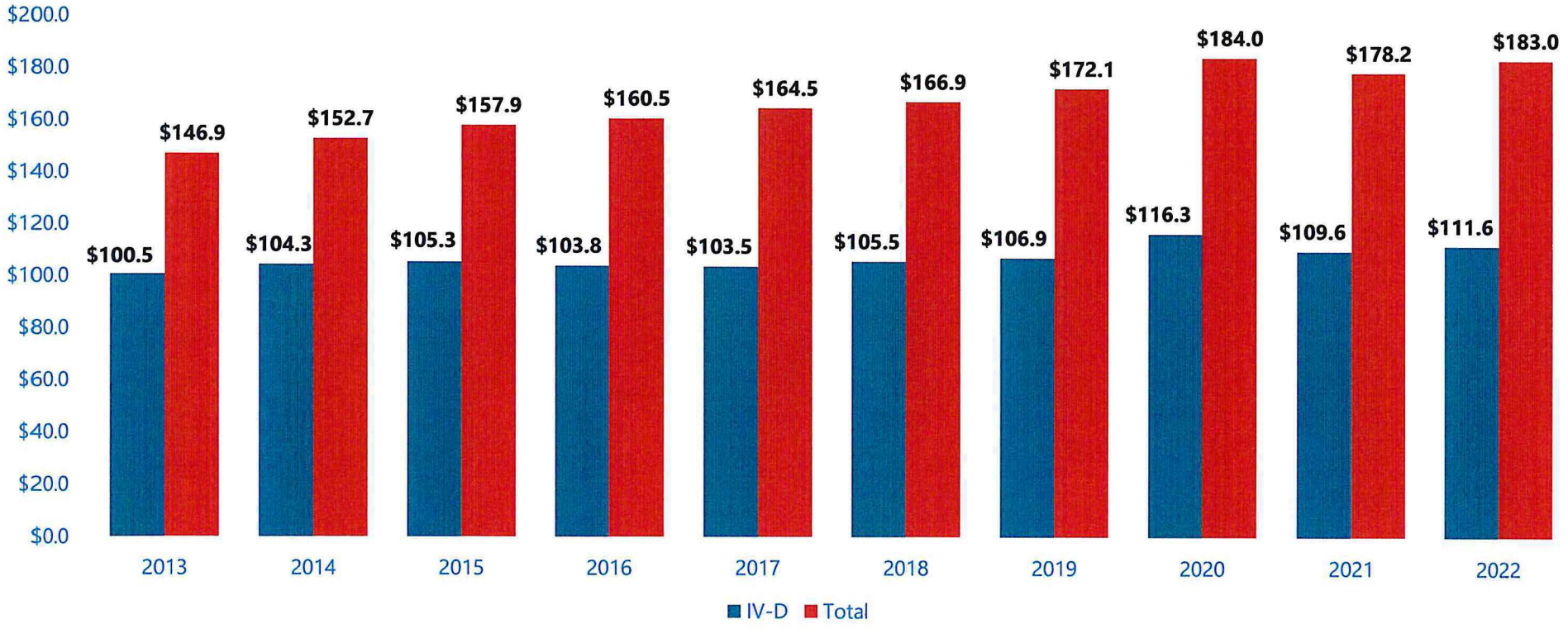


	2015	2016	2017	2018	2019	2020	2021	2022
North Dakota	74.1%	72.8%	73.2%	75.3%	76.7%	76.2%	75.5%	75.9%
National Average	65.2%	65.4%	66.6%	65.8%	66.2%	66.3%	67.0%	N/A

NORTH Dakota Be Legendary. | Health & Human Services

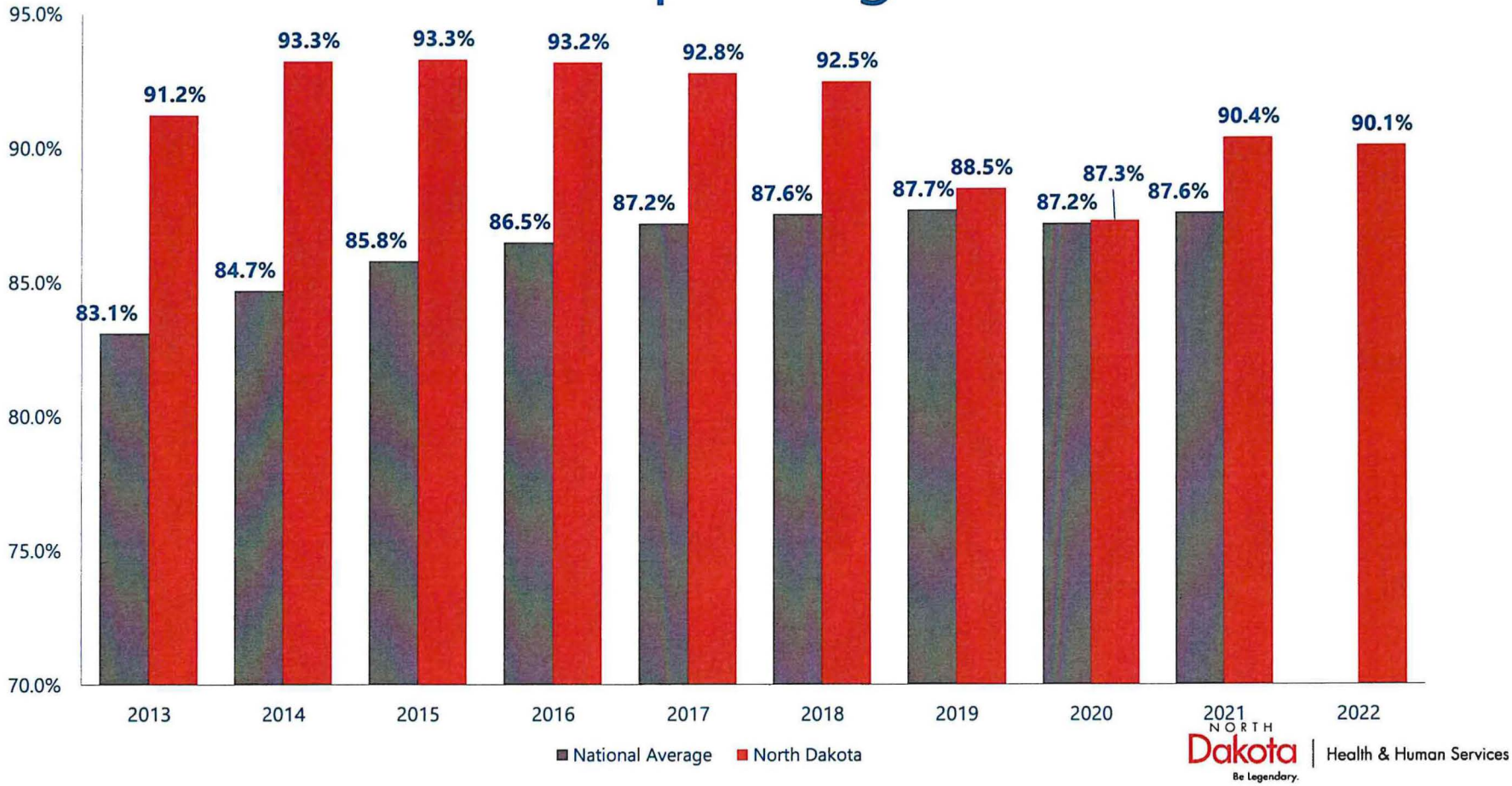
**National average performance applied to North Dakota's current support due.*

Collections continue to increase



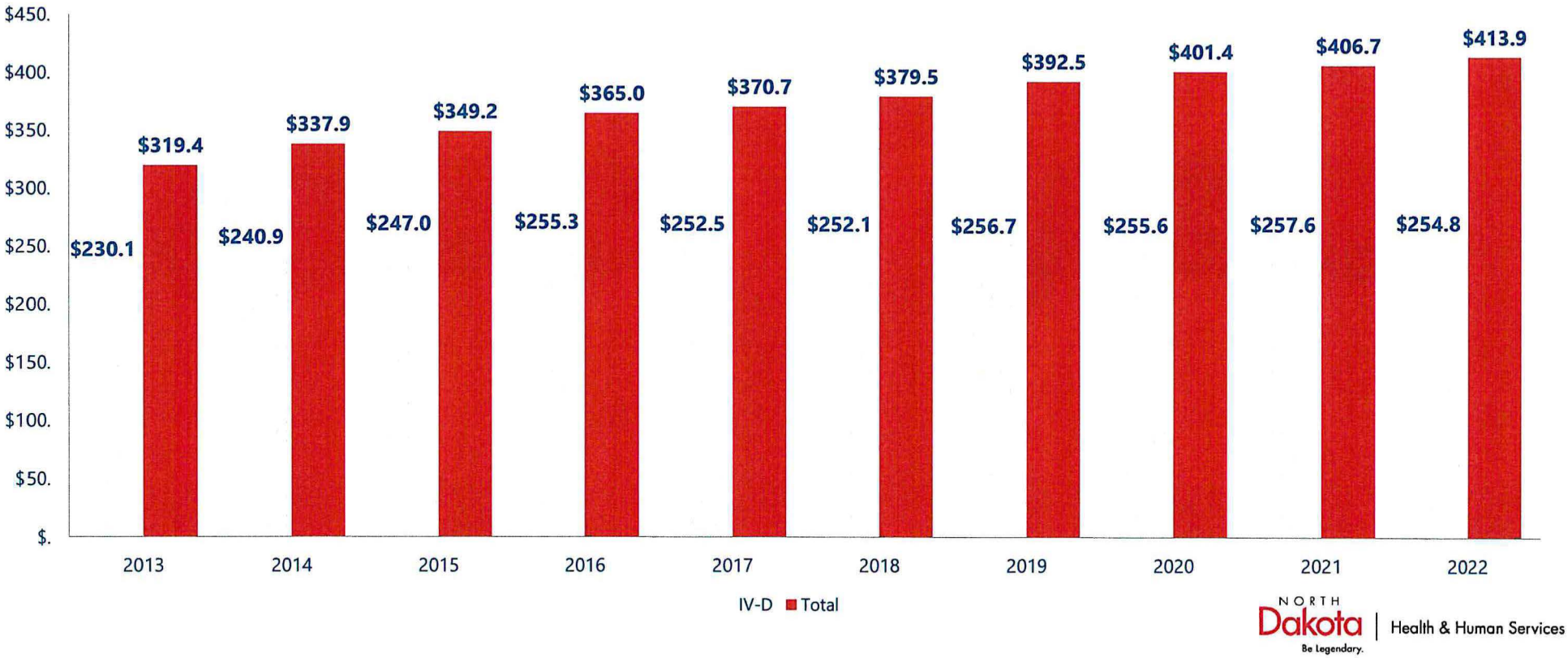
NORTH Dakota | Health & Human Services
Be Legendary.

Order establishment improving after COVID-19



NORTH Dakota Be Legendary. | Health & Human Services

Unpaid support in full-service cases is being contained



NORTH Dakota Be Legendary. | Health & Human Services

How do customers reach us?



childsupport@nd.gov



(800) 231-4255

NORTH Dakota | Health & Human Services
Be Legendary.

HHS Child Support: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 27,413,957	$ 2,733,526	$ 30,147,483
Operating	3,461,249	(917,645)	2,543,604
IT Services	99,555	27,600	127,155
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	-	-	-
Total	$ 30,974,761	$ 1,843,481	$ 32,818,242

General Fund	**$ 8,486,110**	**$ 980,259**	**$ 9,466,369**
Federal Funds	**18,465,044**	**973,254**	**19,438,298**
Other Funds	**4,023,607**	**(110,032)**	**3,913,575**
Total Funds	**$ 30,974,761**	**$ 1,843,481**	**$ 32,818,242**

Full Time Equivalent (FTE)	161.20	-	161.20

NORTH Dakota Be Legendary. | Health & Human Services

Child Support
Supporting Family Stability & Economic Health

20,000

Over 20,000 families who are owed child support are not receiving the program's full services

$27 million

More than $27 million in child support per year is not received in the month when it is due

$250 million

More than $250 million is owed in past-due support in full-service cases and nearly $414 million total in all cases

NORTH Dakota | Health & Human Services
Be Legendary.

Summary and key takeaways

- **Program efficiency** continues to improve
- **Revised referral strategies** will further improve program integration
- **Program performance** is strong but has further room for improvement
- **Service improvements** depend on legislative support for a modern case management system



NORTH Dakota | Health & Human Services
Be Legendary.

Child Support
Supporting Family Stability & Economic Health

20,000

Over 20,000 families who are owed child support are not receiving the program's full services

$27 million

More than $27 million in child support per year is not received in the month when it is due

$250 million

More than $250 million is owed in past-due support in full-service cases and nearly $414 million total in all cases

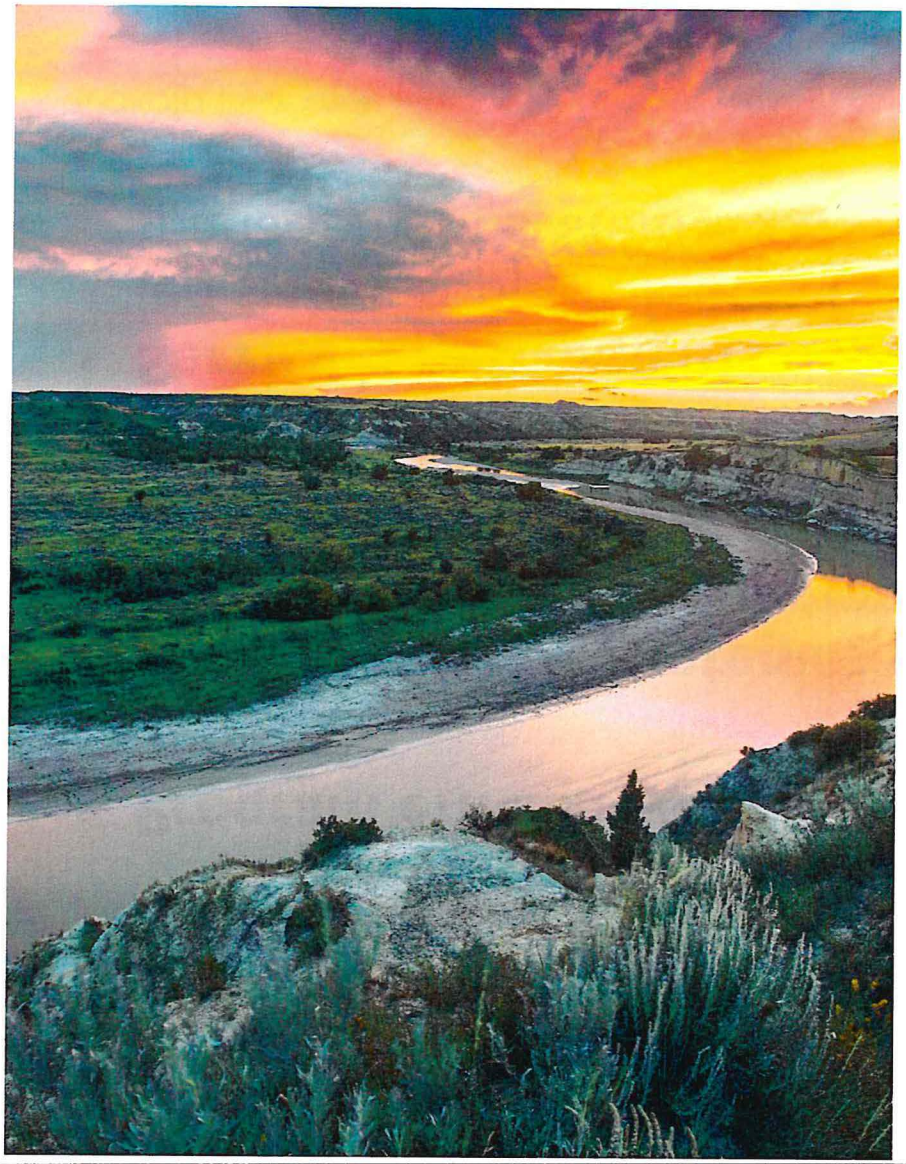
NORTH Dakota | Health & Human Services
Be Legendary.

Summary and key takeaways

- **Program efficiency** continues to improve
- **Revised referral strategies** will further improve program integration
- **Program performance** is strong but has further room for improvement
- **Service improvements** depend on legislative support for a modern case management system



NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Jim Fleming

Director, Child Support Section

jfleming@nd.gov

www.hhs@nd.gov

NORTH Dakota Be Legendary. | Health & Human Services



Senate Bill 2012

Senate Appropriations Committee

Senator Bekkedahl, Chairman

NORTH Dakota | Health & Human Services

Be Legendary.

Medicaid and Long-Term Care | January 16, 2023

HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the **FOUNDATIONS** of well-being

- Economic Health
- Behavioral Health
- Physical Health

Ensure everyone has the opportunity to realize their **POTENTIAL**

- Strong, Stable Families
- Services Closer to Home
- Early Childhood Experiences
- Efficiency Through Redesign
- High-Performing Team

Give everyone the **OPPORTUNITY** to decide to:

- Be Healthy
- Be Active
- Find & Prevent Disease Early

NORTH Dakota Be Legendary. | Health & Human Services

Presentation roadmap

- Who we serve
- Differences between fee-for-service Medicaid and Medicaid Expansion
- Improving the lives of North Dakotans:
  - 2021-2023 Accomplishments
  - Current and future challenges
- 2023-2025 budget requirements

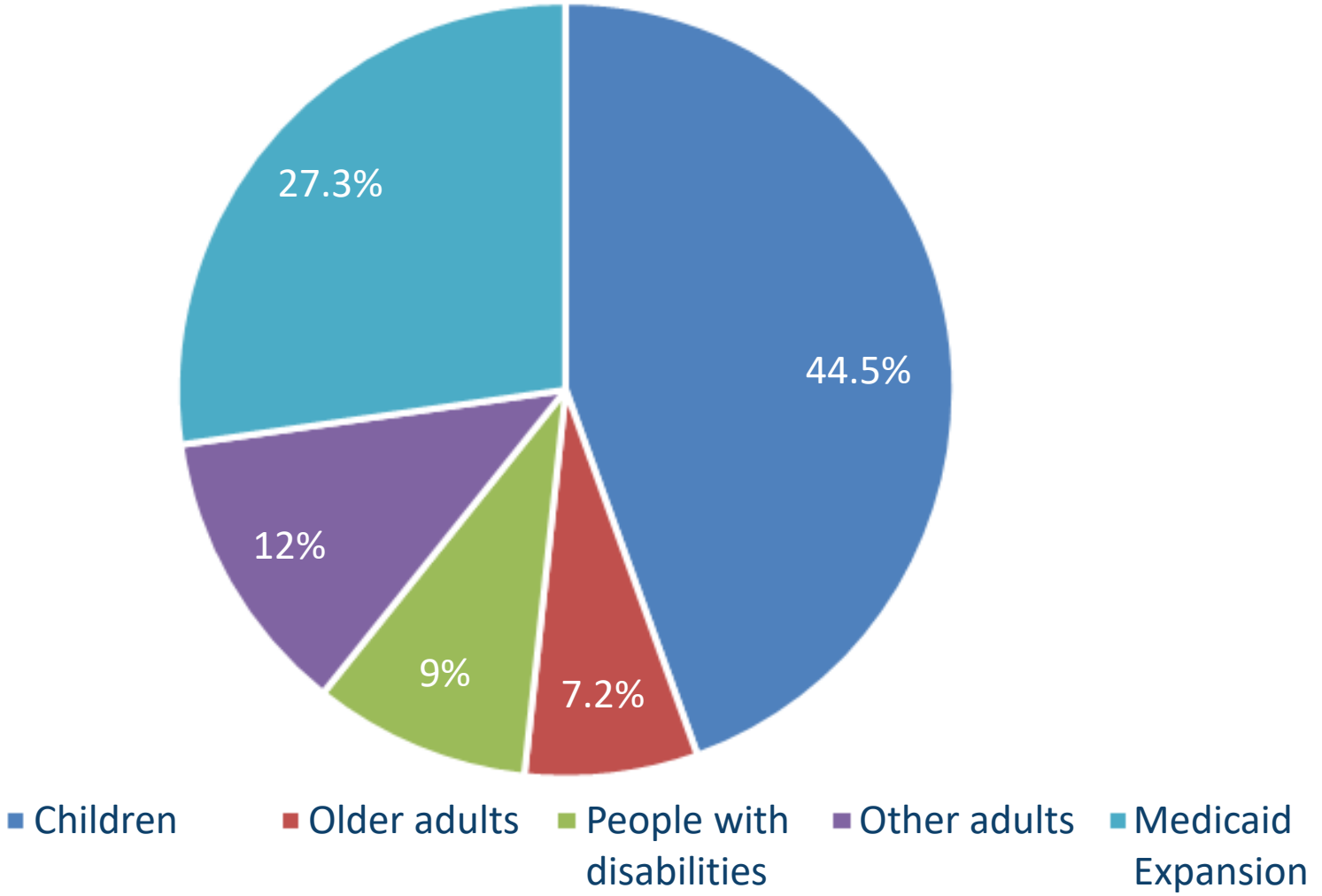


Who we serve

Medicaid members are our friends, family and neighbors. Medicaid provides health care coverage for low-income families, children, pregnant women, people with disabilities and older adults.

NORTH Dakota | Health & Human Services
Be Legendary.

Who is covered by ND Medicaid?



NORTH Dakota Be Legendary. | Health & Human Services



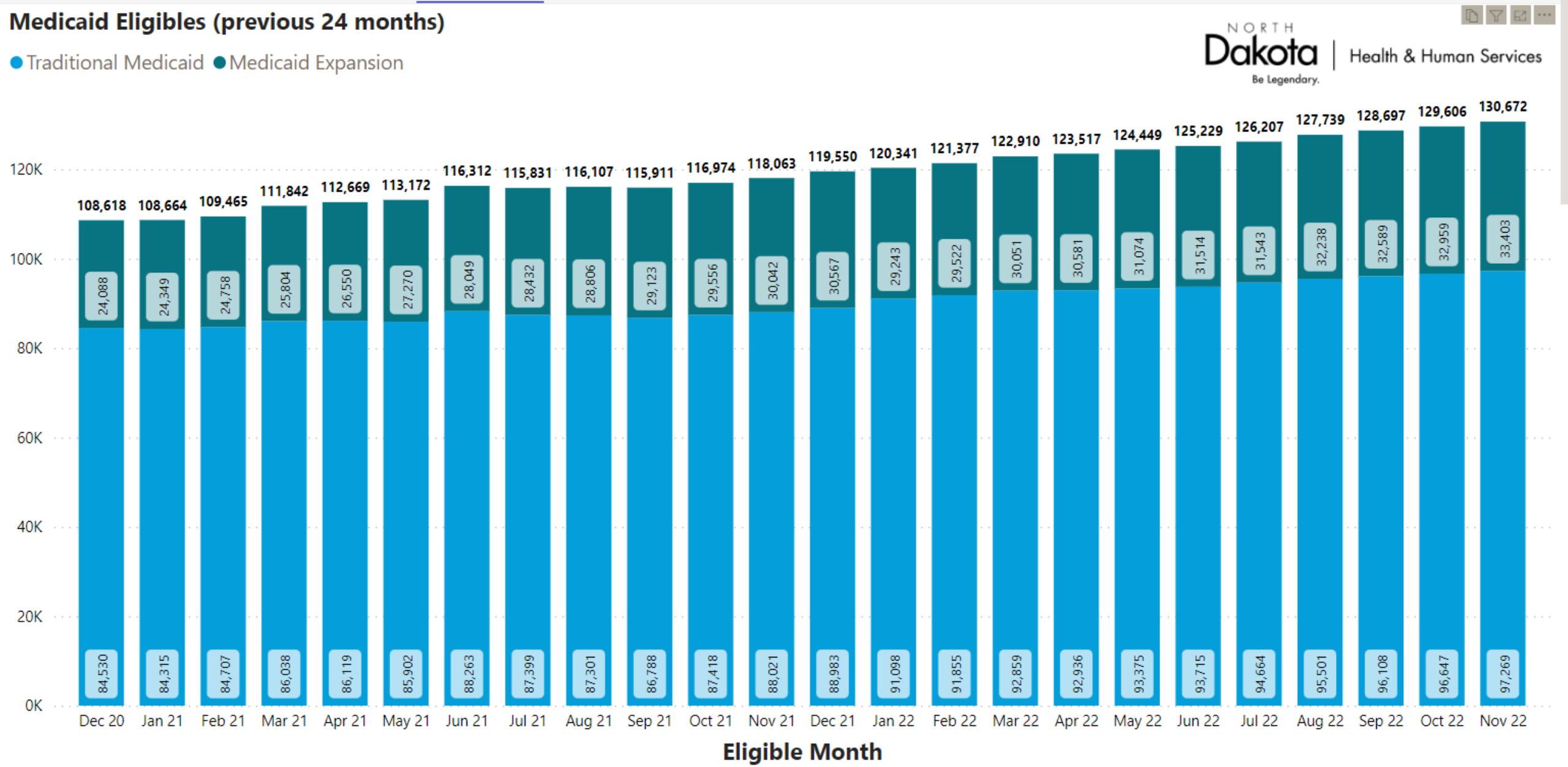
Faces of Medicaid

Faces of Medicaid was born out of a need to help North Dakotans understand who the ND Medicaid program serves and its life-changing impact.

- Cuwe's Story
- Raya's Story
- Colin's Story
- Sandy's Story

NORTH Dakota | Health & Human Services
Be Legendary.

Medicaid Eligibles (previous 24 months)



How we pay – differences between Traditional Medicaid and Medicaid Expansion

Traditional Medicaid (fee for service)	Medicaid Expansion
State pays providers directly for each covered service received by a Medicaid member.	State pays a monthly fee (called a premium or capitation payment) to the managed care organization (MCO).
Only pay for services received by members.	Monthly fee is paid to MCO regardless of member use of services.

21-23 Accomplishments



Design of value-based payment programs for Prospective Payment System (PPS) hospital systems and nursing facilities



Medicaid Expansion – new managed care organization (Blue Cross Blue Shield of ND); includes value-based payment program



Medicaid Expansion – moved 19/20-year-old members to HHS-administered traditional Medicaid benefit plan. This change will save an estimated $4.5 million in state general funds in the first 18 months.



Big steps towards modernization of the Medicaid Management Information System (MMIS)



Extension of postpartum Medicaid coverage for new mothers

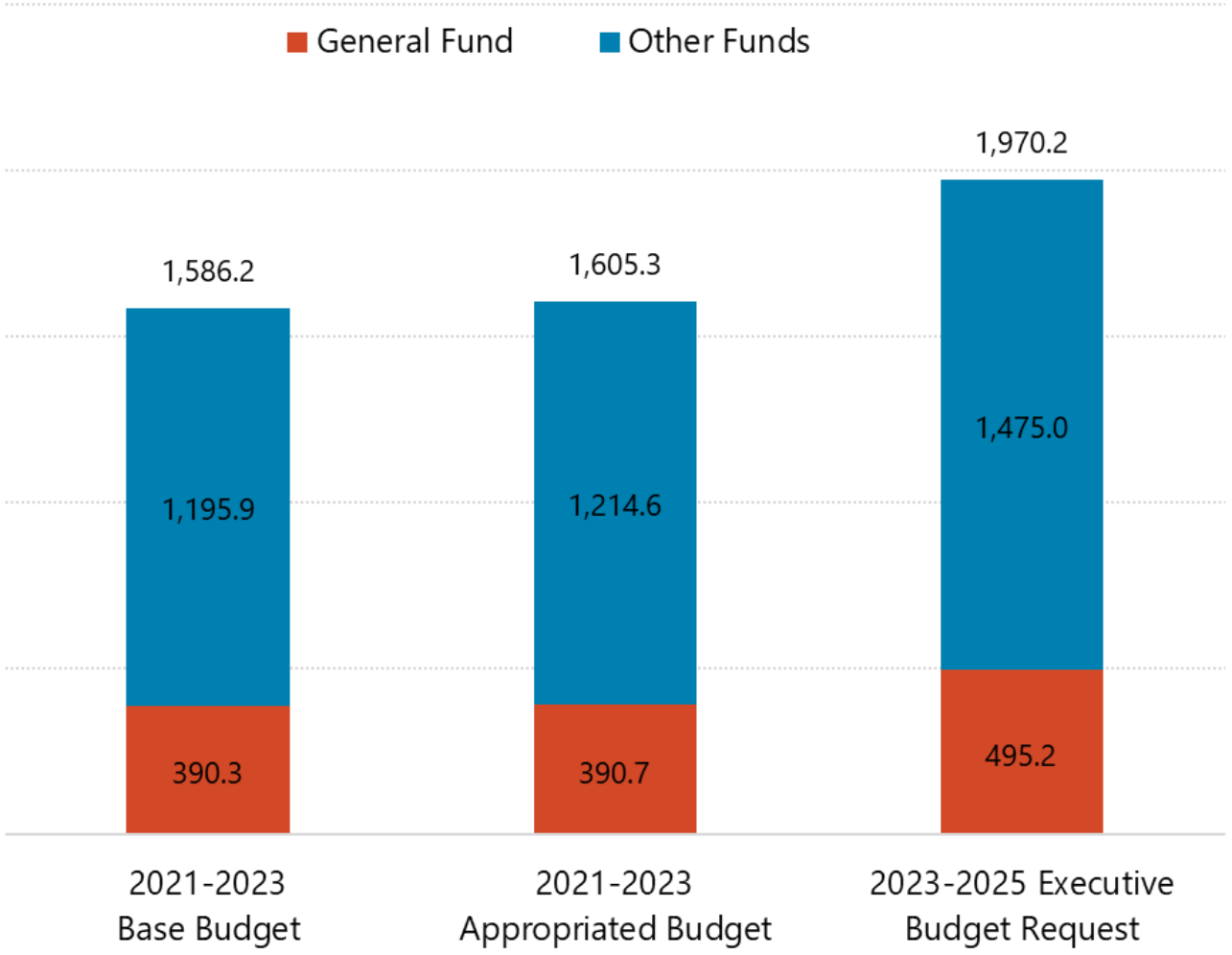
Current and Future Challenges

- Medicaid continuous coverage requirement since March 2020; ends March 31, 2023.
- No state has ever had to redetermine eligibility for this many members in a single year.
- Federal government rulemaking will impact Medicaid – eligibility and managed care rule updates expected in 2023
- Finding ways to effectively control health care cost growth in ND

Overview of budget changes – Medical

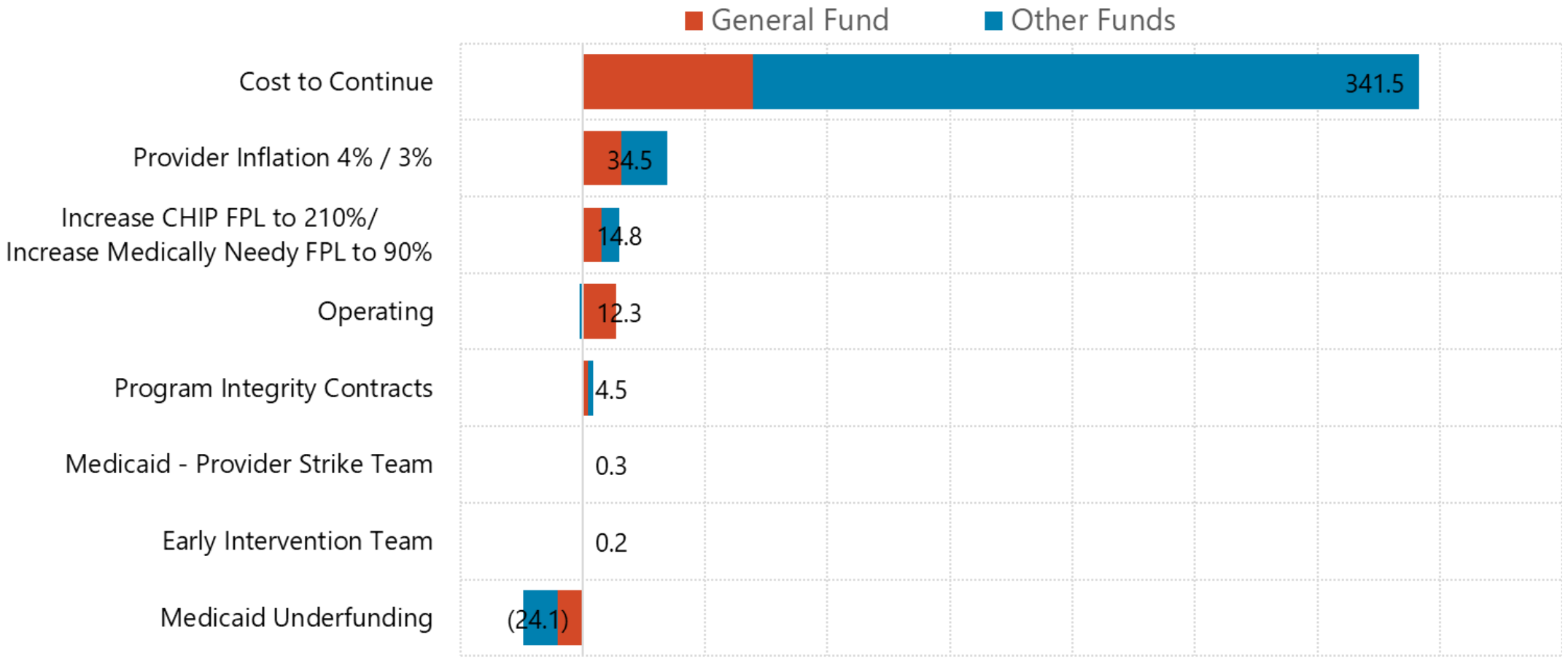
Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 17,007,365	$ 4,412,642	$ 21,420,007
Operating	57,421,939	16,998,496	74,420,435
IT Services	14,331	-	14,331
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	1,511,767,760	362,528,325	1,874,296,085
Total	$ 1,586,211,395	$ 383,939,463	$ 1,970,150,858
General Fund	**$ 390,333,440**	**$ 104,825,433**	**$ 495,158,873**
Federal Funds	**1,104,070,486**	**311,547,367**	**1,415,617,853**
Other Funds	**91,807,469**	**(32,433,337)**	**59,374,132**
Total Funds	**$ 1,586,211,395**	**$ 383,939,463**	**$ 1,970,150,858**
Full Time Equivalent (FTE)	90.50	3.00	93.50

Overview of Medical budget changes (in millions)



NORTH Dakota Be Legendary. | Health & Human Services

Overview of Medical budget changes (in millions)



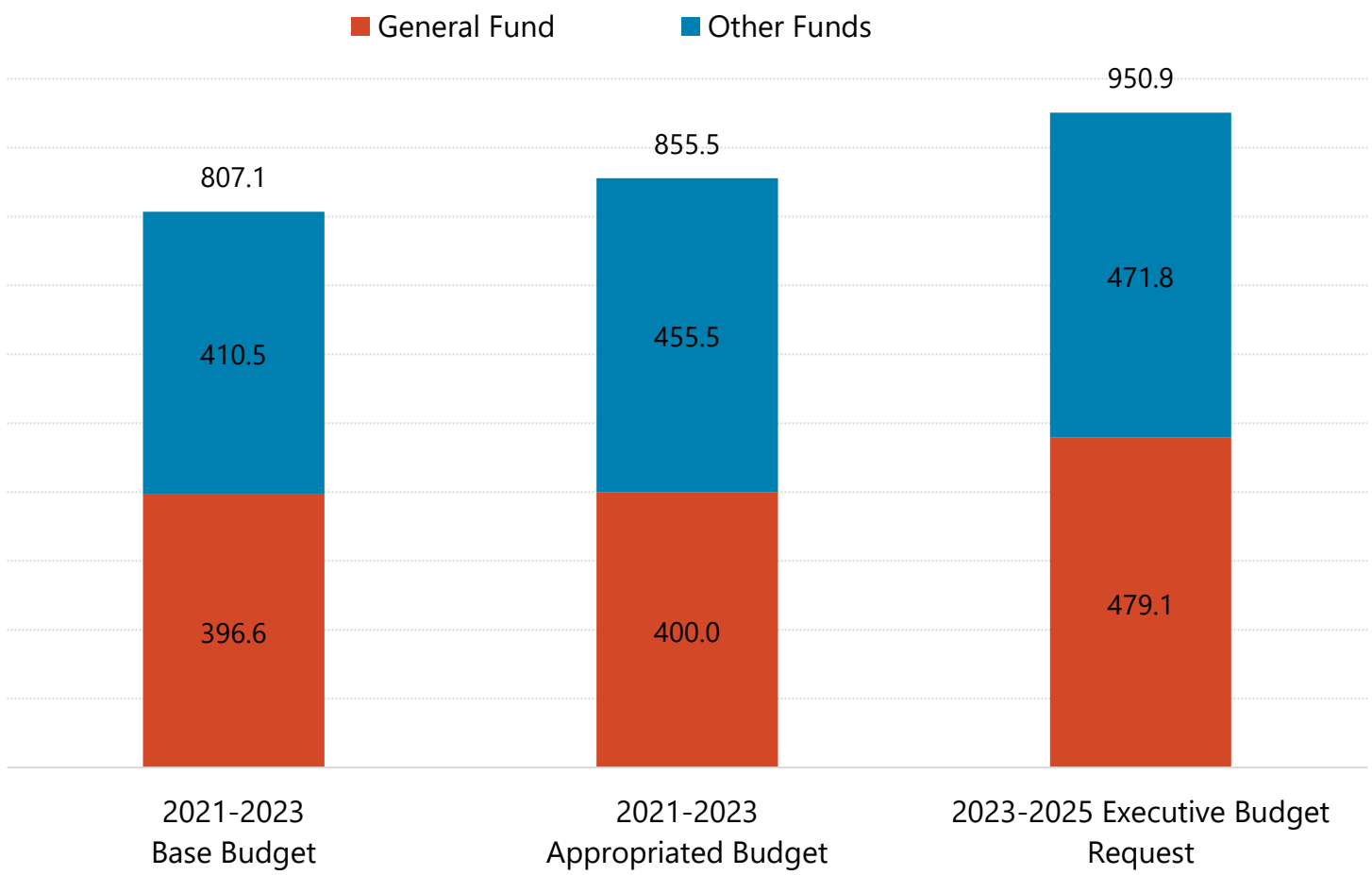
Overview of budget changes – LTC

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ -	$ -	$ -
Operating	-	-	-
IT Services	-	-	-
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	807,135,162	143,807,148	950,942,310
Total	$ 807,135,162	$ 143,807,148	$ 950,942,310

General Fund	**$ 396,629,520**	**$ 82,489,970**	**$ 479,119,490**
Federal Funds	**409,193,642**	**62,317,178**	**471,510,820**
Other Funds	**1,312,000**	**(1,000,000)**	**312,000**
Total Funds	**$ 807,135,162**	**$ 143,807,148**	**$ 950,942,310**

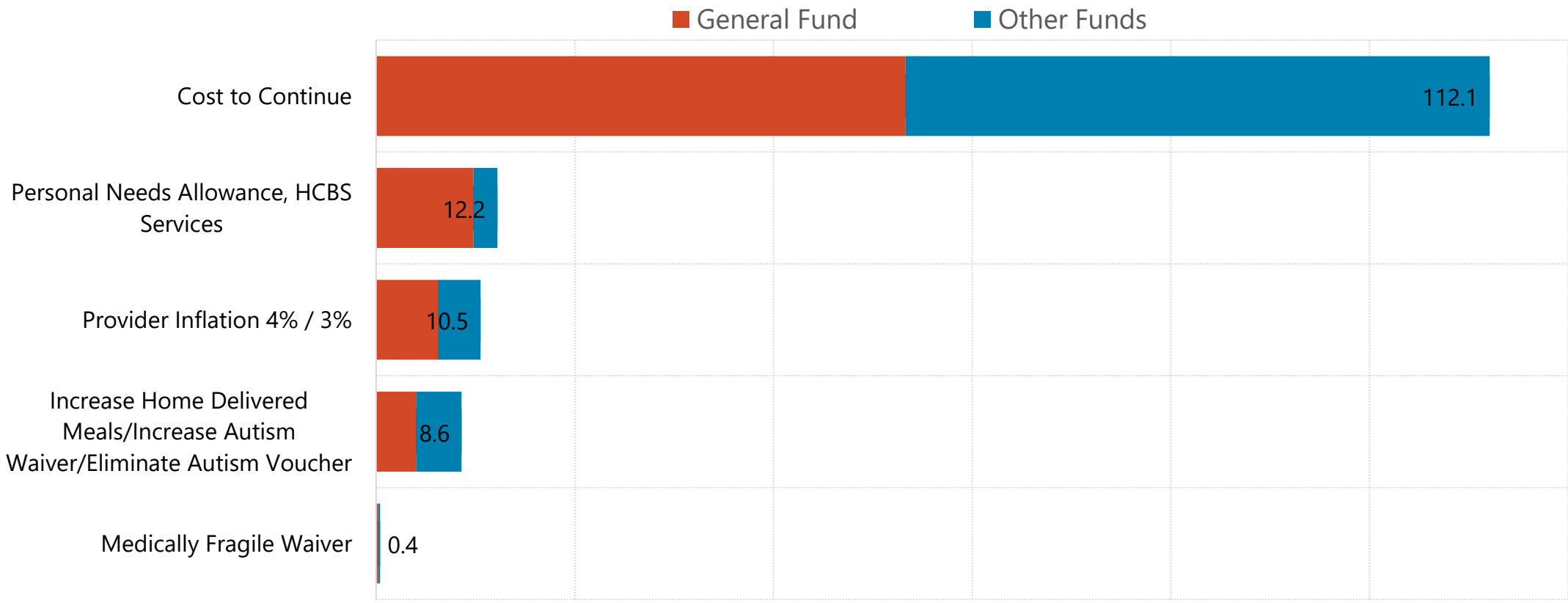
Full Time Equivalent (FTE)	-	-	-

Overview of LTC budget changes (in millions)



NORTH Dakota Be Legendary. | Health & Human Services

Overview of LTC budget changes (in millions)



NORTH Dakota Be Legendary. | Health & Human Services



Senate Bill 2012

Senate Appropriations Committee
Senator Brad Bekkedahl, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Adult and Aging Services Section | January 16, 2023



Who we serve

The Adult and Aging Services Section administers and delivers more than 40 in-home and community-based services to eligible North Dakotans.

We also protect the health, safety, welfare and rights of vulnerable adults in the community and long-term care residents.

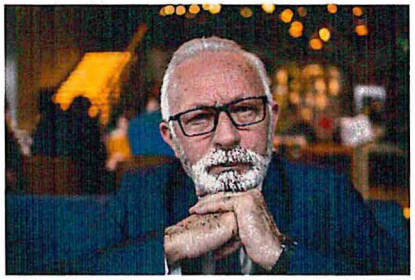
NORTH Dakota | Health & Human Services
Be Legendary.

Providing programs that help adults access services closer to home



Support caregivers

- Family Caregiver Support Program
- Lifespan Respite
- Dementia Care Services



Protect vulnerable adults

- Long-term Care Ombudsman
- Vulnerable Adult Protective Services
- Guardianship Establishment Fund



Administer Older Americans Act services

- Contract with local providers for nutrition services, health maintenance and assistive technology
- Legal assistance, falls prevention classes, companionship services



Support in-home and community-based living

- Service Payments to the Elderly and Disabled (SPED)
- Expanded Service Payments to the Elderly and Disabled (Ex-SPED)
- HCBS Medicaid Waiver/ State Plan-Personal Care, Money Follows the Person

NORTH Dakota | Health & Human Services
Be Legendary.

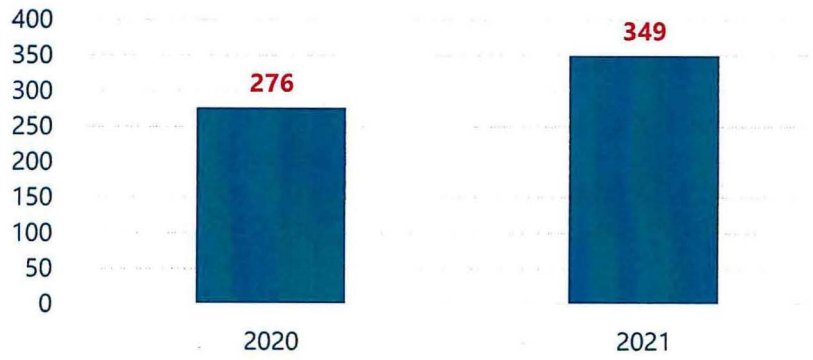
Supporting North Dakota's Family Caregivers

Dementia Care Services – Alzheimer's Association

- Care consultations for family caregivers and facility staff
- Information and assistance services
- Public and professional training

19,000 caregivers support 15,000 individuals 65+ who are living with Alzheimer's in North Dakota

FCSP Consumer Volume



Most utilized service is respite care - short break for caregivers.

NORTH Dakota Be Legendary. | Health & Human Services

ADULT & AGING SERVICES
Long-Term Care Ombudsman Program

ND Long-Term Care System

5,244	Nursing Facility Beds*
659	Swing Beds
2,097	Basic Care Beds
3,149	Assisted Living Units

**In 248 facilities statewide*

Most Common Complaints

Nursing Homes/Swing Bed Facilities

- Autonomy, Choice, Exercise of Rights
- Care
- Admission, transfer, discharge, eviction

Basic Care & Assisted Living Facilities

- Autonomy, Choice, Preference, Exercise of Rights
- Care
- Environment

1,249	397	274
Consultations	Complaints Received	Cases Closed

ADULT & AGING SERVICES
Vulnerable Adult Protective Service (VAPS)

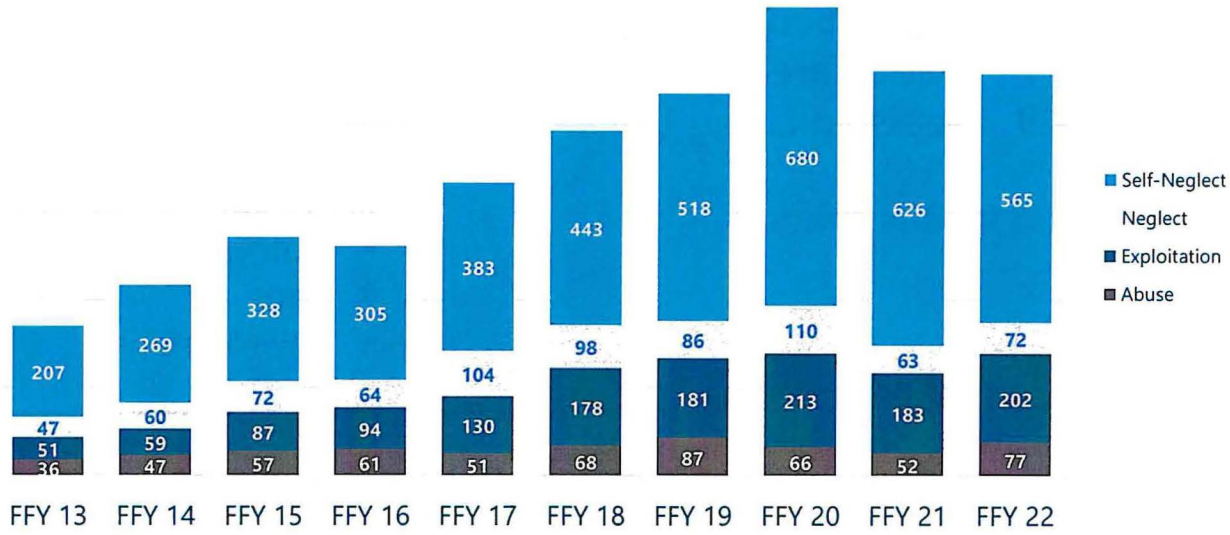
1,641 investigations

1,676 allegations

916 substantiated

Most common allegations:
Self Neglect
Financial Exploitation

Substantiated Allegations
FFY 2013 – FFY 2022



NORTH Dakota Be Legendary. | Health & Human Services

ADULT & AGING SERVICES
Guardianship Establishment Fund

Fund covers most petitioning costs for eligible incapacitated adults

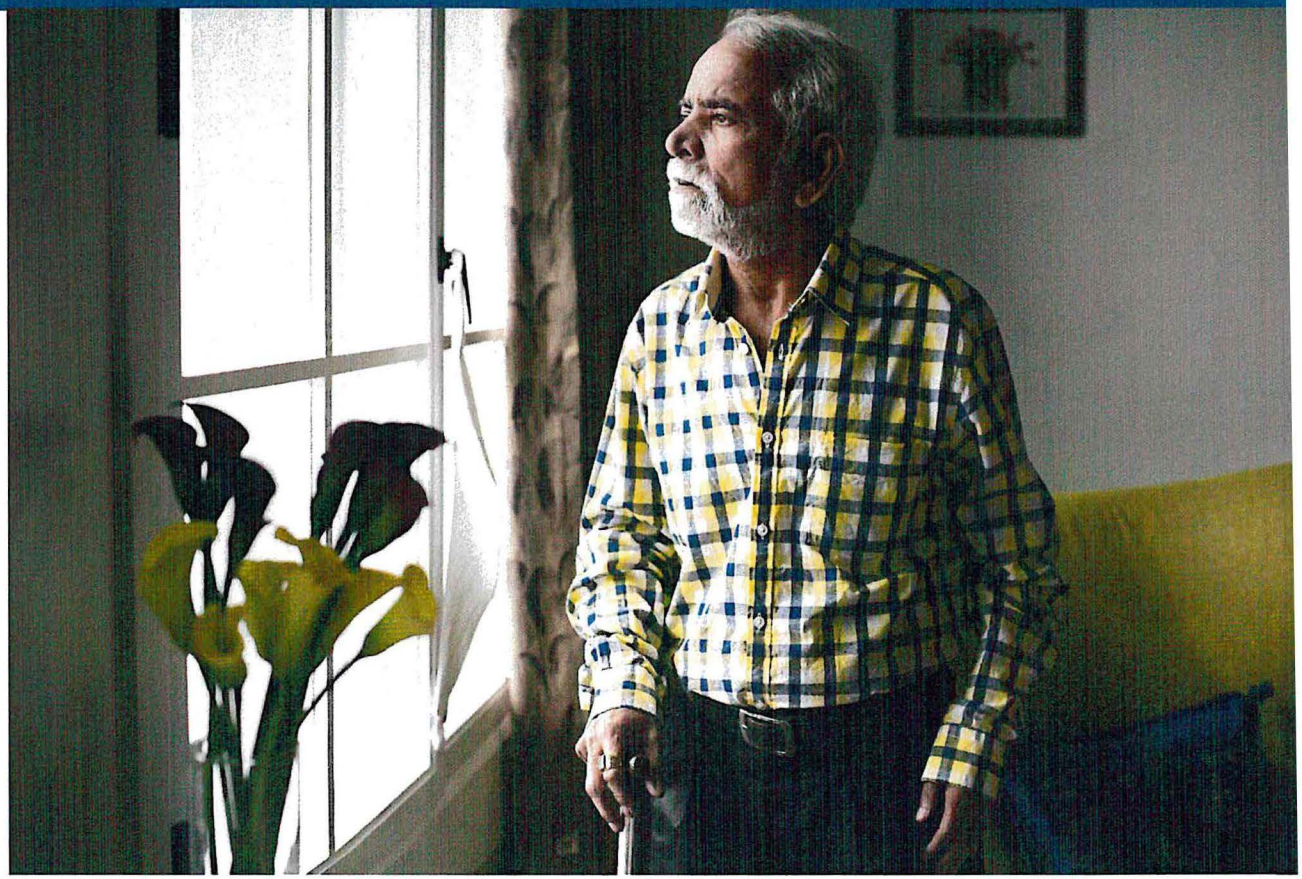
179

incapacitated adults served
July 2021 – Dec 2022

$2,500

Max petitioning cost per person

Executive budget request
increase $3,000



ADULT & AGING SERVICES
Older Americans Act (OAA) Services

30,554

Older adults served in FFY2021

30% increase since FFY 2020

Serves people age 60+

No income limits

Voluntary contribution

Cannot deny service due to unwillingness or inability to contribute

Federal, state, and local funds



ADULT & AGING SERVICES
Nutrition Services

The pandemic changed the **way meals are delivered** to older adults. The **cost** to prepare and deliver a meal has increased.

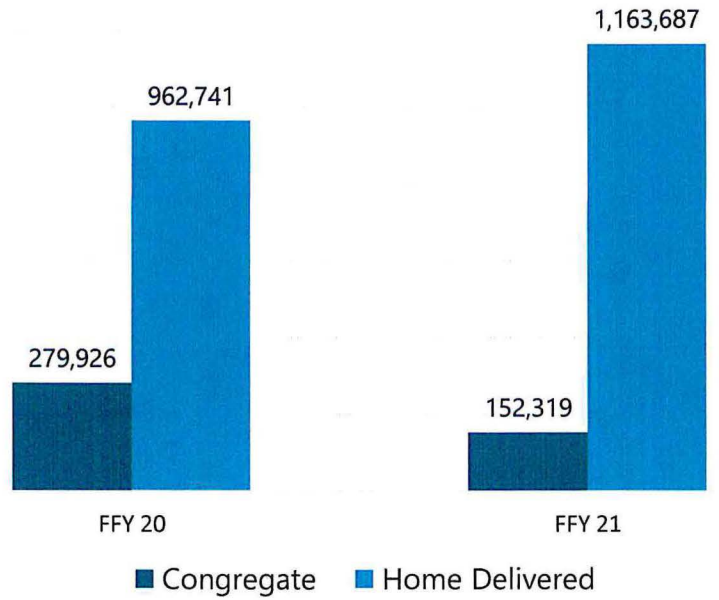
Meals options:

- Home delivered
- Pre-packaged grab-and-go
- Curbside pickup
- Frozen meal options

1,316,006
Meals served FFY2021

21,008
Consumers served

Nutrition services shifted toward home-delivered meals during COVID-19



Older Americans Act (OAA)
North Dakota Nutrition Sites



MAP LEGEND:

- Congregate Nutrition Sites Only
- Home Delivered Meals (HDM) Only
- Both Congregate and HDM Options
- Café 60 Nutrition Sites

STATE TOTAL:

214

07 Congregate Nutrition Sites Only
53 Home Delivered Meals (HDM) Only
149 Both Congregate and HDM Options
05 Café 60 Nutrition Sites

NORTH Dakota | Health & Human Services
Be Legendary.

ADULT & AGING SERVICES
Nutrition Services

Home-Delivered Meals & Congregate Meals

Current contracts (July 1, 2022, through June 30, 2023): all meals are reimbursed at $6 per meal

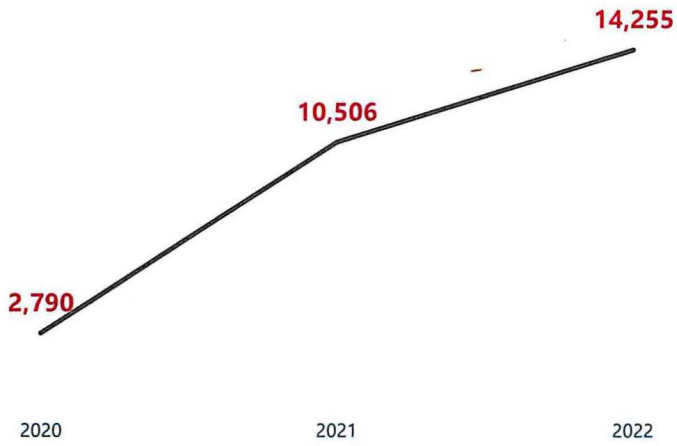
Executive Budget Request increase meal rate to $7.62 congregate, and $8.89 for home-delivered meals



ADULT & AGING SERVICES
ADRL Centralized Intake

- **Process to receive services referrals**
- Based on "no wrong door" approach
- Network built to support individuals needing long-term care services by simplifying and streamlining access to information and services
- 6 FTE dedicated to centralized intake
- Fully implemented January 2021

ADRL Call Volume



7 in 10

Americans 65+ will need LTC services for an average of 3 years

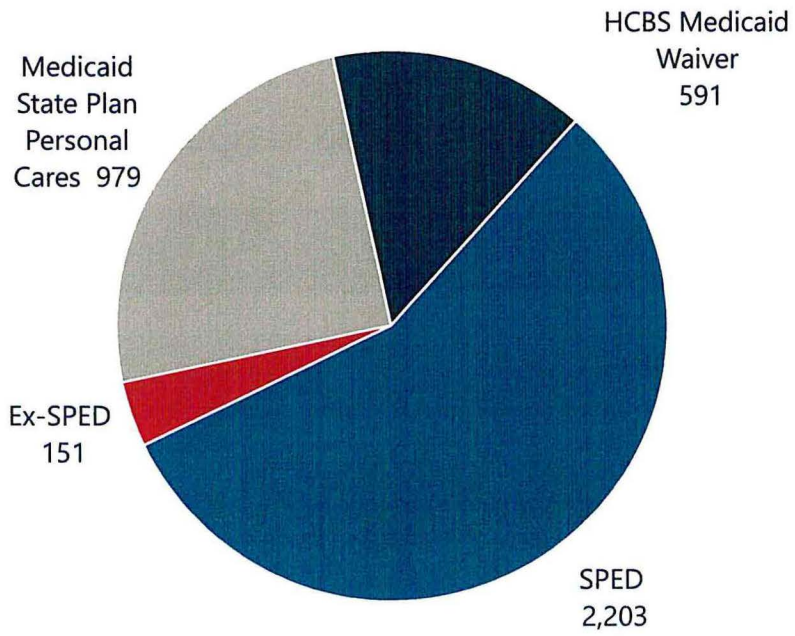
ADULT & AGING SERVICES
Individuals receiving HCBS services (Dec 2022)

3,158 ↑ 6% increase since 2021

Number of unduplicated recipients supported by HCBS in CY2022

- Primarily serves older adults and individuals with physical disabilities
- Recipients must be both functionally and financially eligible
- May have client cost share based on income
- Federal and state funds
- Recipients range in age from 15-104 years old
- Case Management conducted by 66 FTE

Individuals Receiving HCBS in Dec 2022



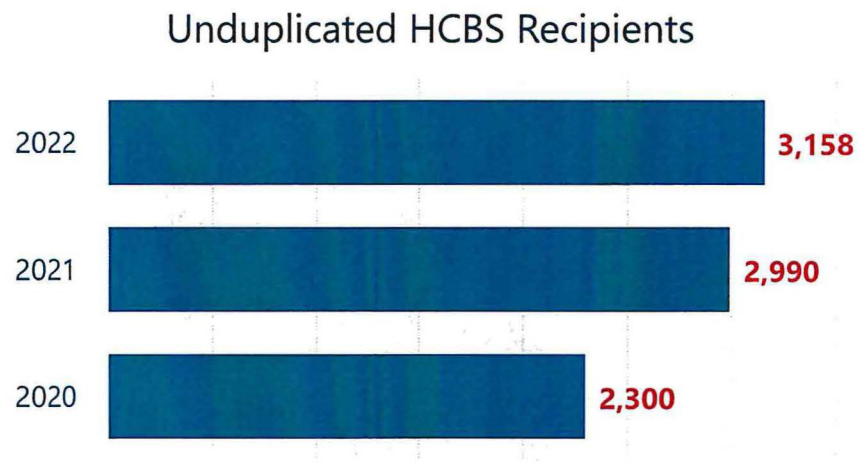
Source: DHS HCBS Caseload Data Nov 2022

NORTH Dakota Be Legendary. | Health & Human Services

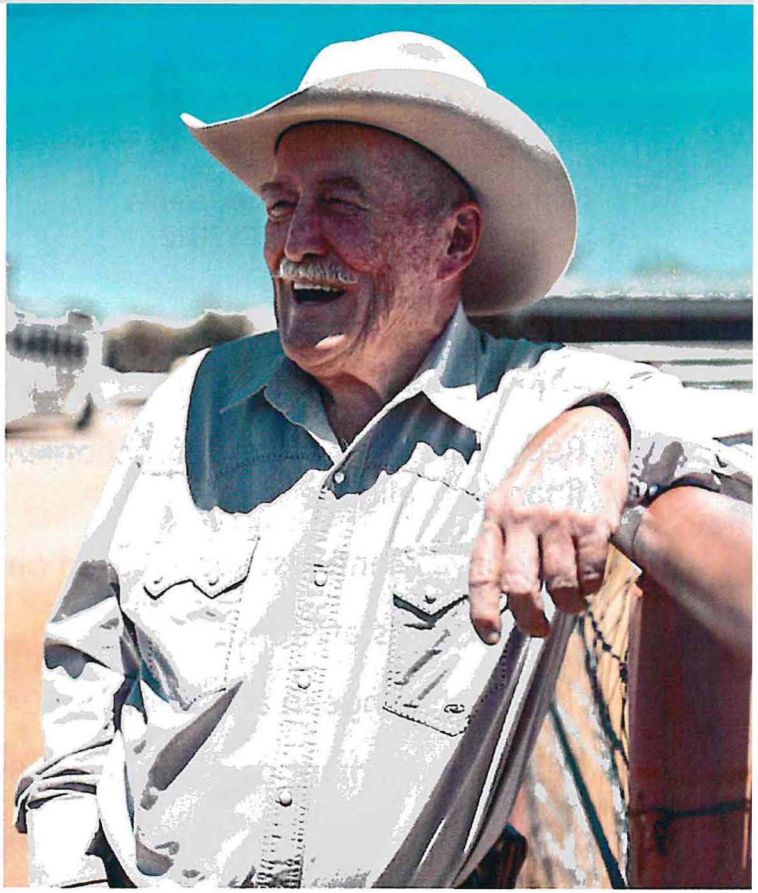
IMPROVING THE LIVES OF NORTH DAKOTANS

You voted for seniors to have more in-home care options in the communities where they live...

... and **more North Dakotans are** choosing in-home based community care options each year.



NORTH Dakota | Health & Human Services
Be Legendary.



ADULT & AGING SERVICES
Types of SUPPORT SERVICES available via HCBS

- Adult Day Care
- **Adult Foster Care**
- Adult Residential Care
- Attendant Care
- Case Management
- Chore Service
- Community Support Services / Residential Habilitation
- Community Transition Services
- **Companionship**
- Emergency Response System
- Environmental Modification
- Extended Personal Care
- Emergency Response System
- Environmental Modification
- **Family Home Care** & Family Personal Care
- **Home-Delivered Meals**
- Homemaker Services
- Non-Medical Transportation
- Personal Care Services
- Respite Care
- Specialized Equipment
- Supervision
- Supported Employment
- Transitional Care

NORTH Dakota | Health & Human Services
Be Legendary.

ADULT & AGING SERVICES
HCBS Delivery System

1,147
Qualified Services Providers (QSPs) provide services

66
HCBS case managers supervised by Adult & Aging Services

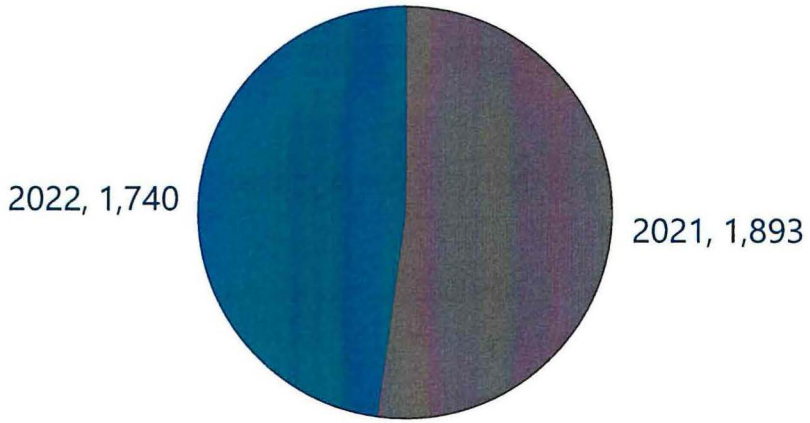
158 and 86

On average, 158 new referrals and 86 new cases opened for HCBS each month

Executive budget request includes additional

14 FTE
HCBS Case Management/support/quality

HCBS Case Management Referrals



CY Nov 2022 caseload data

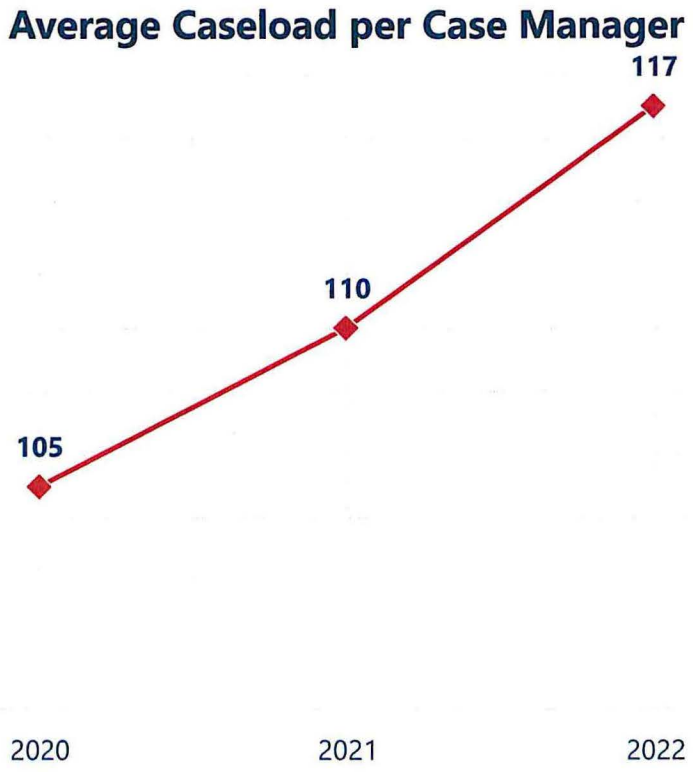
ADULT & AGING SERVICES
HCBS Case Management Services

Since the pandemic, the **demand** for in-home and community-based services has continued to **increase**

Increased demand has increased the **average caseload** per HCBS Case Manager

Many HCBS participants have complex needs (medical and behavioral health needs) that increase the amount of time it takes to provide quality case management services

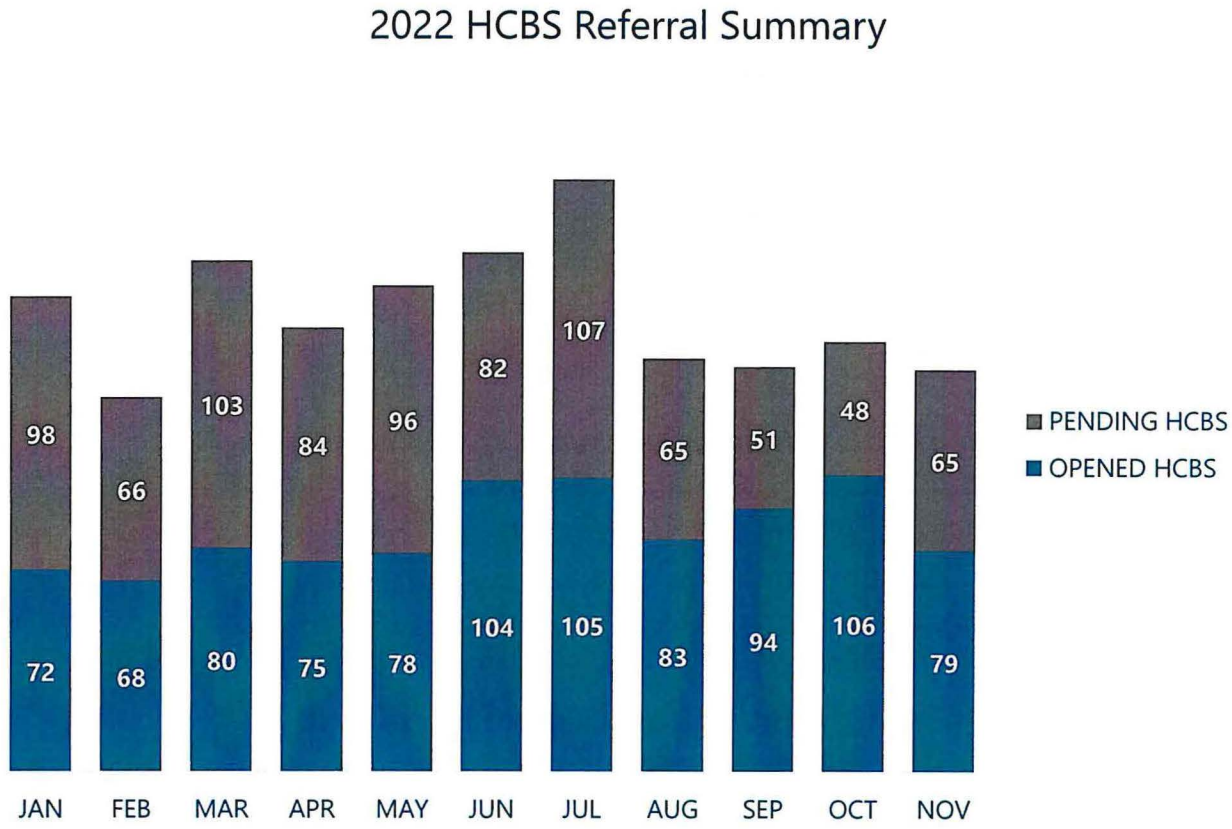
Increased **need** for **additional** HCBS case management **staff**



ADULT & AGING SERVICES
HCBS Case Summary

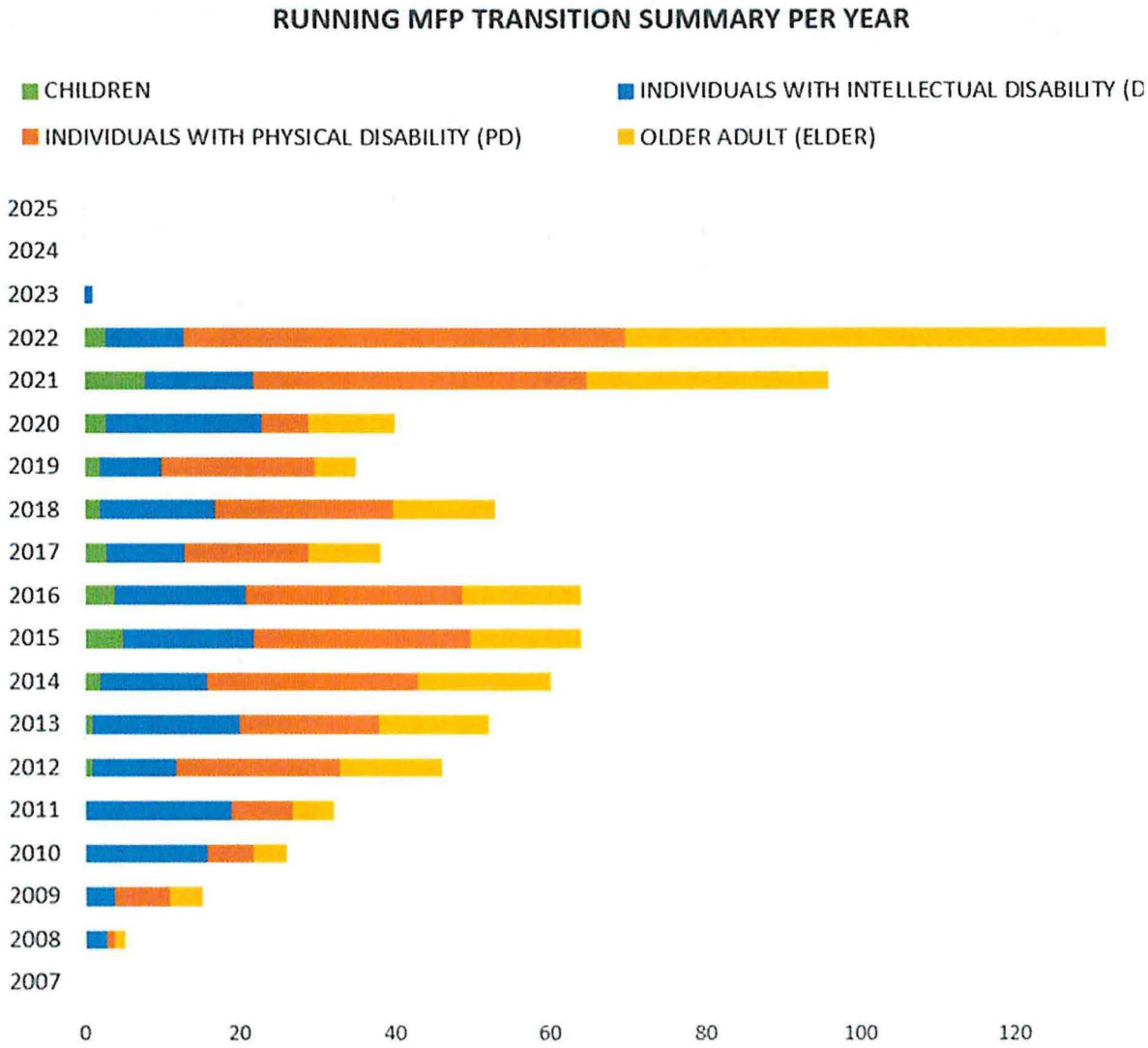
In addition to the HCBS Case Managers' caseload they are required to manage all pending cases, new referrals, and case closures each month

Because of the population served, there are many cases opening and closing each month.



Adult & Aging Services
Money Follows the Person Grant

- Federal Grant designed to assist states to increase the use of HCBS to achieve Long Term Service (LTSS) and Supports System Rebalancing
- Eliminate barriers that prevent individuals from receiving LTSS in the setting of their choice
- MFP Grant started 2007 - $8.9 million
- Award through 2022 $47.8 million (fed) and $4.3 (state)
- Transitioned 759 individuals over the past 15 years



Implementing the Settlement Agreement between U.S. DOJ & State of North Dakota

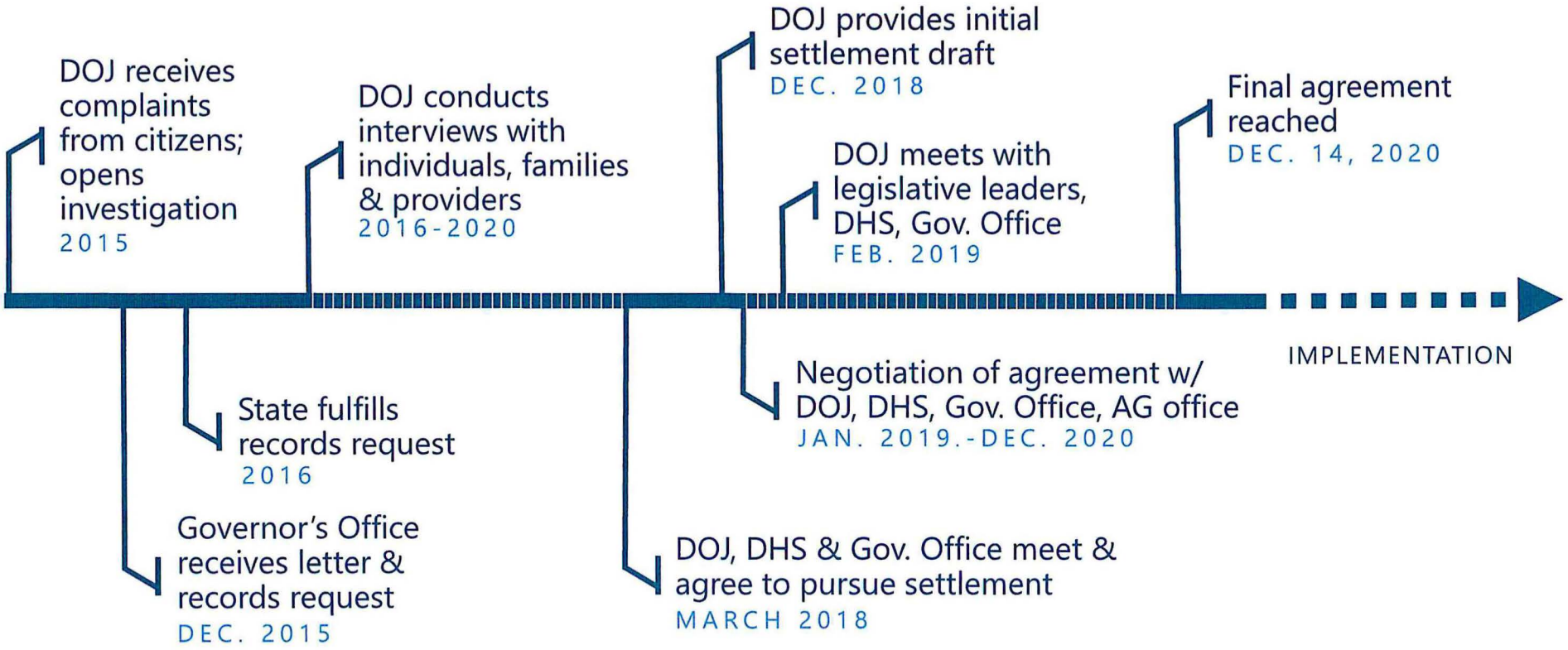
PURPOSE is to ensure that ND will **meet Americans with Disabilities Act (ADA) requirements** by providing services, programs, and activities for individuals with physical disabilities in the most integrated setting appropriate to their needs.

Effective Dec. 14, 2020

Agreement will terminate eight years after effective date if Parties agree that the state has attained substantial compliance with all provisions and maintained that compliance for a period of one year.



TIMELINE


DOJ receives complaints from citizens; opens investigation
2015
DOJ conducts interviews with individuals, families & providers
2016-2020
DOJ provides initial settlement draft
DEC. 2018
DOJ meets with legislative leaders, DHS, Gov. Office
FEB. 2019
Final agreement reached
DEC. 14, 2020
IMPLEMENTATION
State fulfills records request
2016
Governor's Office receives letter & records request
DEC. 2015
DOJ, DHS & Gov. Office meet & agree to pursue settlement
MARCH 2018
Negotiation of agreement w/ DOJ, DHS, Gov. Office, AG office
JAN. 2019.-DEC. 2020

VARIETY OF CONCERNS

EXAMPLES PROVIDED BY DOJ

- **Unnecessary segregation** of disabled individuals in skilled nursing facilities
- Adults in skilled nursing facilities who would **rather be in their community**
- **Imbalance of funds** to skilled nursing facilities and community-based services
- **Lack of awareness** about existing transition services and available tools

KEY TERMS | DOJ Settlement Americans with Disabilities Act

The Americans with Disabilities Act (ADA) requires public agencies to **eliminate unnecessary segregation** of persons with disabilities and provide services in the **most integrated setting appropriate** to the needs of the individual.

In **1999** the Federal Supreme Court **Olmstead** decision **affirmed** the **ADA** requirements.



WHO ARE WE TRYING TO REACH?

Target population

Basic Eligibility

- Individual with physical disability
- Over age 21
- Eligible or likely to become eligible to receive Medicaid long-term services and supports (LTSS)
- Is likely to require LTSS for at least 90 days.



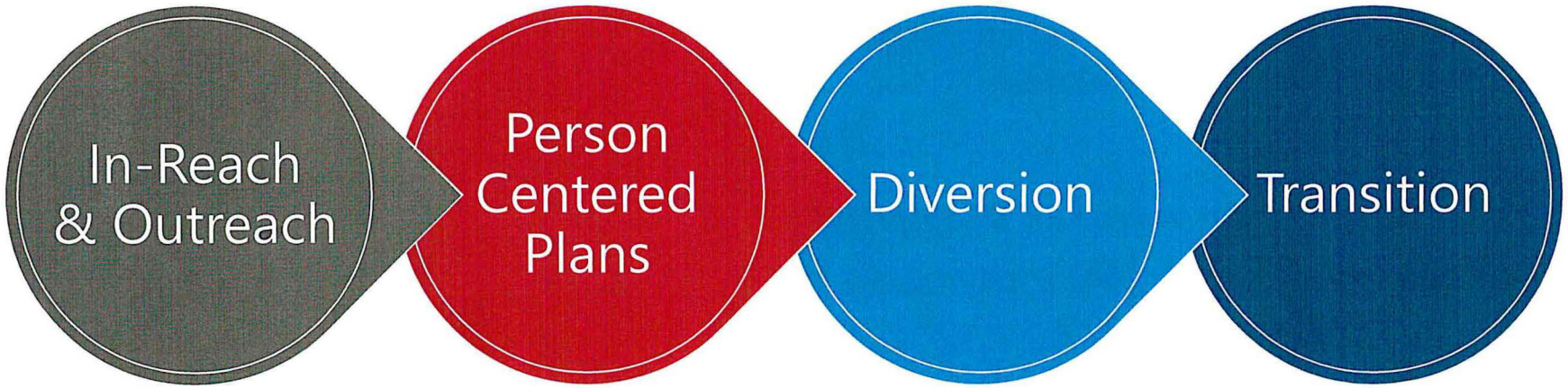
IF in skilled nursing setting

- Receive Medicaid-funded nursing facility services AND
  - Likely to require long term services and supports
- Receive nursing facility services AND
  - Likely to become eligible for Medicaid within 90 days, have submitted a Medicaid application, and have approval for a long-term nursing facility stay

IF in hospital or home setting

- Referred for a nursing facility level of care determination AND
  - Likely to need services long term
- Need services to continue living in the community AND
  - Currently have a HCBS Case Manager or have contacted the ADRL

ND / DOJ Agreement STRATEGY



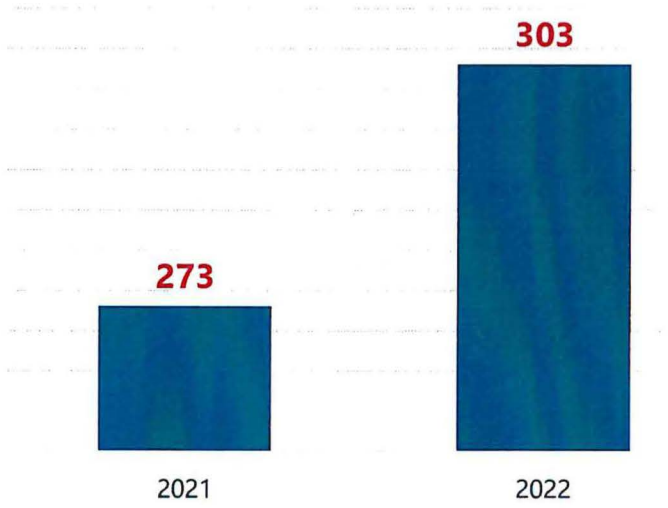
New Target Population Members (TPMs) Receiving HCBS that were DIVERTED from a SNF

"**Diversion**" happens when a Medicaid eligible individual who screens at a nursing facility level of care receives a set of services (HCBS, housing etc.) that allows them to remain in an integrated setting and avoid institutionalization.

DOJ Settlement Agreement **REQUIRED** ND to **divert at least 100** individuals by Dec. 13, 2022.

Benchmark achieved ☑

HCBS Unduplicated Diversions



NORTH Dakota | Health & Human Services
Be Legendary.

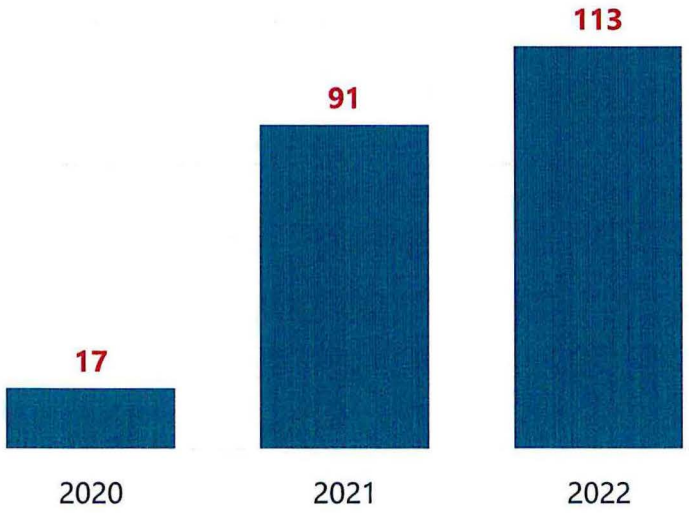
ADULT & AGING SERVICES
TPMs who Transitioned to an Integrated Setting

"Transition" happens when a Medicaid eligible individual who resides at a nursing facility receives transition supports and a set of services (HCBS, housing etc.) that allows them to move to an integrated setting in the community.

DOJ Settlement Agreement
REQUIRED ND to transition at least 100 individuals by Dec. 13, 2022.

Benchmark achieved ☑

TPM Transitions



NORTH Dakota Be Legendary. | Health & Human Services

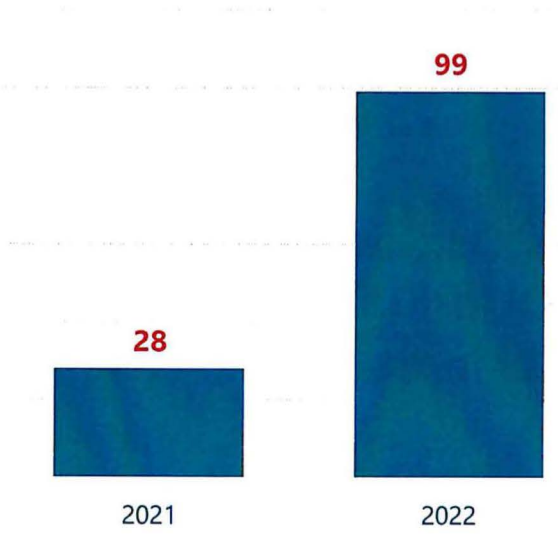
ADULT & AGING SERVICES
TPMs Receiving Permanent Supported Housing

"**Permanent Supported Housing**" is providing affordable housing, rental assistance, meeting with landlords, application assistance etc., in addition to other traditional HCBS that allows an individual to live in a private residence alone or with family, their significant other or roommates of their choosing.

DOJ Settlement Agreement REQUIRED
ND to provide this service to
20 individuals by Dec. 13, 2021, and
30 individuals by Dec. 13, 2022

Benchmark achieved ☑

TPM Receiving Permanent Supported Housing



NORTH Dakota | Health & Human Services
Be Legendary.

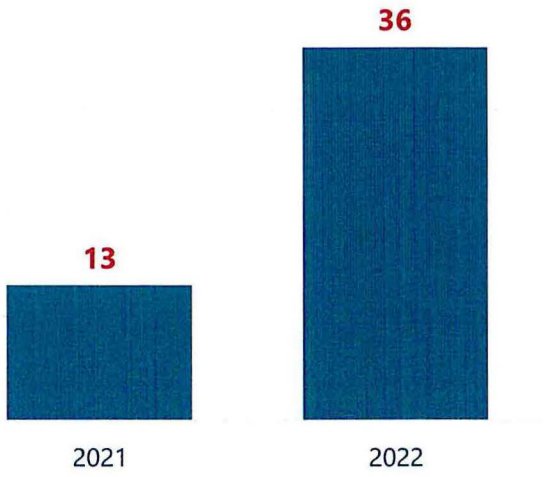
ADULT & AGING SERVICES
TPM Accessing Various Forms of Rental Help

"**Rental assistance**" is assisting individuals in paying for affordable housing in the community and may also involve paying for affordable housing costs during an institutional stay, so the individual does not loose their place to live in the community.

2021-2023 approved budget included $300,000 to fund approx. 375 months of housing assistance over the course of the biennium.

Strategy achieved ☑

TPMs Accessing Rental Assistance



NORTH Dakota Be Legendary. | Health & Human Services

Continued progress requires additional investment in HCBS



- Increase daily rates paid for adult foster care and family home care;
- QSP Agency on-call staff;
- Bed hold days for residential habilitation and community supports;
- Base rate for personal care services;
- Increase the senior meal rate- Reimburse for 2 home-delivered meals/ day (up from 1);
- Add companionship to SPED & EX-SPED;
- Inclusion of 1 FTE for the DOJ settlement agreement specialist;
- Increase FTE capacity to deliver HCBS case management and keep up with growing demand;
- Increase guardian establishment funds.

Adult & Aging Services: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 8,748,214	$ 20,359,994	$ 29,108,208
Operating	23,443,640	20,968,014	44,411,654
IT Services	6,000	19,800	25,800
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	4,318,476	(807,503)	3,510,973
Total	$ 36,516,330	$ 40,540,305	$ 77,056,635

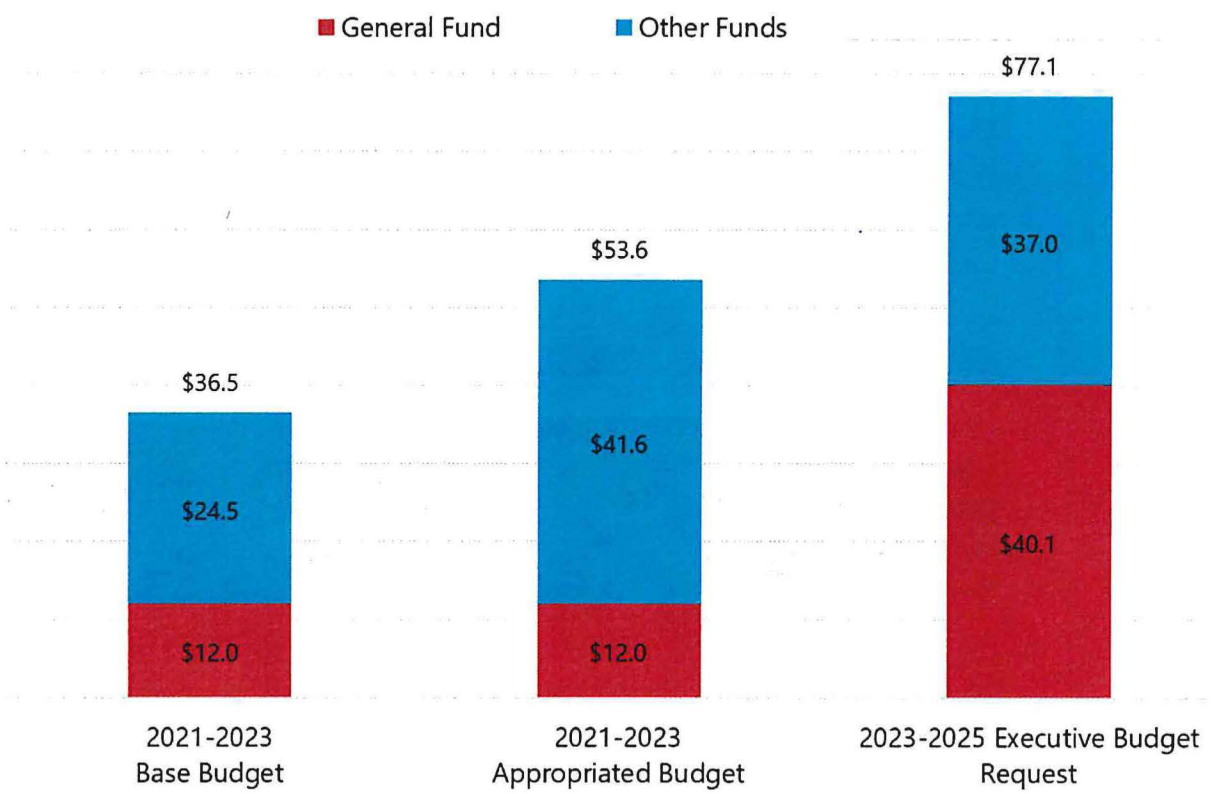
General Fund	**$ 11,963,529**	**$ 28,094,380**	**$ 40,057,909**
Federal Funds	**23,806,863**	**9,035,940**	**32,842,803**
Other Funds	**745,938**	**3,409,985**	**4,155,923**
Total Funds	**$ 36,516,330**	**$ 40,540,305**	**$ 77,056,635**

Full Time Equivalent (FTE)	45.70	82.00	127.70

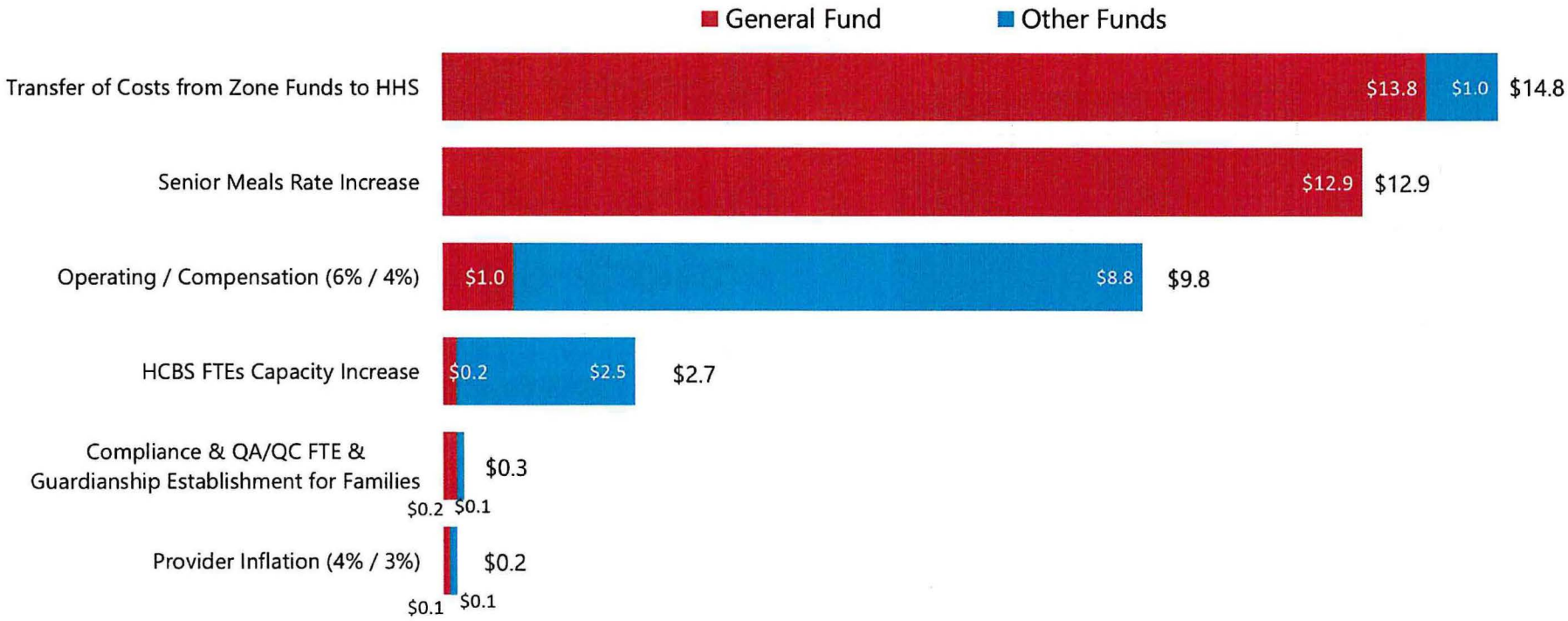
Adult & Aging Services: Overview of budget changes
(IN MILLIONS)

INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION
$ 40.6 MILLION

- Increase in salaries and benefits of $20.4M
- Increase in operating/IT costs of $21.0M
- Decrease in grants of ($0.8M)



Adult & Aging Services: Overview of budget changes
(IN MILLIONS)



NORTH Dakota Be Legendary. | Health & Human Services



Contact information

Nancy Nikolas Maier

Director, Adult & Aging Services Section

nmaier@nd.gov

https://www.hhs.nd.gov/adults-and-aging

ADRL 1-855-462-5465

U.S. Department of Justice Settlement Agreement | Health and Human Services North Dakota

NORTH Dakota Be Legendary. | Health & Human Services

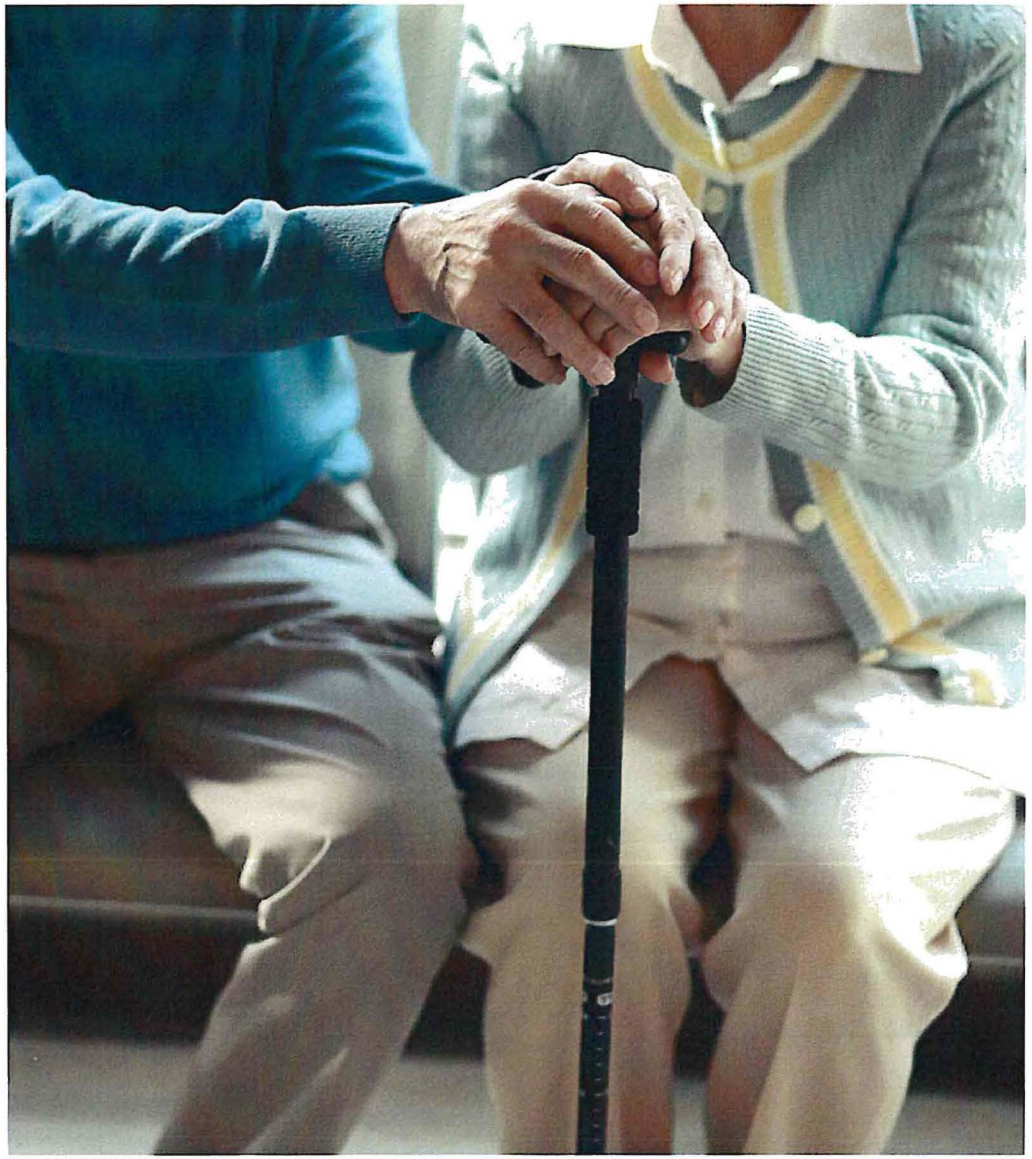


Senate Bill 2012

Senate Appropriations Committee
Senator Brad Bekkedahl, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Adult and Aging Services Section | January 16, 2023



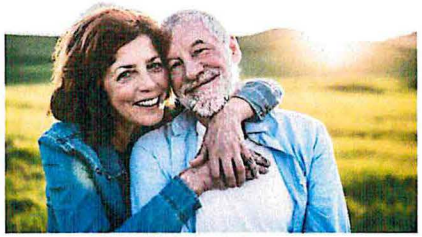
Who we serve

The Adult and Aging Services Section administers and delivers more than 40 in-home and community-based services to eligible North Dakotans.

We also protect the health, safety, welfare and rights of vulnerable adults in the community and long-term care residents.

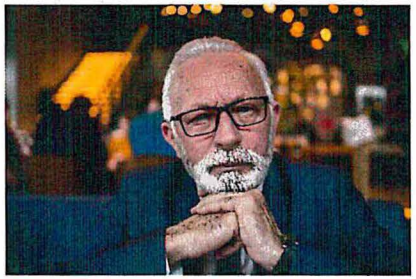
NORTH Dakota | Health & Human Services
Be Legendary.

Providing programs that help adults access services closer to home



Support caregivers

- Family Caregiver Support Program
- Lifespan Respite
- Dementia Care Services



Protect vulnerable adults

- Long-term Care Ombudsman
- Vulnerable Adult Protective Services
- Guardianship Establishment Fund



Administer Older Americans Act services

- Contract with local providers for nutrition services, health maintenance and assistive technology
- Legal assistance, falls prevention classes, companionship services



Support in-home and community-based living

- Service Payments to the Elderly and Disabled (SPED)
- Expanded Service Payments to the Elderly and Disabled (Ex-SPED)
- HCBS Medicaid Waiver/ State Plan-Personal Care, Money Follows the Person

NORTH Dakota | Health & Human Services
Be Legendary.

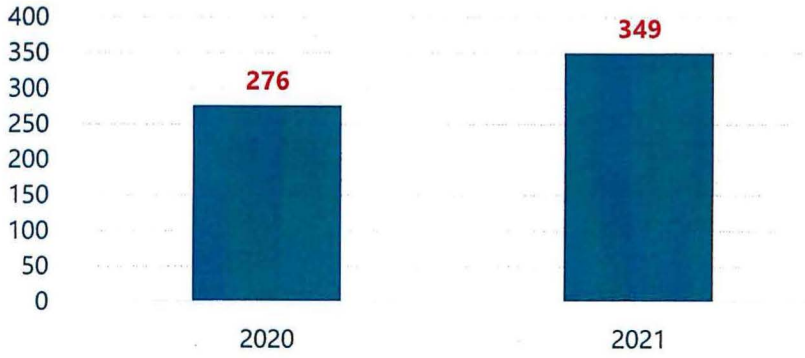
Supporting North Dakota's Family Caregivers

Dementia Care Services – Alzheimer's Association

- Care consultations for family caregivers and facility staff
- Information and assistance services
- Public and professional training

19,000 caregivers support 15,000 individuals 65+ who are living with Alzheimer's in North Dakota

FCSP Consumer Volume



Most utilized service is respite care - short break for caregivers.

NORTH Dakota Be Legendary. | Health & Human Services

ADULT & AGING SERVICES
Long-Term Care Ombudsman Program

ND Long-Term Care System

5,244	Nursing Facility Beds*
659	Swing Beds
2,097	Basic Care Beds
3,149	Assisted Living Units

**In 248 facilities statewide*

Most Common Complaints

Nursing Homes/Swing Bed Facilities

- Autonomy, Choice, Exercise of Rights
- Care
- Admission, transfer, discharge, eviction

Basic Care & Assisted Living Facilities

- Autonomy, Choice, Preference, Exercise of Rights
- Care
- Environment

1,249	397	274
Consultations	Complaints Received	Cases Closed

ADULT & AGING SERVICES
Vulnerable Adult Protective Service (VAPS)

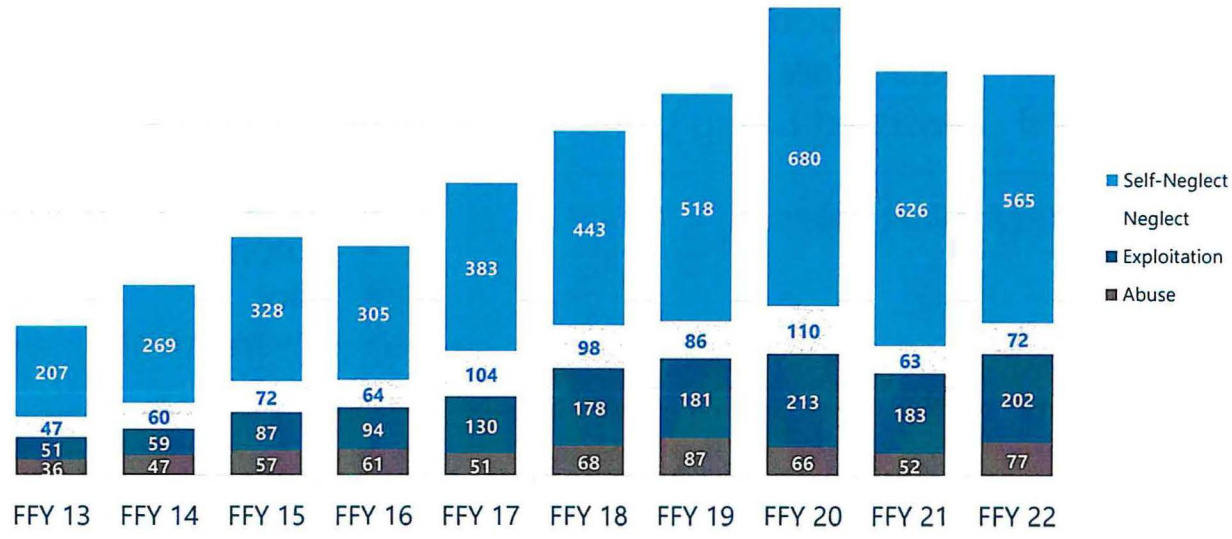
1,641 investigations

1,676 allegations

916 substantiated

Most common allegations:
Self Neglect
Financial Exploitation

Substantiated Allegations
FFY 2013 – FFY 2022



NORTH Dakota | Health & Human Services
Be Legendary.

ADULT & AGING SERVICES
Guardianship Establishment Fund

Fund covers most petitioning costs for eligible incapacitated adults

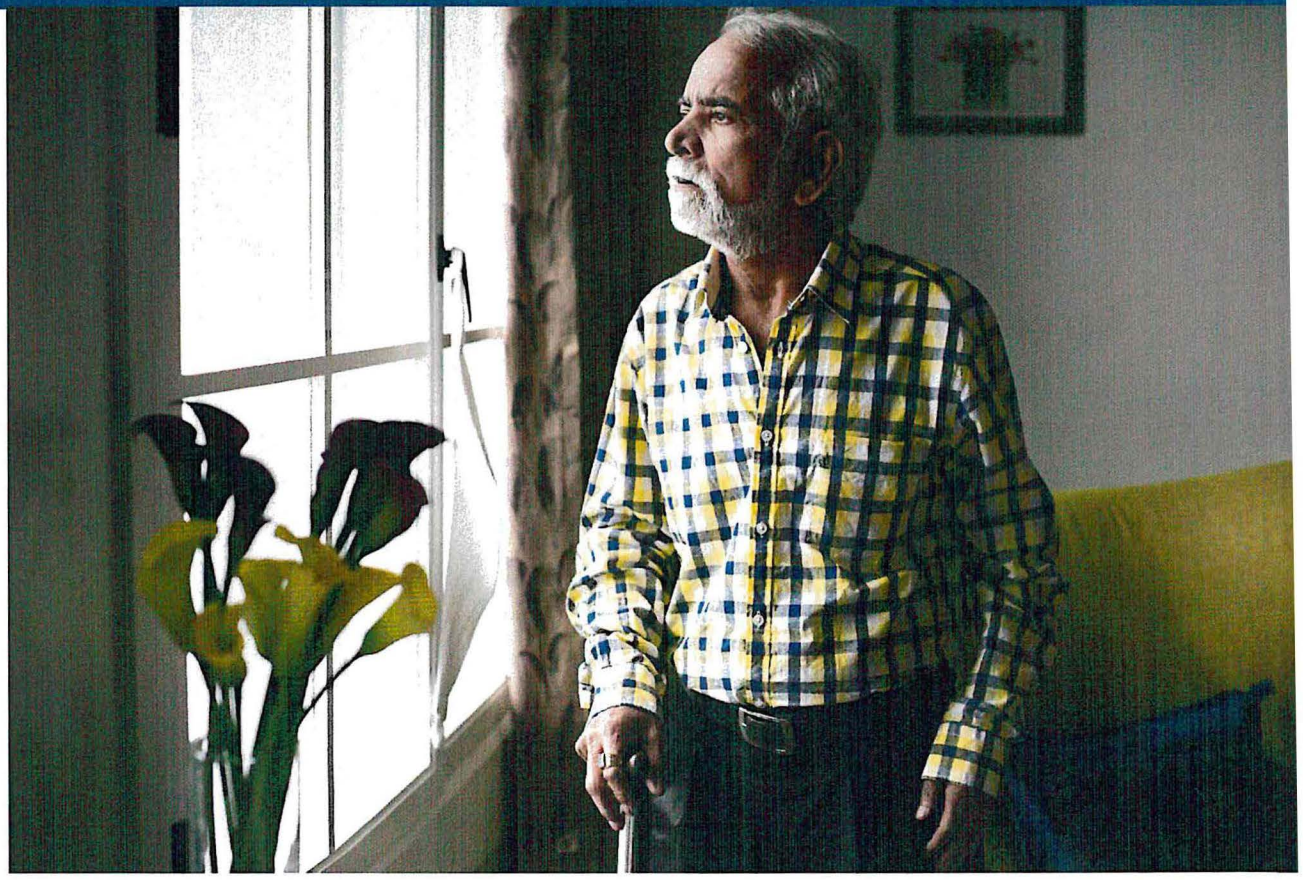
179

incapacitated adults served
July 2021 – Dec 2022

$2,500

Max petitioning cost per person

Executive budget request
increase $3,000



ADULT & AGING SERVICES
Older Americans Act (OAA) Services

30,554

Older adults served in FFY2021

30% increase since FFY 2020

Serves people age 60+

No income limits

Voluntary contribution

Cannot deny service due to unwillingness or inability to contribute

Federal, state, and local funds



ADULT & AGING SERVICES
Nutrition Services

The pandemic changed the **way meals are delivered** to older adults. The **cost** to prepare and deliver a meal has increased.

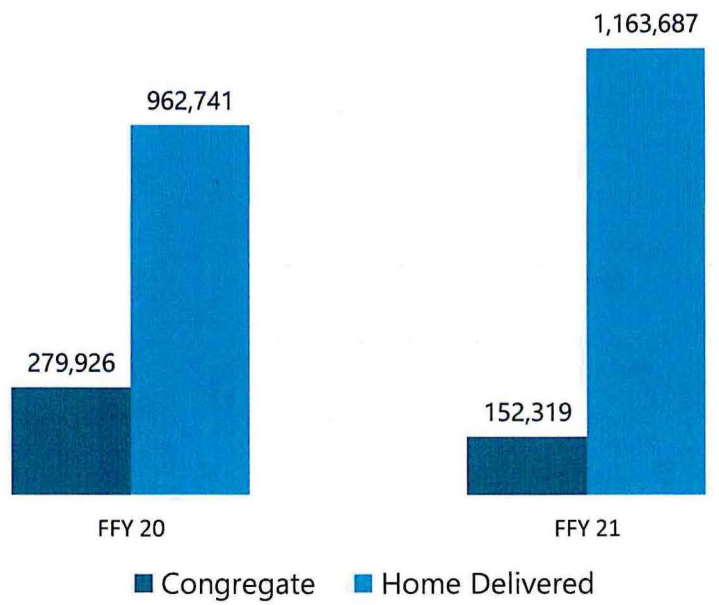
Meals options:

- Home delivered
- Pre-packaged grab-and-go
- Curbside pickup
- Frozen meal options

1,316,006
Meals served FFY2021

21,008
Consumers served

Nutrition services shifted toward home-delivered meals during COVID-19



Older Americans Act (OAA)
North Dakota Nutrition Sites



UPDATED 11-10-2022

MAP LEGEND:

- Congregate Nutrition Sites Only
- Home Delivered Meals (HDM) Only
- Both Congregate and HDM Options
- Café 60 Nutrition Sites

STATE TOTAL:

214

07 Congregate Nutrition Sites Only
53 Home Delivered Meals (HDM) Only
149 Both Congregate and HDM Options
05 Café 60 Nutrition Sites

NORTH Dakota Be Legendary. | Health & Human Services

ADULT & AGING SERVICES
Nutrition Services

Home-Delivered Meals & Congregate Meals

Current contracts (July 1, 2022, through June 30, 2023): all meals are reimbursed at $6 per meal

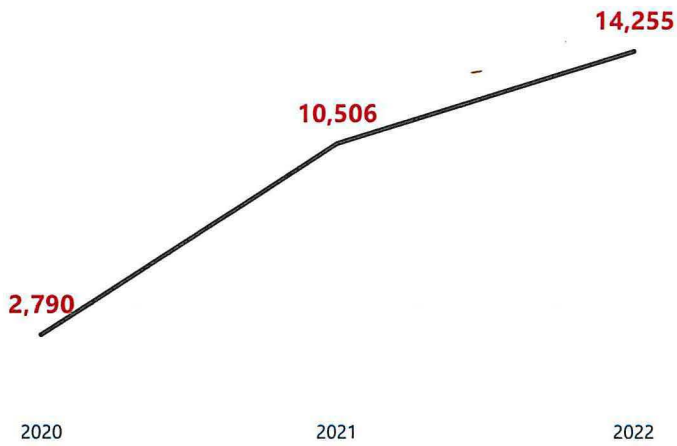
Executive Budget Request increase meal rate to $7.62 congregate, and $8.89 for home-delivered meals



ADULT & AGING SERVICES
ADRL Centralized Intake

- **Process to receive services referrals**
- Based on "no wrong door" approach
- Network built to support individuals needing long-term care services by simplifying and streamlining access to information and services
- 6 FTE dedicated to centralized intake
- Fully implemented January 2021

ADRL Call Volume



7 in 10

Americans 65+ will need LTC services for an average of 3 years

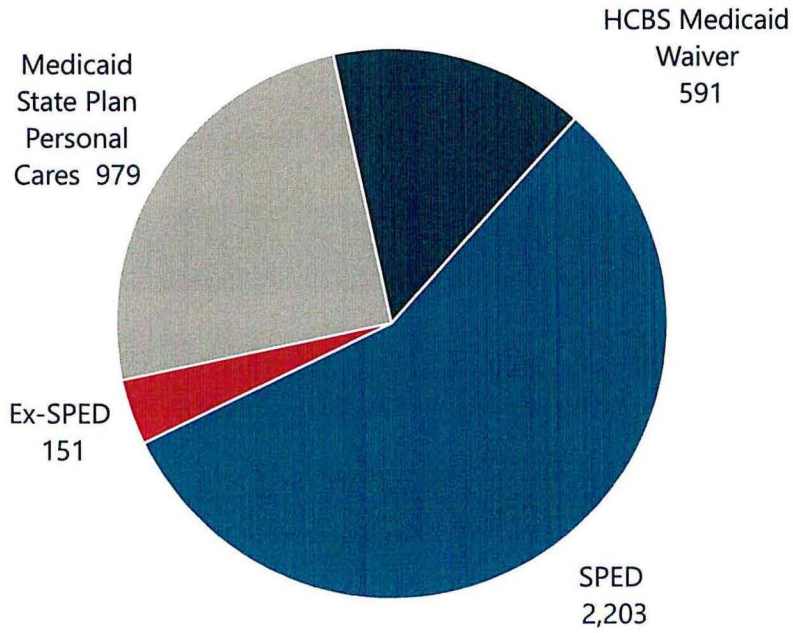
ADULT & AGING SERVICES
Individuals receiving HCBS services (Dec 2022)

3,158 6% increase since 2021

Number of unduplicated recipients supported by HCBS in CY2022

- Primarily serves older adults and individuals with physical disabilities
- Recipients must be both functionally and financially eligible
- May have client cost share based on income
- Federal and state funds
- Recipients range in age from 15-104 years old
- Case Management conducted by 66 FTE

Individuals Receiving HCBS in Dec 2022



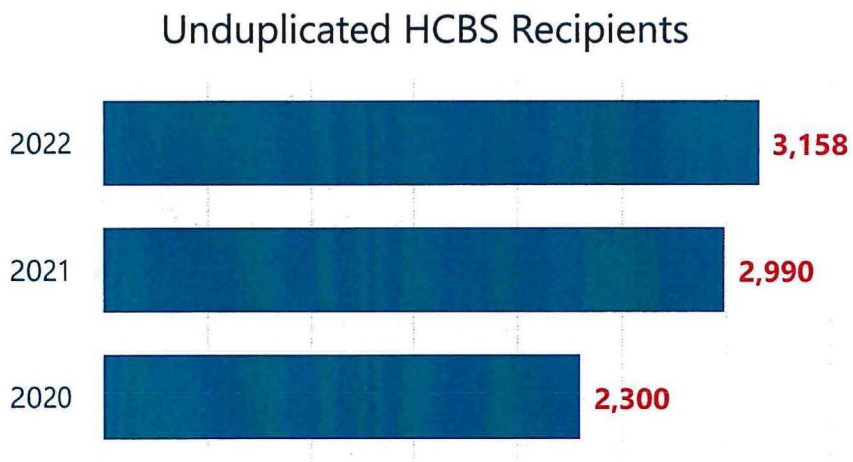
Source: DHS HCBS Caseload Data Nov 2022

NORTH Dakota Be Legendary. | Health & Human Services

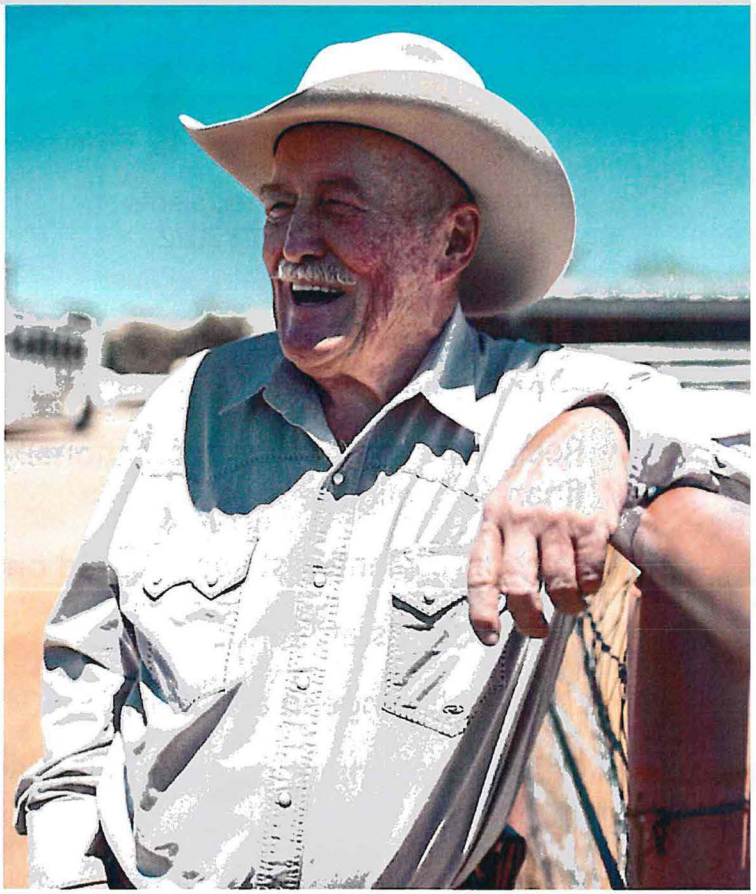
IMPROVING THE LIVES OF NORTH DAKOTANS

You voted for seniors to have more in-home care options in the communities where they live...

... and **more North Dakotans are** choosing in-home based community care options each year.



NORTH Dakota | Health & Human Services
Be Legendary.



ADULT & AGING SERVICES
Types of SUPPORT SERVICES available via HCBS

- Adult Day Care
- **Adult Foster Care**
- Adult Residential Care
- Attendant Care
- Case Management
- Chore Service
- Community Support Services / Residential Habilitation
- Community Transition Services
- **Companionship**
- Emergency Response System
- Environmental Modification
- Extended Personal Care
- Emergency Response System
- Environmental Modification
- **Family Home Care** & Family Personal Care
- **Home-Delivered Meals**
- Homemaker Services
- Non-Medical Transportation
- Personal Care Services
- Respite Care
- Specialized Equipment
- Supervision
- Supported Employment
- Transitional Care

NORTH Dakota Be Legendary. | Health & Human Services

ADULT & AGING SERVICES
HCBS Delivery System

1,147
Qualified Services Providers (QSPs) provide services

66
HCBS case managers supervised by Adult & Aging Services

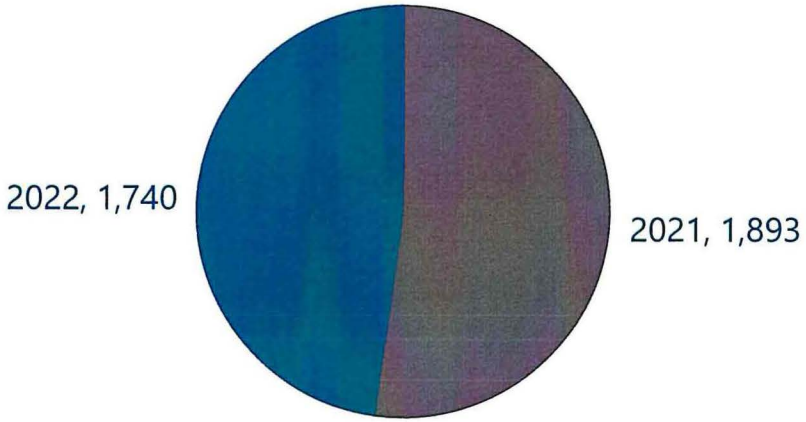
158 and 86

On average, 158 new referrals and 86 new cases opened for HCBS each month

Executive budget request includes additional

14 FTE
HCBS Case Management/support/quality

HCBS Case Management Referrals



CY Nov 2022 caseload data

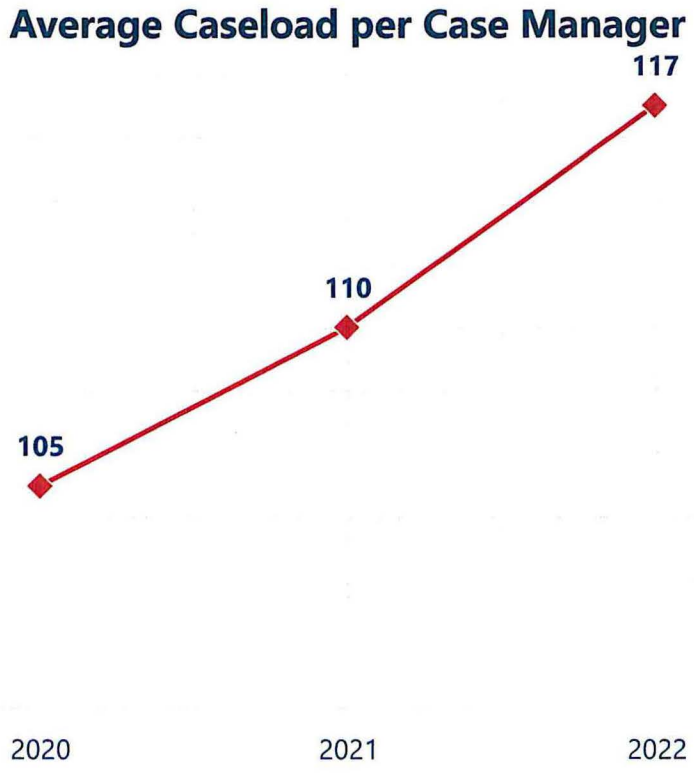
ADULT & AGING SERVICES
HCBS Case Management Services

Since the pandemic, the **demand** for in-home and community-based services has continued to **increase**

Increased demand has increased the **average caseload** per HCBS Case Manager

Many HCBS participants have complex needs (medical and behavioral health needs) that increase the amount of time it takes to provide quality case management services

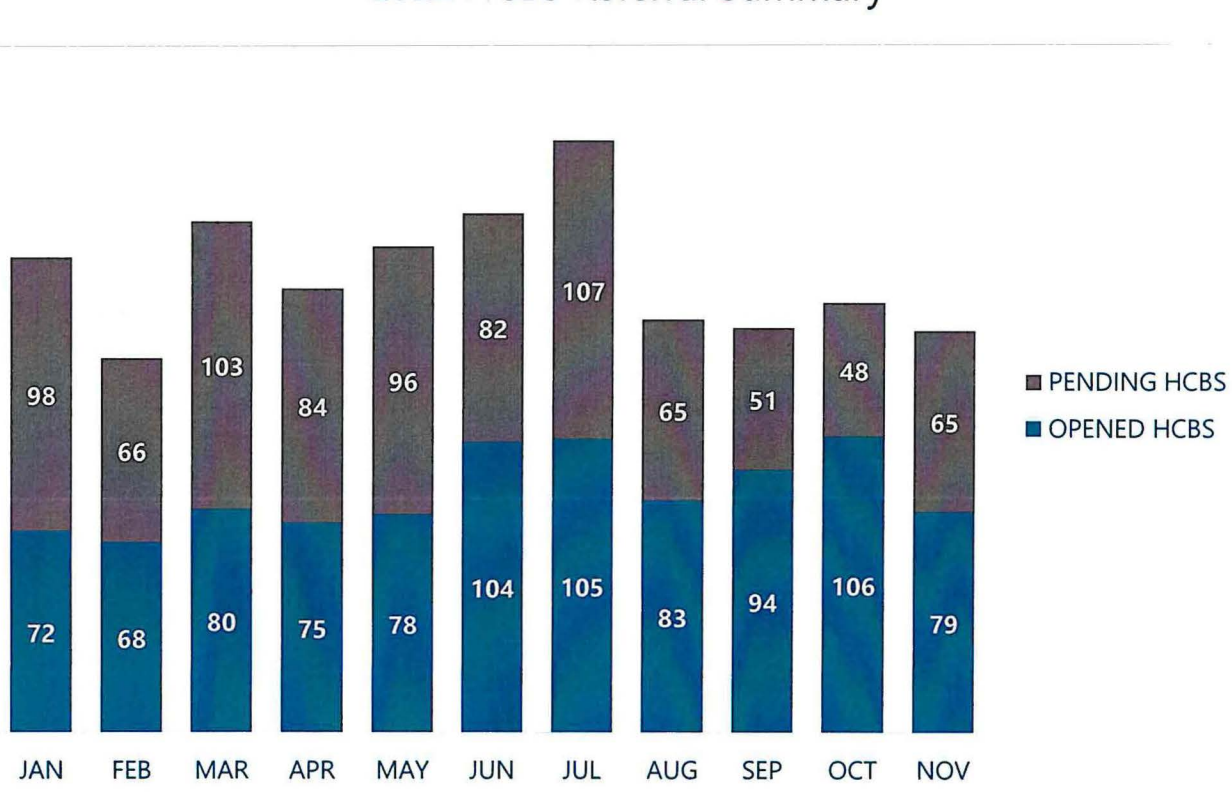
Increased **need** for **additional** HCBS case management **staff**



ADULT & AGING SERVICES
HCBS Case Summary

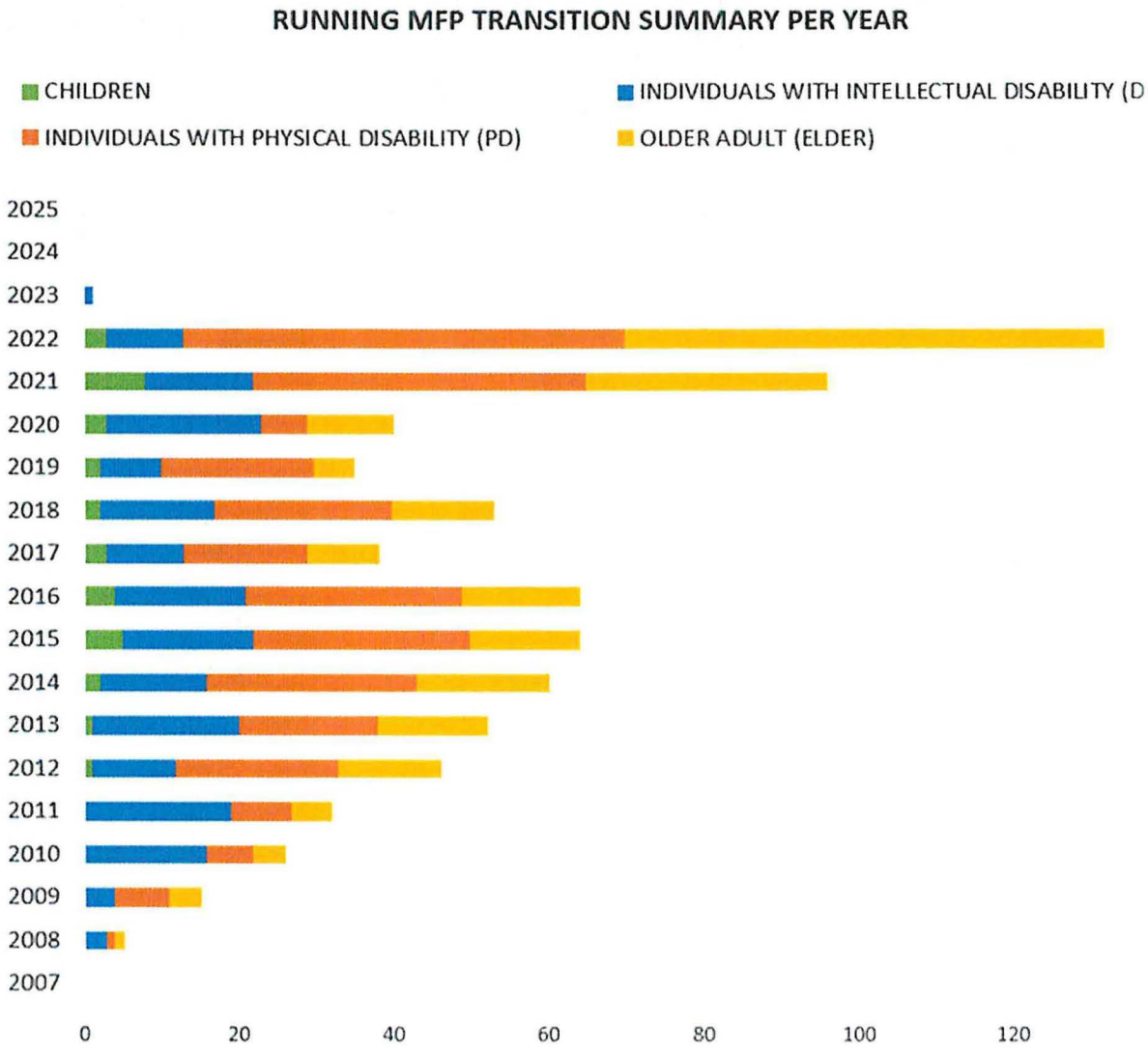
In addition to the HCBS Case Managers' caseload they are required to manage all pending cases, new referrals, and case closures each month

Because of the population served, there are many cases opening and closing each month.



Adult & Aging Services
Money Follows the Person Grant

- Federal Grant designed to assist states to increase the use of HCBS to achieve Long Term Service (LTSS) and Supports System Rebalancing
- Eliminate barriers that prevent individuals from receiving LTSS in the setting of their choice
- MFP Grant started 2007 - $8.9 million
- Award through 2022 $47.8 million (fed) and $4.3 (state)
- Transitioned 759 individuals over the past 15 years



Implementing the Settlement Agreement between U.S. DOJ & State of North Dakota

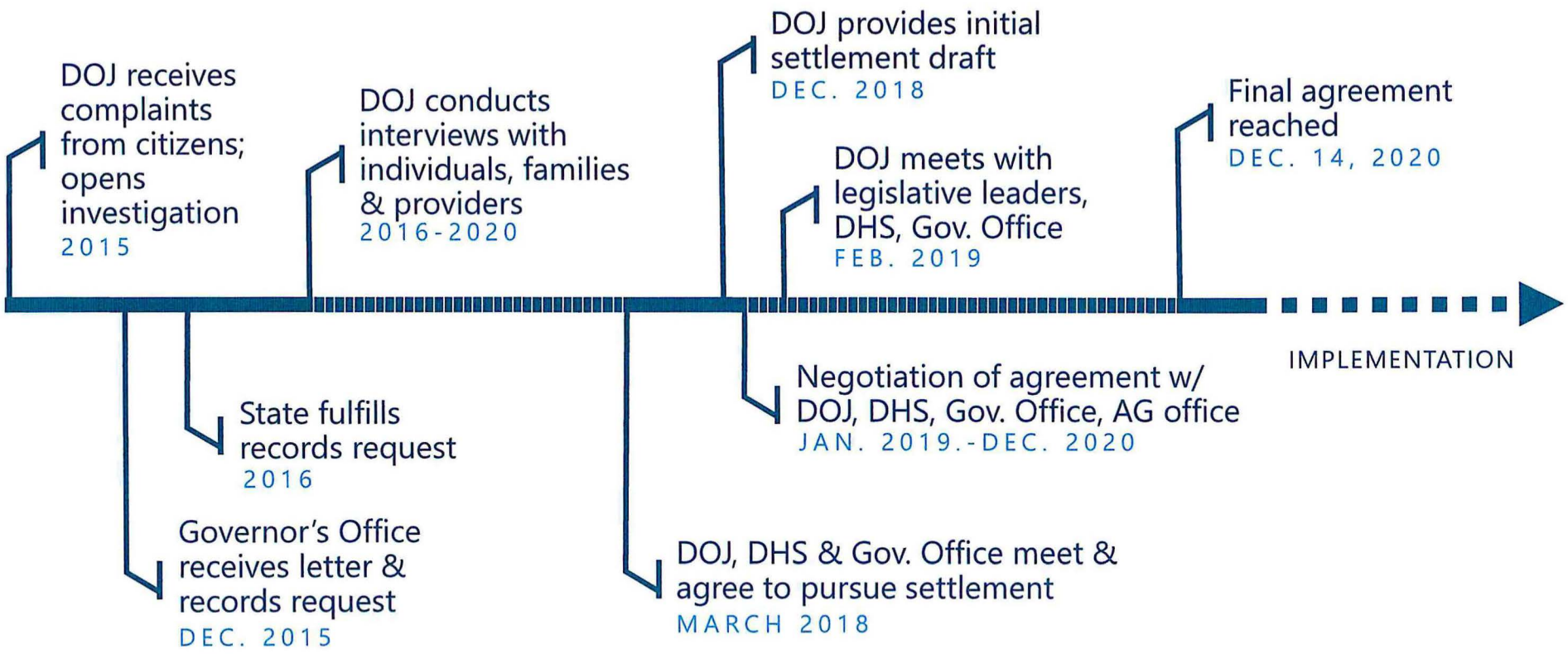
PURPOSE is to ensure that ND will **meet Americans with Disabilities Act (ADA) requirements** by providing services, programs, and activities for individuals with physical disabilities in the most integrated setting appropriate to their needs.

Effective Dec. 14, 2020

Agreement will terminate eight years after effective date if Parties agree that the state has attained substantial compliance with all provisions and maintained that compliance for a period of one year.



TIMELINE


DOJ receives complaints from citizens; opens investigation
2015
DOJ conducts interviews with individuals, families & providers
2016-2020
DOJ provides initial settlement draft
DEC. 2018
DOJ meets with legislative leaders, DHS, Gov. Office
FEB. 2019
Final agreement reached
DEC. 14, 2020
IMPLEMENTATION
State fulfills records request
2016
Governor's Office receives letter & records request
DEC. 2015
DOJ, DHS & Gov. Office meet & agree to pursue settlement
MARCH 2018
Negotiation of agreement w/ DOJ, DHS, Gov. Office, AG office
JAN. 2019.-DEC. 2020

VARIETY OF CONCERNS

EXAMPLES PROVIDED BY DOJ

- **Unnecessary segregation** of disabled individuals in skilled nursing facilities
- Adults in skilled nursing facilities who would **rather be in their community**
- **Imbalance of funds** to skilled nursing facilities and community-based services
- **Lack of awareness** about existing transition services and available tools

KEY TERMS | DOJ Settlement Americans with Disabilities Act

The Americans with Disabilities Act (ADA) requires public agencies to **eliminate unnecessary segregation** of persons with disabilities and provide services in the **most integrated setting appropriate** to the needs of the individual.

In **1999** the Federal Supreme Court **Olmstead** decision **affirmed** the **ADA** requirements.



WHO ARE WE TRYING TO REACH?

Target population

Basic Eligibility

- Individual with physical disability
- Over age 21
- Eligible or likely to become eligible to receive Medicaid long-term services and supports (LTSS)
- Is likely to require LTSS for at least 90 days.



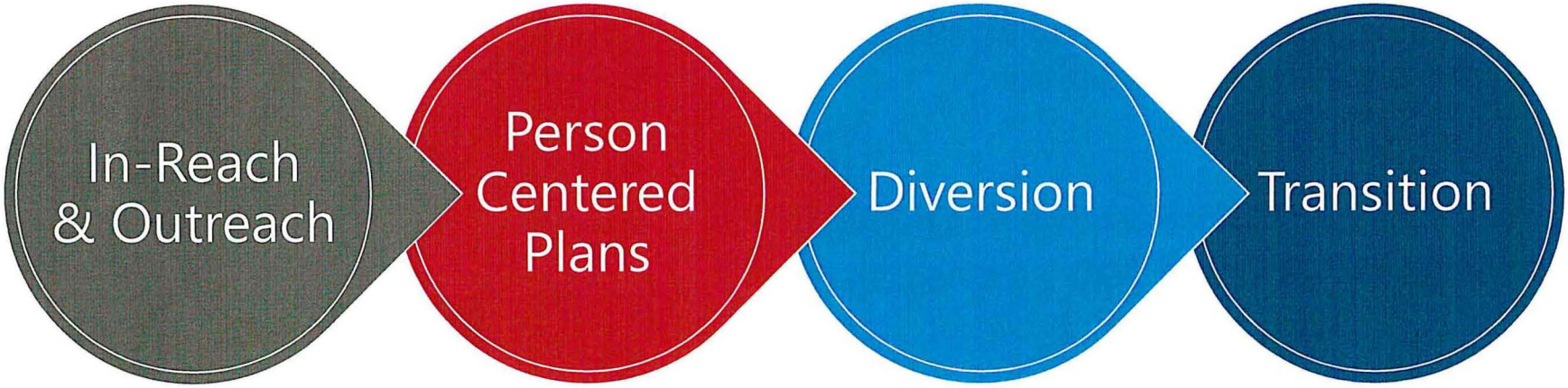
IF in skilled nursing setting

- Receive Medicaid-funded nursing facility services AND
  - Likely to require long term services and supports
- Receive nursing facility services AND
  - Likely to become eligible for Medicaid within 90 days, have submitted a Medicaid application, and have approval for a long-term nursing facility stay

IF in hospital or home setting

- Referred for a nursing facility level of care determination AND
  - Likely to need services long term
- Need services to continue living in the community AND
  - Currently have a HCBS Case Manager or have contacted the ADRL

ND / DOJ Agreement STRATEGY



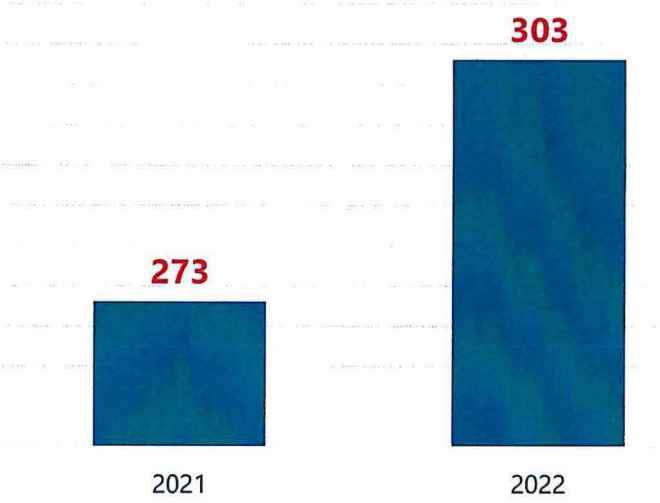
New Target Population Members (TPMs) Receiving HCBS that were DIVERTED from a SNF

"**Diversion**" happens when a Medicaid eligible individual who screens at a nursing facility level of care receives a set of services (HCBS, housing etc.) that allows them to remain in an integrated setting and avoid institutionalization.

DOJ Settlement Agreement **REQUIRED** ND to **divert at least 100** individuals by Dec. 13, 2022.

Benchmark achieved ☑

HCBS Unduplicated Diversions



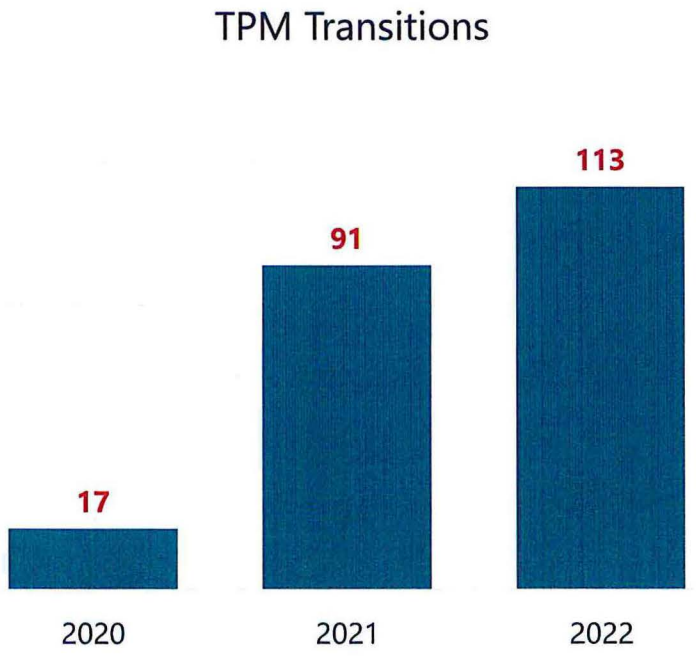
NORTH Dakota | Health & Human Services
Be Legendary.

ADULT & AGING SERVICES
TPMs who Transitioned to an Integrated Setting

"Transition" happens when a Medicaid eligible individual who resides at a nursing facility receives transition supports and a set of services (HCBS, housing etc.) that allows them to move to an integrated setting in the community.

DOJ Settlement Agreement
REQUIRED ND to transition at least 100 individuals by Dec. 13, 2022.

Benchmark achieved ☑



NORTH Dakota Be Legendary. | Health & Human Services

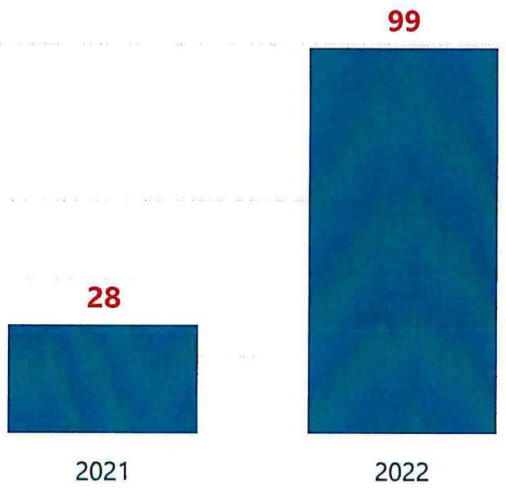
ADULT & AGING SERVICES
TPMs Receiving Permanent Supported Housing

"**Permanent Supported Housing**" is providing affordable housing, rental assistance, meeting with landlords, application assistance etc., in addition to other traditional HCBS that allows an individual to live in a private residence alone or with family, their significant other or roommates of their choosing.

DOJ Settlement Agreement REQUIRED
ND to provide this service to
20 individuals by Dec. 13, 2021, and
30 individuals by Dec. 13, 2022

Benchmark achieved ☑

TPM Receiving Permanent Supported Housing



NORTH Dakota Be Legendary. | Health & Human Services

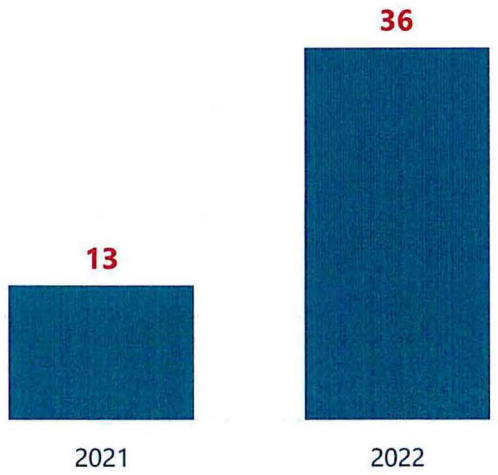
ADULT & AGING SERVICES
TPM Accessing Various Forms of Rental Help

"**Rental assistance**" is assisting individuals in paying for affordable housing in the community and may also involve paying for affordable housing costs during an institutional stay, so the individual does not loose their place to live in the community.

2021-2023 approved budget included $300,000 to fund approx. 375 months of housing assistance over the course of the biennium.

Strategy achieved ☑

TPMs Accessing Rental Assistance



NORTH Dakota | Health & Human Services
Be Legendary.

Continued progress requires additional investment in HCBS



- Increase daily rates paid for adult foster care and family home care;
- QSP Agency on-call staff;
- Bed hold days for residential habilitation and community supports;
- Base rate for personal care services;
- Increase the senior meal rate- Reimburse for 2 home-delivered meals/ day (up from 1);
- Add companionship to SPED & EX-SPED;
- Inclusion of 1 FTE for the DOJ settlement agreement specialist;
- Increase FTE capacity to deliver HCBS case management and keep up with growing demand;
- Increase guardian establishment funds.

Adult & Aging Services: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 8,748,214	$ 20,359,994	$ 29,108,208
Operating	23,443,640	20,968,014	44,411,654
IT Services	6,000	19,800	25,800
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	4,318,476	(807,503)	3,510,973
Total	$ 36,516,330	$ 40,540,305	$ 77,056,635

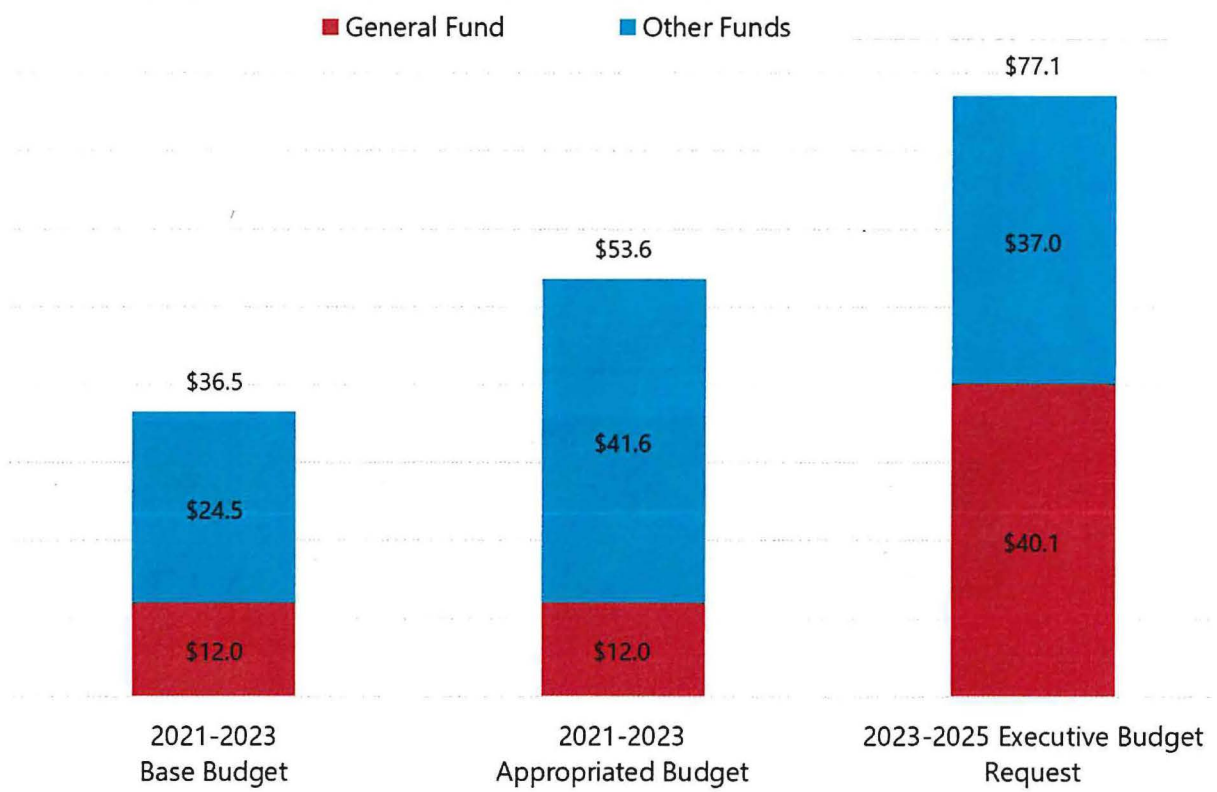
General Fund	**$ 11,963,529**	**$ 28,094,380**	**$ 40,057,909**
Federal Funds	**23,806,863**	**9,035,940**	**32,842,803**
Other Funds	**745,938**	**3,409,985**	**4,155,923**
Total Funds	**$ 36,516,330**	**$ 40,540,305**	**$ 77,056,635**

Full Time Equivalent (FTE)	45.70	82.00	127.70

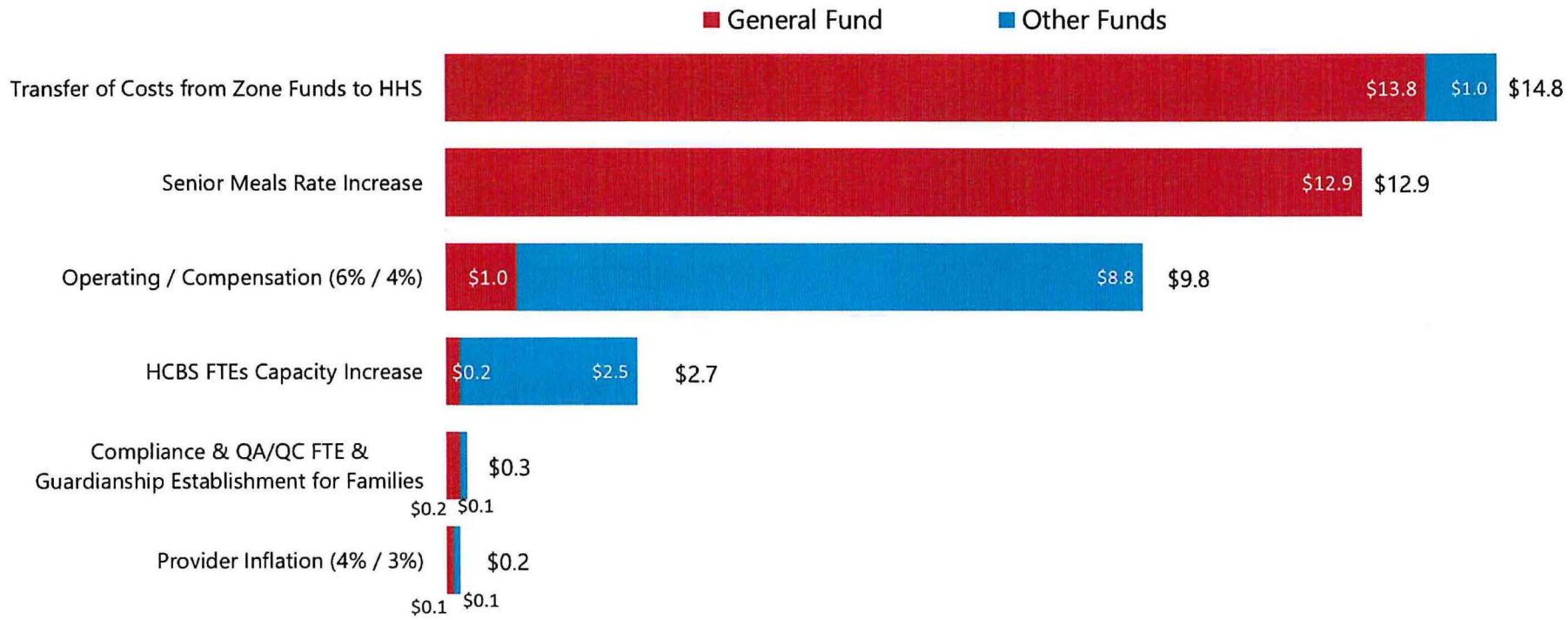
Adult & Aging Services: Overview of budget changes
(IN MILLIONS)

INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION
$ 40.6 MILLION

- Increase in salaries and benefits of $20.4M
- Increase in operating/IT costs of $21.0M
- Decrease in grants of ($0.8M)



Adult & Aging Services: Overview of budget changes
(IN MILLIONS)



NORTH Dakota Be Legendary. | Health & Human Services



Contact information

Nancy Nikolas Maier

Director, Adult & Aging Services Section

nmaier@nd.gov

https://www.hhs.nd.gov/adults-and-aging

ADRL 1-855-462-5465

U.S. Department of Justice Settlement Agreement | Health and Human Services North Dakota

NORTH Dakota Be Legendary. | Health & Human Services



Senate Appropriations Committee
Senator Brad Bekkedahl, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Office of Refugee Services | January 16, 2023



Office of Refugee Services

Mission/Purpose

Building a life in a new community is challenging.

Imagine losing everything and then having to rebuild in a new country with limited community connections, resources, and acceptance.

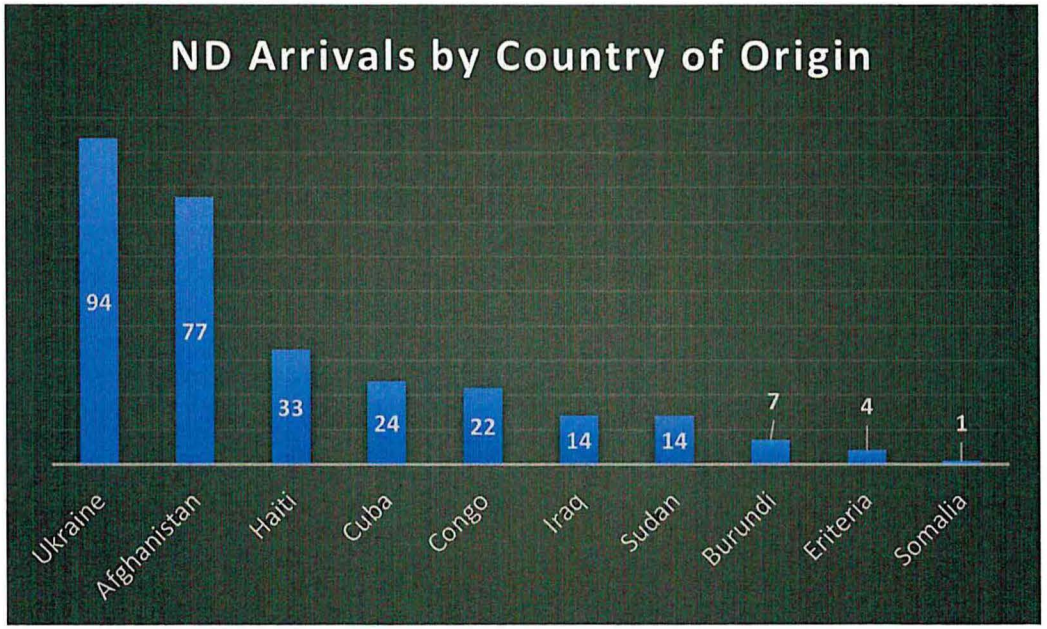
Our programs develop community collaborations to strengthen and guide newcomers as they become welcomed neighbors and valued contributors to the economy.

Who we serve

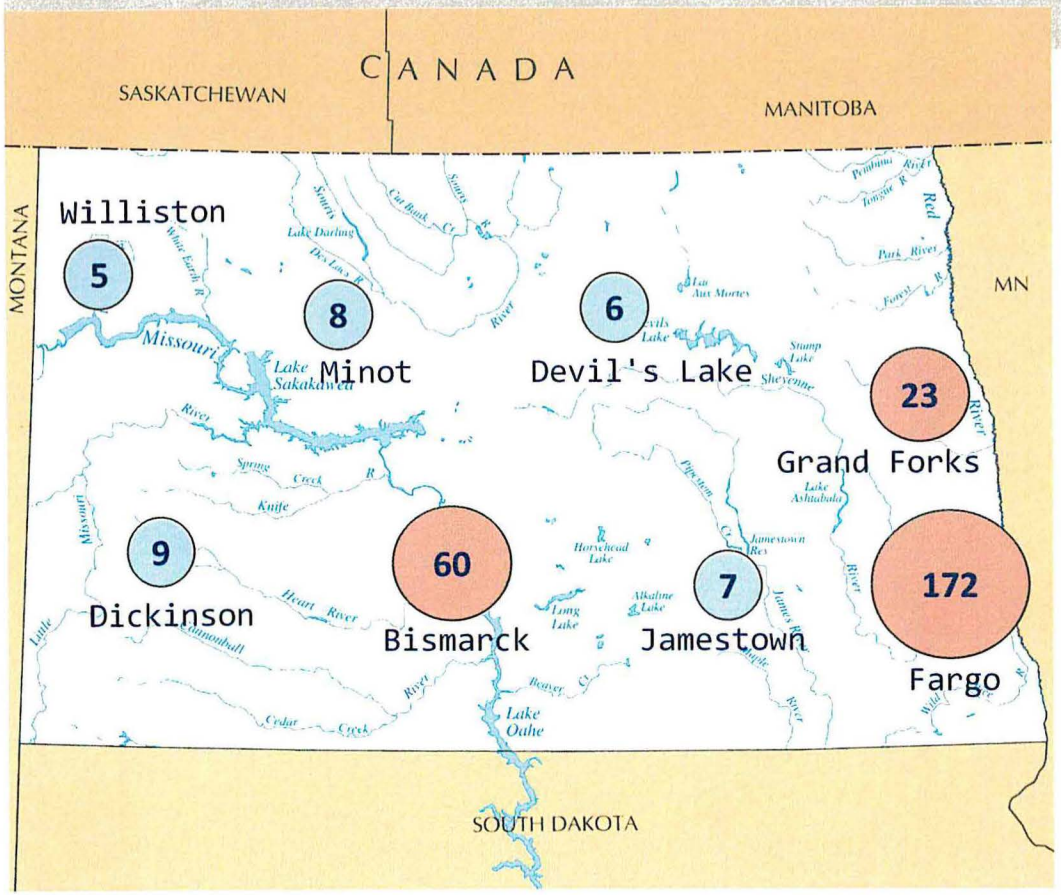
- All populations meeting Office of Refugee Resettlement eligibility criteria

- Neary 60% of arrivals are from Ukraine and Afghanistan

  (July 2021 – December 2022)



Geographic Distribution of ND's Refugees



H.B. No. 1012

Resettle refugees in at least five geographically diverse communities in the state outside of the existing resettlement communities with a goal of resettling 25% of new refugees outside of existing resettlement communities.

Resettlement since July 2021: 290

Outside of Fargo: 41%

NORTH Dakota | Health & Human Services
Be Legendary.

Community Collaborations that support Integration and Success



Local Case Management

Fargo: LIRS
Bismarck: Global Neighbors
Grand Forks: Global Friends



English Learning

Adult Learning Centers provide language instruction and career navigation



Skill Development

ND Job Service connects to training programs, apprenticeships, and WIOA



K-12 Programs

Schools provide English instruction, family programming, and cultural liaisons



Youth Career Readiness

Mentoring for those aged 15-24 through the New American Consortium, F/M Chamber and NDSU extension



Health Literacy and Access

Family Health Care, Spectra, UND, YMCA, Adult Learning Centers, and local nonprofits

NORTH Dakota | Health & Human Services
Be Legendary.

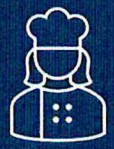
ND Refugee Employment and Skill Acquisition

Refugees are Economic Contributors

Top ND Industries Employing Refugees:



46% Manufacturing



17% Retail/Food Service



12% Education/Training



11% Child Care

English Language Enrollment: 55%

Average Wage: $17.50

NORTH Dakota Be Legendary. | Health & Human Services

Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 1,416,486	$ (567,966)	$ 848,520
Operating	442,363	135,968	572,031
Grants	6,605,621	4,603,355	11,208,976
Total	$ 8,464,469	$ 4,165,058	$ 12,629,527

General Fund	$ -	$ -	$ -
Federal Funds	**8,464,469**	**4,165,058**	**12,629,527**
Other Funds	-	-	-
Total Funds	**$ 8,464,469**	**$ 4,165,058**	**$ 12,629,527**

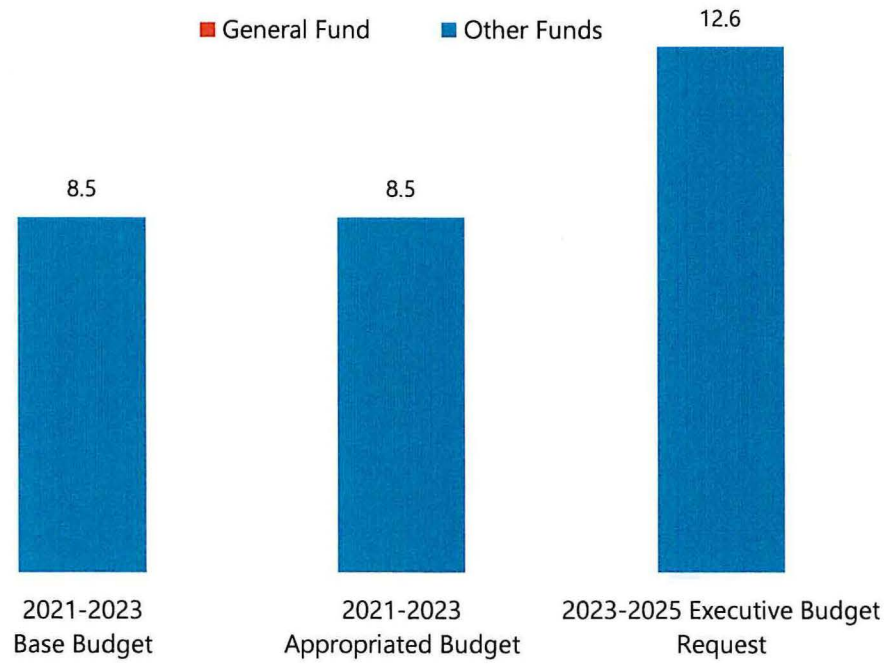
Full Time Equivalent (FTE)	4.00	2.00	6.00

Overview of budget changes (IN MILLIONS)

INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION $ 4.1 MILLION

Increases Driven by:

- Afghanistan Supplemental Appropriations Act
- Additional Ukraine Supplemental Appropriations Act
- Data Management System



NORTH Dakota Be Legendary. | Health & Human Services

Goals for the 2023-25 Biennium



Launch a Data Management System

Track and understand refugee outcomes and needs to maximize potential



Improve Access to English Language Learning

Remove the top constraint for newcomers in reaching their workforce potential



Expand Community Partnerships and Build Employer Relations

Hire two positions:
Community Integration Specialist
Mental Health Specialist

NORTH Dakota | Health & Human Services
Be Legendary.

Summary and key takeaways

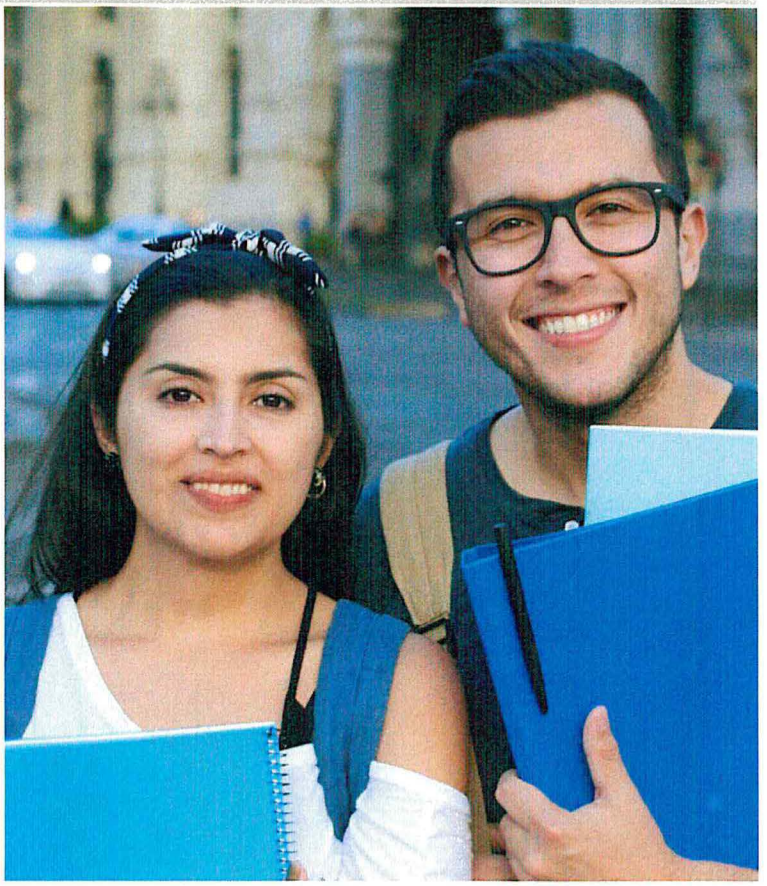
Welcoming is a

Humanitarian Effort

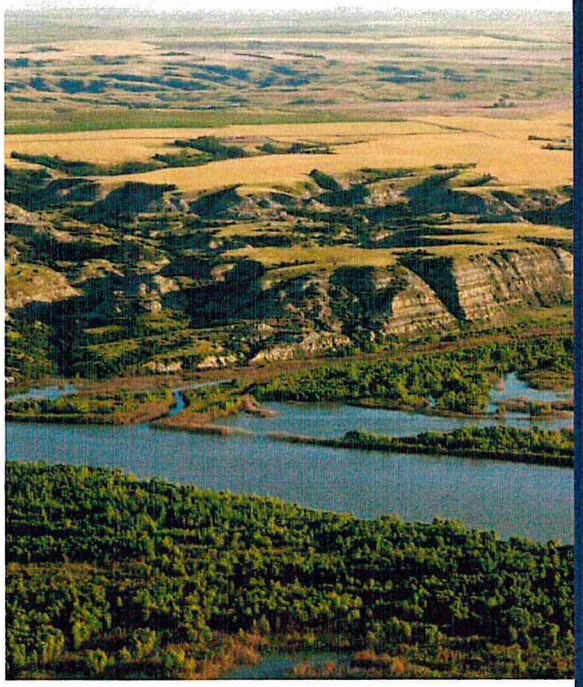
and a **Workforce Strategy**

We are competing for newcomer talent.

Refugee programs build strong networks that connect newcomers to workforce opportunities while helping them to rebuild and establish roots in North Dakota.

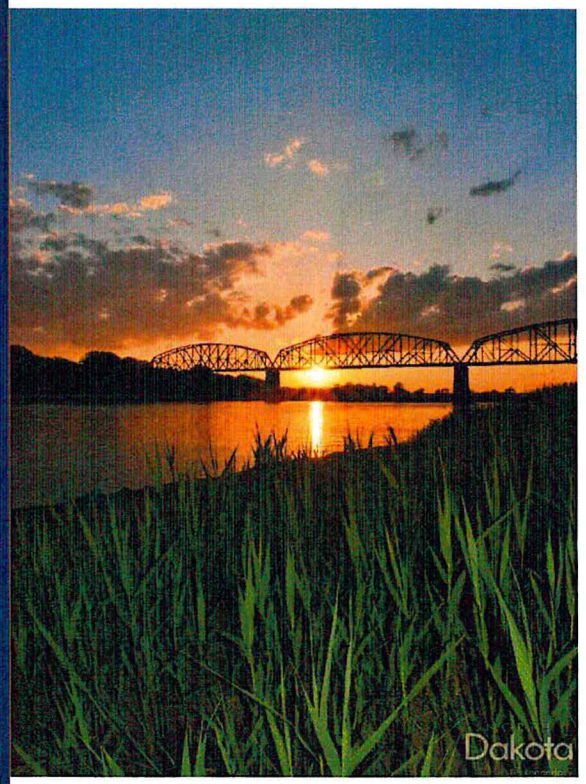


NORTH Dakota Be Legendary. | Health & Human Services



Contact Information

Holly Triska-Dally
State Refugee Coordinator
701-328-4725, htriskadally@nd.gov





Senate Bill 2012

Senate Appropriations Committee
Senator Bekkedahl, Chairman

Cory Pedersen, Children and Family Services Section – HHS
January 17, 2023

NORTH Dakota | Health & Human Services
Be Legendary.

HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the **FOUNDATIONS** of well-being

- Economic Health
- Behavioral Health
- Physical Health

Ensure everyone has the opportunity to realize their **POTENTIAL**

- Strong, Stable Families
- Services Closer to Home
- Early Childhood Experiences

Give everyone the **OPPORTUNITY** to decide to:

- Be Healthy
- Be Active
- Find & Prevent Disease Early

Efficiency Through Redesign

High-Performing Team

NORTH Dakota Be Legendary. | Health & Human Services

Children and Family Services Program Purpose

Facilitate delivery of services that support child safety, child permanency, and well-being, which together are designed to prevent and reduce the incidence of child abuse and neglect and support family reunification and stability whenever possible.



NORTH Dakota | Health & Human Services
Be Legendary.

Children and Family Services
What we do

Safety

- Child protective services
- Child Fatality Review Panel
- State Child Protection Team
- Parent Resource Centers
- Alliance for Children's Justice

Permanency

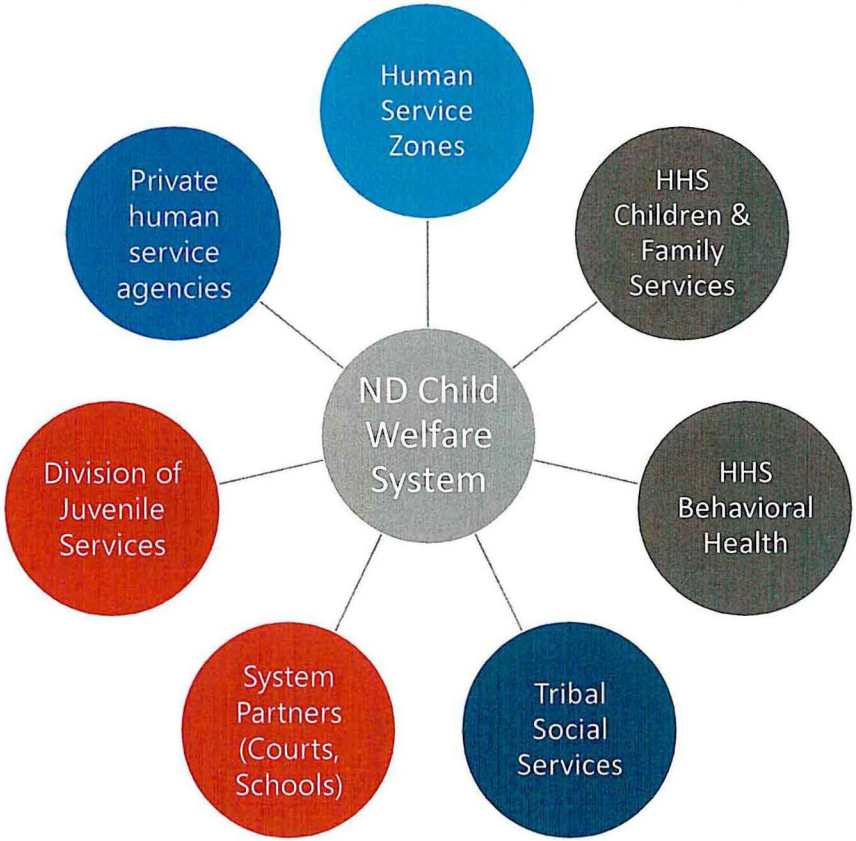
- Foster care
- Adoption
- Guardianships
- Interstate compacts for the placement of children
- Unaccompanied minor services
- Independent living services
- Licensing for foster care providers, QRTPs and LCPAs

Well-being

- Family preservation services
- Intensive In-home therapy
- Nurturing Parent programs
- Healthy Families
- Parent aides
- In-home case management
- Respite care
- Family-centered engagement
- Children in Need of Services

NORTH Dakota | Health & Human Services
Be Legendary.

The Child Welfare System in North Dakota Includes Both Public and Private Sector Partners



The MISSION of the child welfare system in North Dakota

Safe Children
Strong Families

NORTH Dakota | Health & Human Services
Be Legendary.

Children and Family Services Section

Child welfare services are delivered by local, state, tribal and private providers using both federal and state funds

ND Health & Human Services

Human Service Centers
- Crisis teams
- Intensive In-home services (therapy & treatment, skills training, behavior mod)
- Targeted case management

Children & Family Services
- Training and coaching of field staff
- Oversee quality service delivery
- Administration of policy
- License foster homes
- IV-E and Adoption Eligibility

Private Human Service Providers

- Safe shelter for crisis
- Human trafficking supports and safe beds
- Unaccompanied minor services
- Foster homes, including therapeutic
- Targeted case management

Tribal Social Services

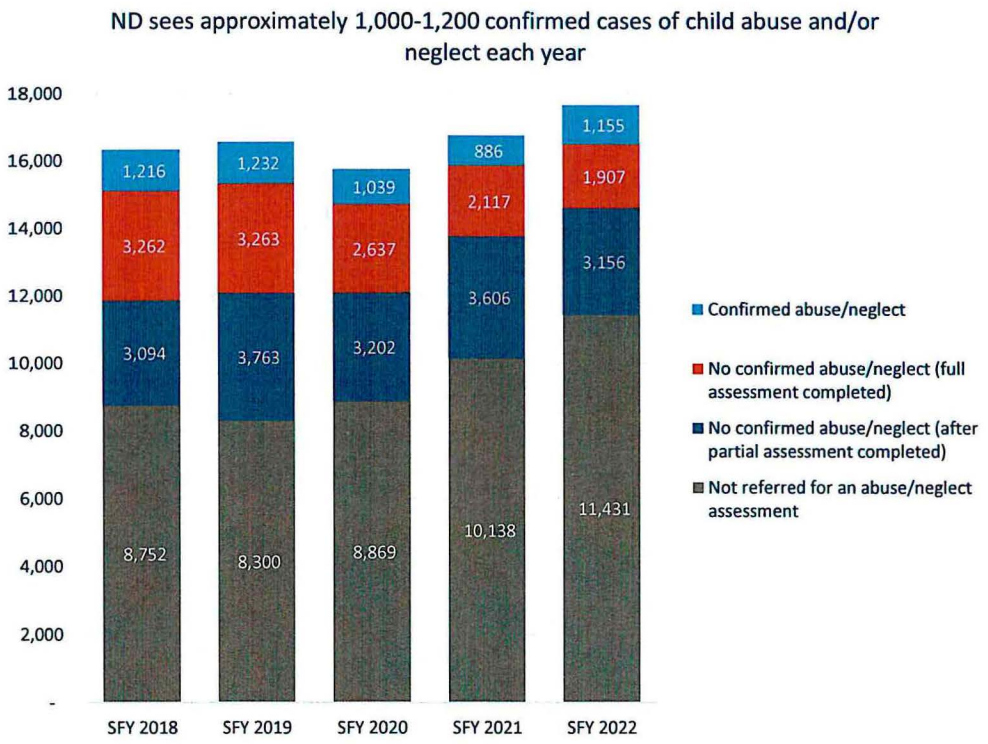
- FRAME entry and foster care eligibility determinations
- Joint practice model and Indian Child Welfare Act (ICWA) training
- Native American Training Institute supports (training, billing, IEP (ICWA Family Preservation)
- FMAP service contracting
- IV-E agreements boosting access to funding

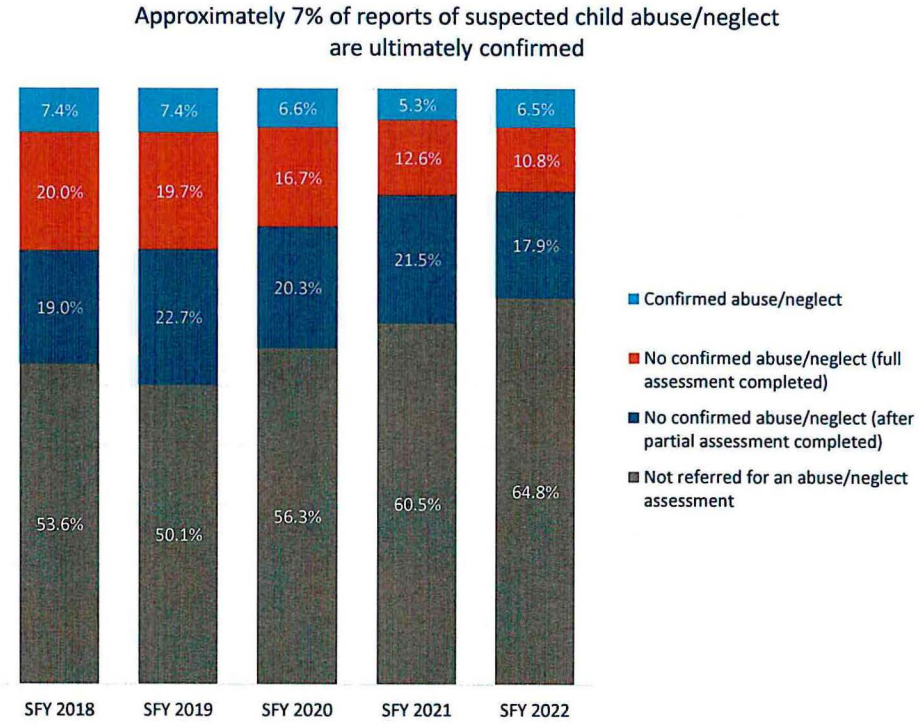
Human Service Zones

- Assess present and impending danger
- Safety planning
- Case management
- Assess and build parent capacities
- Provide safe supports for children and families
- In-home supports
- Parent aides
- Intake for child abuse and neglect reports
- Children in Need of Services (CHINS)

NORTH Dakota | Health & Human Services
Be Legendary.

ND sees approximately 1,000 – 1,200 confirmed cases of child abuse or neglect each year

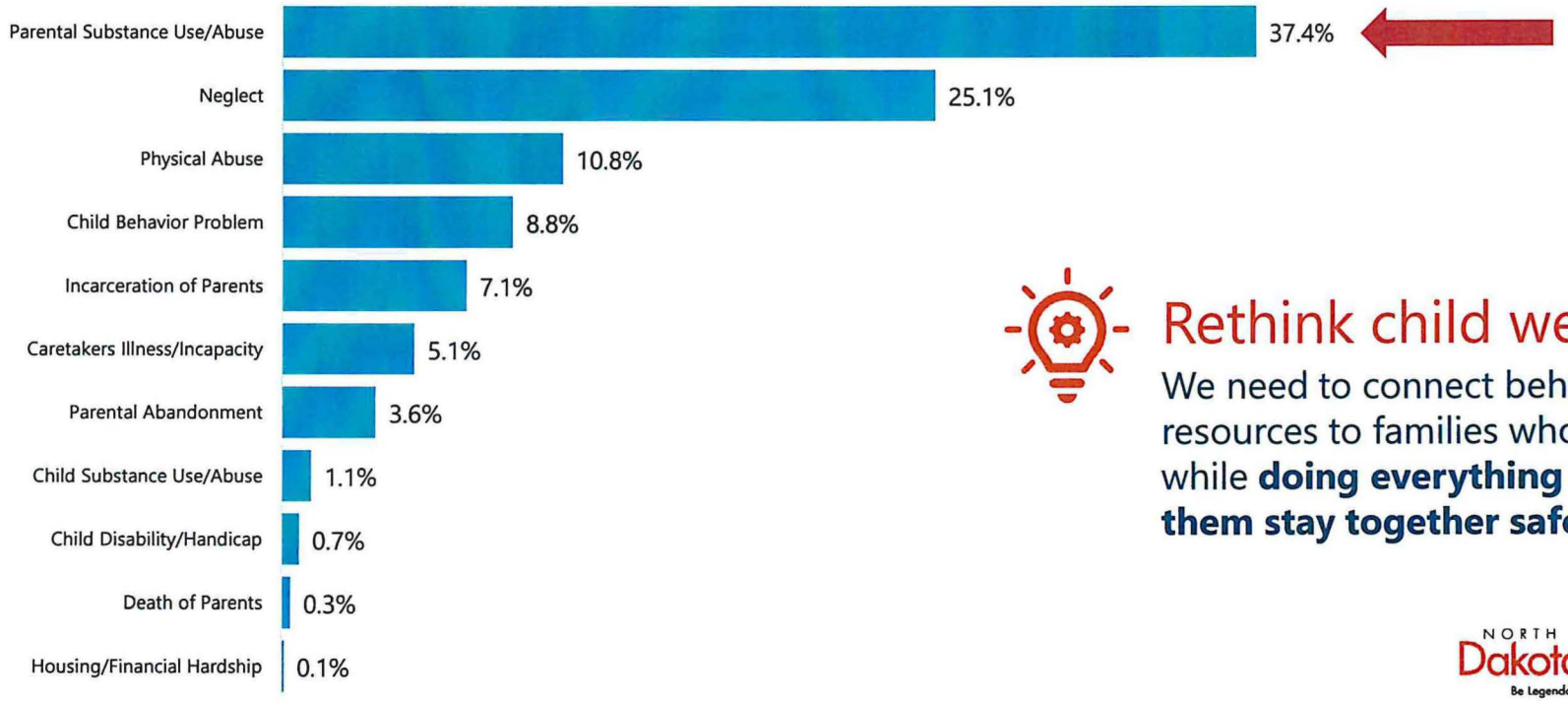




Substance abuse and unaddressed mental health needs are major de-stabilizing forces in families

REMOVAL REASONS

Percent of children entering care for each removal reason: SFY2022

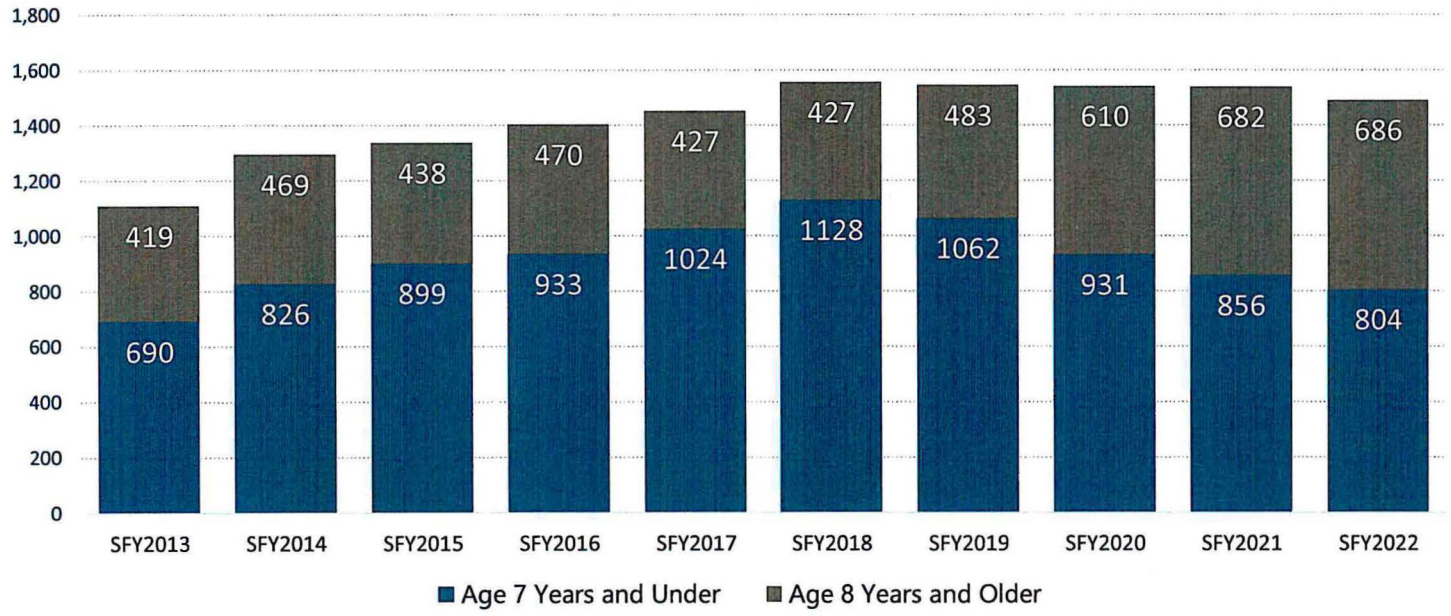


Rethink child welfare

We need to connect behavioral health resources to families who are struggling while **doing everything we can to help them stay together safely.**

NORTH Dakota | Health & Human Services
Be Legendary.

In FY22 54% of the 1,490 children in foster care are younger than age 7



Point-in-Time Average of ND Foster Care census and those age 7 years and under, FFY 2013-2022

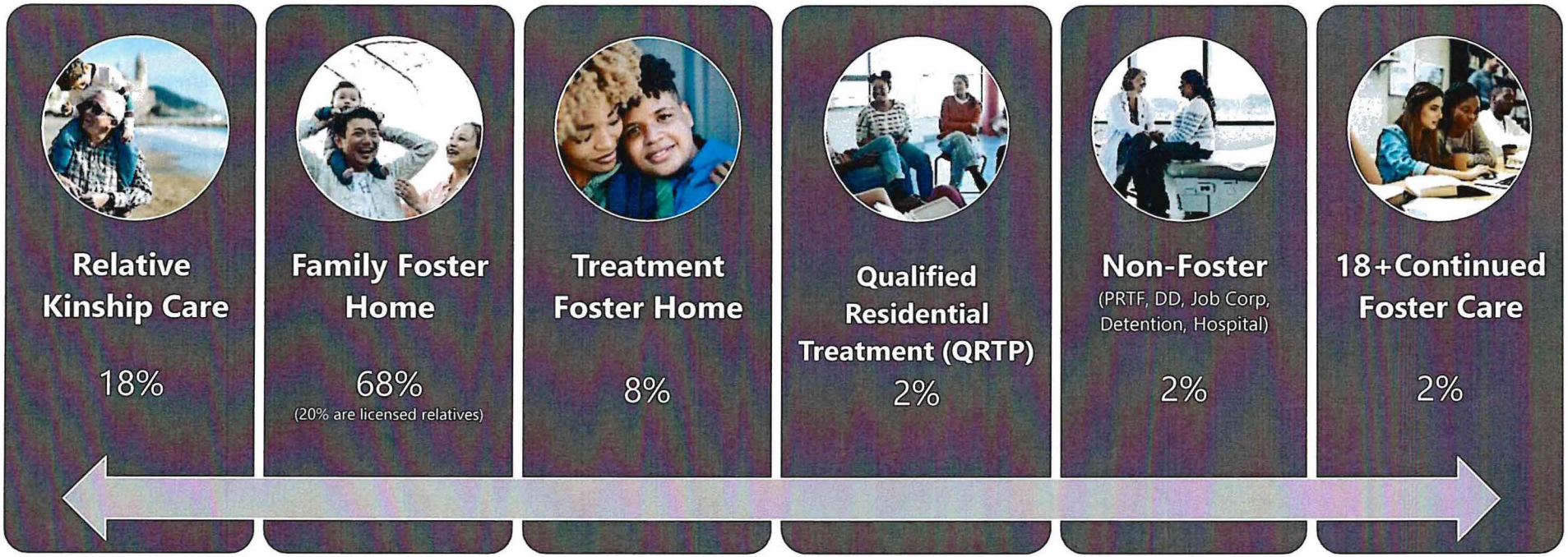
Rethink child welfare

Early interventions with young families are key to reducing foster care placement for the youngest children.

NORTH Dakota | Health & Human Services
Be Legendary.

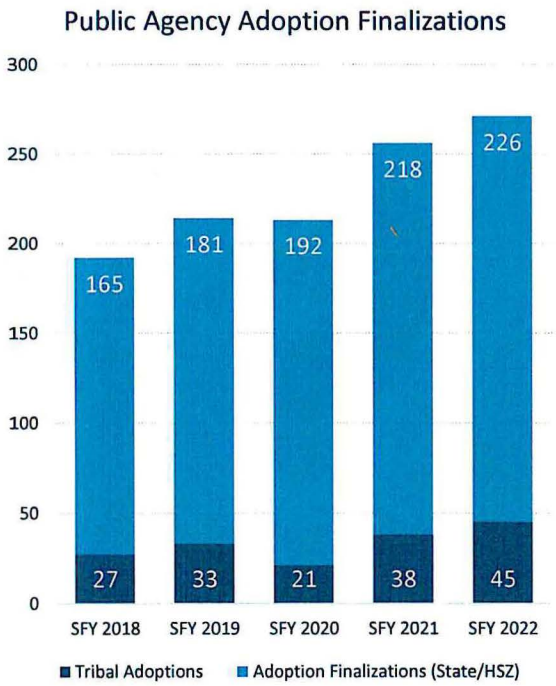
Family foster homes provide care for 68% of children affected by an out-of-home placement

North Dakota Child Welfare System Continuum of Care



NORTH Dakota | Health & Human Services
Be Legendary.

Relative adoptions accounted for 35% of all public agency adoptions in FY22





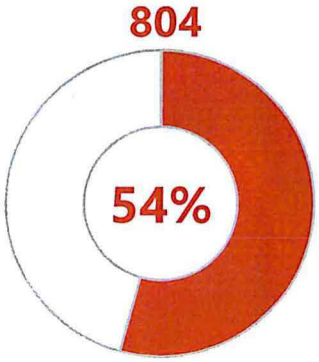
Rethink child welfare

Ongoing cost for caring for children.

Reducing foster care usage safely can provide children with permanency, keep families together and reduce ongoing costs long term.

NORTH Dakota Be Legendary. | Health & Human Services

Children & Family Services
Foster Care in North Dakota – 2022 Snapshot



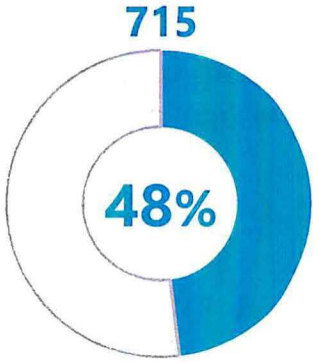
1 in 2 age 0-7

Half of the 1,490 children in foster care in North Dakota are age 7 or younger. (2022)

42%

Intense level of care

Of the **192** kids receiving treatment foster care in SFY2022, 81 (42%) were age 7 or younger.



5x more likely

Native American children make up **48%** of the total number of children in foster care in ND (715 of 1,490).

Native American children make up **9%** of kids under age 18 in ND.

NORTH Dakota | Health & Human Services
Be Legendary.

Improving the lives of North Dakotans

Funding evidence-based programing and streamlining systems helps to keep children in their home communities and with family whenever possible



Foster Care License Team

- Centralized Foster Licensing from the Human Service Zones to HHS
- Consistent recruitment and supports to providers
- Certified shelter beds
- Ongoing provider supports



IV- Eligibility Team

- Automated foster care and adoption payments
- Error proofing for state and federal audits and reduction of payment errors
- Specialized team with Tribes and adoptive families



Right Service, Right Time IV-E Prevention Services

- $1 million in grants
- 13 agencies
- 200 children served

NORTH Dakota | Health & Human Services
Be Legendary.

Evidence-based Prevention Services

- **Healthy Families**
  - 20 Counties
- **Brief Strategic Family Therapy**
  - 10 Communities
- **Parent-Child Interaction Therapy**
  - 6 Communities
- **Family Check-up/Everyday Parenting**
  - 7 Communities
- **Multisystemic Therapy**
  - Fargo Region



Children & Family Services: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$6,798,097	$2,196,557	$8,994,654
Operating	6,172,806	115,268	6,288,074
IT Services	1,814	(1,814)	-
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	141,499,313	20,179,075	161,678,388
Total	$154,472,030	$22,489,086	$176,961,116

General Fund	**$67,590,033**	**$23,425,640**	**$91,015,673**
Federal Funds	**83,010,867**	**94,231**	**83,105,098**
Other Funds	**3,871,129**	**(1,030,784)**	**2,840,345**
Total Funds	**$154,472,029**	**$22,489,087**	**$176,961,116**

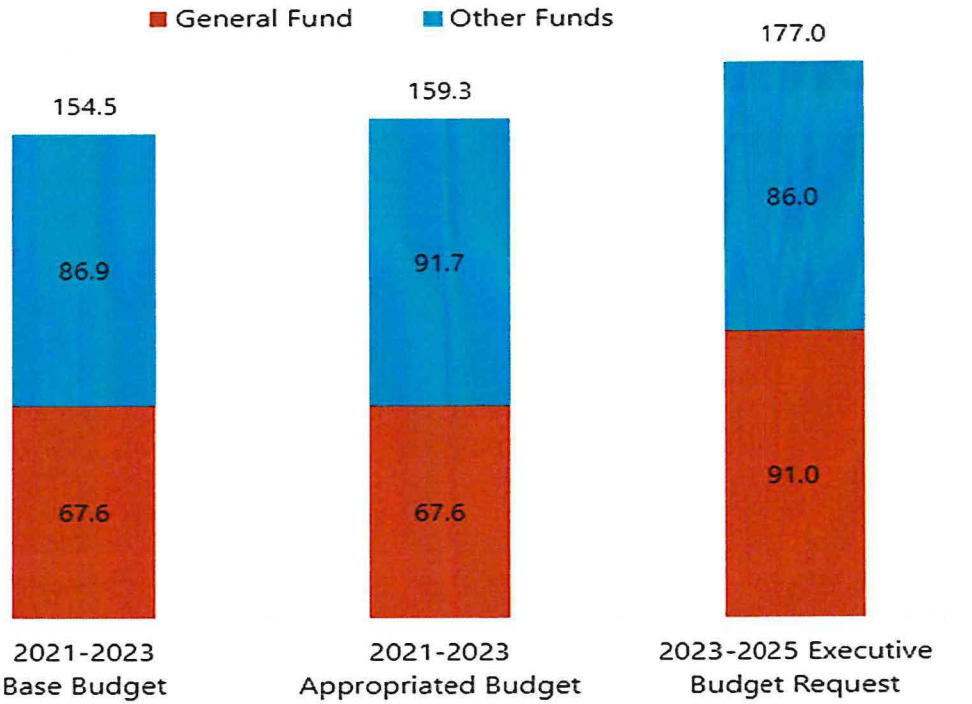
Full Time Equivalent (FTE)	33.00	4.00	37.00

NORTH Dakota Be Legendary. | Health & Human Services

Children & Family Services: Overview of budget changes
(IN MILLIONS)

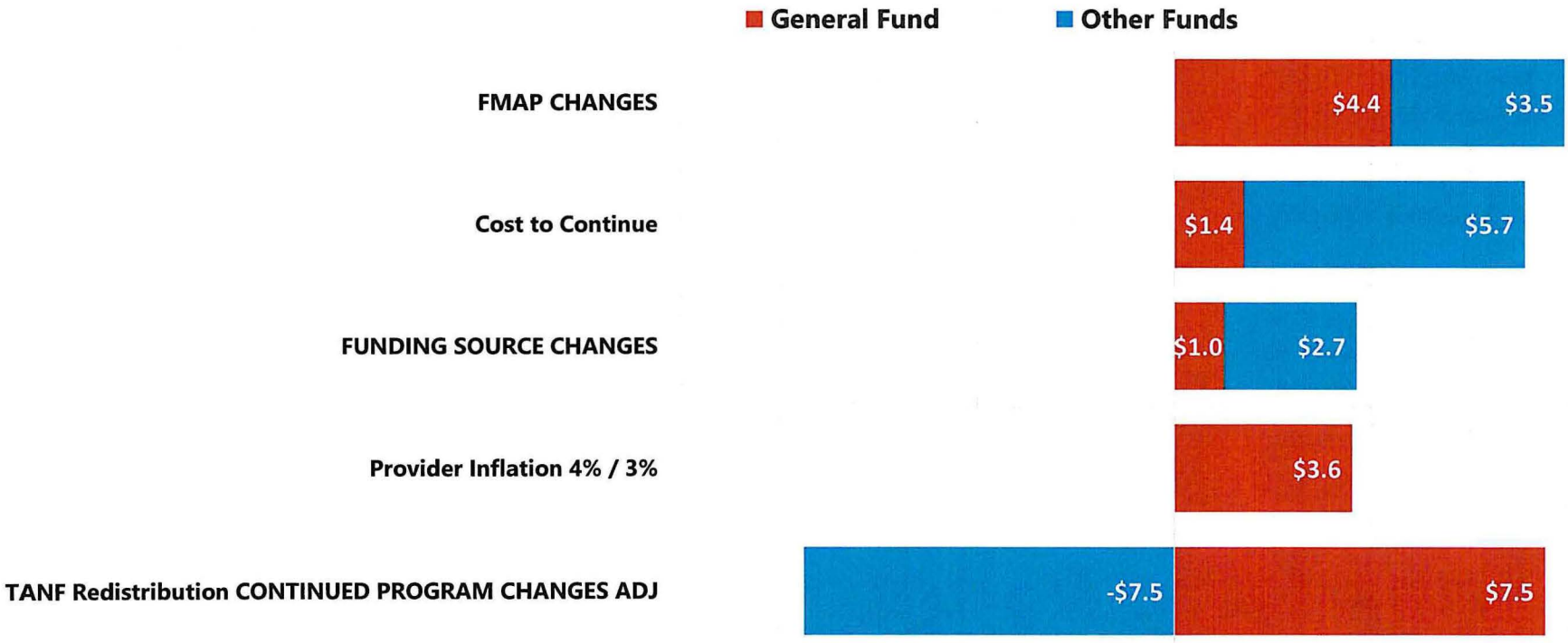
INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION
$ 22.5 MILLION

- FMAP changes related to IV-E
- Provider Inflation
- TANF funding shift
- Cost to continue and expand services
  - Kinship care
  - Evidence base Prevention services
  - Prevention Shelter Care Services
  - Safety Deployment Team
  - Enhanced Case management Team



NORTH Dakota Be Legendary. | Health & Human Services

Children & Family Services: Overview of budget changes
(IN MILLIONS)

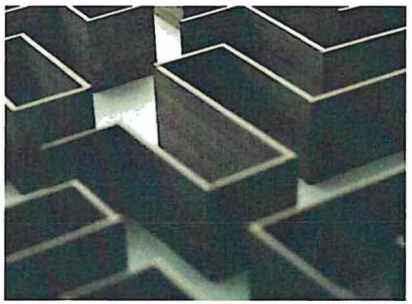


NORTH Dakota Be Legendary. | Health & Human Services

Continued progress includes an enhanced focus on prevention and right services at the right time







Evidence-based Prevention Services

Provide opportunity for families to access services to keep families together

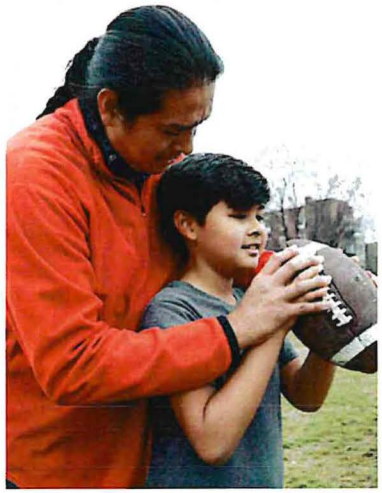
Certified Shelter Care/Foster Homes

Use safe housing for children as a prevention strategy to keep children close to home and in home communities

Enhanced Case Management Team

Build a team to work with Human Service Zones to provide service to children with the most complex needs





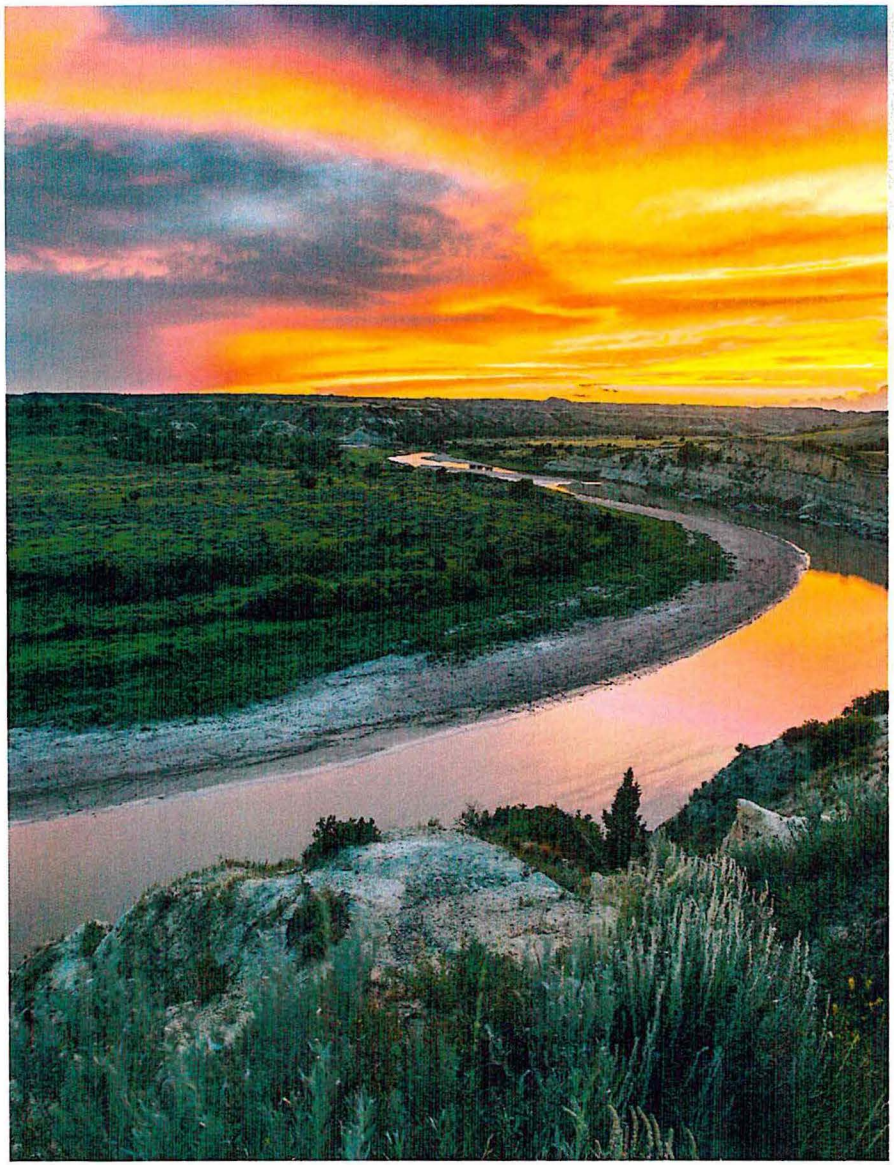
Child Protection Team

Build a deployment team to support child protection work in Zones with highest needs

Safely keep children with family

Continue to redesign how child protective and wellbeing services are delivered to improve lives of families and children in North Dakota

NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Cory Pedersen

Director, Children & Family Services

ctpedersen@nd.gov

www.hhs.nd.gov

NORTH Dakota | Health & Human Services
Be Legendary.



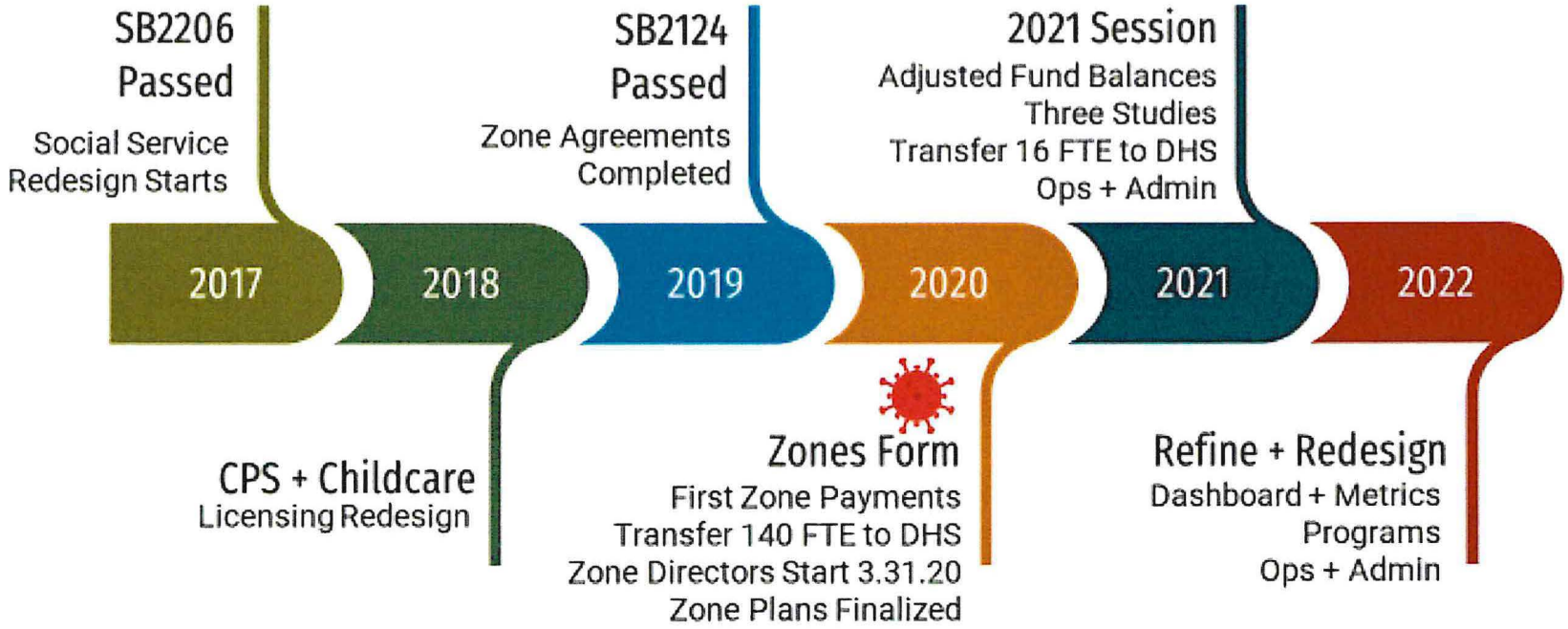
SB 2012

Senate Appropriations Committee
Senator Bekkedahl, Chairman

Human Service Zone Operations | January 17, 2023

NORTH Dakota | Health & Human Services
Be Legendary.

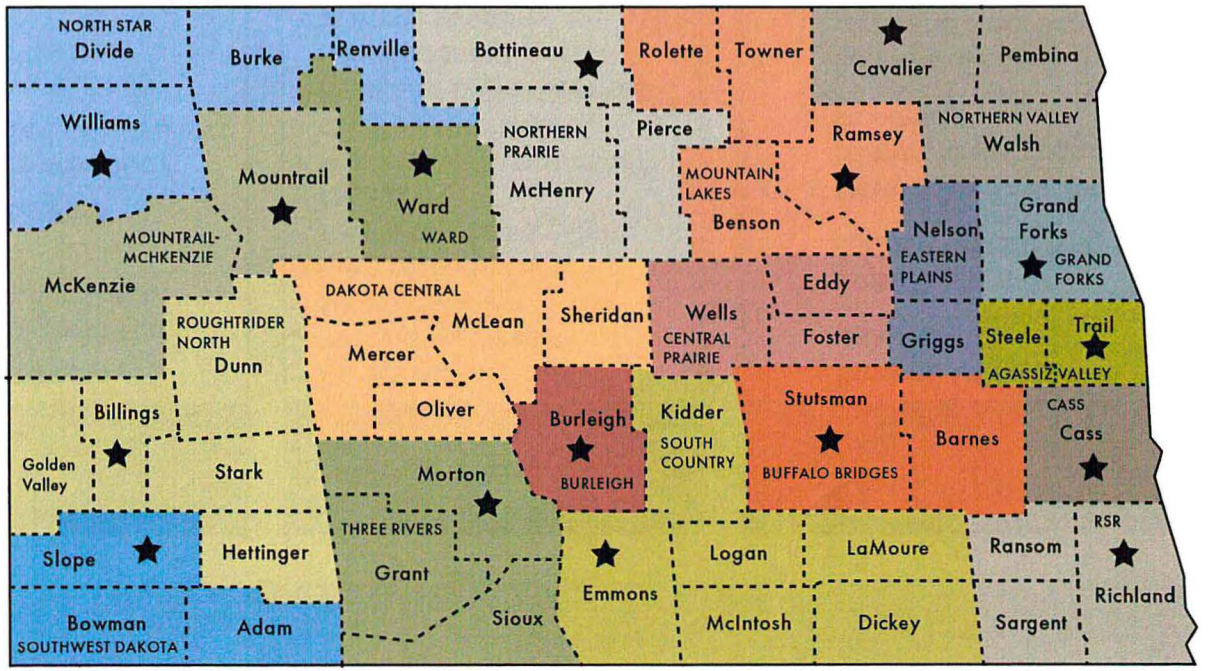
SB 2124 re-defined the infrastructure of human service delivery in North Dakota



NORTH Dakota Be Legendary. | Health & Human Services

46 county social service agencies became 19 human service zones

- Zones maintained local presence with existing local offices
- Created new locally appointed Human Service Zone Boards to advise HSZ directors and serve as a liaison to the counties
- 985 county staff became employees of their zone's host county



NORTH Dakota | Health & Human Services
Be Legendary.

What we do

In ND we are a state directed, human service zone administered system. Zones and HHS continue to 'Work as One' in the delivery of human services

Economic Assistance Eligibility Determination	Local Services	Child Welfare	Department of Health & Human Services
• SNAP – Supplemental Nutrition Assistance Program • Medicaid/Healthcare coverage • LIHEAP – Energy Assistance • Child Care Assistance • TANF – Temporary Assistance to Needy Families	• Burial Assistance • Zone administered Home and Community Based Services • General Assistance • Other locally provided services based on need and history	• Assess present and impending danger • Safety planning • Case management • Assess and build parent capacities • Provide safe supports for children and families • Refer and broker services needed for families • In home supports • Parent aides • Intake for child abuse and neglect reports	• Develop and maintain program policy • Provide program support and training • Develop and assure compliance of program standards • Funding of zones direct costs and a portion of indirect costs

NORTH Dakota | Health & Human Services
Be Legendary.

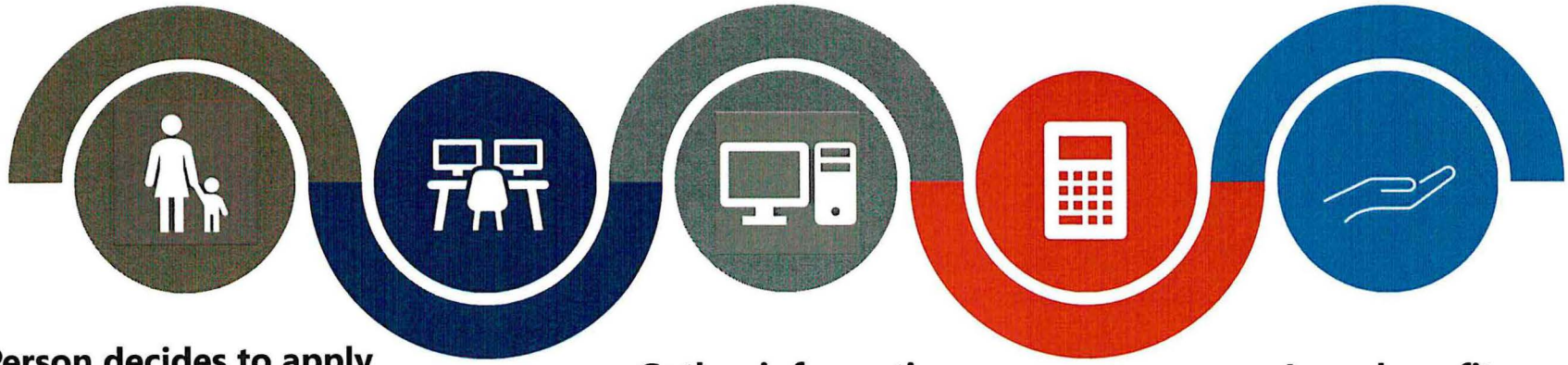
Connecting Families to Economic Assistance is a Partnership

Human Service Zone

The applicant can contact their human service zone directly or they can simply apply online.

Determine eligibility

An eligibility worker determines eligibility.



Person decides to apply

Making ends meet is getting more difficult every month so the applicant makes the decision to reach out for help.

Gather information

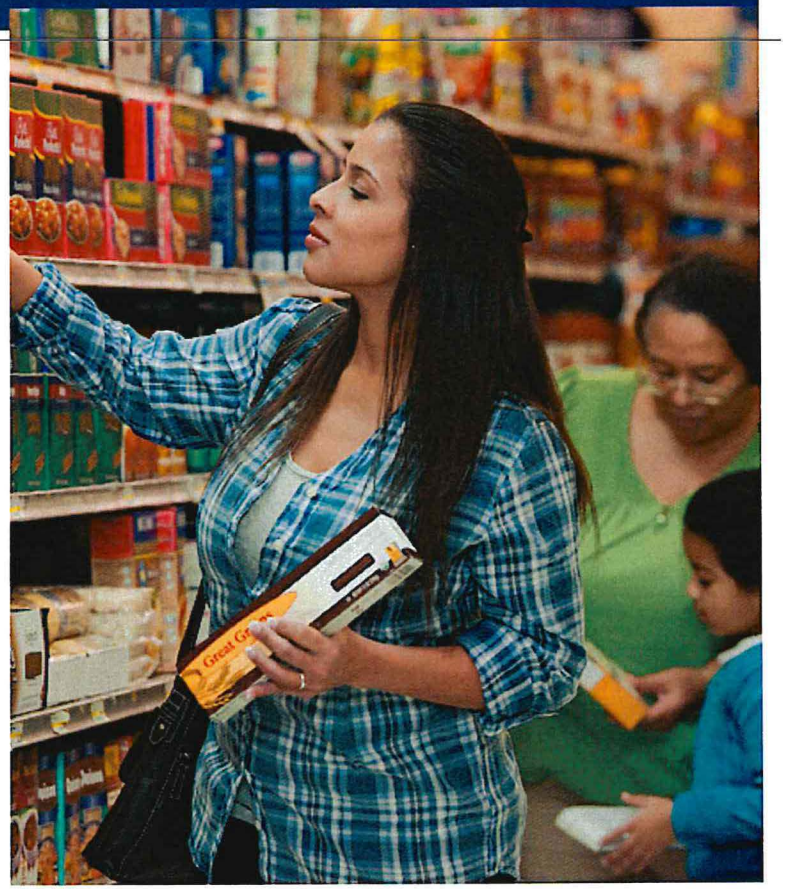
The applicant can enter as much info as they can in the SPACES self-service portal.

Issue benefits

If the applicant is eligible to receive assistance, the state will issue the benefit in the appropriate manner.

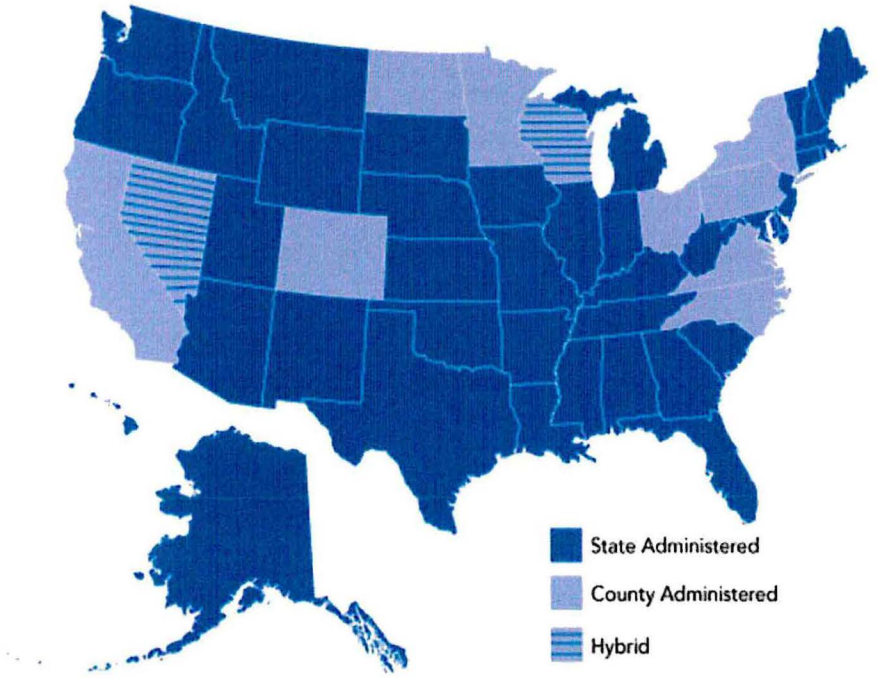
HSZ Eligibility teams are the gateway to resources that help families meet basic needs

- HSZ eligibility workers review applications to determine a person's eligibility for help with:
  - Food costs and Nutrition resources (SNAP)
  - Home Energy costs (LIHEAP)
  - Child Care costs (CCAP)
  - Medicaid eligibility (Medicaid, Medicaid Expansion, Medicaid waivers, Long term care)
  - Employment, training, and financial assistance for extremely low income families (TANF)
- HSZs offer a range of local assistance programs as well, including burial assistance and general assistance



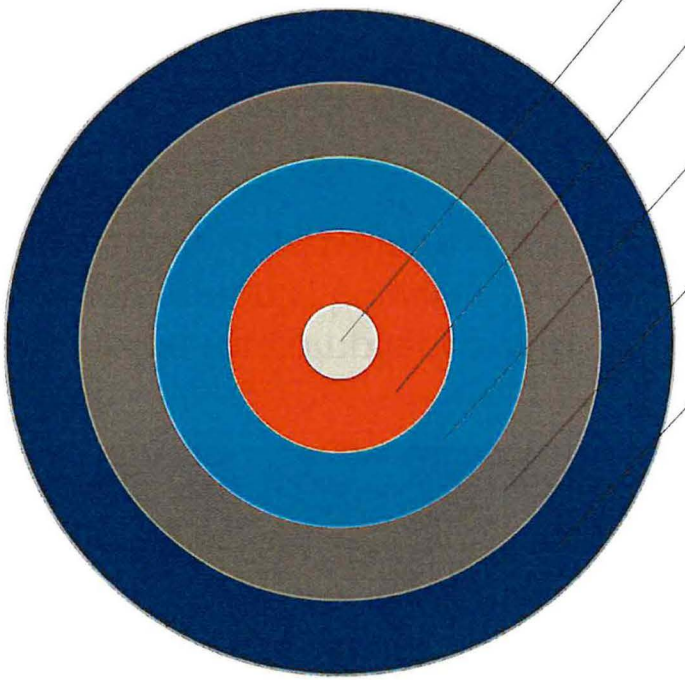
Administrative Structure for Child Protective Services

- All States are responsible for compliance with Federal and State requirements; however, they may differ in the way child welfare services are operated and delivered.
- Major CPS Functions in ND are delivered by Human Service Zones
  - Hotline to report suspected abuse or neglect
  - Screening and determining need for response
  - Conducting assessments
  - Safety/risk and family functioning assessments
  - Assigning cases to response track



Source: "State vs. County Administration of Child Welfare Services", Fact Sheet from Child Welfare Information Gateway, 2018.

Human Service Zones form the core of ND's Child Protective Services System



Child Protective Services workers

96 staff in 19 HSZs

Child Welfare Supervisors

16 staff in 13 HSZs

Centralized Abuse & Neglect Reporting Line

15 staff from HSZs

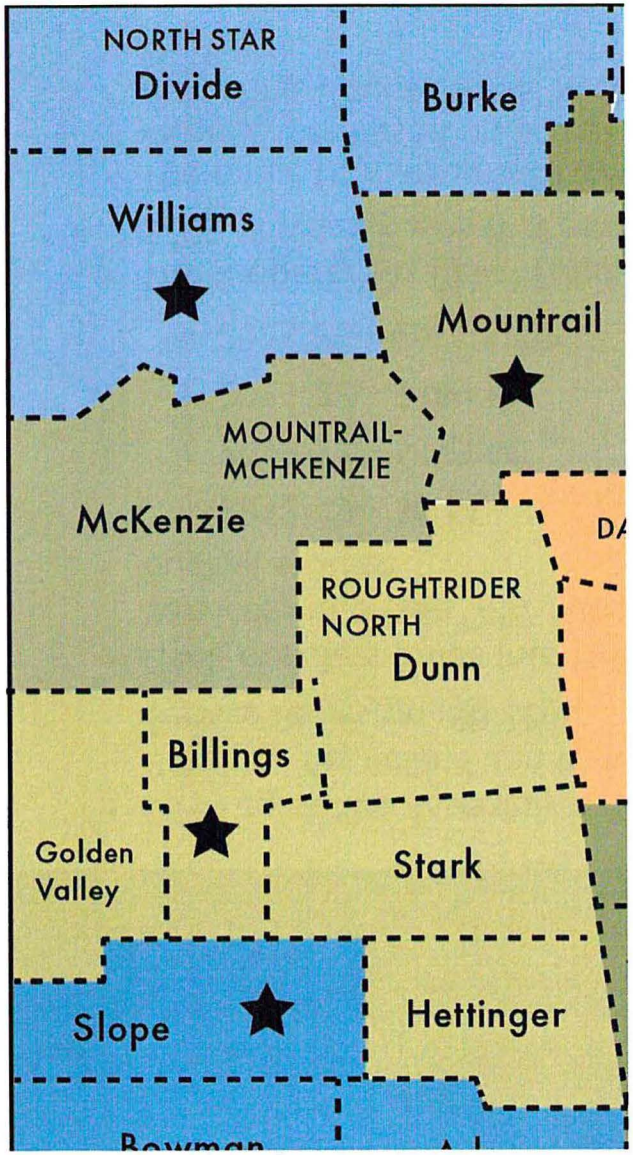
Child welfare infrastructure

ND HHS Child & Fam Svc team supporting QA/QC | Fatality Review | QRTP/Shelter Care/Respite/FC/TFC | CW training | FFPSA | Kin Care | Policy Admin

Community

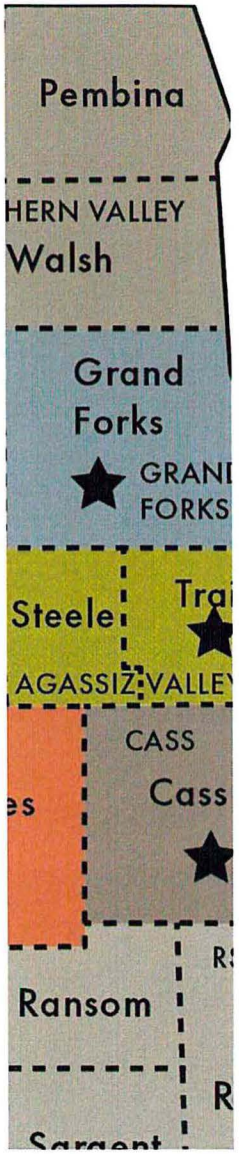
Law enforcement | Schools | Family/Friends/Neighbors

NORTH Dakota Be Legendary. | Health & Human Services



Human Service Zone Collaborations

- **Child Welfare Supervision.** Buffalo Bridges Child Welfare supervisors provide supervision to Central Prairie (3) and Eastern Plains (1) child welfare staff
- **Delivery of Zone Administered HCBS.** Agassiz Valley/Cass/ RSR working together to provide coverage for QSP (homemaker, personal care, etc..) services; targeted to rural areas where there have not been providers
- **HSZ Leadership during transitions.** Many Zone Directors have assisted other Zones after a resignation or retirement of their Director
- **Support for Child Protection Services.** Statewide, Child Protection Supervision has been provided across Zones when there is a turnover in staff or other capacity needs as needed; In addition, on-going CPS supervision is being provided across Zones (Northern Valley/Mountain Lakes, Dakota Central/South Country)
- **Transfer of Eligibility Workers FTEs.** RSR, South Country, and Eastern Plains have hired EWs in their zone with FTEs transferred from Cass and Grand Forks.

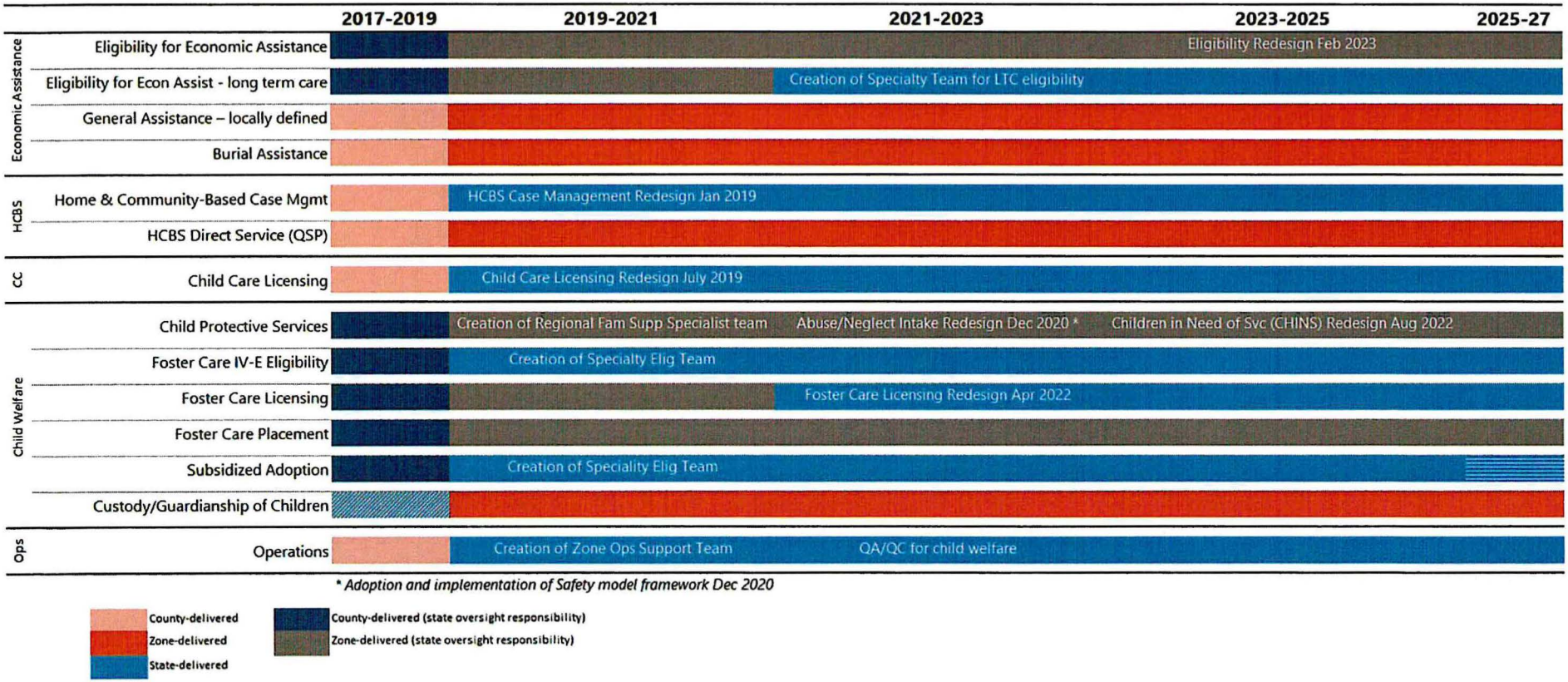


Establishing the funding mechanism for Human Service Zones and the delivery of social services

- 65th Legislative Assembly established the Property Tax Relief Fund to fund Social Service Redesign (SB 2206)
- OMB transfers funds into HHS' Human Services Fund (aka "457 Fund") based on budget request
  - 2017-19 - $0 M
  - 2019-21 - $173 M
  - 2021-23 - $189 M
  - 2023-25 (req) - $202 M
- The Property Tax Relief Fund was capped at $200 M when it was first established
- The initial Human Service Zone budget request was based on actual costs of delivering County Social Services in 2017-2019



North Dakota's model of human service delivery is characterized by shared roles and responsibilities



The role of the Human Services Fund in funding human services

50-06-05.8. Department to assume costs of human services.
The department shall pay each human service zone's expenses for administering human services for calendar years after December 31, 2019, based on the payment amount calculated for each human service zone under chapter 50-35. The executive director of the department shall authorize expenditures from the human service finance fund to reimburse the department for the department's costs of providing human services that historically have been provided by a county or human service zone, or for a new service or program based on federal or state law.

When SB 2206 created the Human Services Fund, it was to pay for the costs of delivering human services that were previously the responsibility of the counties

The 23-25 Executive Budget Request includes funding to transfer resources for some state-delivered human services *(that were previously the responsibility of counties)* to the HHS budget

This change would move us closer to a funding model that targets Human Service Fund dollars to services delivered BY Human Service Zone staff in Human Service Zones

The cost of services that are delivered by HHS (i.e., "state-delivered human services") would be funded as part of the regular HHS budget

The EBR allows the use of the Human Services Fund to evolve to reflect changes in how services are delivered.
It does not change the fact that the state is obligated to pay for the delivery of human services.

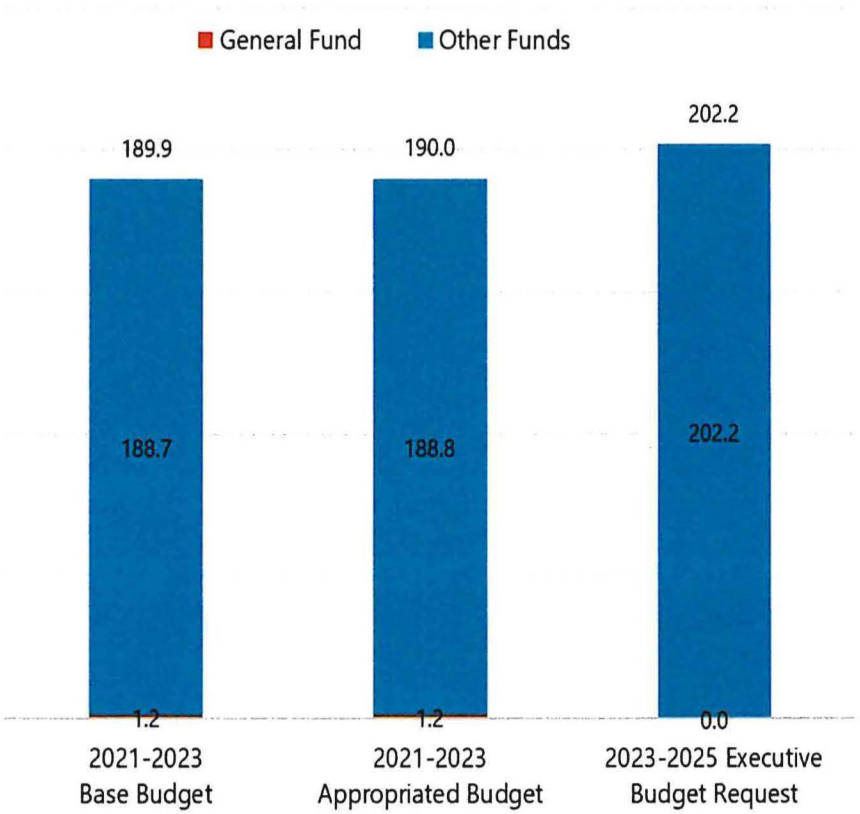
Human Service Zones: Overview of Budget Changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 26,977,885	$ (16,296,846)	$ 10,681,039
Operating	4,171,761	(3,719,725)	452,036
IT Services	17,128	(355)	16,773
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	158,750,611	32,322,796	191,073,407
Total	$ 189,917,385	$ 12,305,870	$ 202,223,255
General Fund	**$ 1,240,391**	**$ (1,240,391)**	**$ -**
Federal Funds	**1,176,874**	**1,046,383**	**2,223,257**
Other Funds	**187,500,121**	**12,499,879**	**200,000,000**
Total Funds	**$ 189,917,386**	**$ 12,305,871**	**$ 202,223,257**
Full Time Equivalent (FTE)	156.00	(98.00)	58.00

Human Service Zones: Overview of budget changes
(IN MILLIONS)

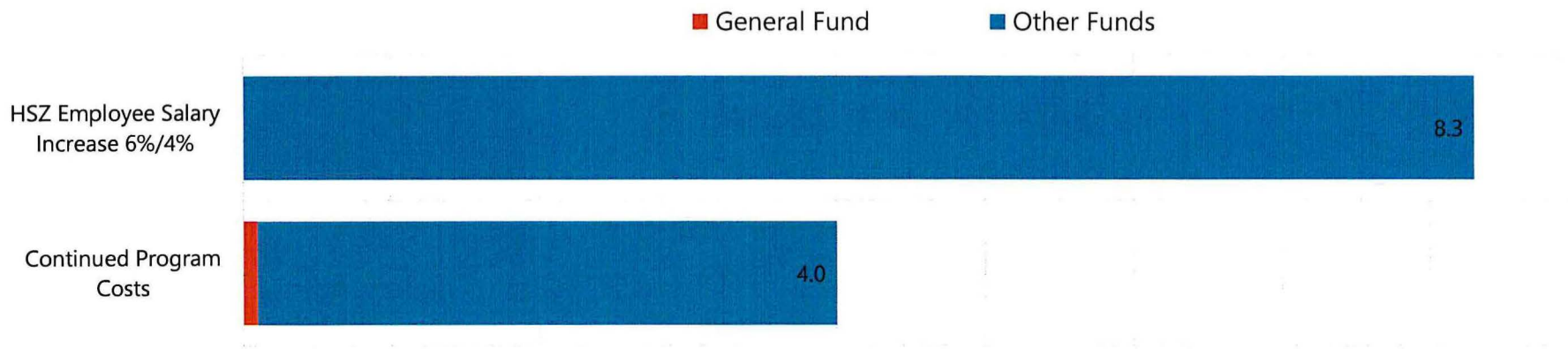
INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION
$ 12.3 MILLION

- $8.3M for Governor's compensation package 6%/4% for zone employees
- $3.9M Continued program costs



NORTH Dakota | Health & Human Services
Be Legendary.

Human Service Zones: Overview of budget changes
(IN MILLIONS)



NORTH Dakota Be Legendary. | Health & Human Services

On the horizon for Human Service Zones and HHS

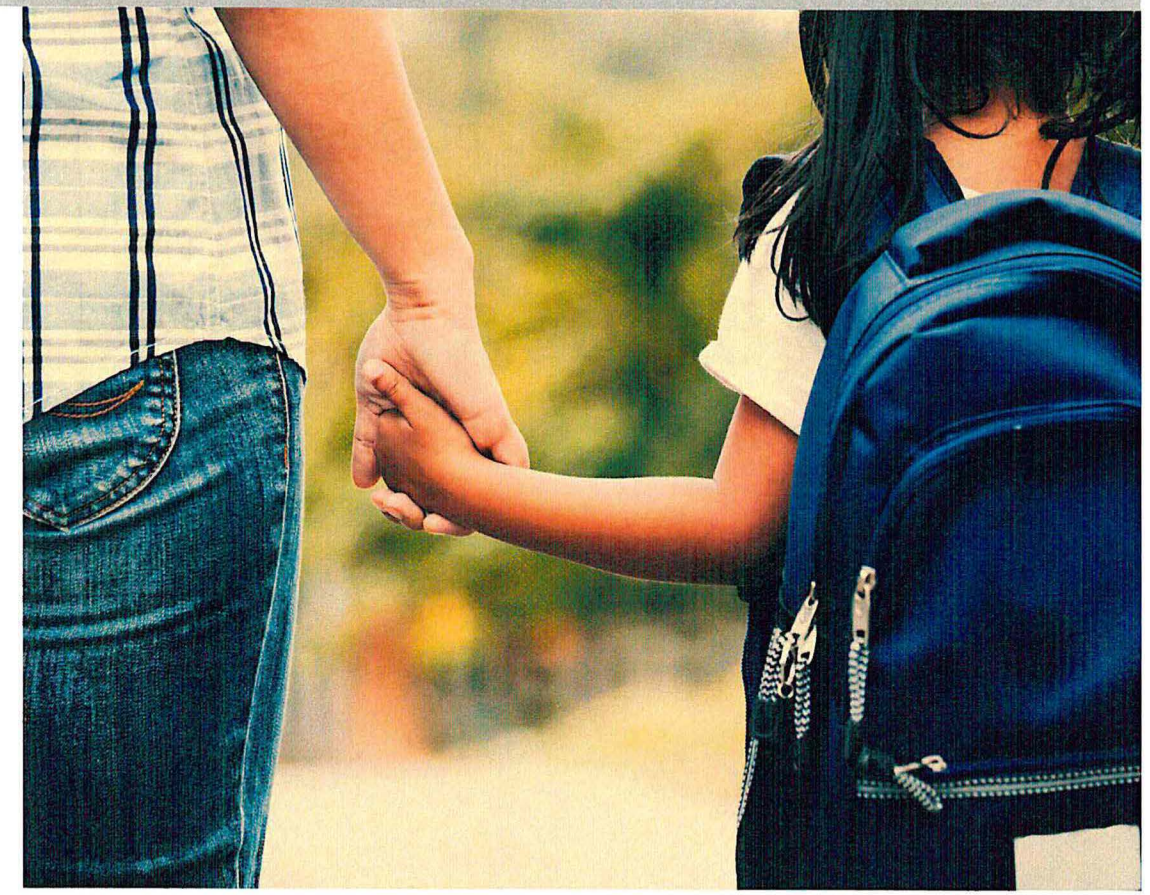


- Embracing a regional processing approach for SNAP, CCAP, LIHEAP, TANF, and Medicaid eligibility
  - Eligibility "redesign" goes live in February 2023
- Solidifying the work of new statewide teams
  - CHINS (children in need of service)
  - Child Abuse and Neglect Hotline
  - Foster care licensing and eligibility
  - Inter-Zonal Quality Improvement peer groups
- Creating HSZ Data Snapshots – key program measures of effectiveness and impact
- Working together to problem solve
  - Guardianship | HCBS services | Case mgmt for children with complex needs | Timeliness of child protection visits| 1915(i)

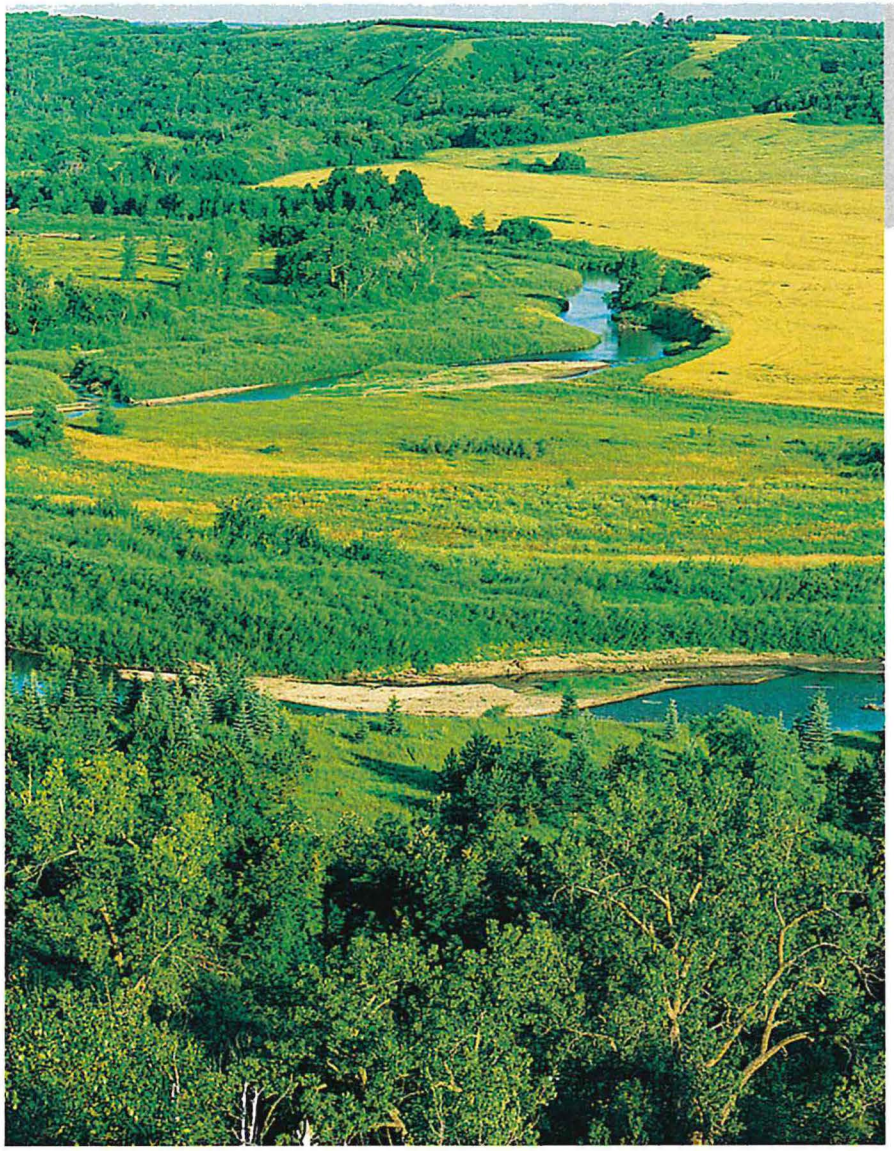
NORTH Dakota | Health & Human Services
Be Legendary.

Summary and key takeaways

- HB 1046 (indirect cost)
- SB 2139 (burial assistance)
- Legislative study on compensation equity (SB 2086 - 67th legislative assembly)
- Transferring state teams' budgets for early childhood licensing, home and community based services, and operations to HHS budgets



NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Kristen Hasbargen

Director of Zone Operations, HHS

krhasbargen@nd.gov

https://www.hhs.nd.gov/human-service/zones

NORTH Dakota | Health & Human Services
Be Legendary.



Senate Bill 2012

Senate Appropriations Committee
Senator Bekkedahl, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Vocational Rehabilitation | January 17, 2023

HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the **FOUNDATIONS** of well-being

- Economic Health
- Behavioral Health
- Physical Health

Ensure everyone has the opportunity to realize their **POTENTIAL**

- Strong, Stable Families
- Services Closer to Home
- Early Childhood Experiences

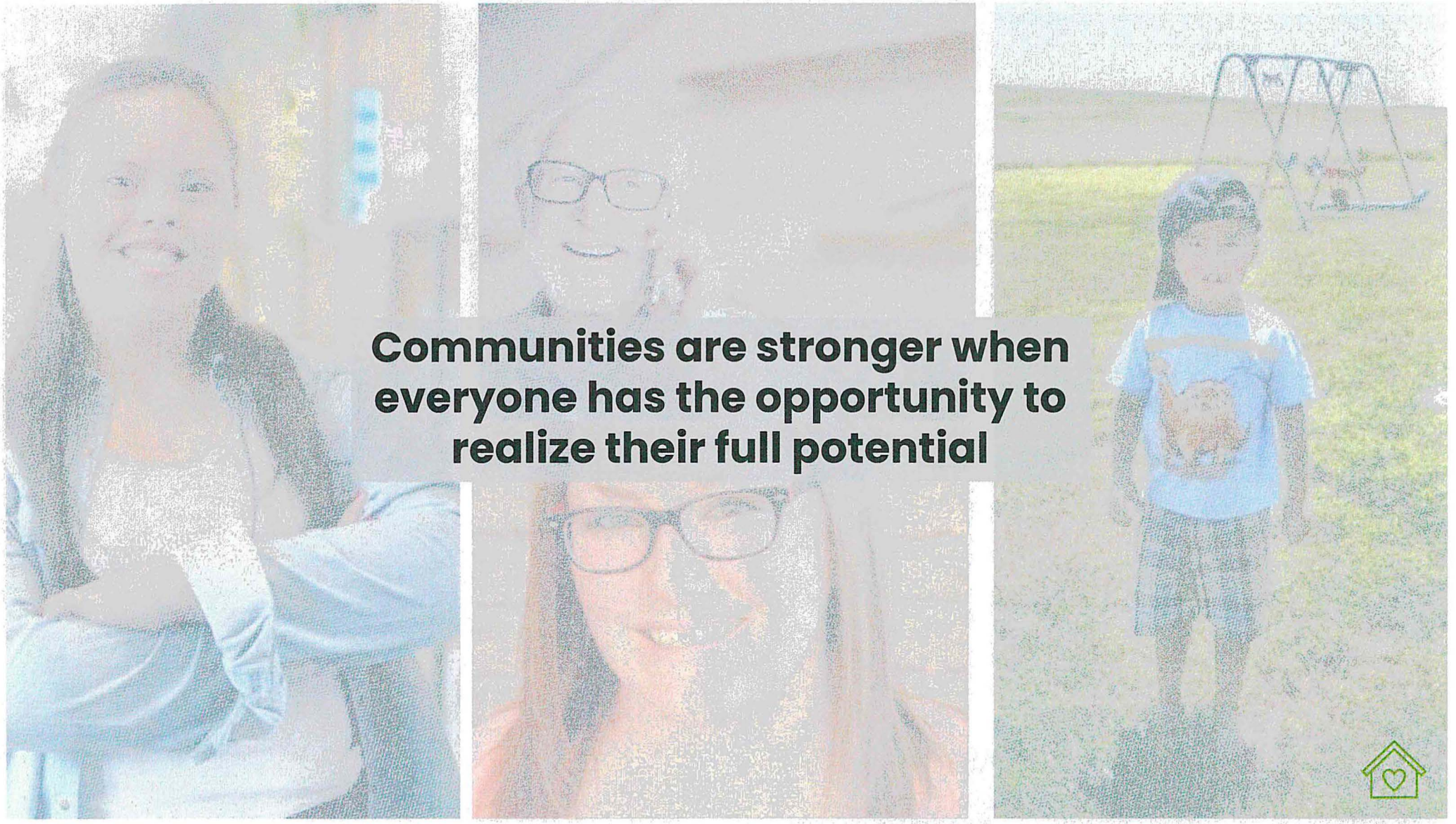
Give everyone the **OPPORTUNITY** to decide to:

- Be Healthy
- Be Active
- Find & Prevent Disease Early

Efficiency Through Redesign

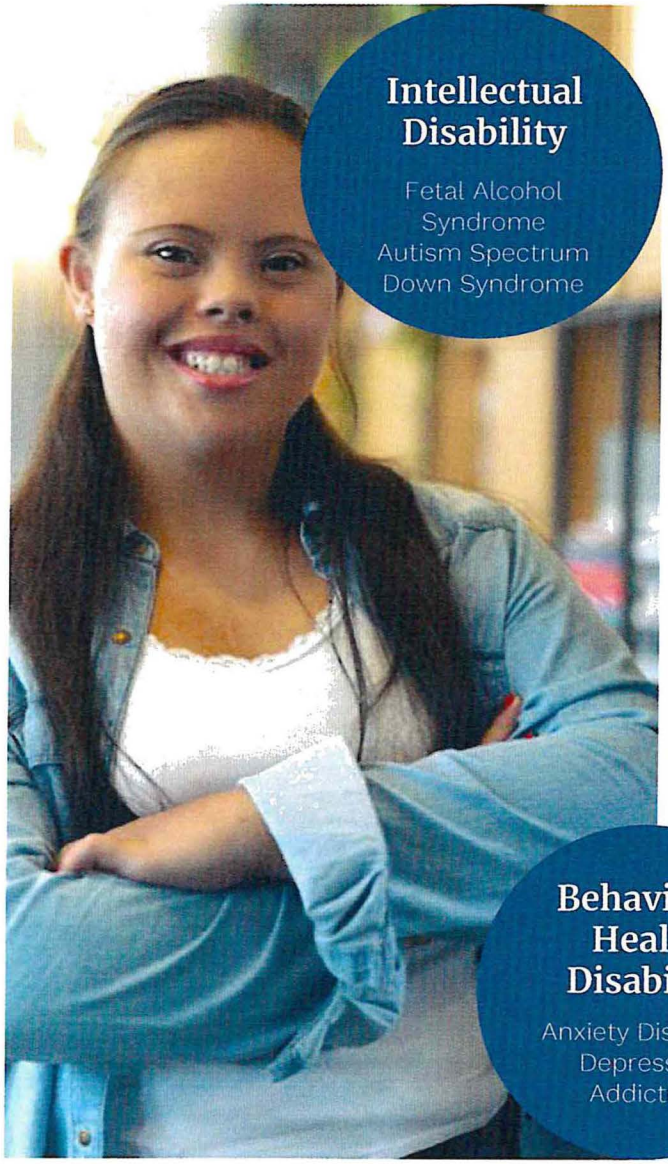
High-Performing Team

NORTH Dakota Be Legendary. | Health & Human Services



Communities are stronger when everyone has the opportunity to realize their full potential

DHHS serves people with Disabilities



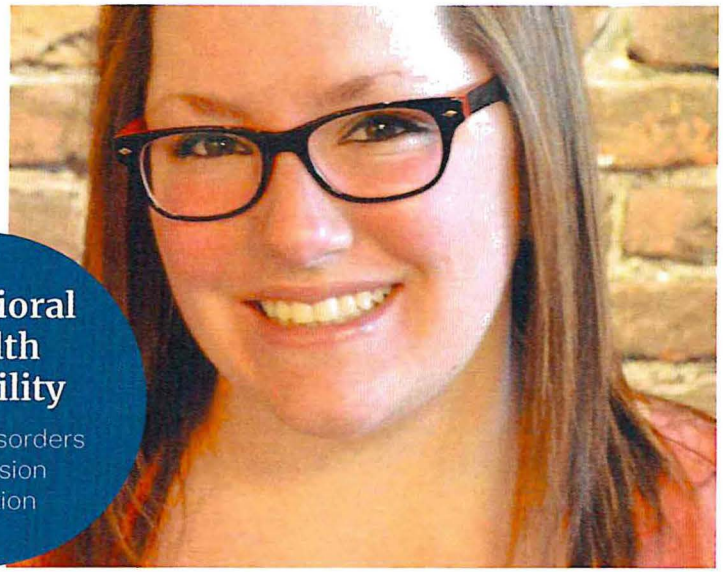
Intellectual Disability

Fetal Alcohol Syndrome
Autism Spectrum
Down Syndrome



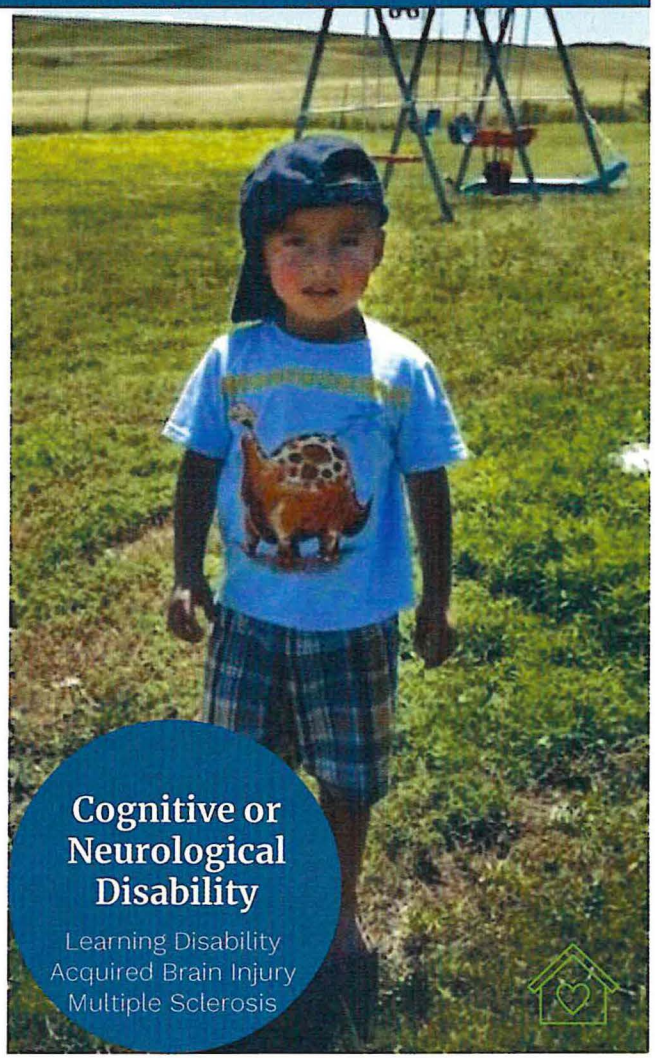
Physical or Sensory Disability

Mobility Impairment
Vision Impairment
Hearing Impairment



Behavioral Health Disability

Anxiety Disorders
Depression
Addiction



Cognitive or Neurological Disability

Learning Disability
Acquired Brain Injury
Multiple Sclerosis

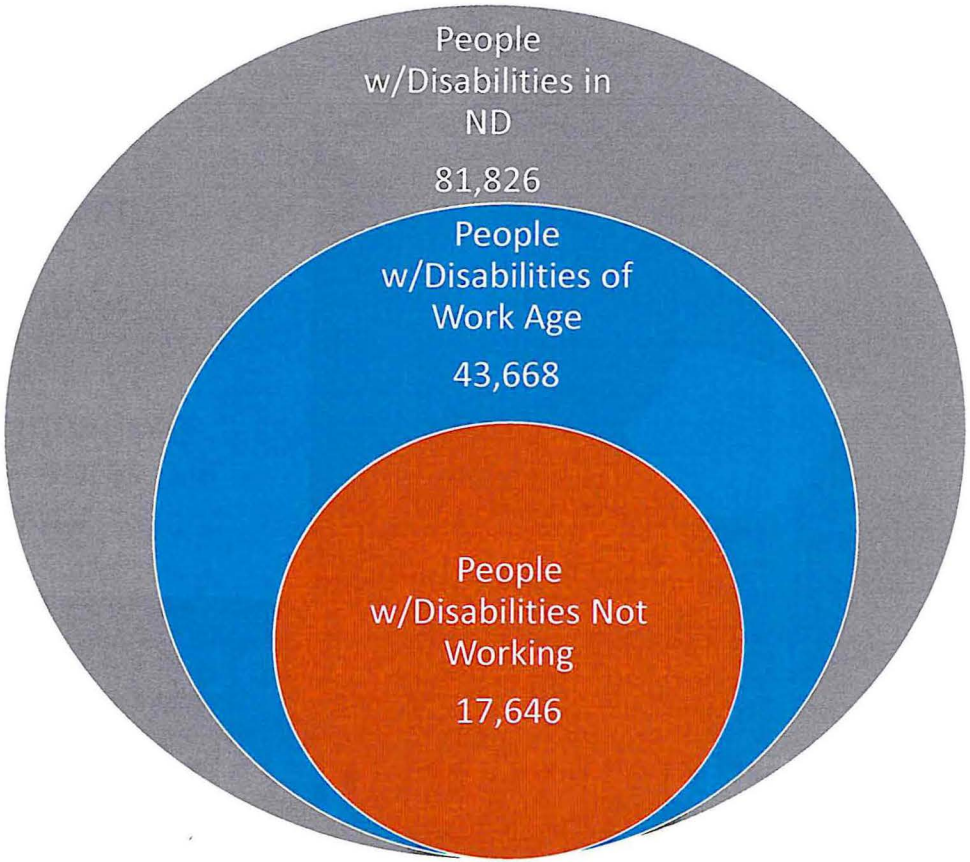
Vocational Rehabilitation Section Program Purpose

Assists North Dakotans with disabilities to enter or re-enter the workforce through individualized services

- Assess skills and abilities
- Identify a vocational goal
- Develop an individualized plan to achieve employment
- Provide services that result in competitive integrated employment

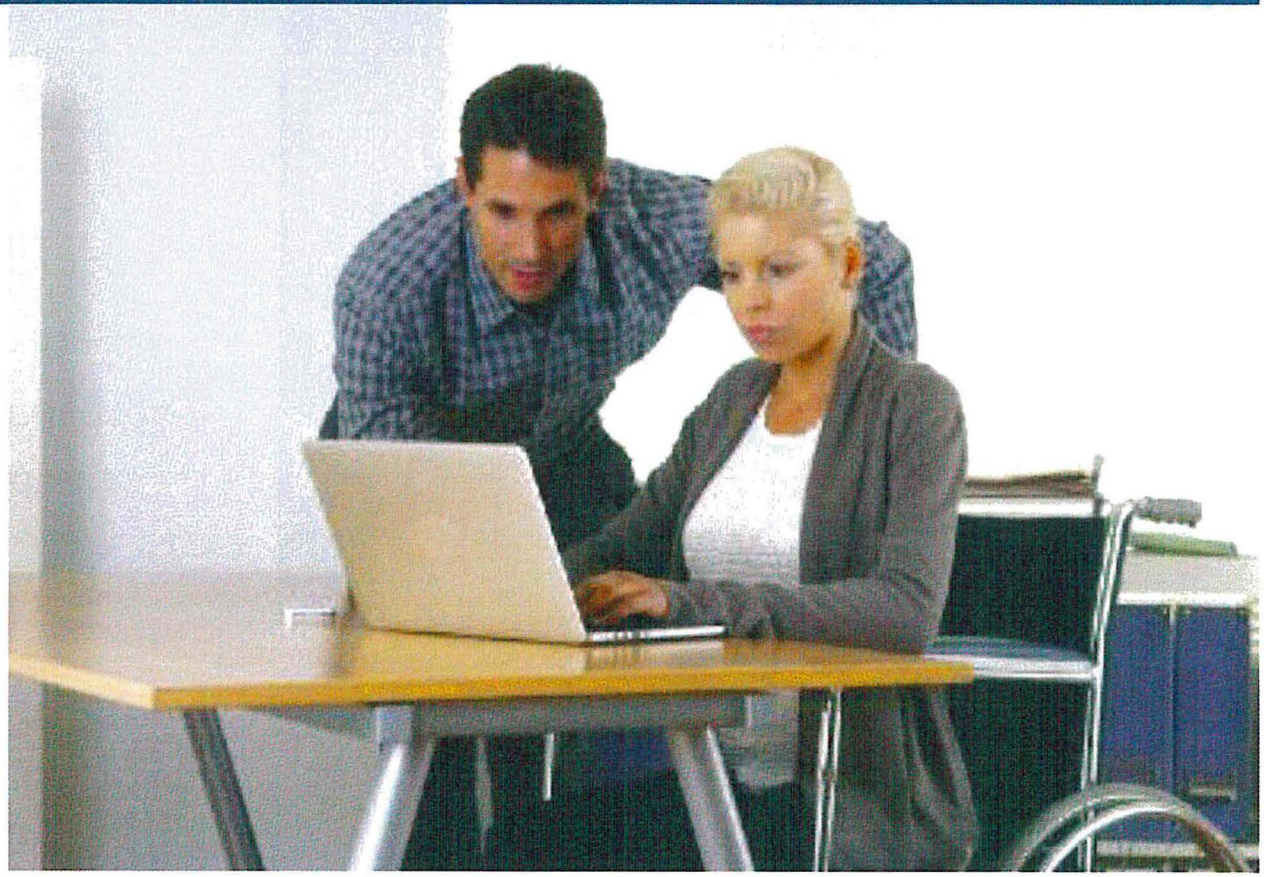


Vocational Rehabilitation – An Essential Part of the Workforce Solution



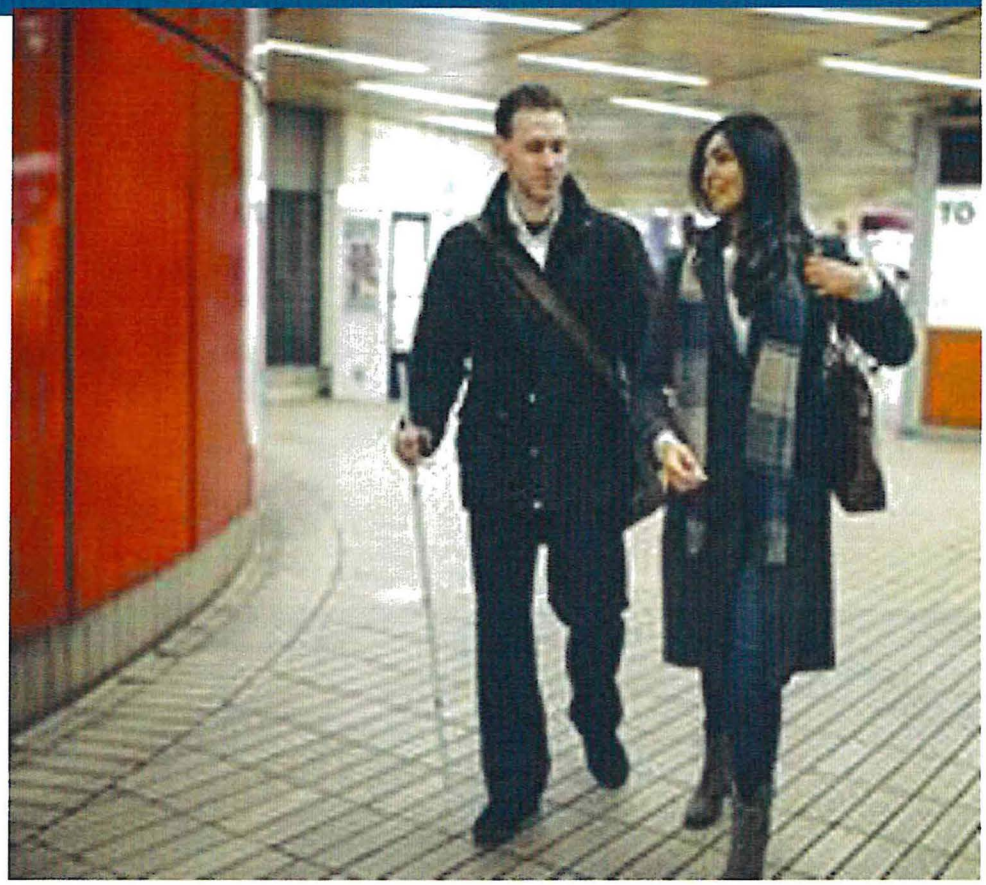
Vocational Rehabilitation Section Eligibility

- Physical or mental disability
- Barrier to seeking, maintaining, or advancing in employment due to disability
- Individual requires and will benefit from VR services



Vocational Rehabilitation Section Services

- Vocational Counseling and Guidance
- Pre-employment Transition Services to Students with Disabilities
- Vocational Training
- Assistive Technology
- Hearing and Vision Services
- ADA Consultation to Businesses
- Placement Site Recruitment
- Job Placement



Connecting in School: Pre-employment Transition Services (Pre-ets)

Assists students with disabilities in making the transition from high school to post secondary education programs and/or competitive integrated employment

(age 21 or younger and 9th grade or above)

2021-2022

Served students in

71 ND schools



Connecting with Employers: Services to Businesses

Any ND employer is eligible for VR services (non-profit or for-profit business or government agency)

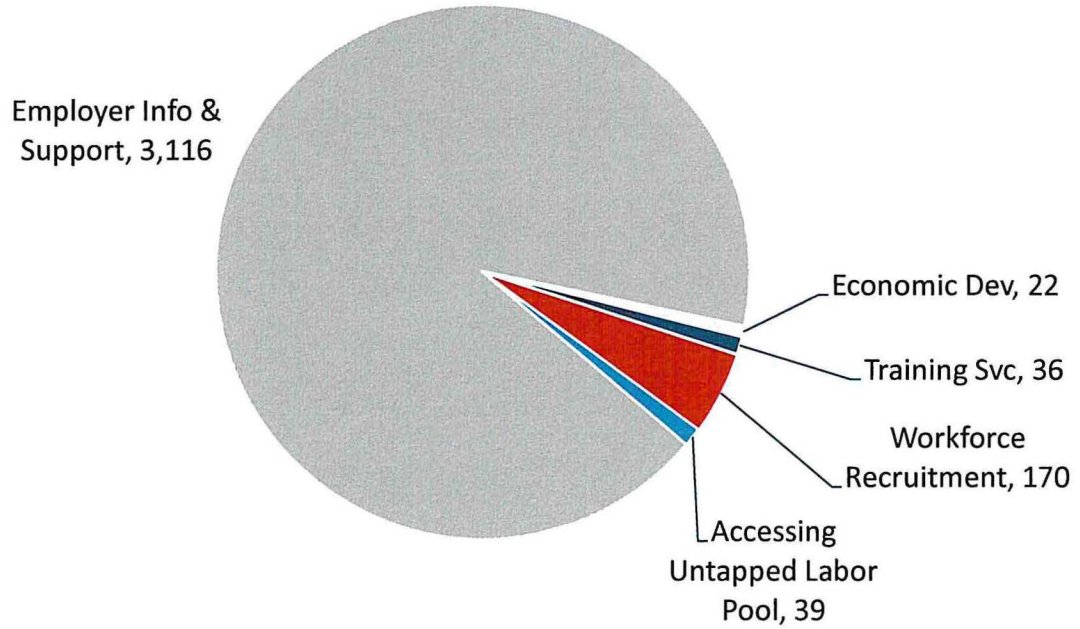
- Assist employers in connecting to an untapped labor pool of people with disabilities
- Retaining existing, well-trained and productive workers who may have developed or have a worsening disability
- Providing education on disability awareness, tax incentives and the Americans with Disabilities Act



Connecting with Employers: Services to Businesses

In FFY 2022, VR staff provided 3,383 services to 1,850 different businesses

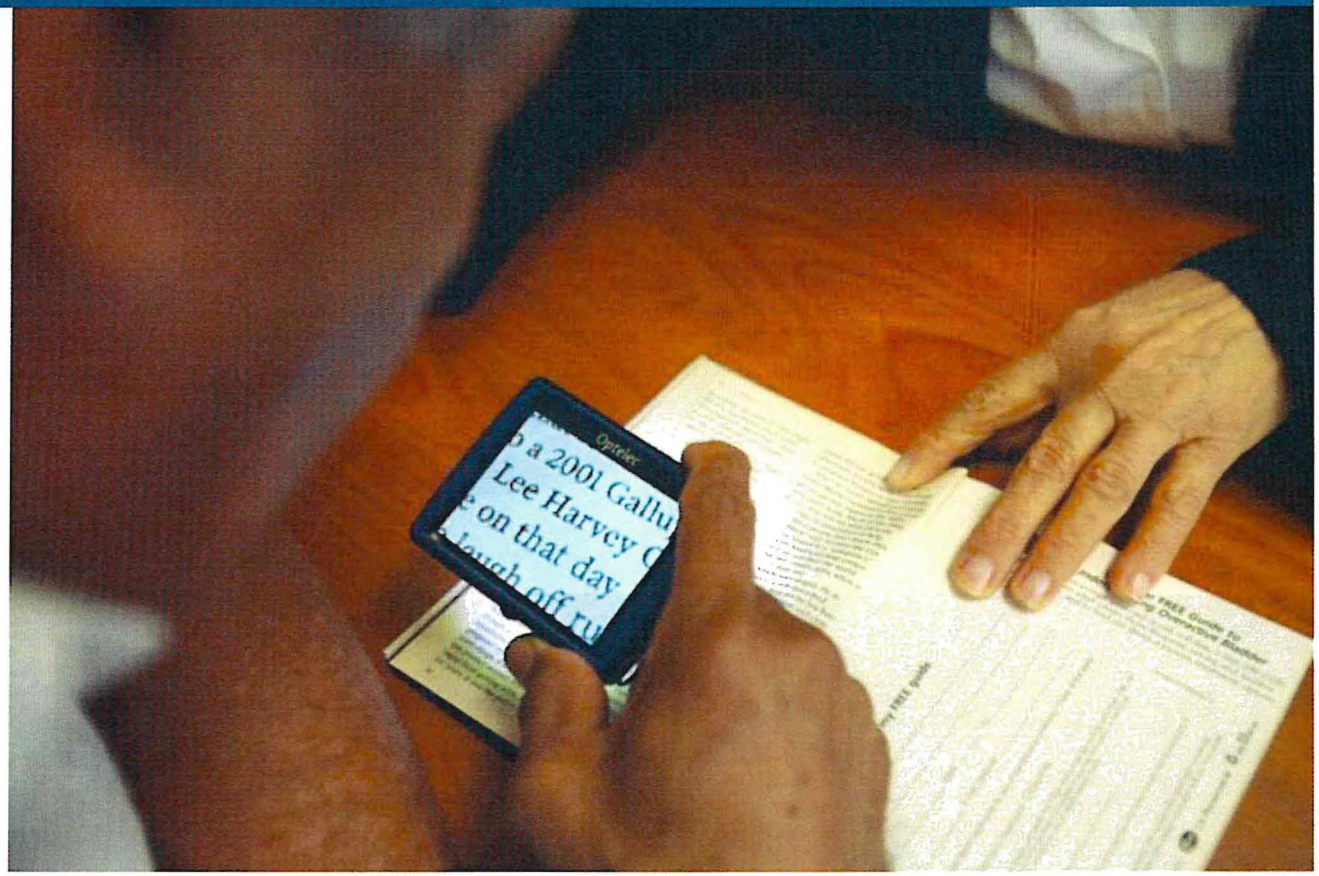
- ✓ Oil and Gas
- ✓ Construction
- ✓ Hospitality
- ✓ Administrative & Support
- ✓ Education
- ✓ Health
- ✓ Finance
- ✓ Government
- ✓ Manufacturing
- ✓ Retail



Connecting at Home: Older Individuals who are Blind or Vision Impaired

Assessment of need for home modifications and equipment

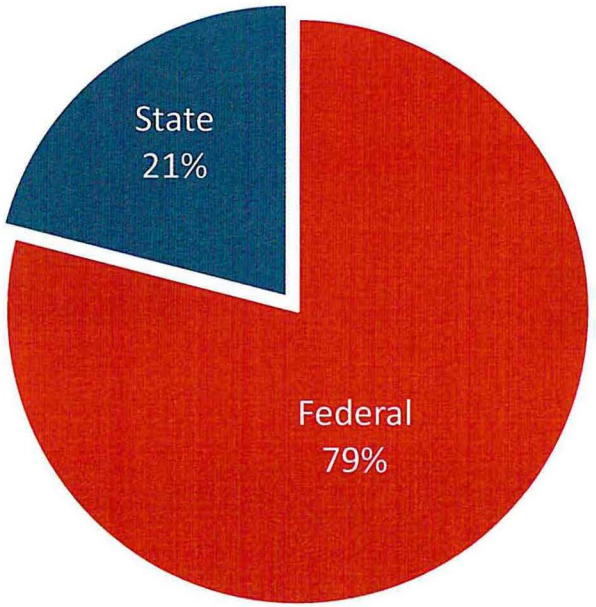
- Assistive Technology Devices and Training – magnifiers, lighting, etc.
- Communication Skills
- Independent Living Skills
- Home or environmental modifications/equipment
- Counseling, Advocacy, Training, and Support



Vocational Rehabilitation Section
Return on Investment

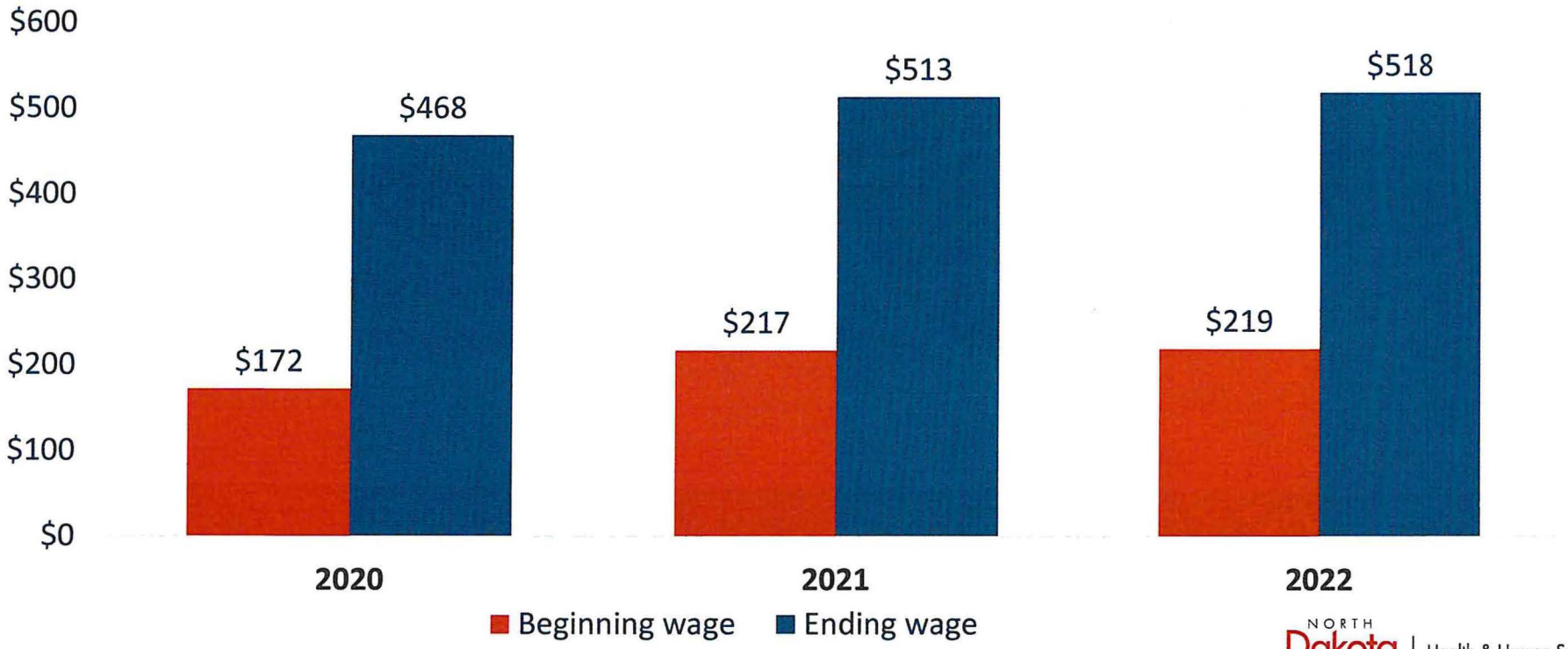
For every **one dollar spent** on Vocational Rehab services Clients **earnings increase by $10.43/hour**

For every **one dollar spent** on Vocational Rehab services Clients **pay $2.09 in taxes**



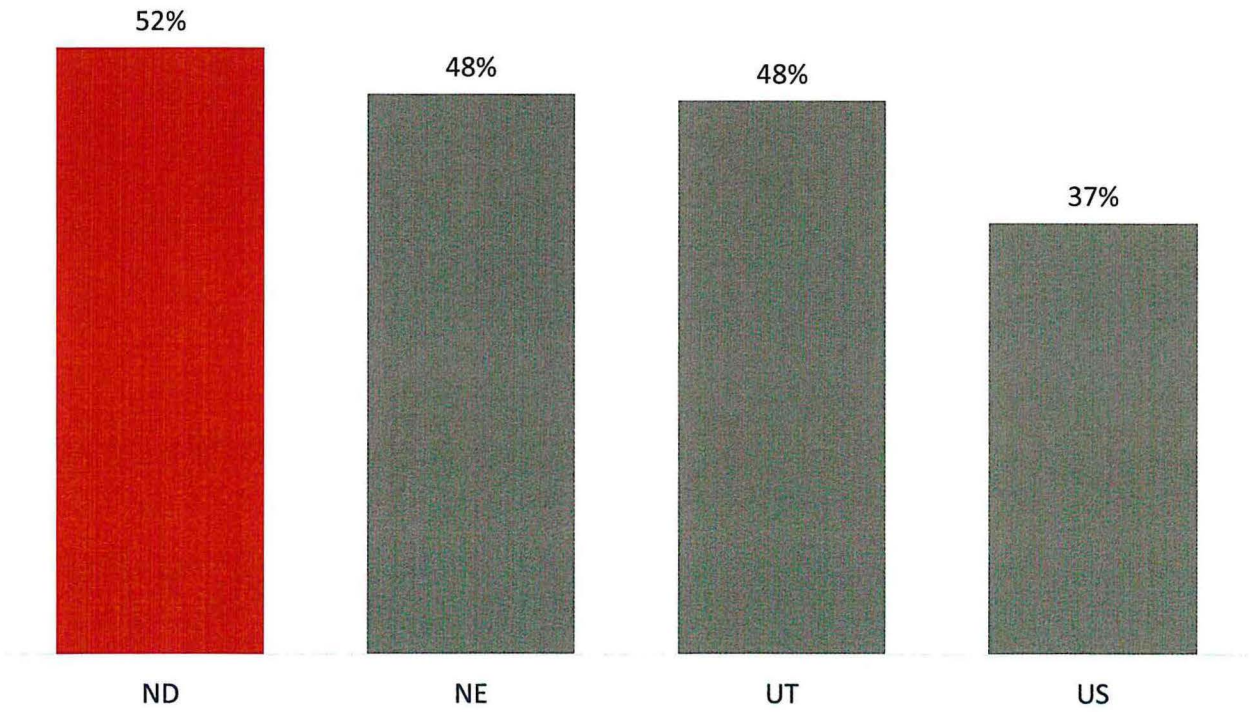
NORTH Dakota Be Legendary. | Health & Human Services

In FY22 the weekly wage of VR clients increased an average of 136% after receiving VR services



NORTH Dakota Be Legendary. | Health & Human Services

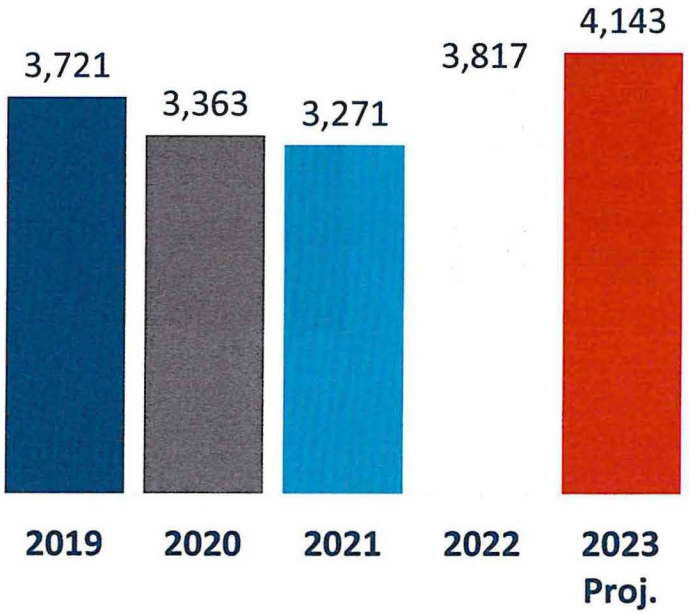
ND is 1st in the U.S. by % of People with disabilities who are employed



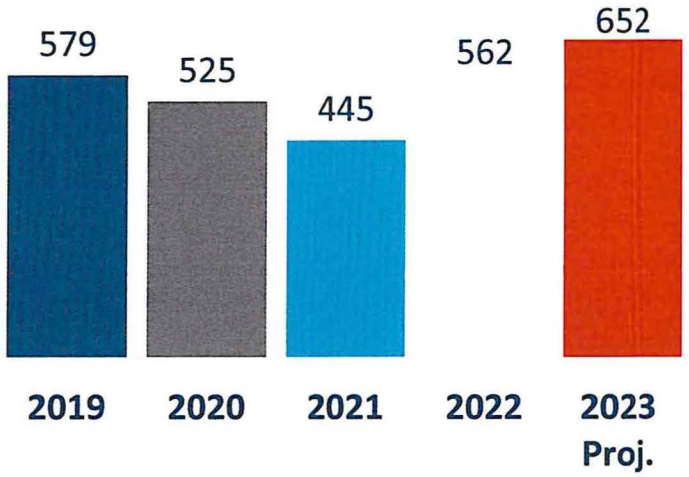
NORTH Dakota Be Legendary. | Health & Human Services

Successful Placements increased by 26% from 2021-2022

VR Clients Enrolled/In Process

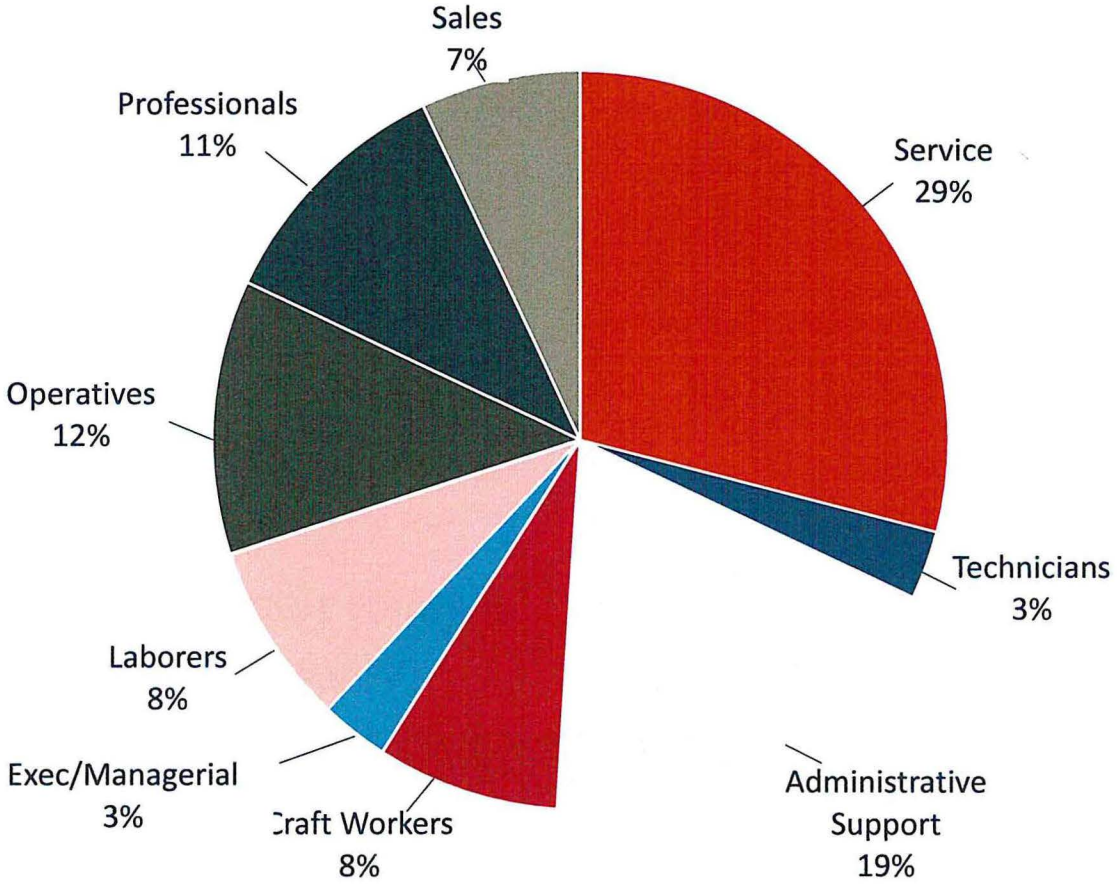


VR Clients Successfully Placed



NORTH Dakota Be Legendary. | Health & Human Services

VR Client Job Types – FFY 2021



NORTH Dakota Be Legendary. | Health & Human Services

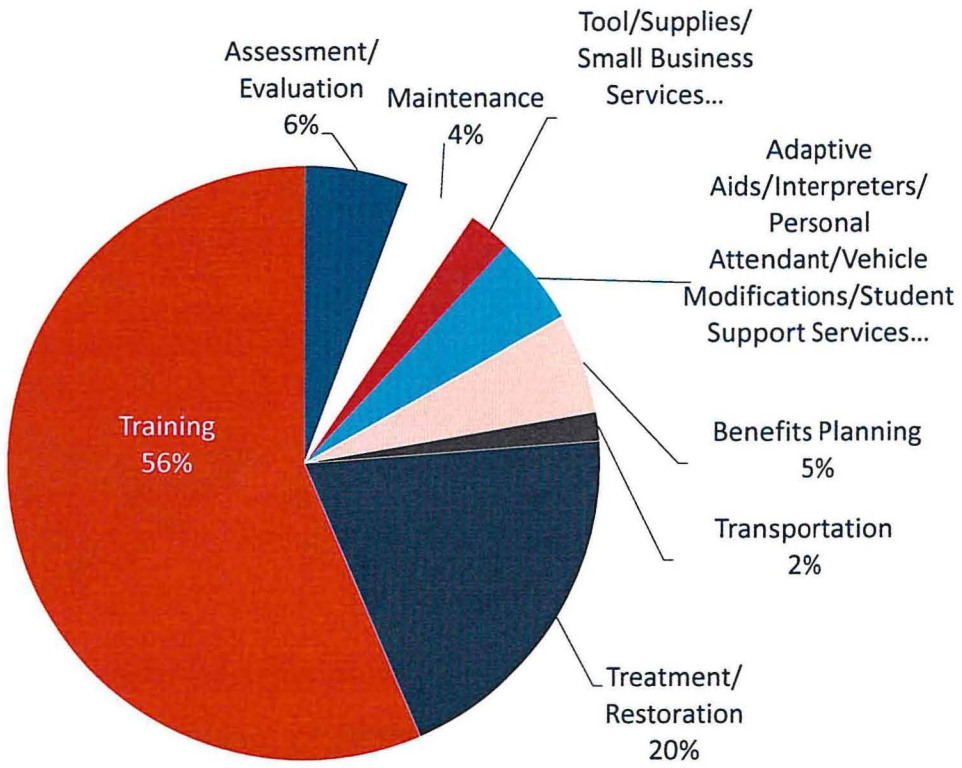
Case Service Expenditures FFY 2022 - $2,685,887

The largest share of VR's service expenditures (56%) support training

- On-the-Job Training
- Work Experience
- Job Development
- Customized Employment
- Supported Employment
- Post-secondary Tuition

Treatment/Restoration services account for 20% of service expenditures

- Therapy/Medical visits (PT, OT, behavioral health)
- Hearing and vision aids



NORTH Dakota | Health & Human Services
Be Legendary.

Supported Employment/Customized Employment Tax Credit

Tax Incentive (HB 1409 / 67th Legislative Assembly)

- Created a 'business income tax credit for employment of individuals with developmental disabilities or severe mental illness'
- Up to 100 businesses were eligible for 25% of up to $6,000 in wages paid annually for each employee if the individual needed Supported Employment or has a significant disability requiring Customized Employment in order to obtain employment
    - Note: HB1409 modified bill passed in 2019-21 legislative session by adding supported employment

74

Tax credits approved

0	CY2019
0	CY2020
28	CY2021
46	CY 2022

Under consideration

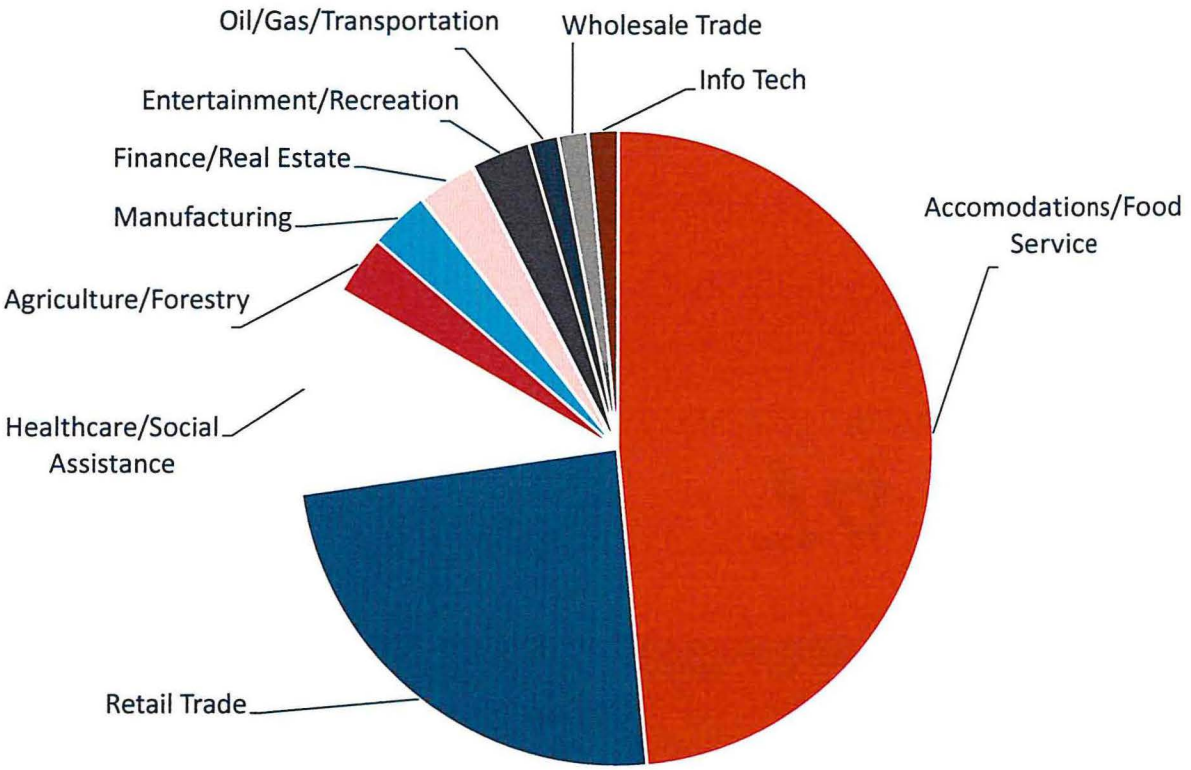
HB 1244

- Increases to 200 businesses
- Removes sunset clause

NORTH Dakota Be Legendary. | Health & Human Services

Supported Employment/Customized Employment Tax Credit

These industries have been identified as having high workforce needs by Job Service and Department of Commerce



NORTH Dakota | Health & Human Services
Be Legendary.

Additional Programs

Senior Community Service Employment Program (SCSEP)

- Adults age 55+, and below 125% of poverty threshold, gain skills toward re-entering the workforce. Participants may not necessarily have a disability.

Federal Plan Responsibility

- WIOA Unified State Plan for Workforce – DOL (along with JSND, Adult Education and English Literacy, Dept of Commerce, and DPI)
- State Plan for Independent Living – Admin for Comm Living/HHS

North Dakota Assistive

Councils and Commissions

- Statewide Rehabilitation Council
- State Independent Living Council

Designated State Entity for Centers for Independent Living

- Independent living skills training
- Information and referrals for orientation and mobility
- Transition services – from institutions to home/community based; also youth transition to independent living
- Peer mentoring
- Advocacy

Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 14,756,463	$ 3,022,033	$ 17,778,496
Operating	7,379,680	906,012	8,285,692
IT Services	12,708	(4,708)	8,000
Grants	11,204,626	(404,943)	10,799,683
Total	$ 33,353,477	$ 3,518,394	$ 36,871,871

General Fund	**$ 9,060,209**	**$ 637,033**	**$ 9,697,242**
Federal Funds	**24,098,266**	**2,740,464**	**26,838,730**
Other Funds	**195,002**	**140,897**	**335,899**
Total Funds	**$ 33,353,477**	**$ 3,518,394**	**$ 36,871,871**

Full Time Equivalent (FTE)	85.00	-	85.00

NORTH Dakota | Health & Human Services
Be Legendary.

Vocational Rehab: Overview of budget changes (IN MILLIONS)

INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION
$3.5 MILLION

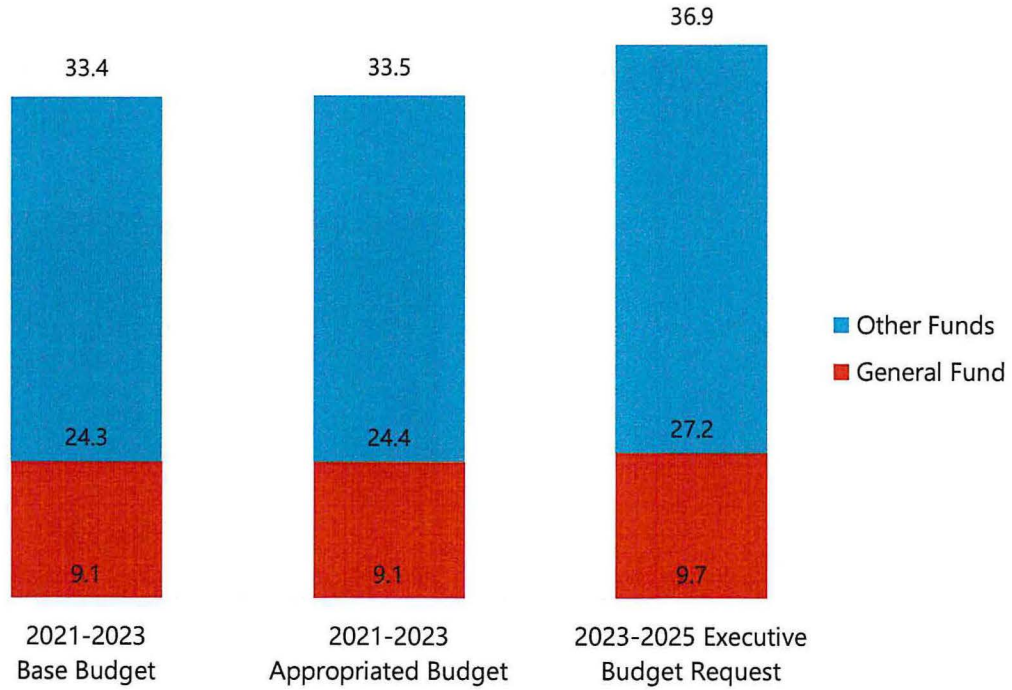
Salaries – $3.0M

Senior Community Service Employment Program/SCSEP -$900k (transfer from Aging section)

Operating Fees and Services – $384k

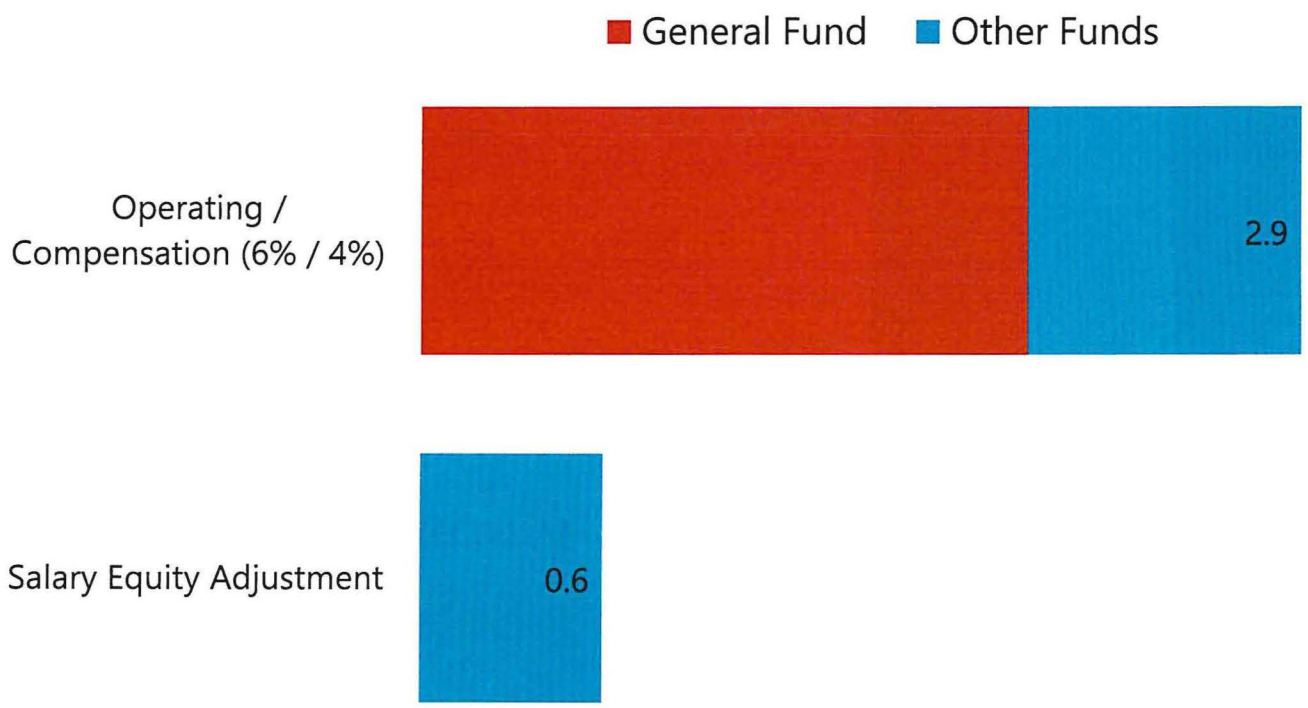
Increased Pre-Employment Transition Service – young adults into workforce; required to provide services statewide

Rents/Leases – $394k increase (shift from HSC budget)

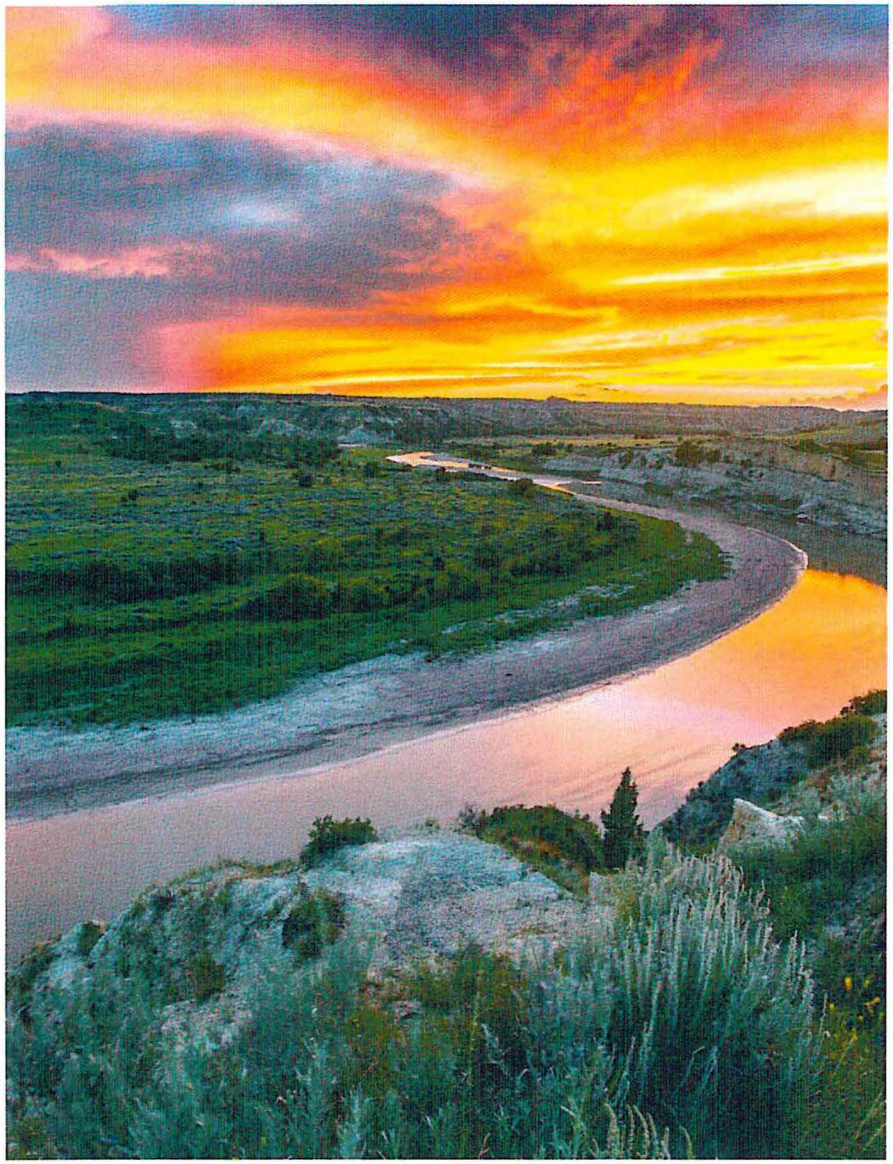


NORTH Dakota Be Legendary. | Health & Human Services

Vocational Rehab: Overview of budget changes (IN MILLIONS)



NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

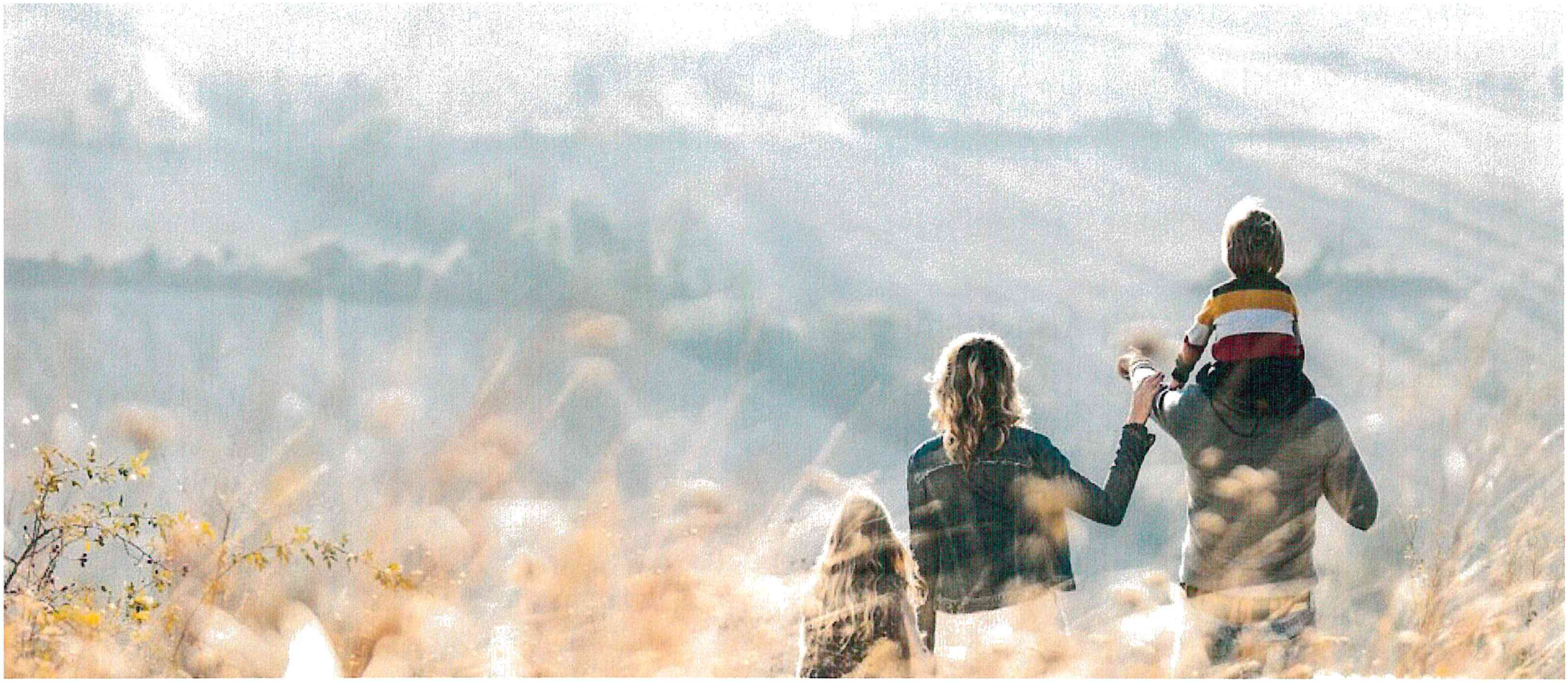
Damian Schlinger

Director, Vocational Rehabilitation

daschlinger@nd.gov

https://www.hhs.nd.gov/vr

NORTH Dakota Be Legendary. | Health & Human Services

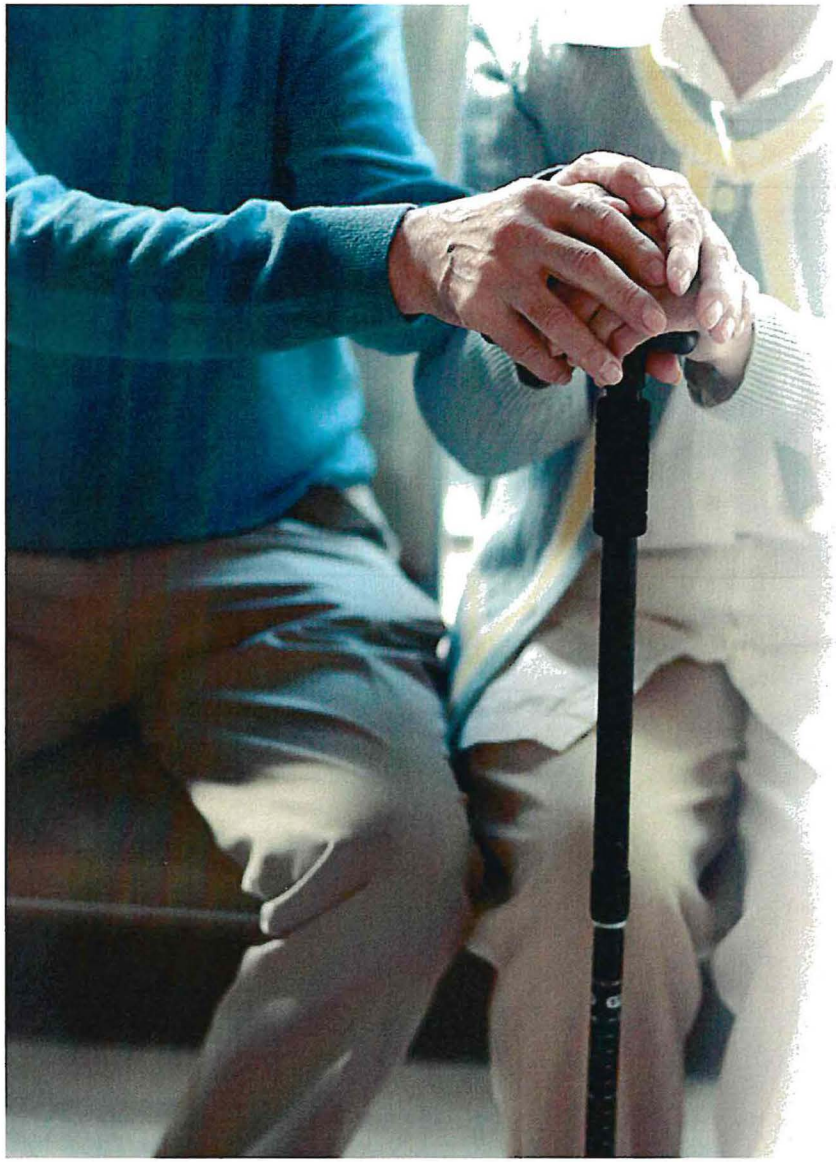


Senate Bill 2012

Senate Appropriations Committee
Senator Brad Bekkedahl, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Disability Determination Services | January 17, 2023



Who we serve

The Disability Determination Section delivers disability determinations to those applying for Social Security Disability Benefits

NORTH Dakota | Health & Human Services
Be Legendary.

About Disability Determination Services

The Social Security disability program provides Social Security Disability Insurance (**SSDI**) and/ or Supplemental Security Income (**SSI**) benefits to persons with disabilities who are unable to work

100% federally funded

# of disability decisions is determined by Social Security Admin (SSA)

Staff make medical disability determinations using SSA guidelines

3 main claim levels:

- Initial claims
- Reconsideration claims
- Continuing Disability Reviews

NORTH Dakota | Health & Human Services
Be Legendary.

Disability Determination Services Section

Making disability determinations collaborating with Social Security, medical providers and claimants across the state, using 100% federal funds

Dept of Health and Human Services	Social Security Administration	Medical providers	Claimants
DDS staff and contracted medical consultants review claims for medical evidence to make the disability determination	• Receives and reviews disability applications for benefit eligibility, sends to DDS to make the disability determination • Handles the notification and appeals process for claimants • Handles payment processes for those found disabled	• Provide medical records for claimants to assist in the determination process • Provide consultative examination services for those who need further medical evidence for the determination process	Assist in the disability determination process by providing their medical source information, completing forms and attending consultative examinations

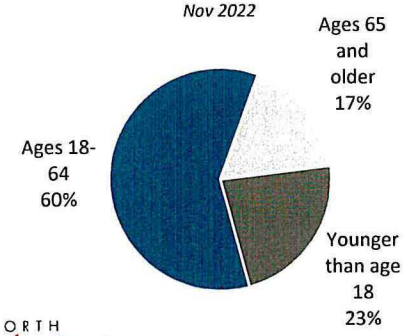
NORTH Dakota | Health & Human Services
Be Legendary.

Who benefits from the Social Security Disability programs?

SSI

"To be eligible for SSI, beneficiaries must have low incomes, limited assets, and either be age 65 or older or have an impaired ability to work at a substantial gainful level as a result of significant disability."

SSI beneficiaries in U.S.
Nov 2022

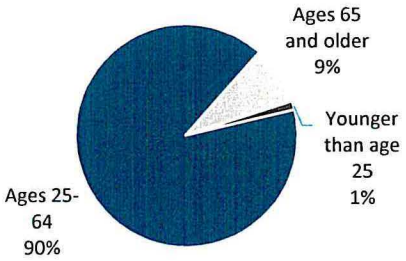


NORTH Dakota | Health & Human Services
Be Legendary.

SSDI

"Unlike SSI, there are no income or asset limits for SSDI eligibility. Instead, to qualify for SSDI, enrollees must have a sufficient work history (generally, 40 quarters) and meet the strict federal disability rules."

SSDI beneficiaries in U.S.
Nov 2022



Source: https://www.kff.org/medicaid/issue-brief/supplemental-security-income-for-people-with-disabilities-implications-for-medicaid/

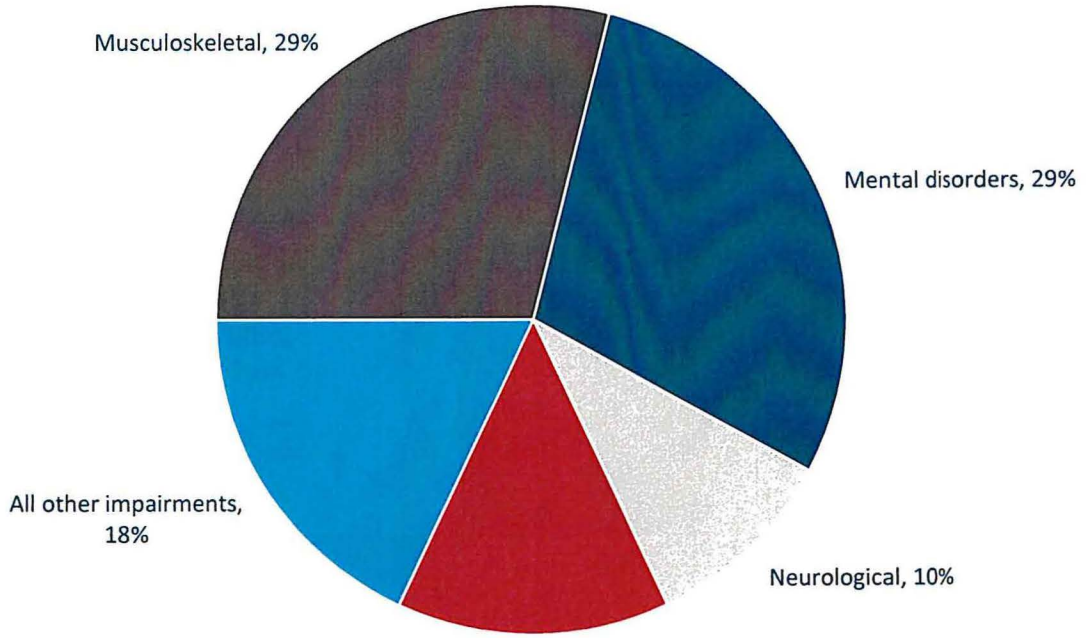


Primary reason (by body system) for initial claims for SSDI/SSI

North Dakota snapshot federal fiscal year 2022

- "The Listing of Impairments describes, for each major body system, impairments considered severe enough to prevent an individual from doing any gainful activity (or in the case of children under age 18 applying for SSI, severe enough to cause marked and severe functional limitations).
- "Most of the listed impairments are permanent or expected to result in death, or the listing includes a specific statement of duration.
- "For all other listings, the evidence must show that the impairment has lasted or is expected to last for a continuous period of at least 12 months.

Source: https://www.ssa.gov/disability/professionals/bluebook/listing-impairments.htm



NORTH Dakota | Health & Human Services
Be Legendary.

Improving the lives of North Dakotans

Social Security benefits provide a source of income for disabled North Dakotans

SSI

$560

Average monthly payment

$4.1 million

Total monthly SSI benefits to North Dakotans

SSDI

$1,159

Average monthly payment

$18.25 million

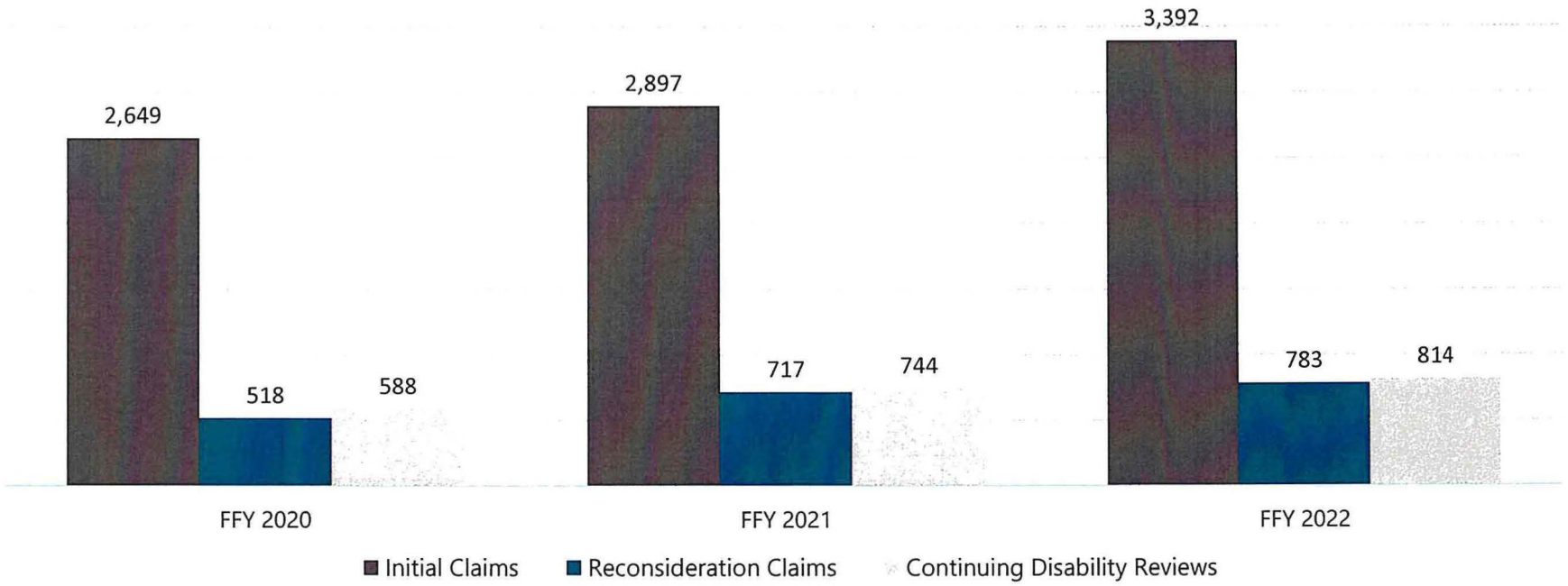
Total monthly SSDI benefits to North Dakotans



NORTH Dakota | Health & Human Services
Be Legendary.

North Dakota data snapshot September 2022

Initial claims decisions for SSDI/SSI disability determination increased by 26% from FY 20 to FY22



NORTH Dakota Be Legendary. | Health & Human Services

Disability Determination Services (DDS)
Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$4,111,333	$471,085	$4,582,418
Operating	1,364,526	171,112	1,535,638
IT Services	3,500	-	3,500
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	1,650,000	-	1,650,000
Total	$7,129,359	$642,197	$7,771,556

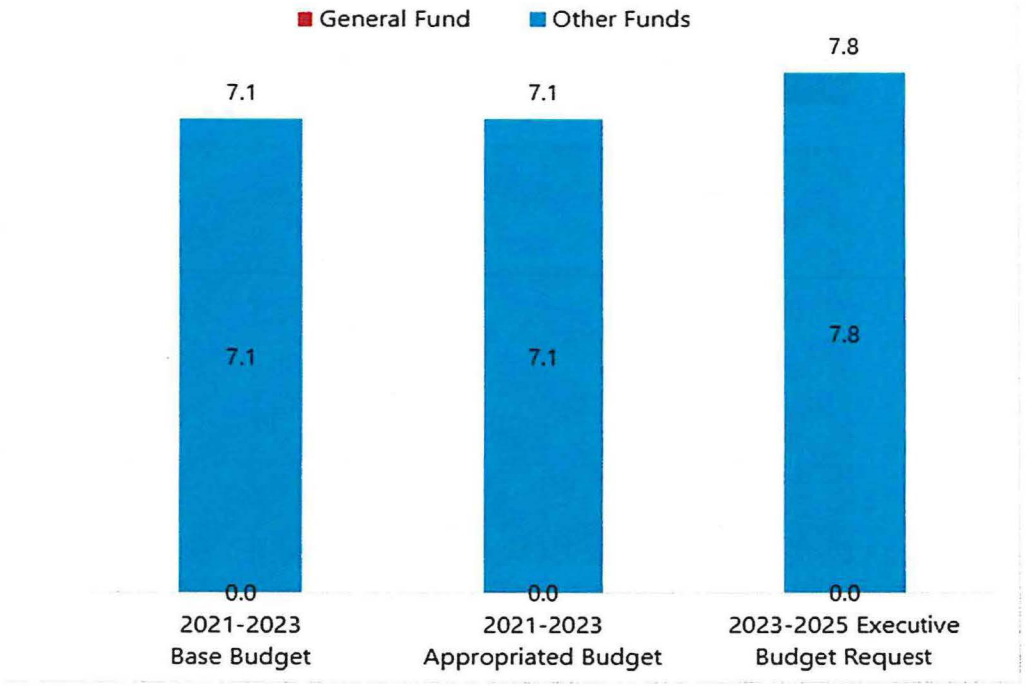
General Fund	**$-**	**$-**	**$-**
Federal Funds	**7,129,359**	**642,197**	**7,771,556**
Other Funds	**-**	**-**	**-**
Total Funds	**$7,129,359**	**$642,197**	**$7,771,556**

Full Time Equivalent (FTE)	23.00	-	23.00

Overview of budget changes (IN MILLIONS)

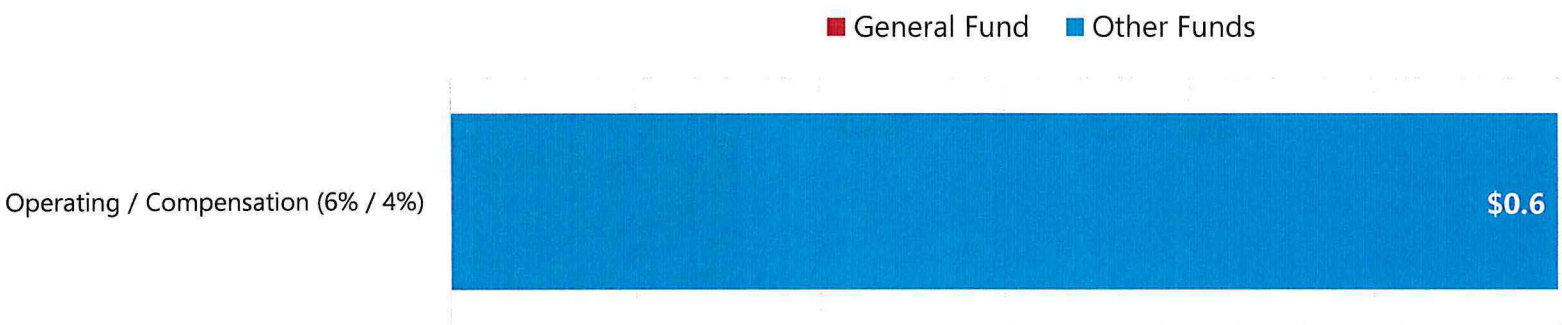
INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION
$0.6 MILLION

- $471,000 for Salaries and Wages
- $171,000 for Operating costs



NORTH Dakota | Health & Human Services
Be Legendary.

Overview of budget changes (IN MILLIONS)



NORTH Dakota Be Legendary. | Health & Human Services



Contact information

Sheri Seil

Section Director, Disability Determination Services

sseil@nd.gov

www.hhs@nd.gov

NORTH Dakota | Health & Human Services
Be Legendary.



SB 2012

Senate Appropriations Committee
Senator Bekkedahl, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Julianne Horntvedt, North Dakota State Council on Developmental Disabilities - HHS
January 17, 2023

Presentation roadmap

- Healthiest state in the nation
- Who we serve | Our programs and services
- Working differently as one HHS
- Improving the lives of North Dakotans:
  - 2023-2025 biennium focus and plans | proposals
- 2023-2025 Budget and other resource requirements
- Next steps
- Summary | key takeaways

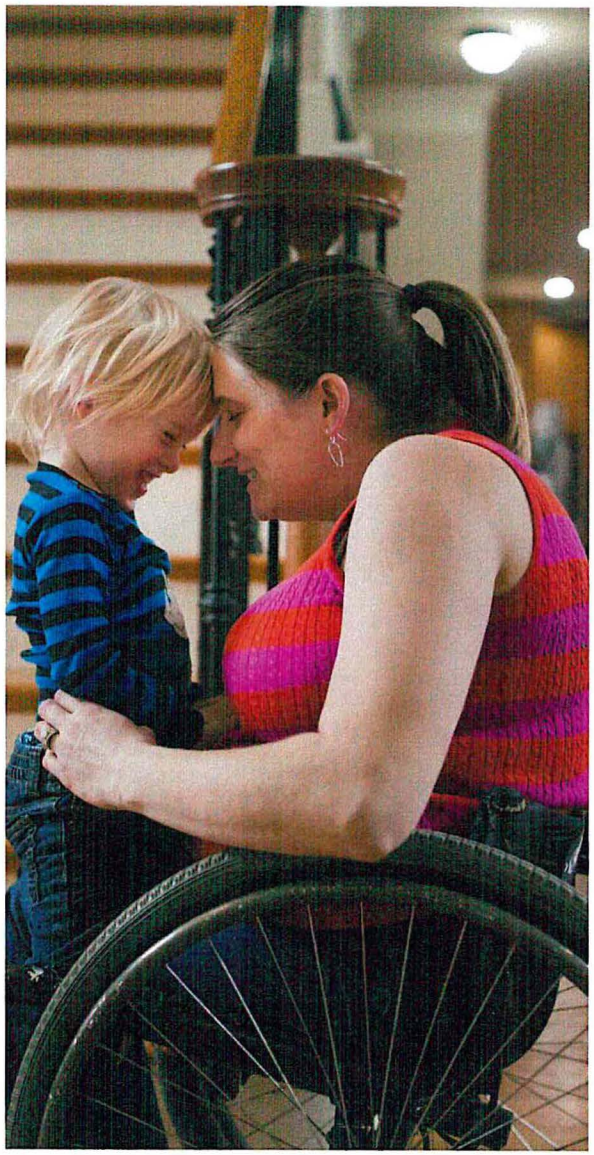
NORTH Dakota Be Legendary. | Health & Human Services



DD Council Program Mission

The Council advocates for policy changes that promote choice, independence, productivity and inclusion for all North Dakotans with developmental disabilities. The Council provides funding for and supports projects and activities that maximize opportunities in these areas for consumers and families.

NORTH Dakota | Health & Human Services
Be Legendary.



Who we serve

The DD Council serves individuals with intellectual and developmental disabilities across the state of North Dakota and their families.

NORTH Dakota | Health & Human Services
Be Legendary.

Developmental Disabilities Council

Our Work: Programs & Policies created or improved



Peer to Peer Program at Bismarck State College

- 11 Peer mentors who Support 13 students with disabilities on campus
- Built from the success of Century High School's program
- Project began in 2020



National Core Indicators (NCI)

NCI measures self-determination, service coordination, relationships, community inclusion, rights, choices, decision-making, employment status and goals, health, welfare, and safety



Advocates Leading their Lives (ALL) statewide self-advocacy group

Educate and train people with disabilities to be leaders and increase their advocacy



Inclusive Daycare Work

Funded 2 inclusion specialist positions. As of Nov. 2022, they have 237 interactions with 108 providers

NORTH Dakota | Health & Human Services
Be Legendary.

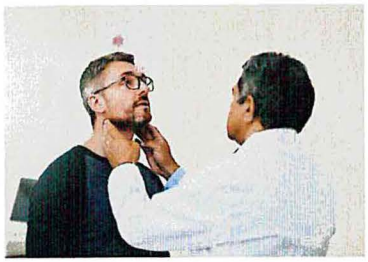
Funds the DD Council Provides

The Council is a fully federally funded program in the state of ND

How Councils are Created	Source of Funding	Activities Supported	Funding Available
Developmental Disabilities Councils exist to address the unmet needs of people with developmental disabilities and their families through system-wide policy and planning activities	Councils receive annual allotments from Congress to administer the developmental Disabilities Act. The amount of the award varies by state and is calculated based on population and several other factors.	The Council utilizes strategies such as training, educating policy makers and communities, coalition development, barrier elimination, and demonstration of new approaches to service.	• Small Innovative Grants (less than $10,000) • Consumer Leadership Development Funds • Requests for Proposals • Council Projects • Self-Advocacy Initiatives

NORTH Dakota Be Legendary. | Health & Human Services

Working differently to connect services at more touchpoints



Olmstead Commission

Funded a study to develop and implement an Olmstead Plan



Self-Directed Supports (SDS)

Working with the Developmental Disabilities Division on updates so families who use SDS can better navigate the system



Fetal Alcohol Spectrum Disorder

- Identified as our area of need in this 5-year plan (2022-2026)
- Working with our DD Network partners on FASD (P&A and NDCPD)



Partners in Policymaking

Advocacy and leadership training program for people with ID/DD and their families

NORTH Dakota | Health & Human Services
Be Legendary.

Continued progress requires closing the gaps

- Investigate the DSP workforce shortage crisis through a UND study and other methods
- Invest in opportunities for people with disabilities to become their own boss/own their own business
- Support of inclusion and peer-to-peer models across the lifespan
- Increase the use of Supported Decision Making
- Increase the opportunity for accessible, inclusive, and affordable housing
- Educate people during events like Disability Awareness Day, Legislative Training Institute, Health Conference, Self-Advocacy Conference



2023-2025 Budget request

The **program, systems and workforce support** necessary to continue to serve North Dakotans

NORTH Dakota | Health & Human Services
Be Legendary.

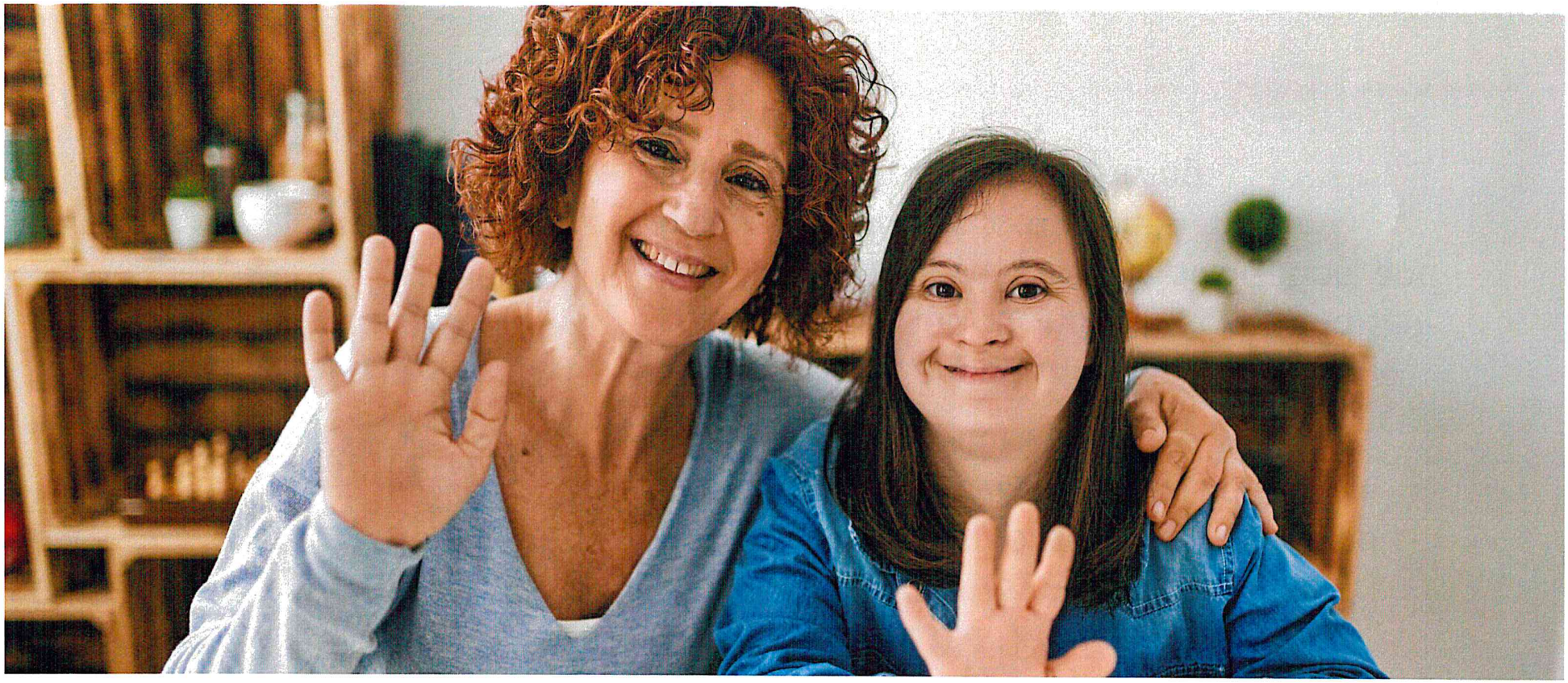
Overview of budget changes by expense category

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 216,709	$ 82,988	$ 299,697
Operating	241,944	(7,164)	234,780
IT Services	-	-	-
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	588,172	15,479	603,651
Total	$ 1,046,825	$ 91,303	$ 1,138,128
General Fund	$ -	$ -	$ -
Federal Funds	1,046,825	91,303	1,138,128
Other Funds	-	-	-
Total Funds	$ 1,046,825	$ 91,303	$ 1,138,128
Full Time Equivalent (FTE)	1.00	-	1.00

NORTH Dakota | Health & Human Services
Be Legendary.

Appendix

- NCI Flyer_Final_200211 (nationalcoreindicators.org)
- www.nd.gov/scdd
- NDSCDD – YouTube (FASD webinars and Employment and Health Videos)
- Disability Awareness Day Registration Form https://forms.gle/ef8ZLRdcyLe87CRq8
- Partners in Policymaking (mn.gov)



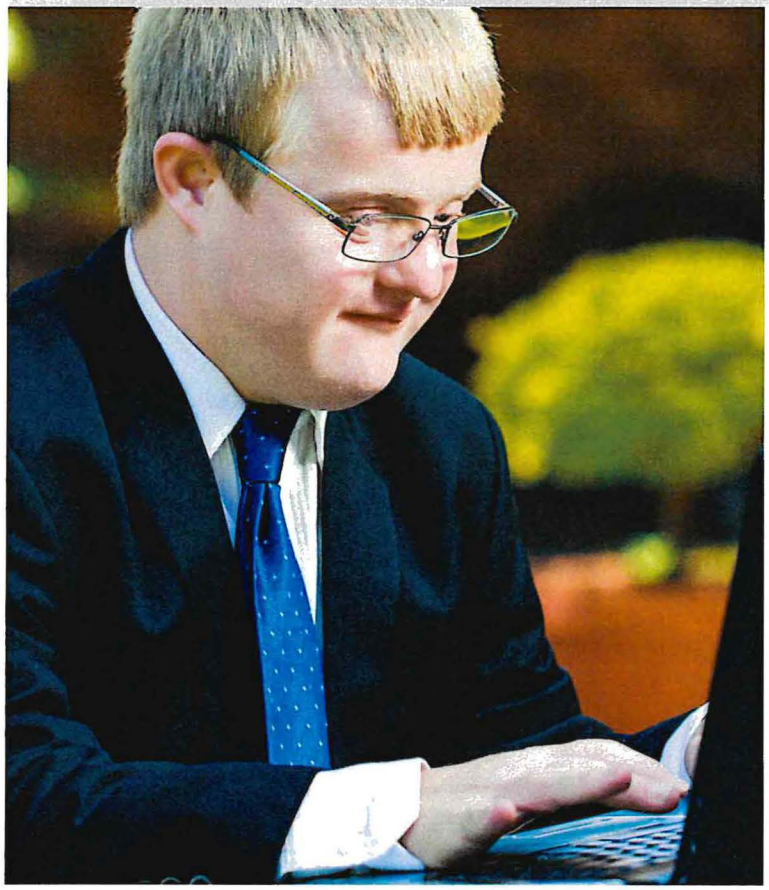
SB 2012

Senate Appropriations Committee
Senator Bekkedahl, Chairman

Developmental Disabilities
January 17, 2023

NORTH Dakota | Health & Human Services
Be Legendary.

Developmental Disabilities Program Purpose



The purpose of the Developmental Disabilities Section is to administer the delivery of a variety of services to children and adults with developmental and intellectual disabilities and their families.

These services are designed to maximize community inclusion, independence and self-sufficiency to prevent institutionalization, and enable individuals to transition from institutions to community living.

NORTH Dakota | Health & Human Services
Be Legendary.

Developmental Disabilities programs and services help people with developmental disabilities grow and thrive in their home community



Program Management

Provides information, referral and support to eligible individuals so they can access services and achieve their outcomes.



Early Intervention

Services in a family's home, teaching parents' hands-on activities that they can do with their child (birth through age 2) to promote child development.



Home and Community Based Waiver Services

Provides individuals the opportunity to receive services in their own home and community rather than an institution.



Intermediate Care Facilities

Residential facility that provides health or rehabilitative services for individuals who require active treatment.



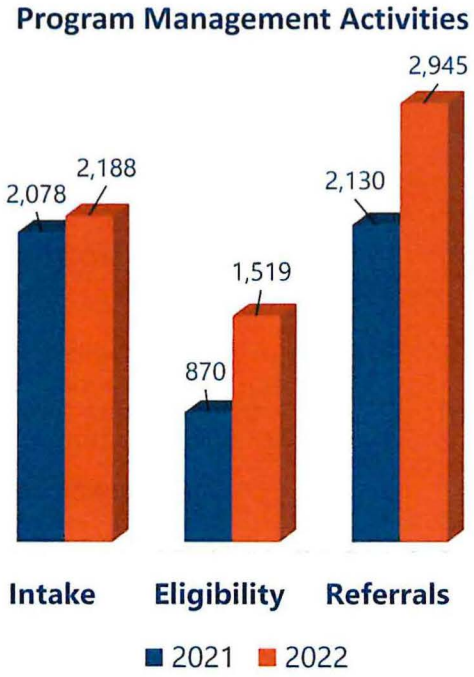
Corporate Guardianship

Support vulnerable individuals 18 years and older who need assistance making life choices.

NORTH Dakota Be Legendary. | Health & Human Services

Developmental Disabilities Program Management (DDPM) is a foundation of the state's system of care

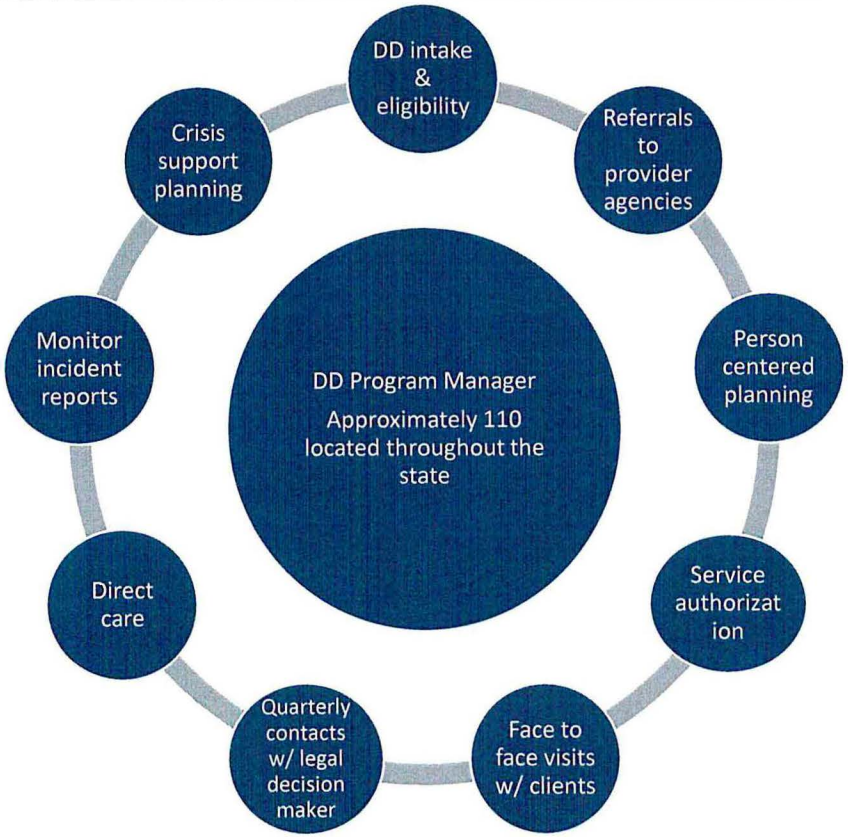
- Assist clients, families, and guardians navigate the system of services available.
- Focus is to help clients stay healthy and safe and achieve their goals.
- Approximately 110 DD program managers located throughout the state.





NORTH Dakota | Health & Human Services
Be Legendary.

DDPMs are the gateway to services for thousands of North Dakotans with disabilities



21-22 legislative study (known as the Alvarez Report, overseen by legislative management, authorized in SB2256) provided in part, the following comments & recommendations for program management:

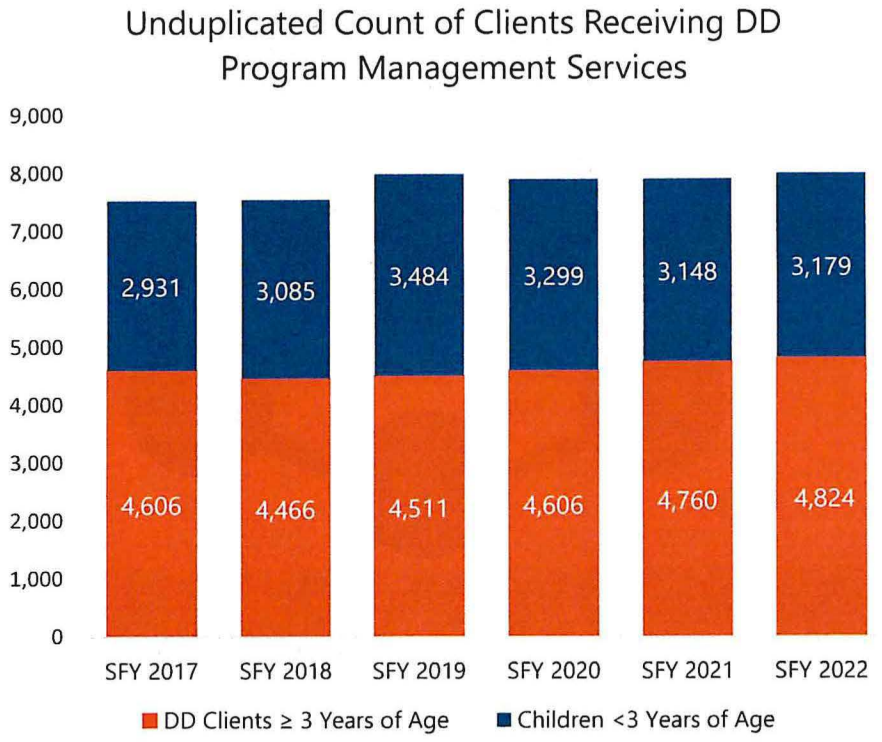
- Current utilization of temporary employees to comply with the ratio creates risk of overturn, disrupting continuity of relationships and knowledge base for people and families.
- Recommends re-examining current caseload as the caseload was established when people were receiving residential and day services in larger congregate settings.

Full report can be viewed here: https://ndlegis.gov/files/committees/67-2021/23_5168_03000_appendixf.pdf

NDAC establishes expectation for DDPM caseload ratio of 1:60

NORTH Dakota Be Legendary. | Health & Human Services

Developmental Disabilities Program Managers served almost 8,000 children and adults in SFY22

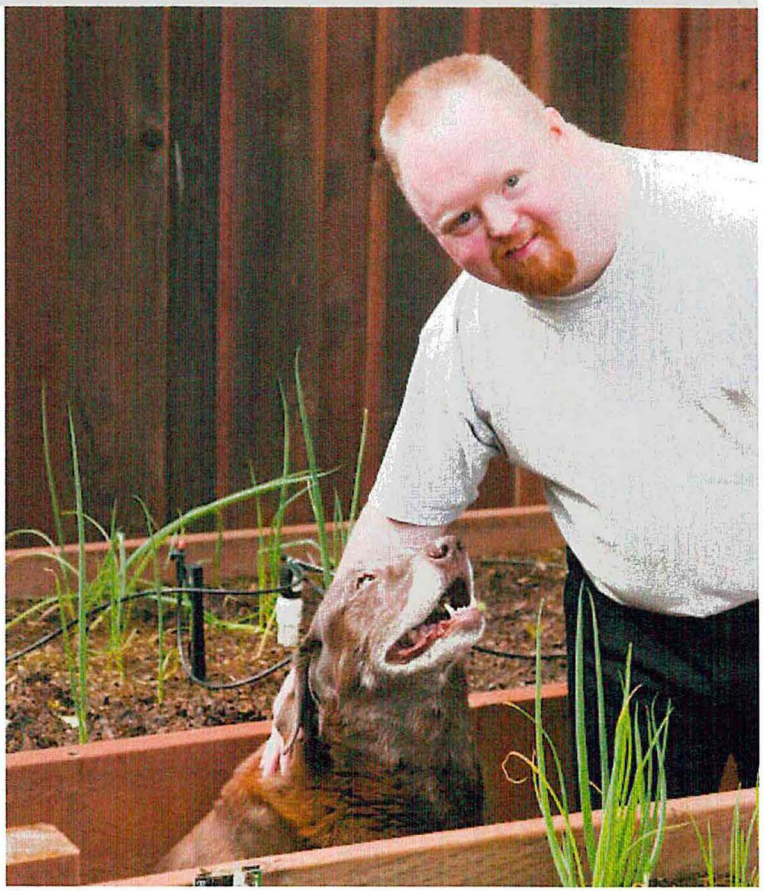




NORTH Dakota Be Legendary. | Health & Human Services

DD Program Administrators serve as a critical connector between providers, guardians, DD program managers and compliance staff

- Network with community providers
- Intake for referrals
- Appeals
- Approval of service authorization
- Quality case reviews
- On-site environmental scans of all licensed group homes
- Crisis support planning
- Supervision of DDPMs



NORTH Dakota | Health & Human Services
Be Legendary.

The Developmental Disabilities program administration team helps make delivery of services possible by serving as the state's primary liaison to the federal funder

Administration

- Provider licensing
- Provider enrollment
- Technical assistance
- Policy development
- Contract management
- Waiver administration
- Service authorization
- Guardianship
- Appeals

Program Integrity

- Quality assurance
  - Council on Quality Leadership (CQL)
  - National Core Indicators (NCI)
  - Home and Community Based Services (HCBS) Survey
- Regulatory compliance
- Provider audits
- Case reviews
- Federal & State Audits

Partnerships

- Community Providers
- North Dakota Interagency Coordinating Council
- State Rehabilitation Council
- Transition Task Force
- Money Follows the Person

NORTH Dakota | Health & Human Services
Be Legendary.

Early Intervention is often a family's very first opportunity to interact with support services that are specially designed to help their child thrive



Early Intervention Services are offered to children **birth to age three** who have a **high-risk condition** or a **developmental delay**.

Funding provided through:
Medicaid 1915(c) Traditional IID/DD Home Based Services Waiver
Office of Special Education Part C of Individuals with Disabilities Education Improvement Act (IDEA)

Right Track

5,936 visits

Oct 2021 – Sept 2023

- ✓ "Child find" program that helps identify infants and toddlers who may be at risk for developmental delays.
- ✓ Free developmental screenings provide ongoing monitoring and support to families who want more information and support about the child's development.

Infant Development

- ✓ Family-focused service that provides information, support and training to assist the primary caregiver(s) in maximizing the child's development utilizing a parent-coaching model

NORTH Dakota | Health & Human Services
Be Legendary.

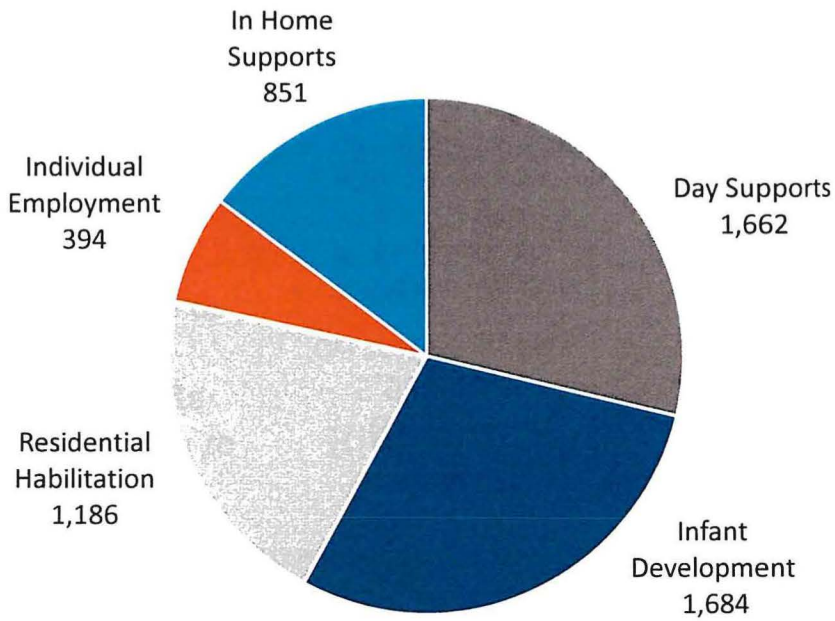
The Medicaid 1915(c) Traditional ID/DD Home and Community Based Services Waiver (aka "DD Waiver") has approximately 5,700 people enrolled in waiver services.

The DD waiver:

- Serves individuals throughout their life span
- Offers a variety of services that are based on the person's needs and preferences

Private licensed provider agencies support people receiving DD Waiver services.

Staff at these provider agencies are crucial to the delivery of services as they help people learn, improve and keep skills necessary to remain in their community.



NORTH Dakota Be Legendary. | Health & Human Services

Types of Support Services available via the ID/DD Home and Community Based Services Waiver

- Day Habilitation
- Homemaker
- Independent Habilitation
- Residential Habilitation
- Individual Employment Support
- Prevocational Services
- Small Group Employment Support
- Extended Home Health Care
- Adult Foster Care
- Environmental Modification*
- Behavioral Consultation*
- Equipment and Supplies*
- Family Care Option
- In Home Supports*
- Infant Development
- Parenting Support
- Community Transition Services

* *Self-directed services*

NORTH Dakota | Health & Human Services
Be Legendary.

Guardianship Services are an essential resource for individuals with developmental disabilities



Corporate Guardianship – Catholic Charities North Dakota

- Provides guardianship services for individuals who have intellectual disabilities who are 18 years of age or older.
- All referrals must come directly from the DD Program Manager.
- Contracted to serve 509 people - wait list of 107.
- 23/25 budget request is $3,679,797, which includes a rate increase but no increase in the number of people served.

NEW REQUEST - Guardianship Establishment Fund

- Provides an alternative to corporate guardianship.
- Funds to cover petitioning costs for up to 100 eligible adults
- Max petitioning cost per person $3,000

NORTH Dakota | Health & Human Services
Be Legendary.

Improving the Lives of North Dakotans

Person Centered

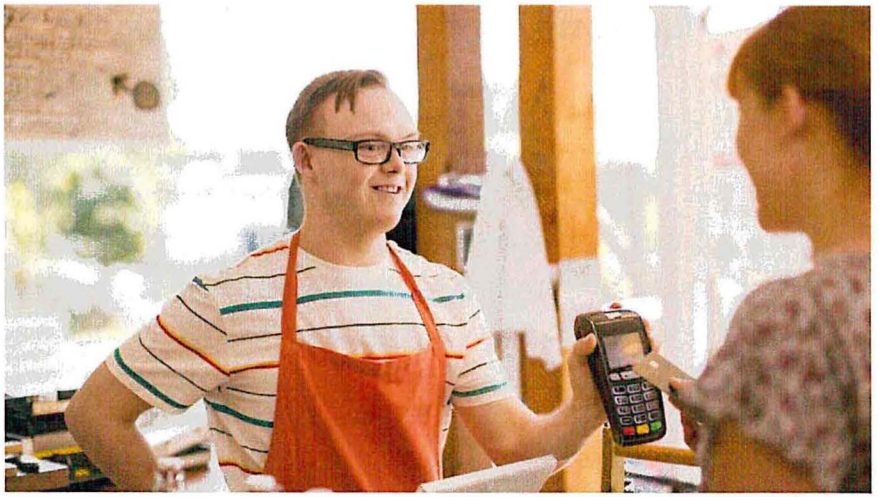
- Continue work with NCAPPS and HSRI to develop strong and consistent statewide understanding of person-centeredness across all HHS and community partners.
- National Core Indicators (NCI)

Services Closer to Home

- Youth host homes
- Community Behavioral Support – Small residential settings
- Provider capacity grants

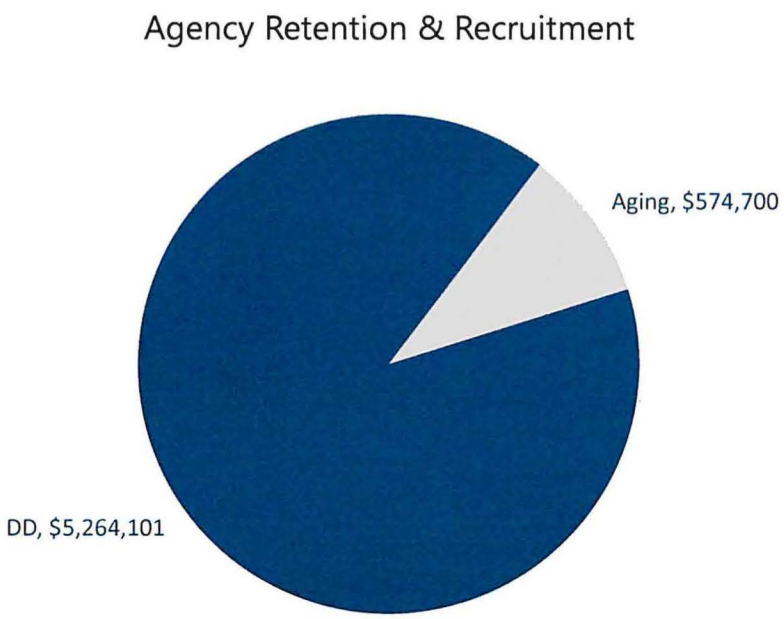
Diversion & Transition

- Flex Support Funds



NORTH Dakota | Health & Human Services
Be Legendary.

American Rescue Plan Spending – Workforce Development – Agency



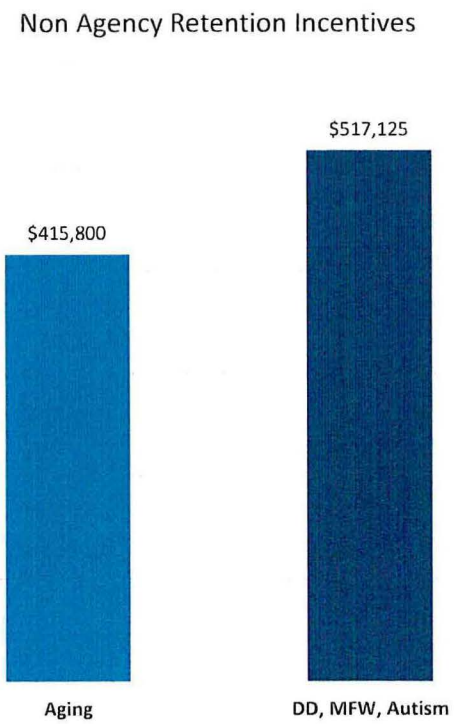
In an effort to stabilize and strengthen the network of direct caregivers who work in home and community-based services, HHS offered providers the opportunity to provide retention and recruitment incentives to eligible employees.

Participating providers

- *Retention* (up to $2100/employee):
  - 33 Aging
  - 28 DD
- *Recruitment* (up to $750/employee):
  - 18 Aging
  - 21 DD

NORTH Dakota | Health & Human Services
Be Legendary.

American Rescue Plan Spending – Workforce Development (Non-Agency)



Non-agency direct caregivers who provide services to home and community-based services clients are eligible to receive the retention incentive of up to $2100/employee.

- **353 - Self-directed** (DD, MFW & Autism)
- **398 - Individual QSPs** (HCBS Aging)

NORTH Dakota Be Legendary. | Health & Human Services

Developmental Disabilities: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 23,102,938	$ 3,133,221	$ 26,236,159
Operating	8,686,711	2,256,593	10,943,304
IT Services	2,743	104,107	106,850
Capital Asset Expense	-	-	-
Capital Assets	10,000	-	10,000
Grants	716,917,931	17,625,633	734,543,564
Total	$ 748,720,323	$ 23,119,554	$ 771,839,877

General Fund	**$ 349,648,645**	**$ 18,598,723**	**$ 368,247,368**
Federal Funds	**399,071,678**	**4,520,831**	**403,592,509**
Other Funds	**-**	**-**	**-**
Total Funds	**$ 748,720,323**	**$ 23,119,554**	**$ 771,839,877**

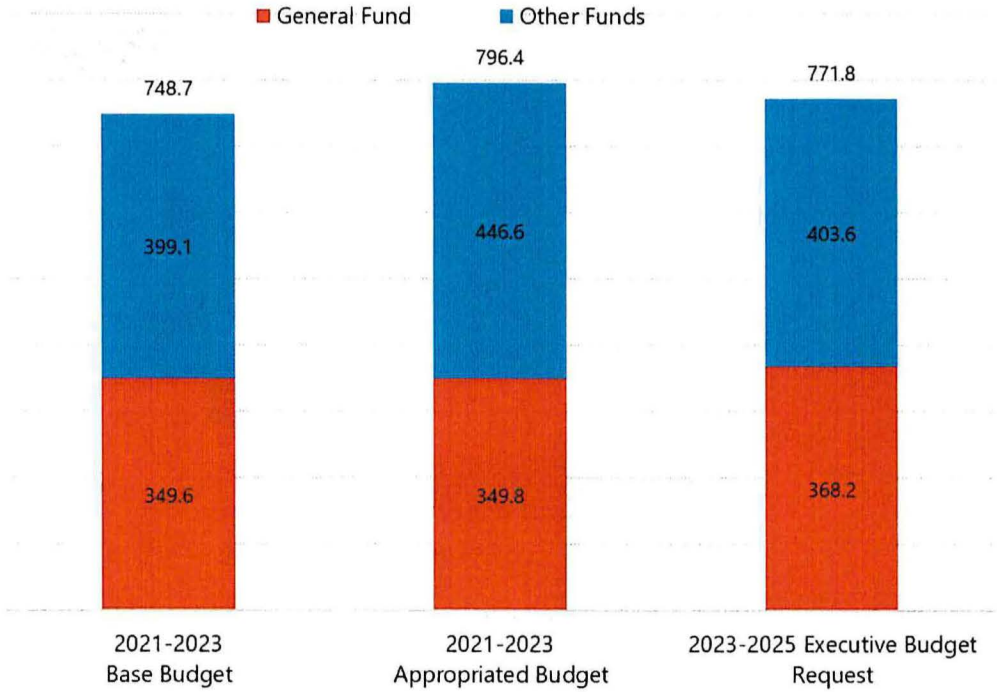
Full Time Equivalent (FTE)	127.12	4.00	131.12

NORTH Dakota | Health & Human Services
Be Legendary.

Overview of budget changes (IN MILLIONS)

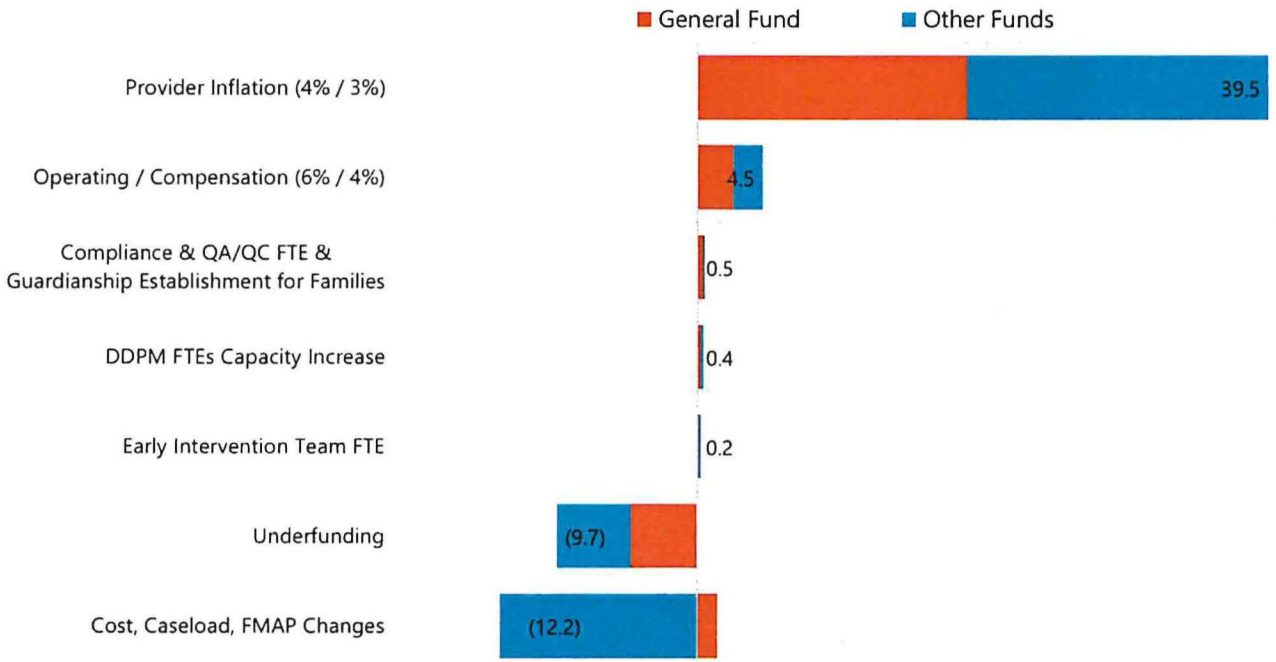
Increase from Base to Executive Budget Recommendation
$23.1 million

- DD Grants services and contract Grants increase of $17.6M
- Increase in salaries and benefits of $3.1M
- Increase in operating/IT costs of $2.4M



NORTH Dakota Be Legendary. | Health & Human Services

Overview of budget changes (IN MILLIONS)



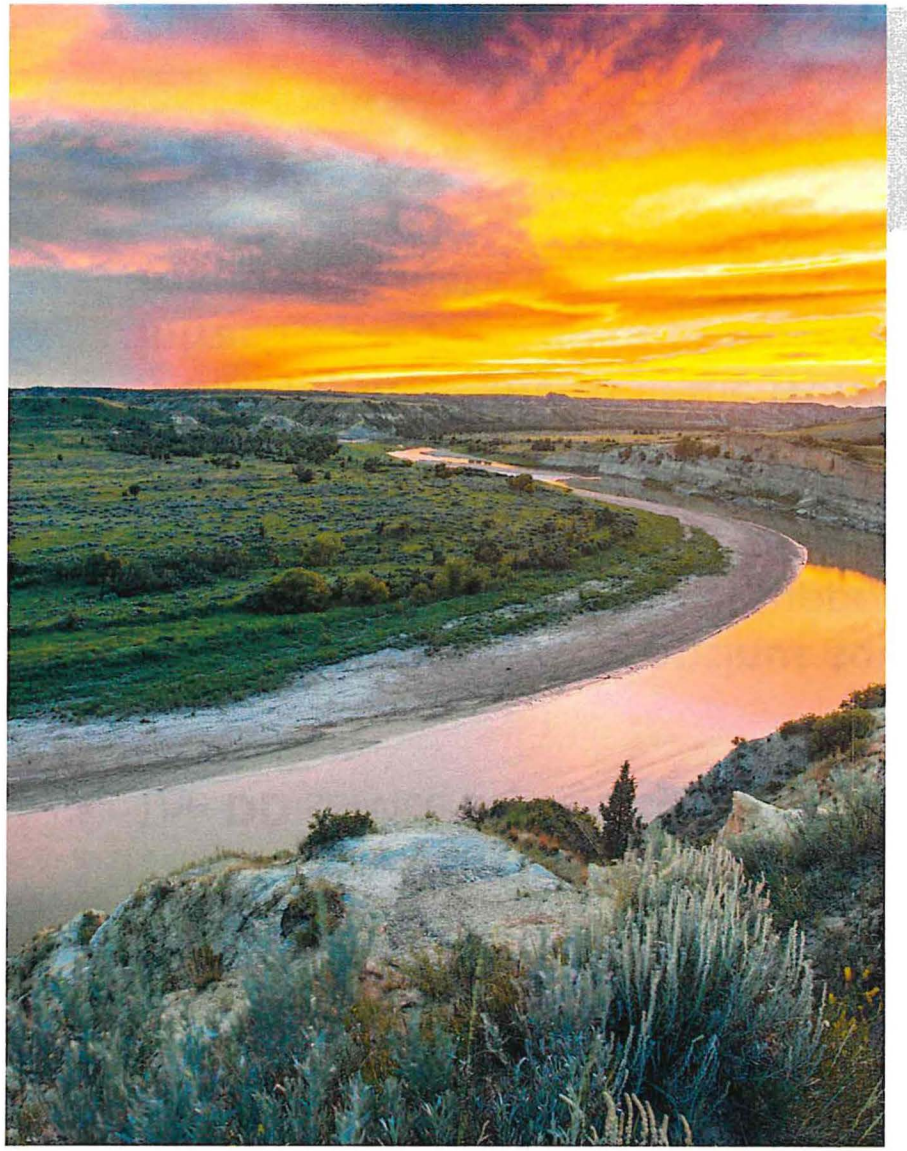
NORTH Dakota Be Legendary. | Health & Human Services

Summary and key takeaways

- The **DD** service delivery system **continues** to grow.
- It is **important** that we **continue to develop new service** options that will support **clients' needs** to ensure they can remain in their communities.
- It will take **investments** in the **workforce, infrastructure** and **all of us working together** to make this happen.



NORTH Dakota | Health & Human Services
Be Legendary



Contact information

Tina Bay

Director, Developmental Disabilities
tbay@nd.gov

https://www.hhs.nd.gov/dd

NORTH Dakota | Health & Human Services
Be Legendary.



SB 2012

Senate Appropriations Committee
Senator Bekkedahl, Chairman

Life Skills and Transition Center | January 17, 2023

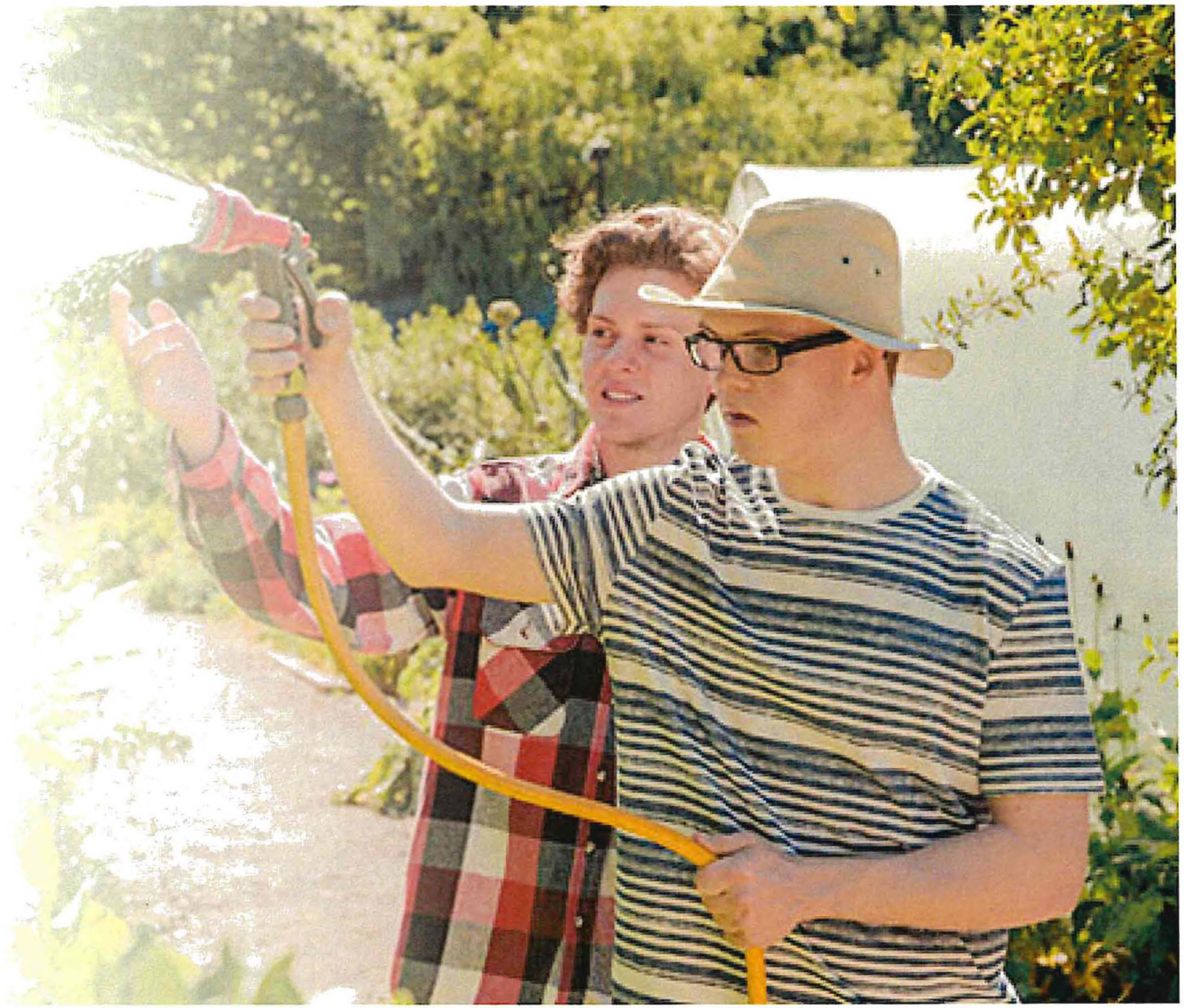
NORTH Dakota | Health & Human Services
Be Legendary.

Who we are

LSTC serves as a specialized resource to the network of approximately 120 private residential facilities and thousands of families who have a loved one with an intellectual or developmental disability for whom they are a caregiver or guardian.

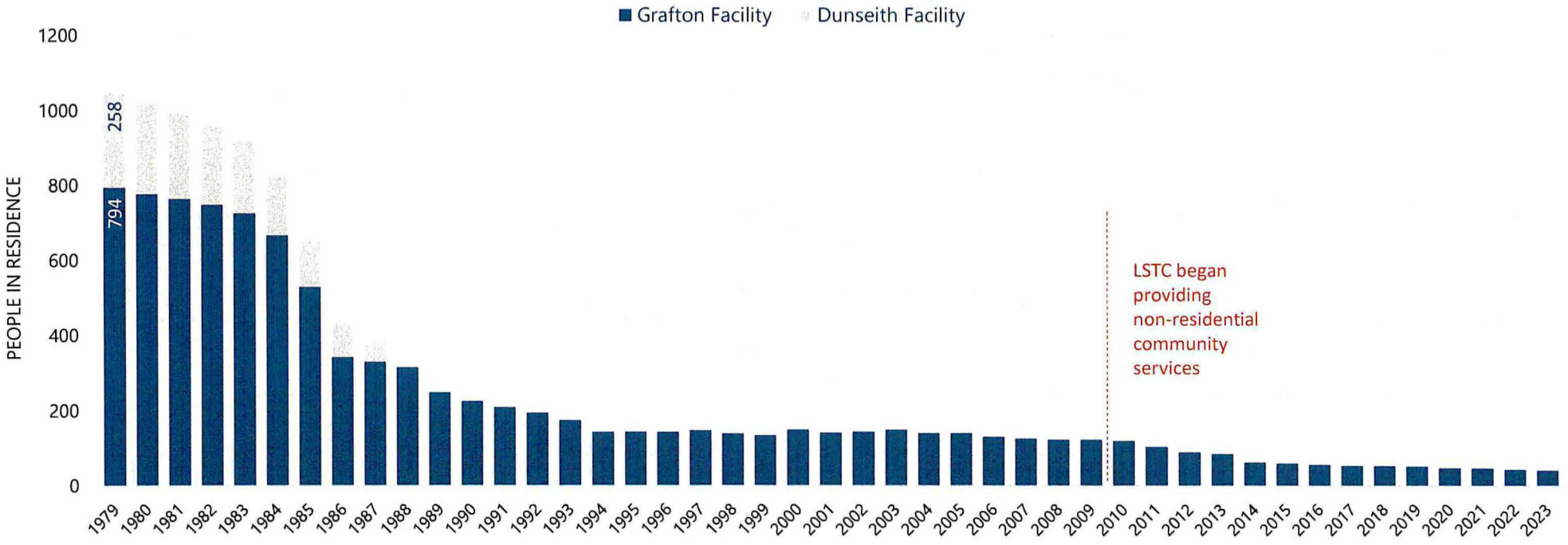
Who we serve

Children and adults with complex and co-occurring disabilities who are not always well-served by the current continuum of services.



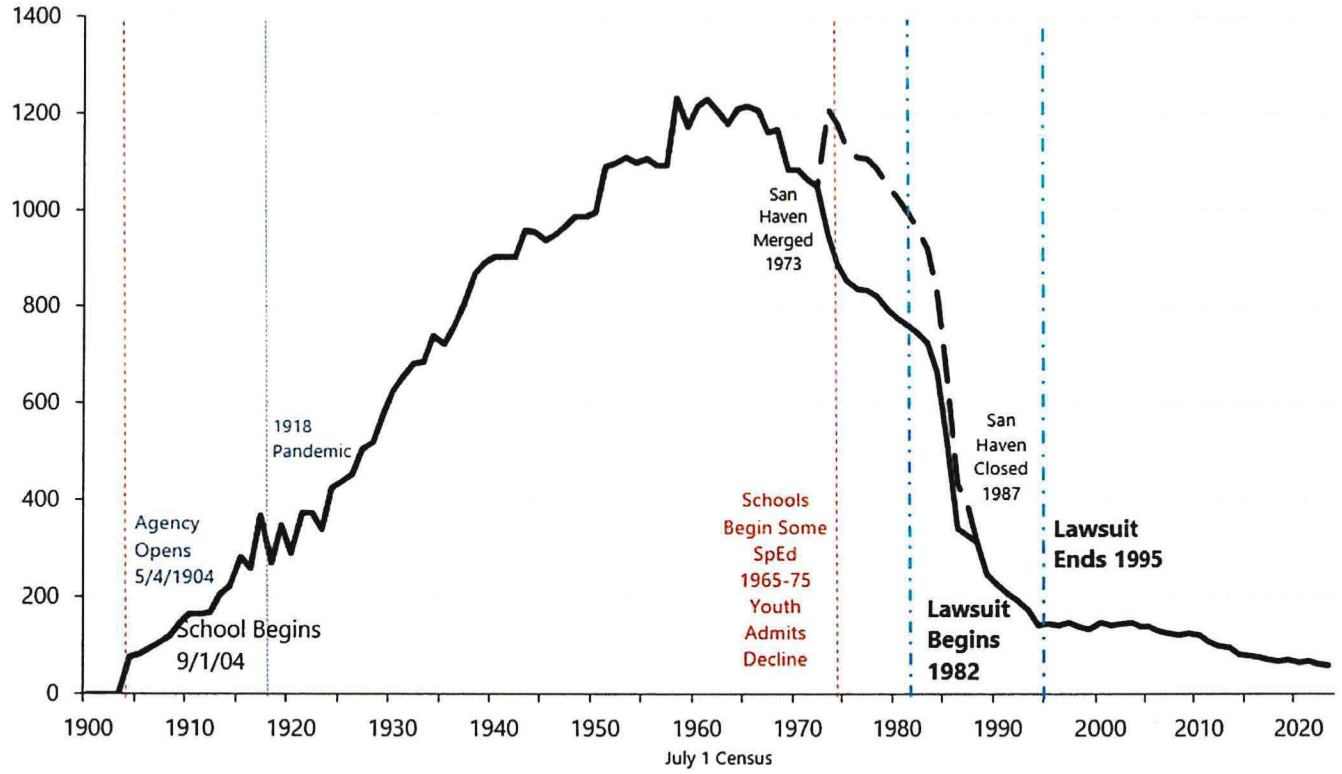
LSTC's role in ND has changed significantly in the last 40 years

1979 -2023 CENSUS | GRAFTON & DUNSEITH



NORTH Dakota Be Legendary. | Health & Human Services

LSTC reached its peak census in 1958, when 1,231 children and adults lived in the state's residential institution



NORTH Dakota | Health & Human Services
Be Legendary.

LSTC Program & Services

What we do

Provide specialty care and support for people experiencing crisis and/or who need stabilization; work together with guardians to identify opportunities for each person to live in a community setting of their choice wherever and whenever possible.

RESIDENTIAL
Crisis / Stabilization
(Specialized ICF)

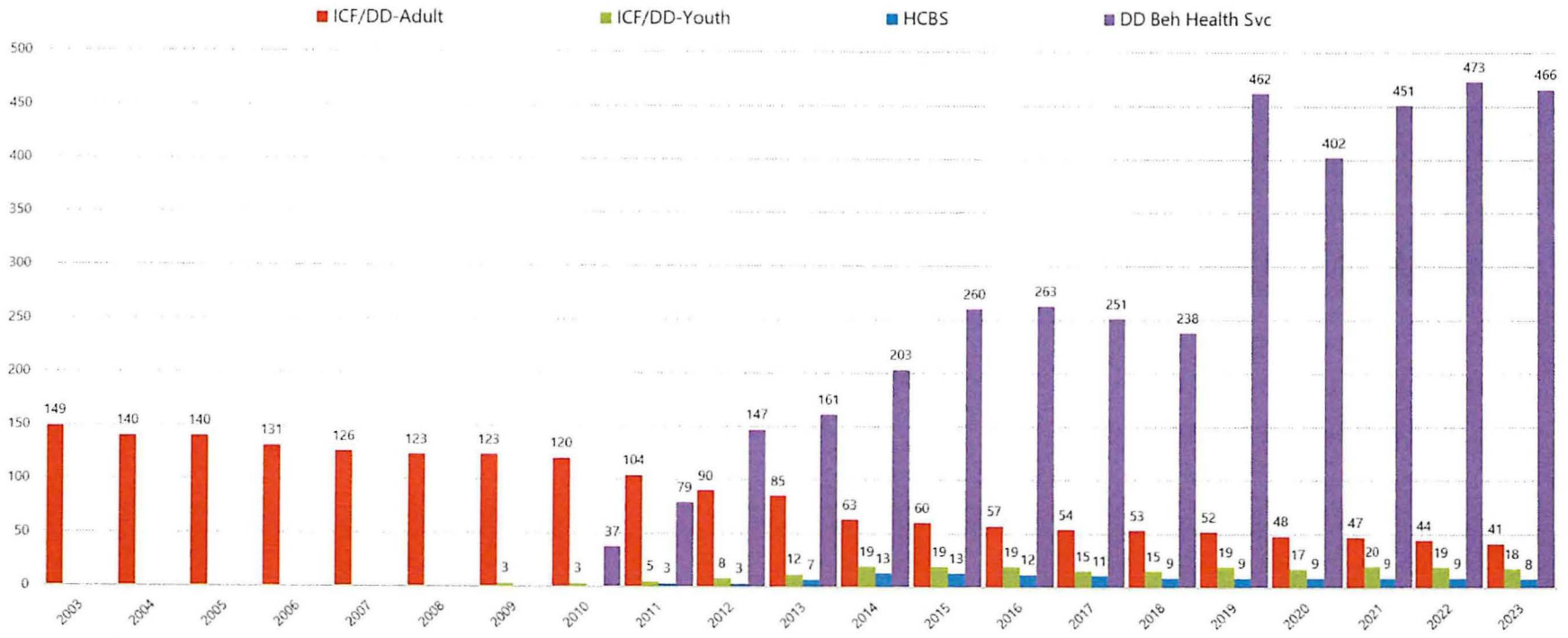
- Crisis Residential
- Short-term Stabilization Residential
- Transitioning to Community Residential
- Vocational Services
- Long-term specialized residential

NON-RESIDENTIAL
Statewide Stabilization Supports

- Applied Behavioral Analysts
- Statewide crisis/stabilization team
- Therapeutic Clinic
- Adaptive Equipment Center

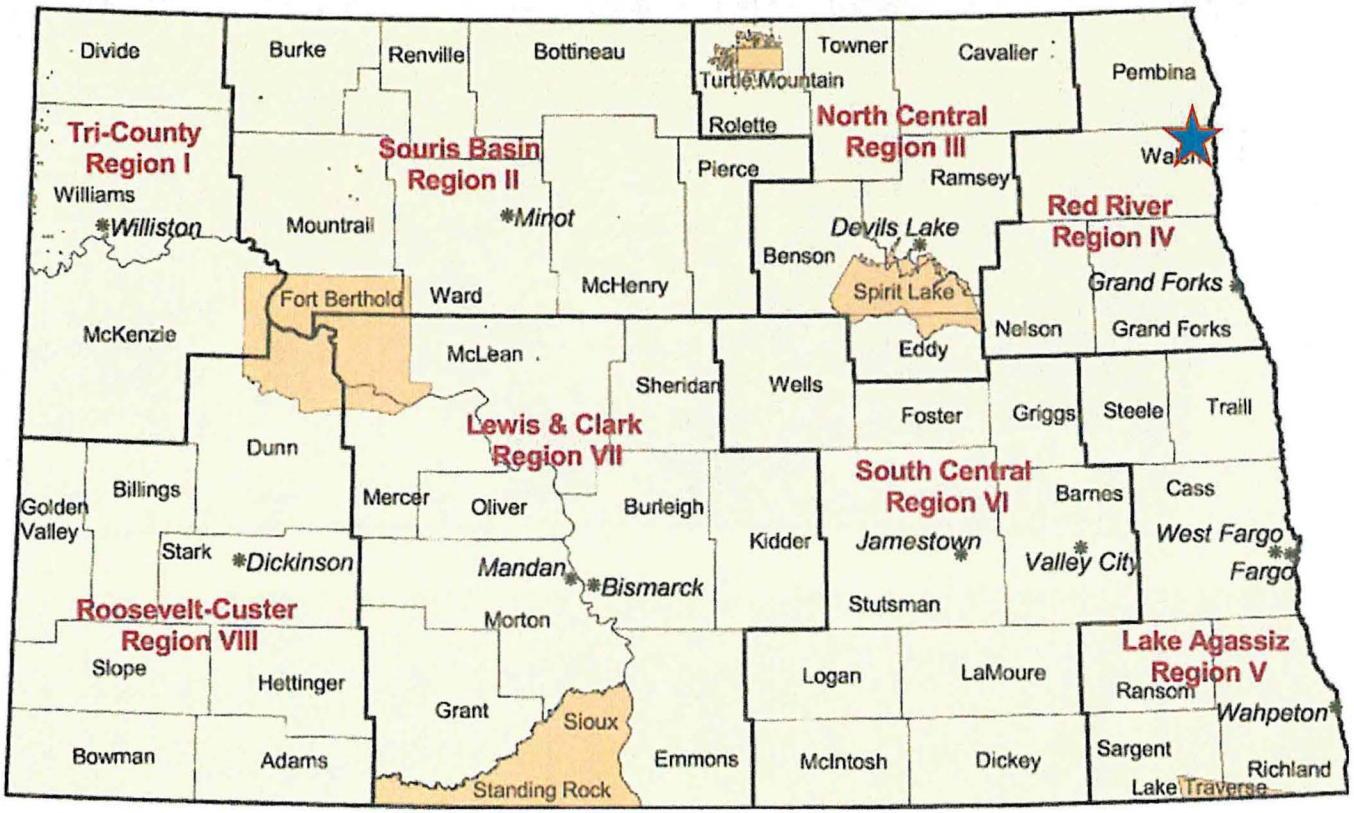
NORTH Dakota Be Legendary. | Health & Human Services

Role of LSTC in state DD system continues to evolve with greater investment in community supports



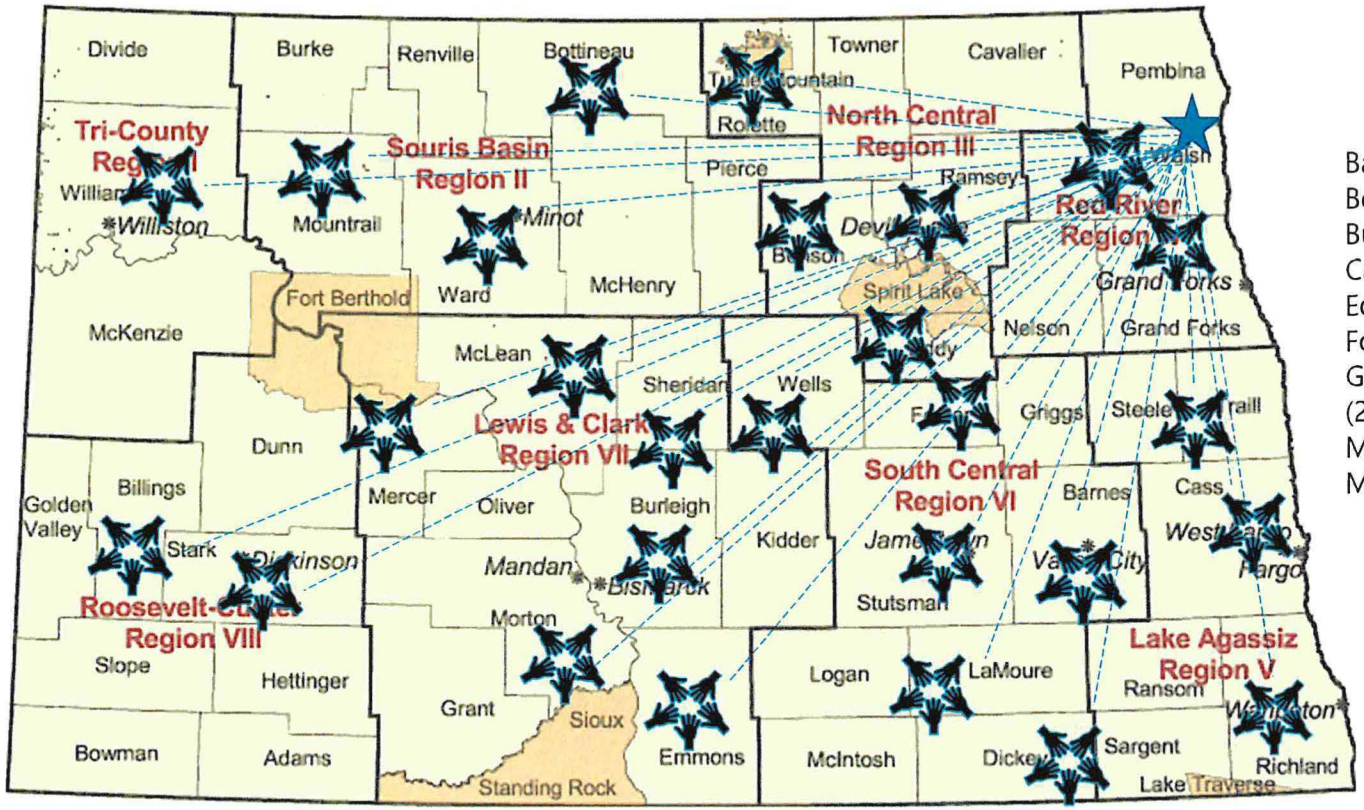
NORTH Dakota | Health & Human Services
Be Legendary.

Historically LSTC was a campus-based residential facility



NORTH Dakota Be Legendary. | Health & Human Services

LSTC provided in-community transition and stabilization support to 129 people living in 21 different communities

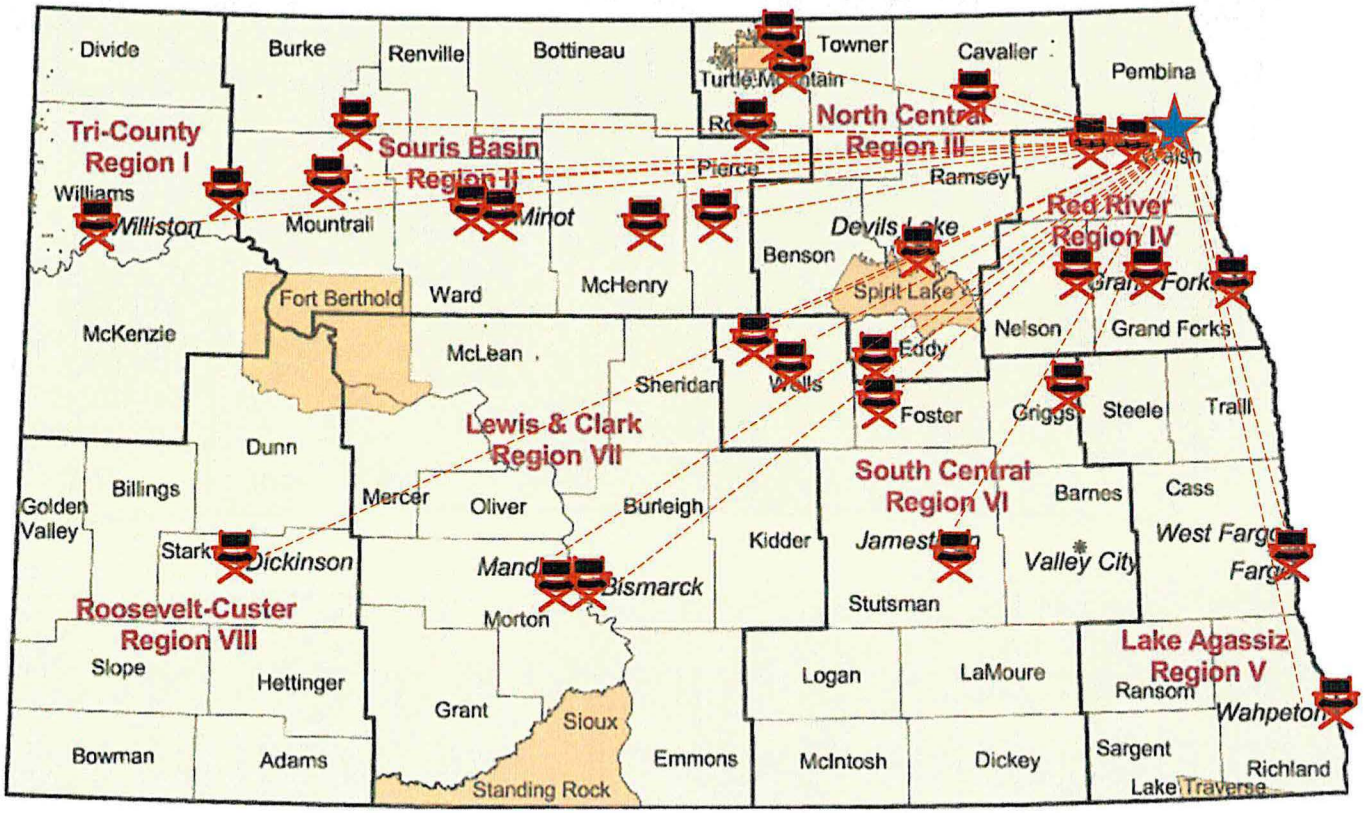


County – People served (# of services provided July 2021 – Dec 2022)

Barnes - 3 (47)
Bottineau - 1 (36)
Burleigh - 12 (71)
Cass - 24 (457)
Eddy - 1 (1)
Foster - 1 (17)
Grand Forks - 14 (258)
Morton - 2 (9)
Mountrail - 2 (3)
Ramsey - 7 (42)
Richland - 8 (42)
Rolette - 1 (14)
Stark - 3 (23)
Stutsman - 13 (63)
Walsh - 23 (130)
Ward - 12 (119)
Wells - 1 (2)
Williams - 1 (2)

NORTH Dakota | Health & Human Services
Be Legendary.

219 people had their ability to move about their home and community enhanced by LSTC's Customized Adaptive Equipment service

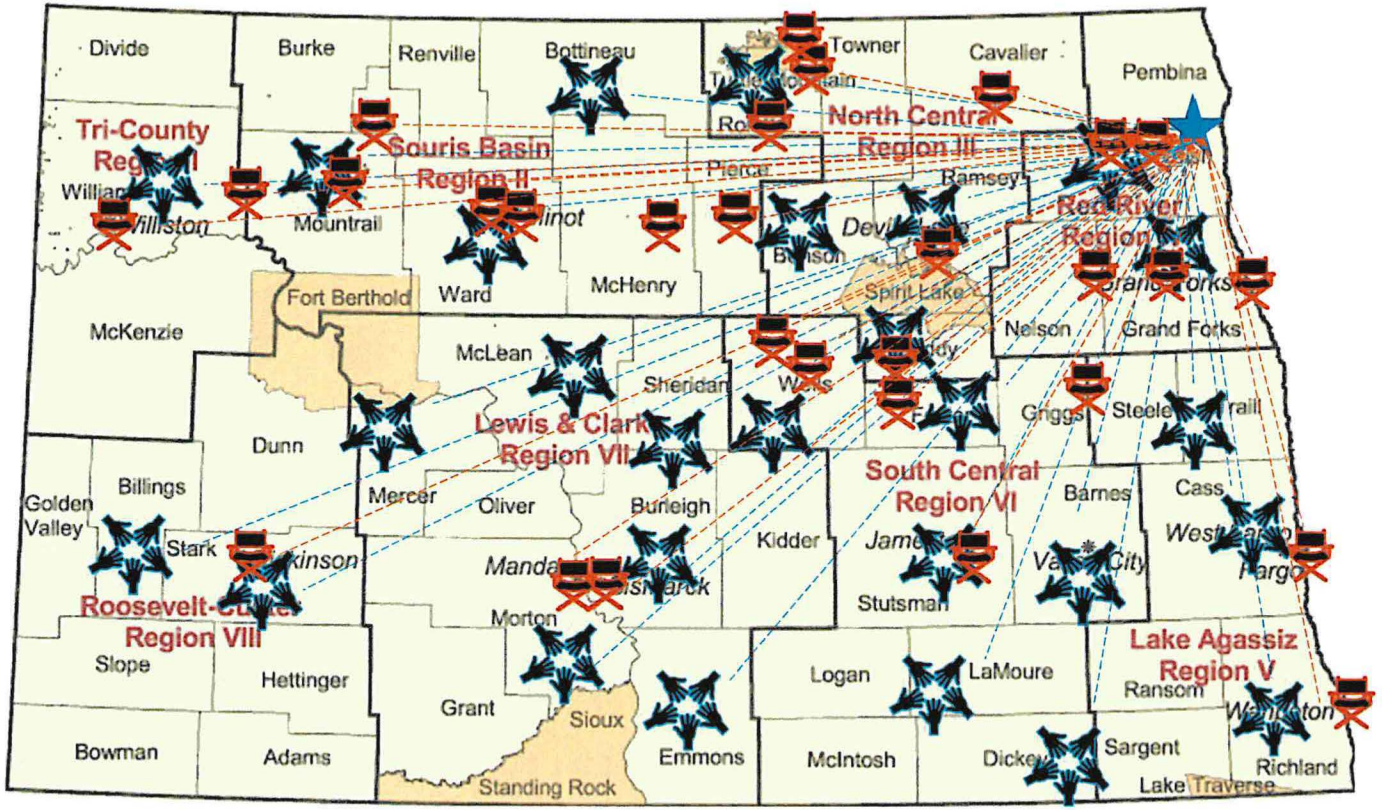


Customized Adaptive Equipment
July 2021 – Dec 2022

Aneta	Kenmare
Arvilla	Langdon
Bismarck	Mandan
Burlington	Minot
Carrington	New Rockford
Cooperstown	Park River
Devils Lake	Rolette
Dickinson	Rolla
Edinburg	Rugby
Fargo	St. John
Fessenden	Stanley
Grafton	Tioga
Grand Forks	Velva
Harvey	Wahpeton
Jamestown	Williston

NORTH Dakota | Health & Human Services
Be Legendary.

LSTC provided in-community transition and stabilization support to 500 people living in communities across ND



Customized Adaptive Equipment (assessment, fitting, design, development, delivery)

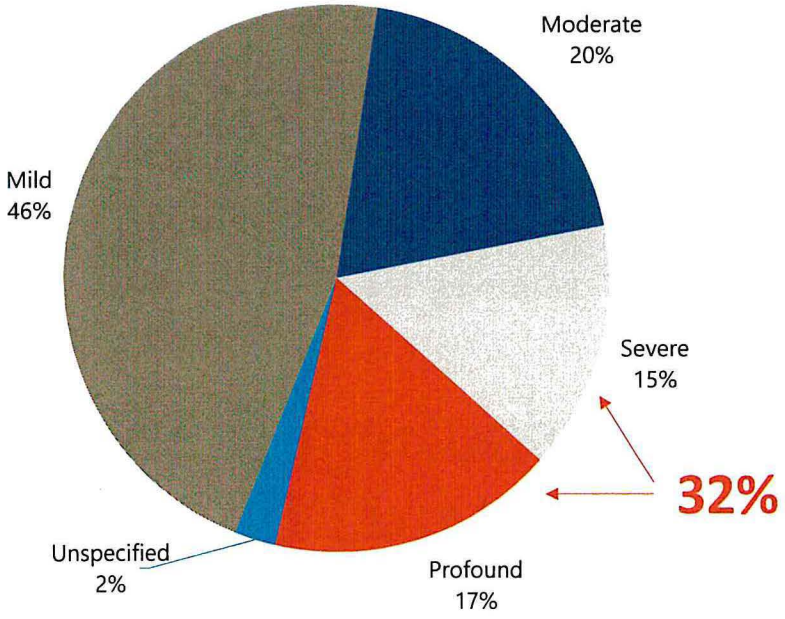
Stabilization Supports (transition follow-up, transition TA, assessment, observation, crisis calls, crisis assistance)

NORTH Dakota | Health & Human Services
Be Legendary.

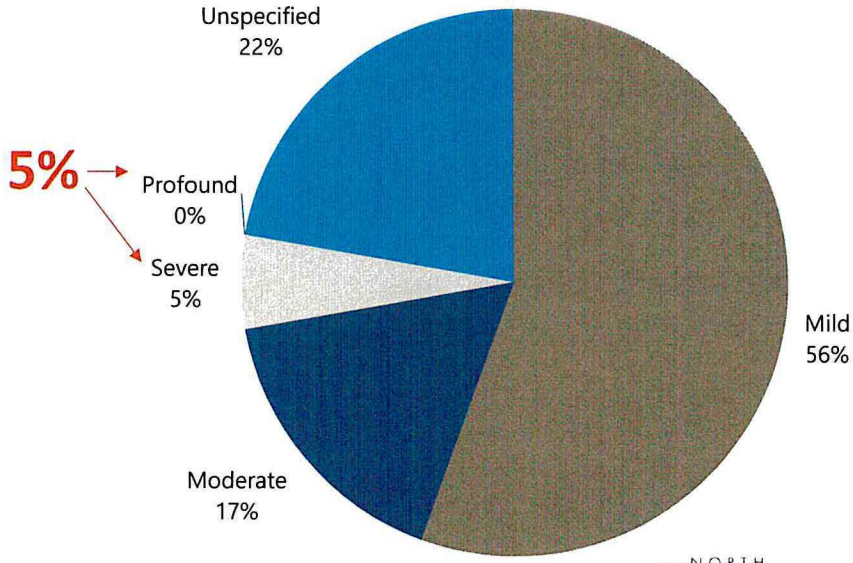
Prevalence of Severe and Profound Intellectual Disability is low for youth

Disability Level – Adult and Youth

2023 LSTC **Adult** by
Level of Intellectual and Dev. Disability

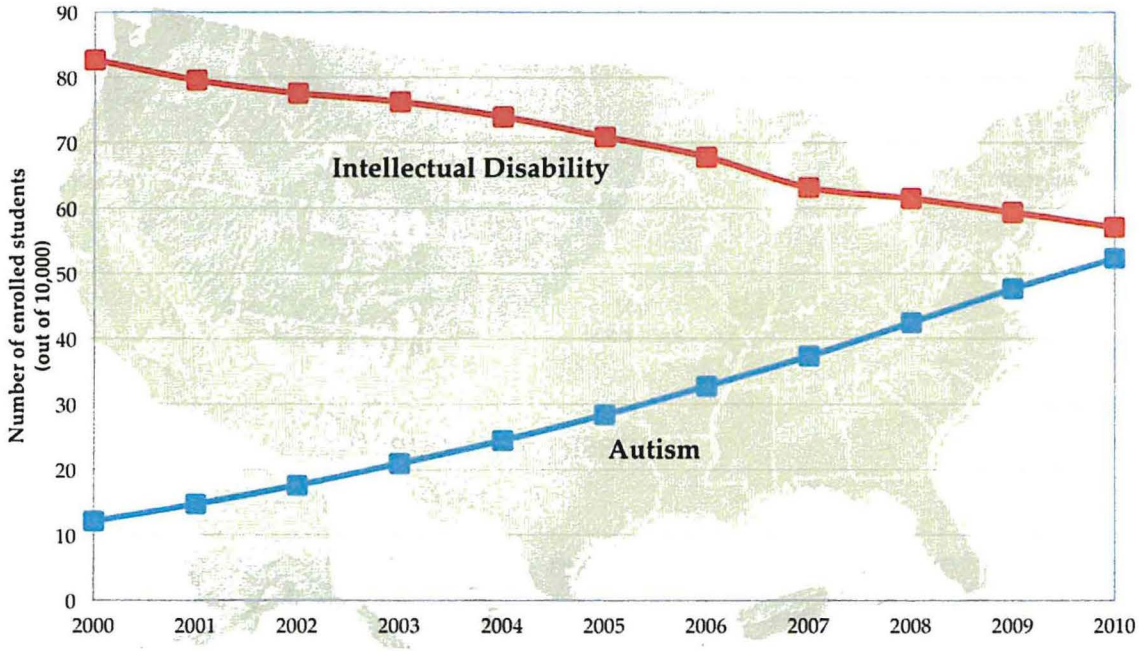


2023 LSTC **Youth** by
Level of Intellectual & Dev. Disability

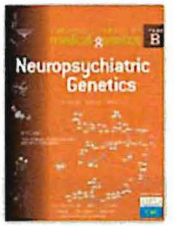


NORTH Dakota | Health & Human Services
Be Legendary.

Increasing prevalence of autism is due, in part, to changing diagnoses



- Overall = 65% of increase in ASD attributable to decrease in ID
- 8 year olds = 59% of increase in ASD attributable to decrease in ID
- 15 year olds = 97% of increase in ASD attributable to decrease in ID



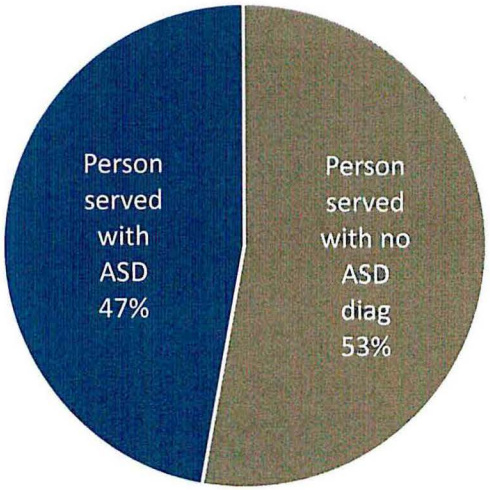
Volume 168, Issue 7
October 2015
Pages 600-608

NORTH Dakota | Health & Human Services
Be Legendary.

Prevalence of Autism Spectrum disorder is much higher for youth than adult

Prevalence of Autism Spectrum Diagnoses (ASD) | 2022

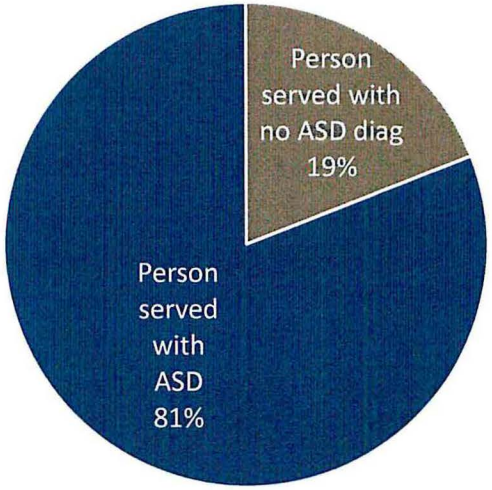
Proportion of TOTAL LSTC Population July 2022 (n=70)



Proportion of ADULT LSTC Population July 2022 (n=49)

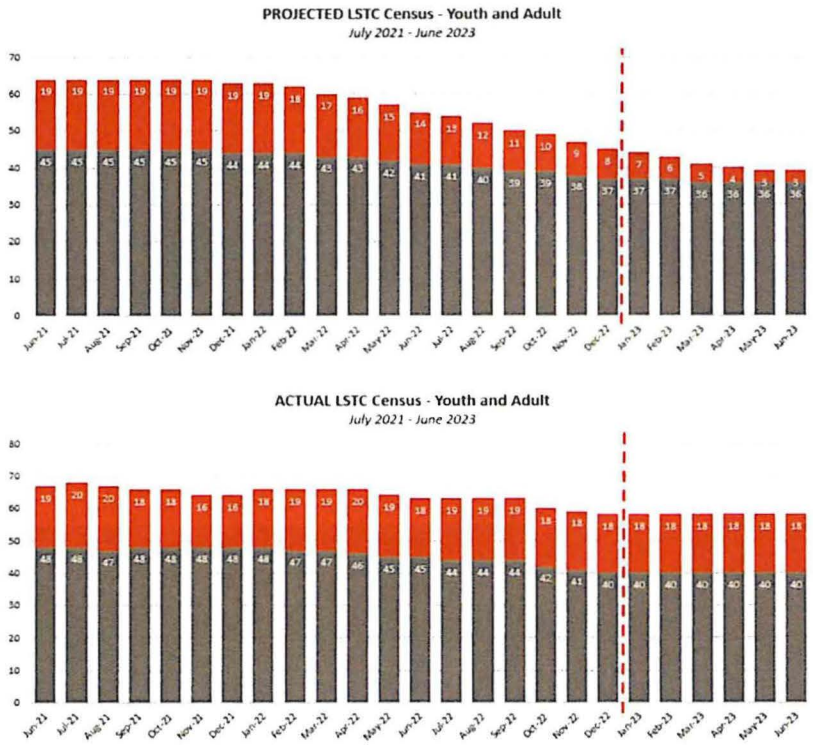


Proportion of YOUTH LSTC Population July 2022 (n=21)



NORTH Dakota | Health & Human Services
Be Legendary.

Admissions to LSTCs Residential Services have many behavioral attributes in common



Reasons provided for admission by those referring the person

(people admitted to LSTC as of July 2022)

- Harm to Self – 25%
- Harm to Others – 82%
- Harm to Property – 4%
  (> $20,000 in one case)
- Elopement – 6%
- Sexual Offending – 9%

Progress?
"Census" is More than a Number...

67 → 58

July 2021

December 2022

Progress?
"Census" is More than a Number...

+13
Admissions

-17
Transitions Completed

-5
Deaths

-31
Admissions Diverted

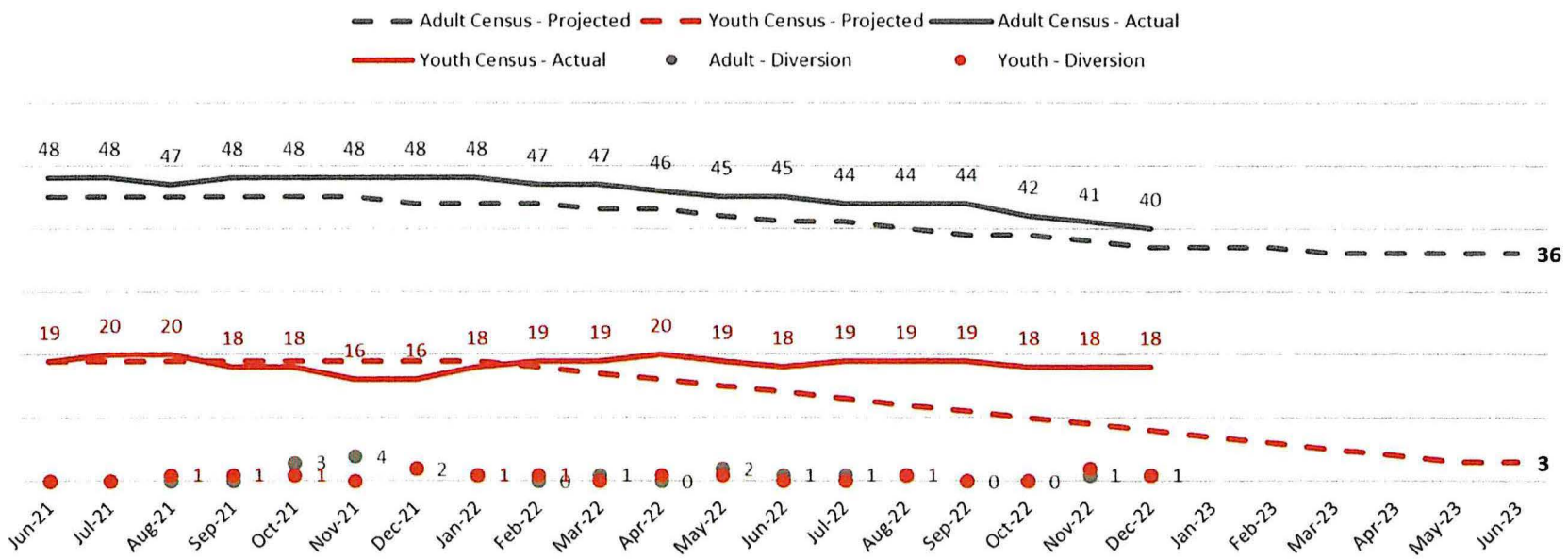
7
Transitions Planned / On Hold / Cancelled

* *Data from July 2021- December 2022*

Movement through Transition & Diversion

Monthly Diversions and Projected v Actual Census for Adults and Youth at LSTC

21-23 Biennium Transition/Diversion initiative



Improving the lives of North Dakotans

Our "Everyday Philosophy" for Services & Supports



People are served in the **lowest level of care necessary** which will return **better outcomes**.



People have **the opportunity to learn about their options** and **make an informed choice** about the **most integrated setting** that is **right for them**



System partners work together to create **robust options** for non-institutional living, optimizing autonomy, choice, self-direction and community integration.

NORTH Dakota | Health & Human Services
Be Legendary.

LSTC: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 40,600,567	$ 14,670,358	$ 55,270,925
Operating	7,787,912	1,591,286	9,379,198
IT Services	212,392	(15,500)	196,892
Capital Asset Expense	638,076	44,903	682,979
Capital Assets	208,055	(44,903)	163,152
Grants	-	-	-
Total	$ 49,447,002	$ 16,246,144	$ 65,693,146

General Fund	**$ 22,312,455**	**$ 6,418,086**	**$ 28,730,541**
Federal Funds	**24,572,832**	**9,471,983**	**34,044,815**
Other Funds	**2,561,715**	**356,075**	**2,917,790**
Total Funds	**$ 49,447,002**	**$ 16,246,144**	**$ 65,693,146**

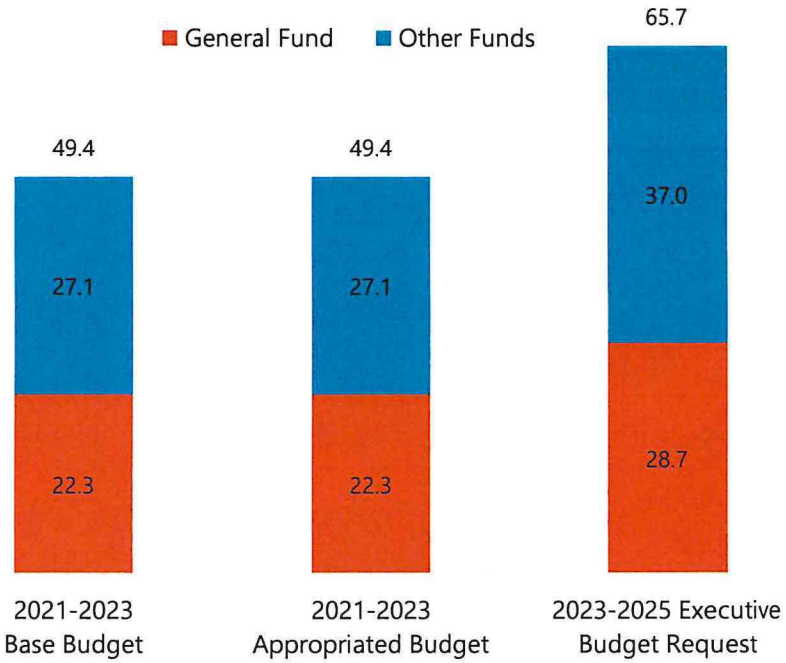
Full Time Equivalent (FTE)	303.34	-	303.34

LSTC: Overview of budget changes (IN MILLIONS)

INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION
$ 16.2 MILLION

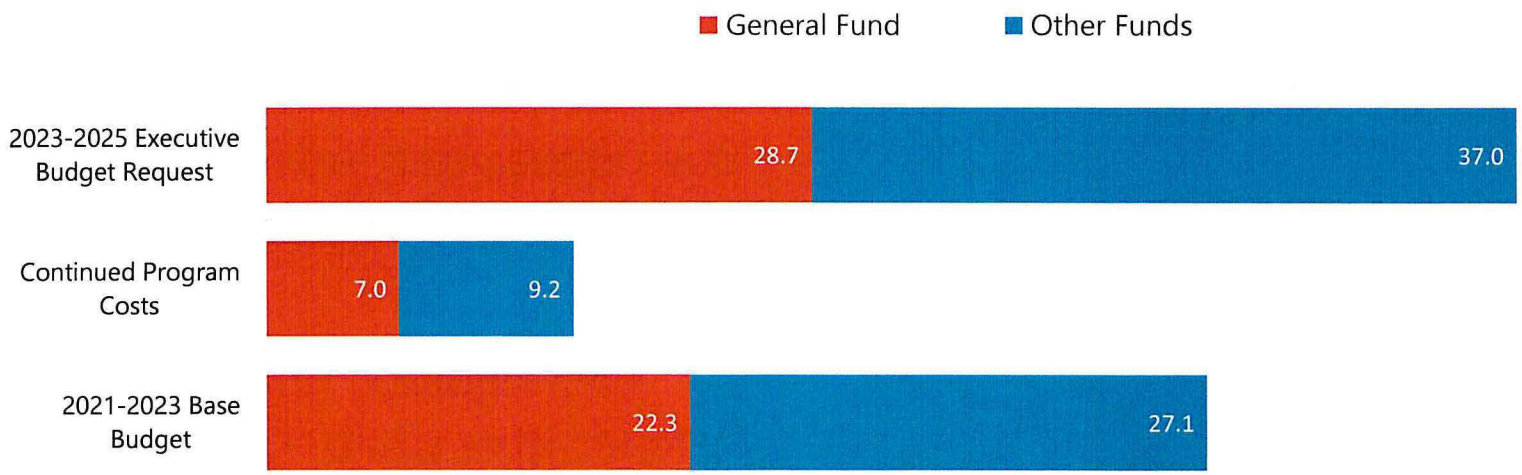
LSTC Budget includes 280.64 FTE

- Salaries - $55.2 million (84%) of total budget
  - Salaries-Other includes shift differential for staff working nights and weekends
  - Temp-status employees in a variety of positions (direct care staff who cover sick leave and vacations of the full-time direct care staff, activity assistants)
  - Salaries include no under-fund to allow for possible salary roll-up
- Operating costs - $9.57million (15%) of total budget
  - Food & Clothing
  - Utilities
  - Operating Fees & Services (Contracts & Bed Assessment)
  - Pharmacy
- Capital repairs & equipment >$5,000 - $846,131 (1%) of budget



NORTH Dakota Be Legendary. | Health & Human Services

LSTC: Overview of budget changes (IN MILLIONS)



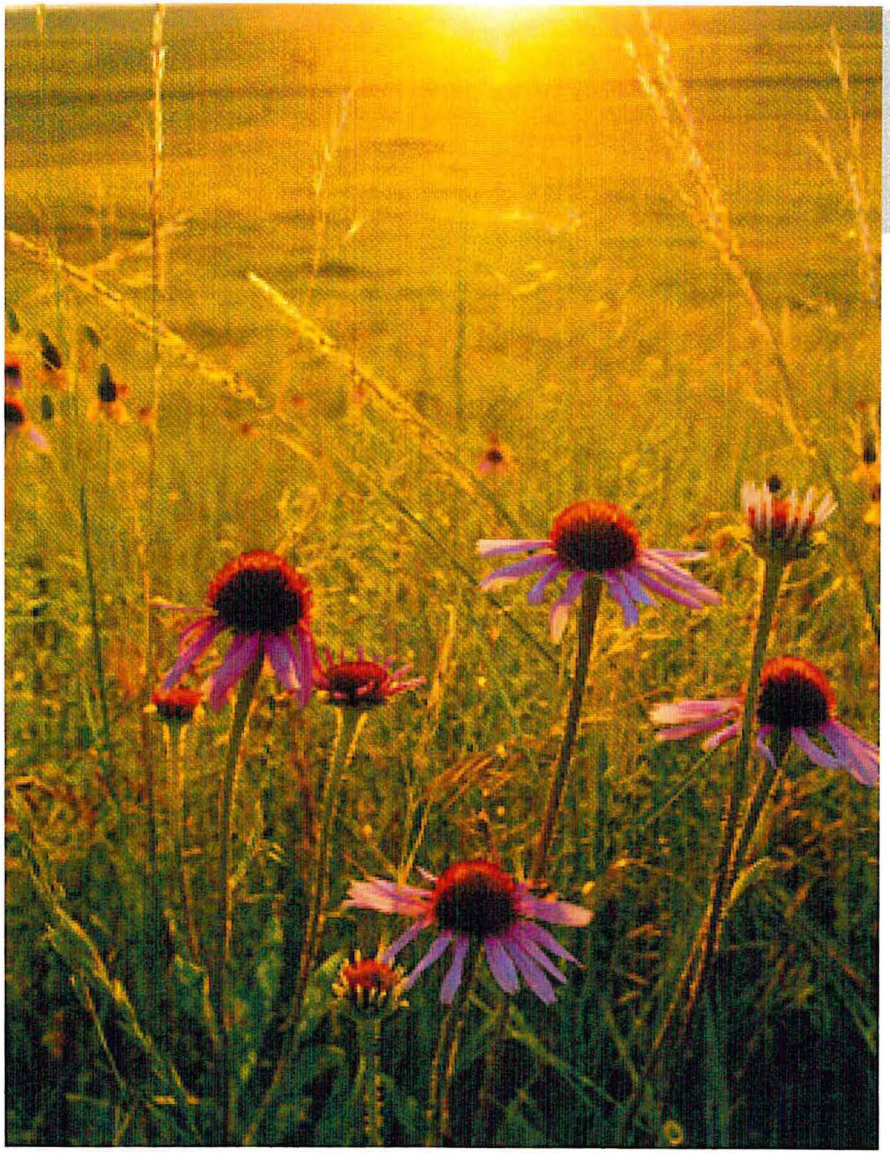
NORTH Dakota Be Legendary. | Health & Human Services

Continued progress includes an enhanced focus on crisis/stabilization resources across North Dakota

- Community Settings with capacity for people with complex care needs
- Build Capacity for LSTC to focus more Heavily on Stabilization and diversion
- Inter-connected and aligned discharge/transition/diversion planning



NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Heather Jenkins

Superintendent, Life Skills Transition Center

hcjenkins@nd.gov

www.hhs@nd.gov

NORTH Dakota | Health & Human Services
Be Legendary.

Appendix:
Summary of HHS Strategy for LSTC Transformation



We can't achieve our stated policy goals until...

1. We have community settings with capacity for clients with complex care needs.
2. We have interconnected and aligned discharge and diversion planning.
3. We build capacity for LSTC to focus more heavily on stabilization and diversion.

NORTH Dakota | Health & Human Services
Be Legendary.

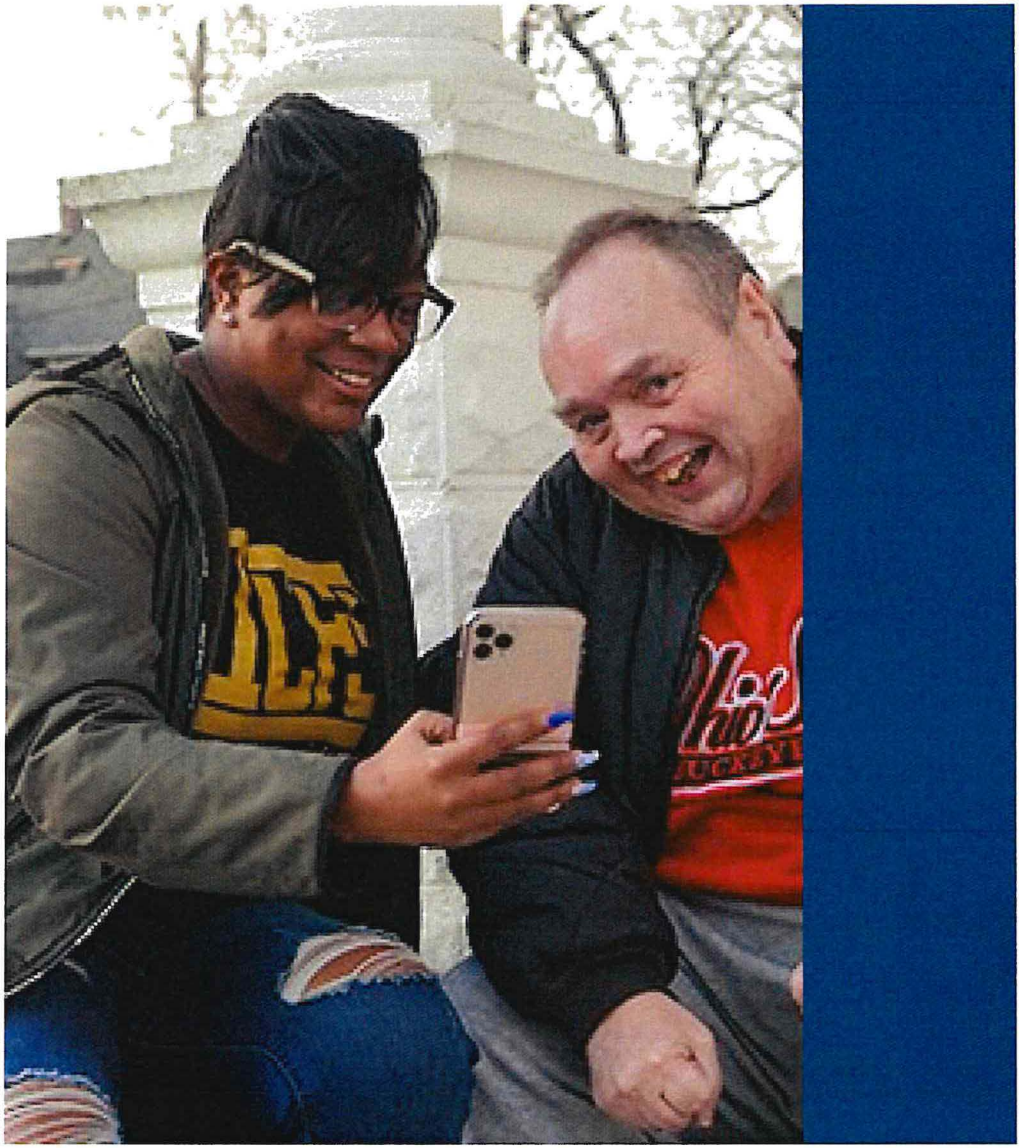
1 We have Community settings with capacity for clients with complex care needs

- Enhanced shared living options
- Places that offer short-term crisis stabilization
- Stronger in-community system supports
  - Informal support networks
  - Educational services
  - Special needs child care
  - Rental assistance
  - Transition supports
  - Mobile crisis
  - Team composition
- Payment options to support return to home post-crisis
- Open the door to non-institutional living arrangements wherever appropriate



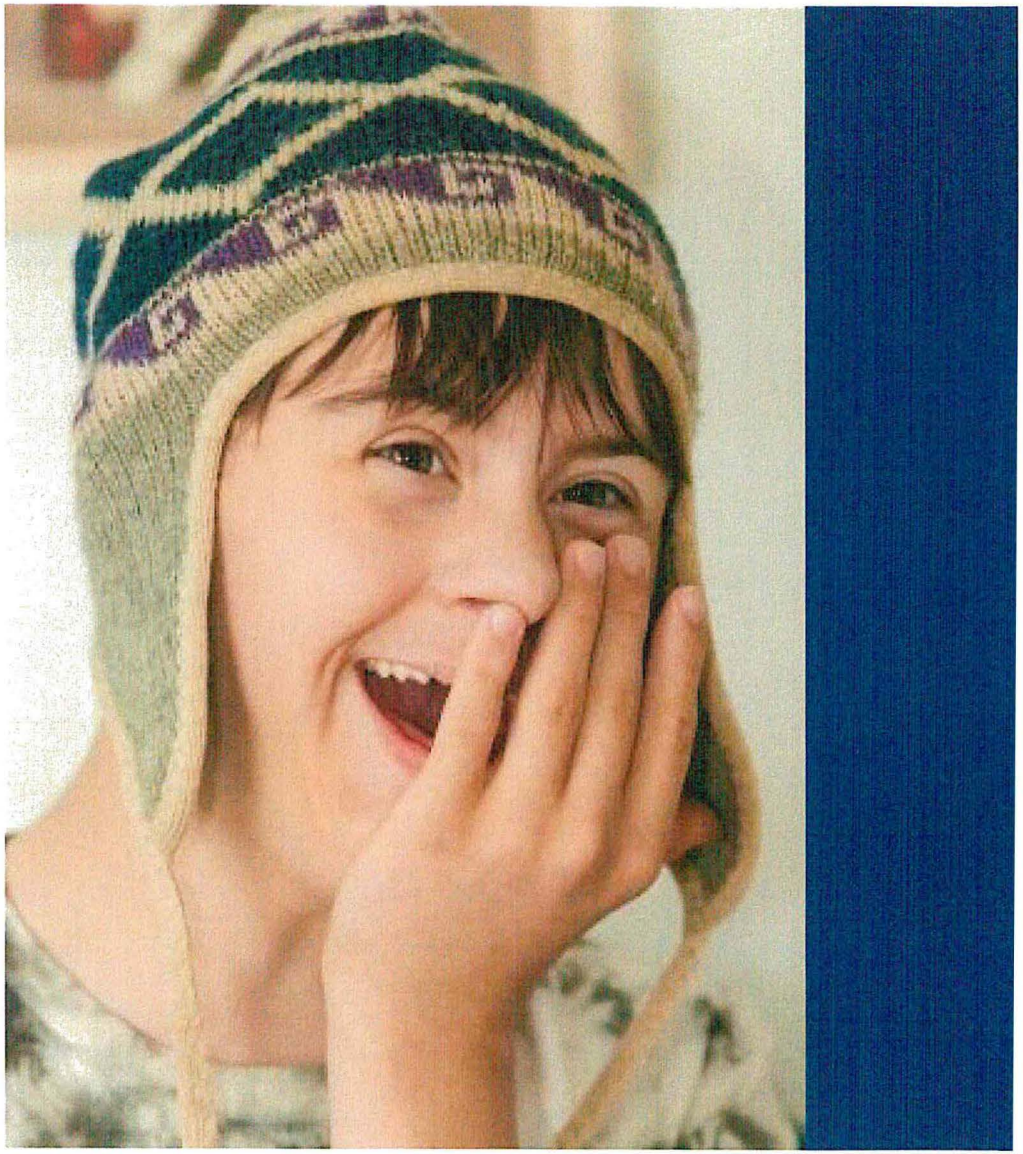
2 We Embrace interconnected and aligned discharge / transition / diversion planning

- Formalize expectation of transition supports from LSTC / SH to community setting
- Infuse case management practices with tools, approaches and skills that support early identification of triggering events
- Establish expectations for Medicaid providers related to discharge and admission
- Examine policies related to intervention strategies providers can use to appropriately de-escalate emergent situations



3 We build capacity for LSTC to focus more heavily on stabilization and diversion

- Refine admission criteria to further define role of LSTC
- Build staffing model and operational processes to support admission to LSTC within 48 hours
- Build LSTC crisis support team capacity to provide on-site response to emergency crisis in various community settings within 24 hours
- Communicate clearly the options for crisis and pre-crisis services that are available to people in the I/DD system (including but not limited to LSTC)





SB2012

Senate Appropriations Committee
Senator Brad Bekkedahl, Chairman

Administration and Operations | January 17, 2023

NORTH Dakota | Health & Human Services
Be Legendary.

Presentation roadmap

- Healthiest state in the nation
- Working differently as one HHS
- Improving the lives of North Dakotans:
  - 2021-2023 biennium impacts
  - 2023-2025 biennium focus and plans | proposals
- 2023-2025 Budget and other resource requirements

NORTH Dakota Be Legendary. | Health & Human Services

HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the **FOUNDATIONS** of well-being

- Economic Health
- Behavioral Health
- Physical Health

Ensure everyone has the opportunity to realize their **POTENTIAL**

- Strong, Stable Families
- Services Closer to Home
- Early Childhood Experiences

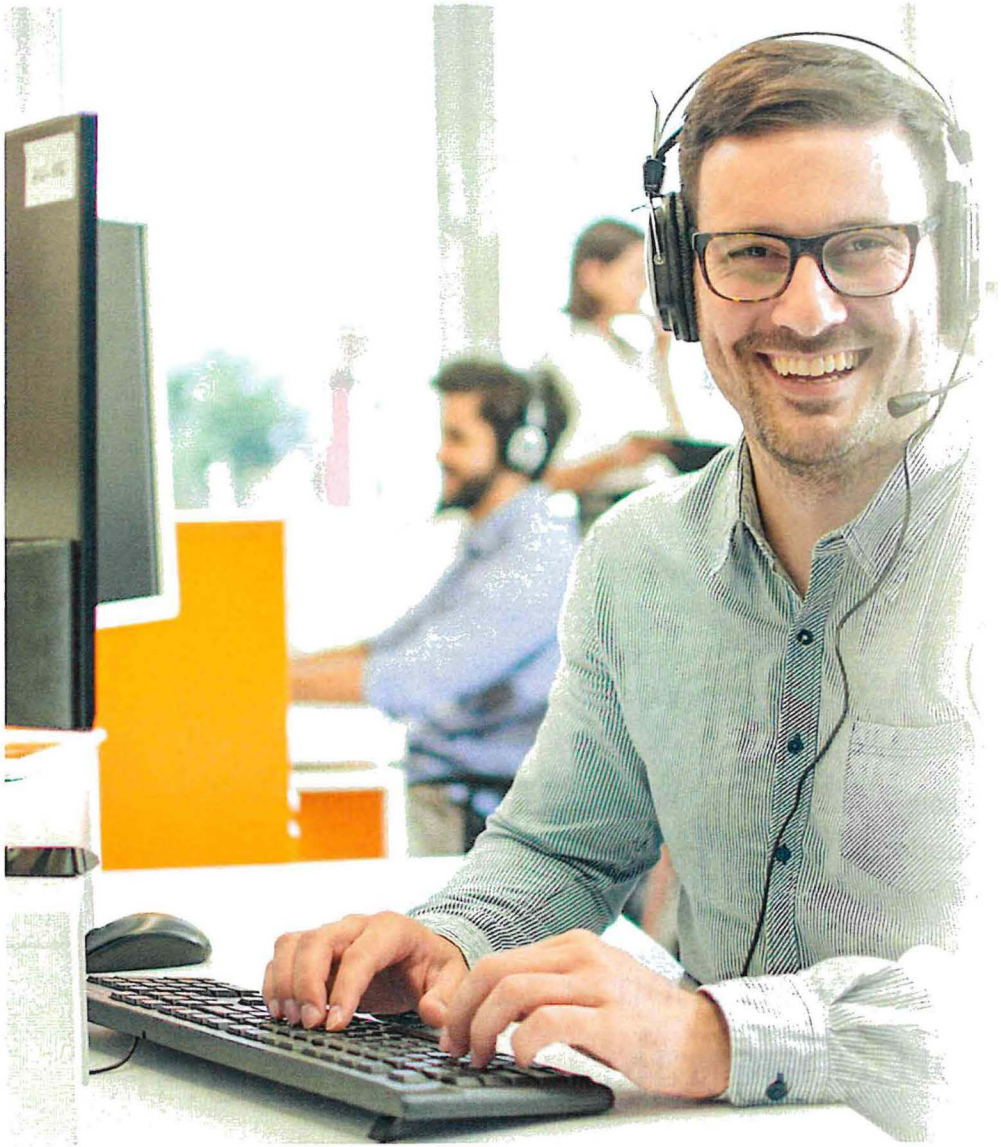
Give everyone the **OPPORTUNITY** to decide to:

- Be Healthy
- Be Active
- Find & Prevent Disease Early

Efficiency Through Redesign

High-Performing Team

NORTH Dakota | Health & Human Services
Be Legendary.



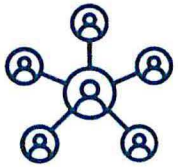
Working differently as one HHS team to transform services

BETTER TOGETHER

Transforming the Citizen Experience

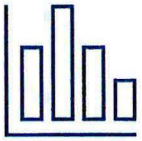
NORTH Dakota Be Legendary. | Health & Human Services

Shared Services (Administration and Operations)



Executive Office

- Commissioner
- Deputy Commissioner
- Project Management
- Quality and Data Governance
- IT Governance
- Change Management



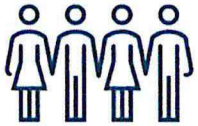
Finance

- 4 Asst CFO's
- Budget Management
- Audit Management
- Procurement & Contracts
- Logistics Management
- General Accounting



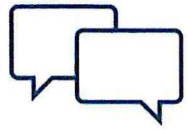
Legal

- General Council
- Administrative Rules/Legislation
- Estate/Third Party Recovery
- Appeals
- ADA Compliance/ Civil Rights
- HIPAA Compliance
- Records Management



Human Resources

- Business Partners
- Ops & Digital
- Talent Acquisition
- Total Rewards
- Talent Mgmt/ Learning & Development
- Employee Health/Safety/Risk Mgmt



Communications

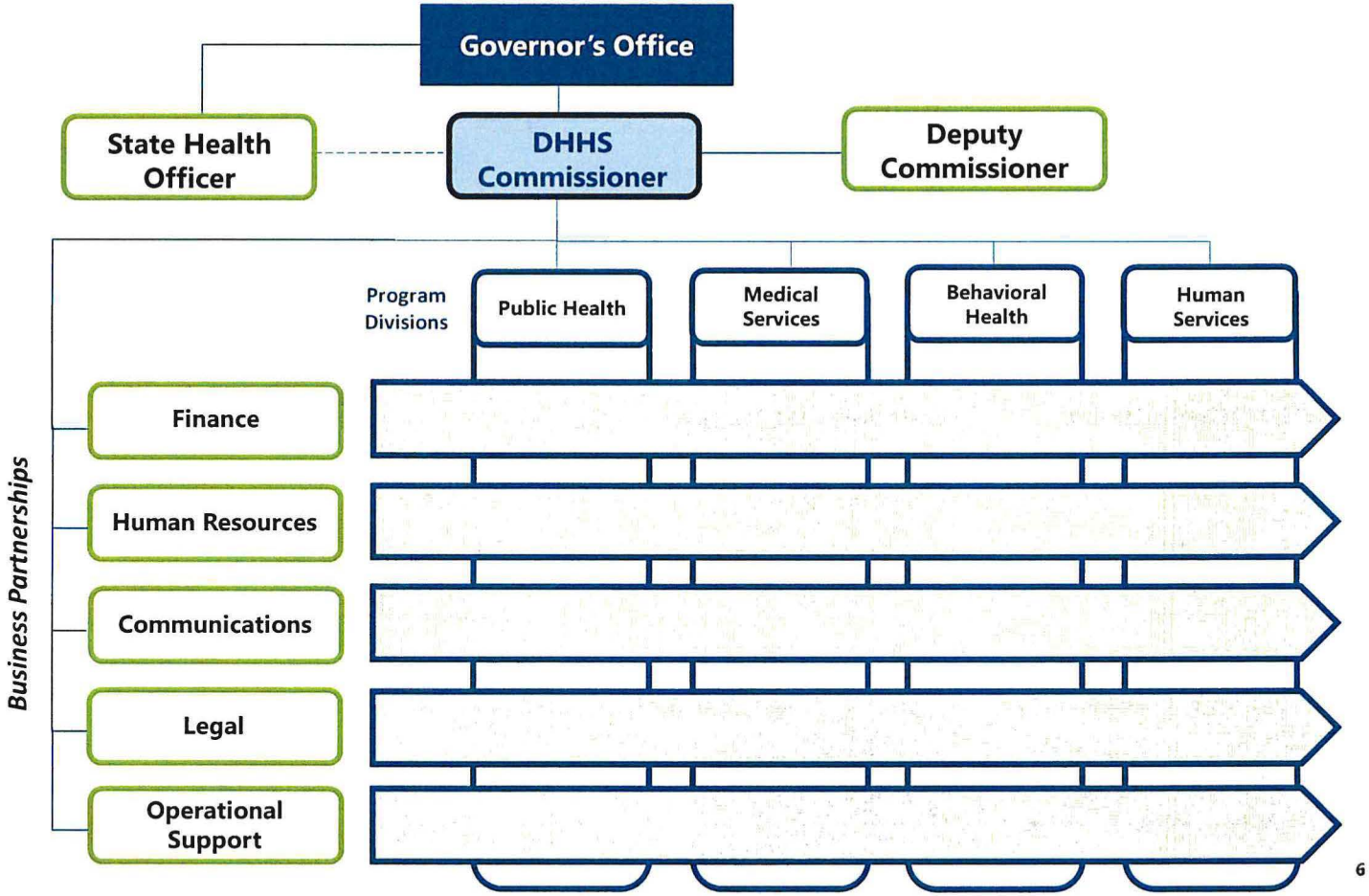
- Strategic communications and change management
- Marketing, outreach and education
- Media relations
- Multi-media support
- Team member communications

North Dakota's HHS **Shared Services Model**

Why?

Our shared services model...

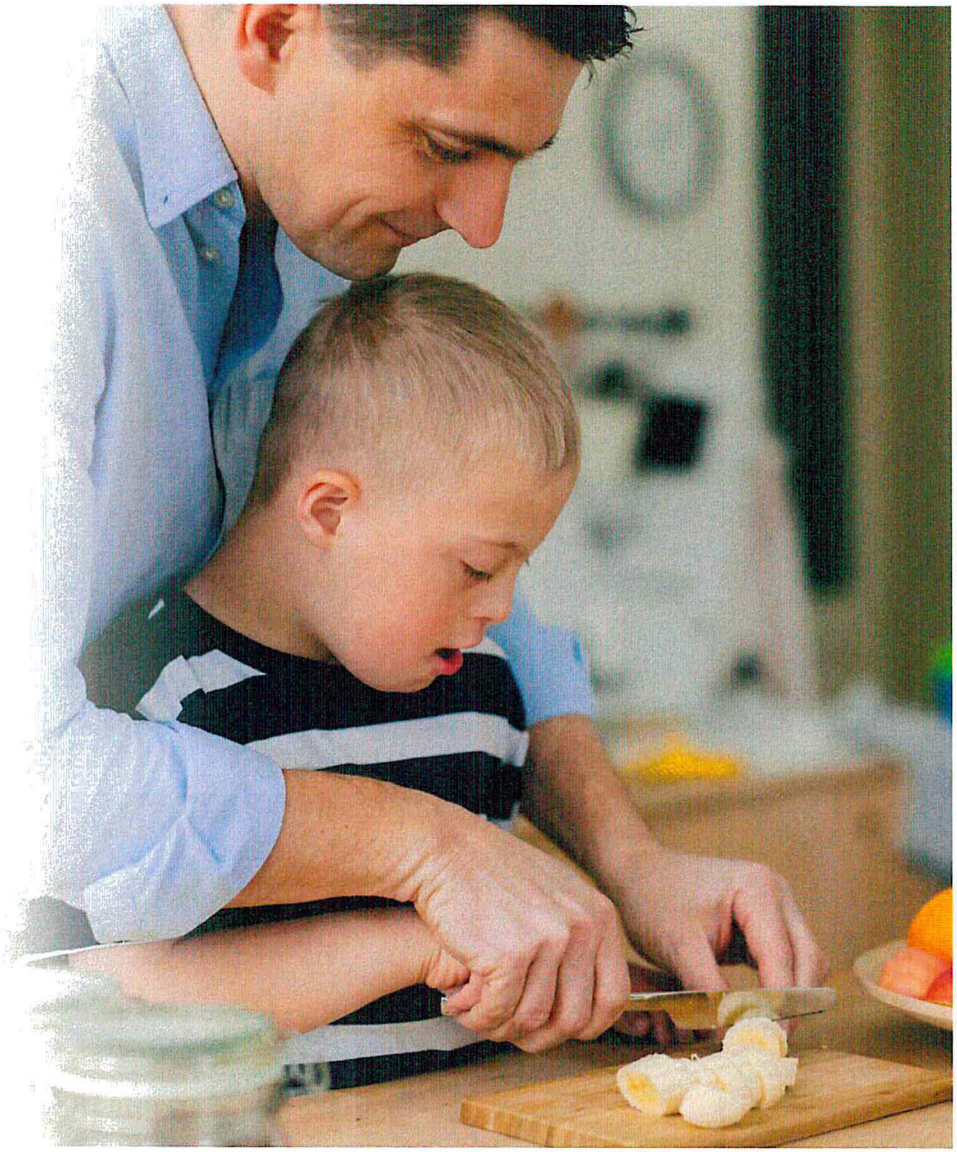
- ***Supports optimized policy and service delivery*** *for program Divisions.*
- *Supports business partners (Finance, HR, Communications, and Legal) in providing* ***strategic business functions across HHS.***
- ***Structures service delivery based on the service provided*** *to best meet organizational need.*



Improving the lives of North Dakotans

How legislative support and appropriations made an impact in the **2021-2023 biennium**

NORTH Dakota | Health & Human Services
Be Legendary.



HR 2.0 Purpose: Position HR to evolve to build and support a 21st Century workforce

From	To
Current State of HR	**Future State of HR**
Transactional HR	Foundational HR + Strategic HR
Agency-Level HR Focus	Statewide HR + Agency-Specific HR
Inconsistent management practices & team member experience	Consistent management practices & team member experience
Duplication of HR efforts statewide	HR operations team to reduce duplication of effort
HR team members doing anything and everything HR + non-HR work	Industry standard HR positions with career growth potential
Inconsistent HR data and reporting	Consistent data entry to drive data driven decisions & easy reporting
PeopleSoft + other, fragmented systems	HR Tech strategy with easy processes + enhanced self-service options for team members and managers

ervices

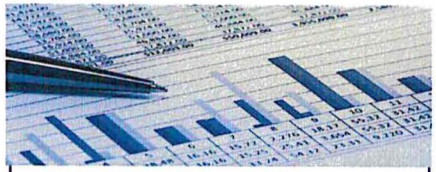
Finance division: Building a solid finance foundation



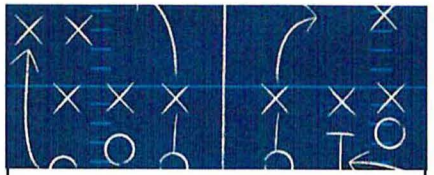
Focused on improving financial acumen to ensure our services are cost efficient



Finance onboarding program and Success Profile implementation



Reduction of operating expenses



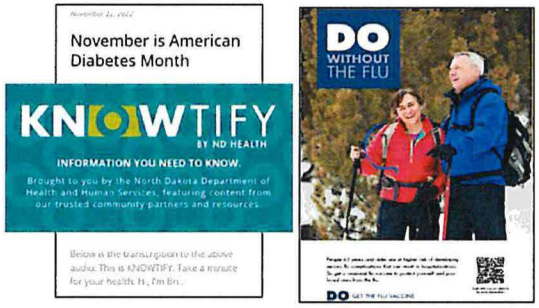
Development of Finance Playbook

NORTH Dakota | Health & Human Services
Be Legendary.

Communications division: Supports HHS in its goal to make ND the healthiest state in the nation



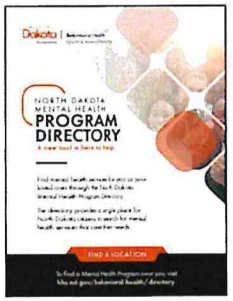
Early childhood experiences
Launch event for new early childhood division



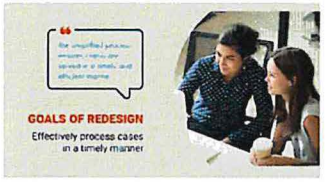
Physical health
Knowtify blog; Do without the flu campaign



Strong, stable families
Faces of ND Medicaid initiative



Behavioral health
ND Mental health program directory support



Efficiency through redesign
Human service zone redesign videos



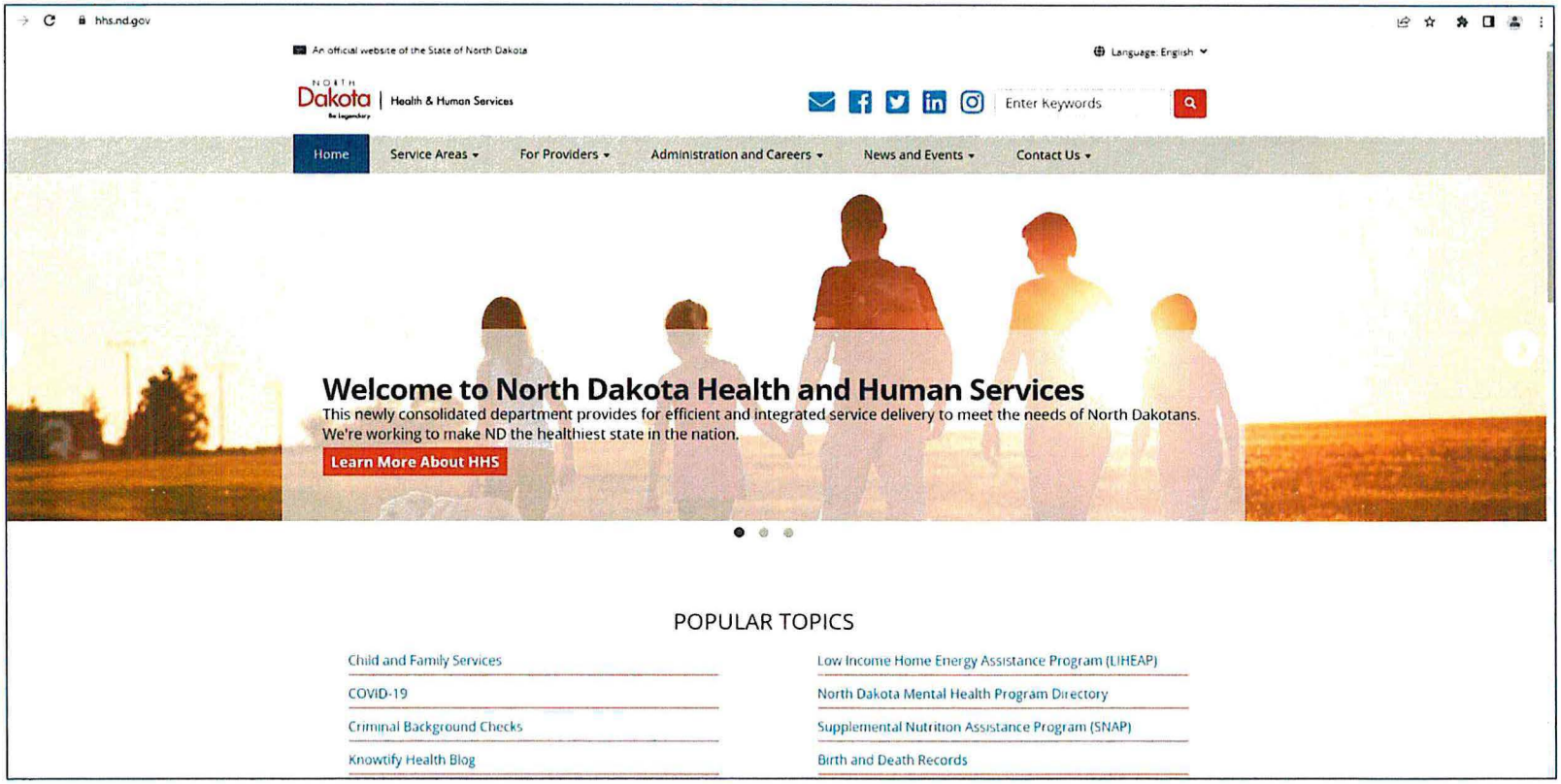
High-performing team
HHS team member communications and engagement



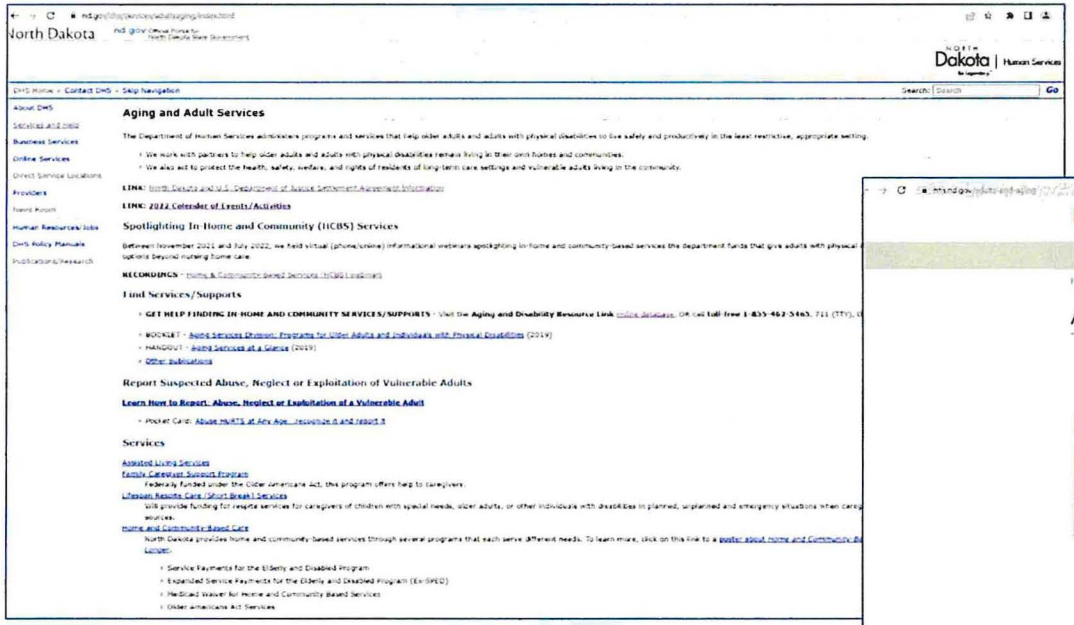
Services closer to home
Home community-based services webinar support

New HHS.nd.gov serves as one door to hundreds of programs and services …

Launched
Sept. 1, 2022

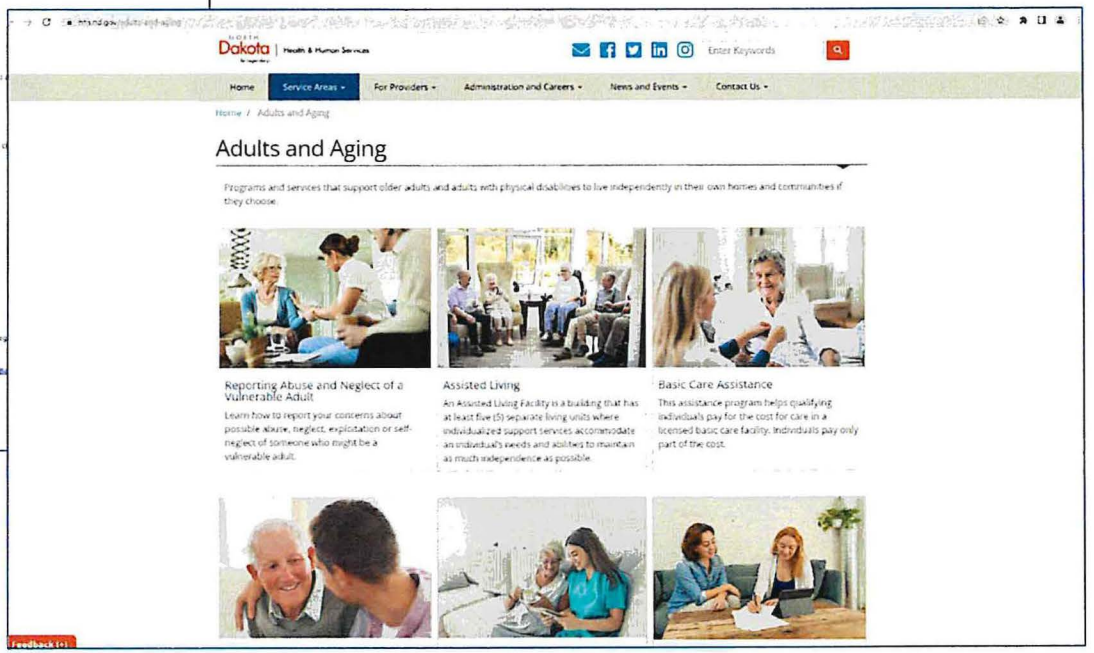


… and significantly improves the customer experience and ability to find help



BEFORE

AFTER



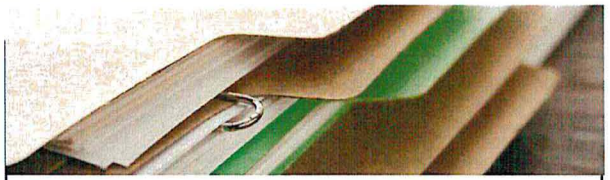
Legal division: Ensures streamlined processes and compliance with hundreds of federal and state laws and regulations



Person centered accessibility



Increased and streamlined general assistance, small estate, and probated estate recoveries



Improved records management and document migration



2023-2025 Budget request

The **program, systems and workforce support** necessary to continue to serve North Dakotans

NORTH Dakota | Health & Human Services
Be Legendary.

Overview of administrative budget changes

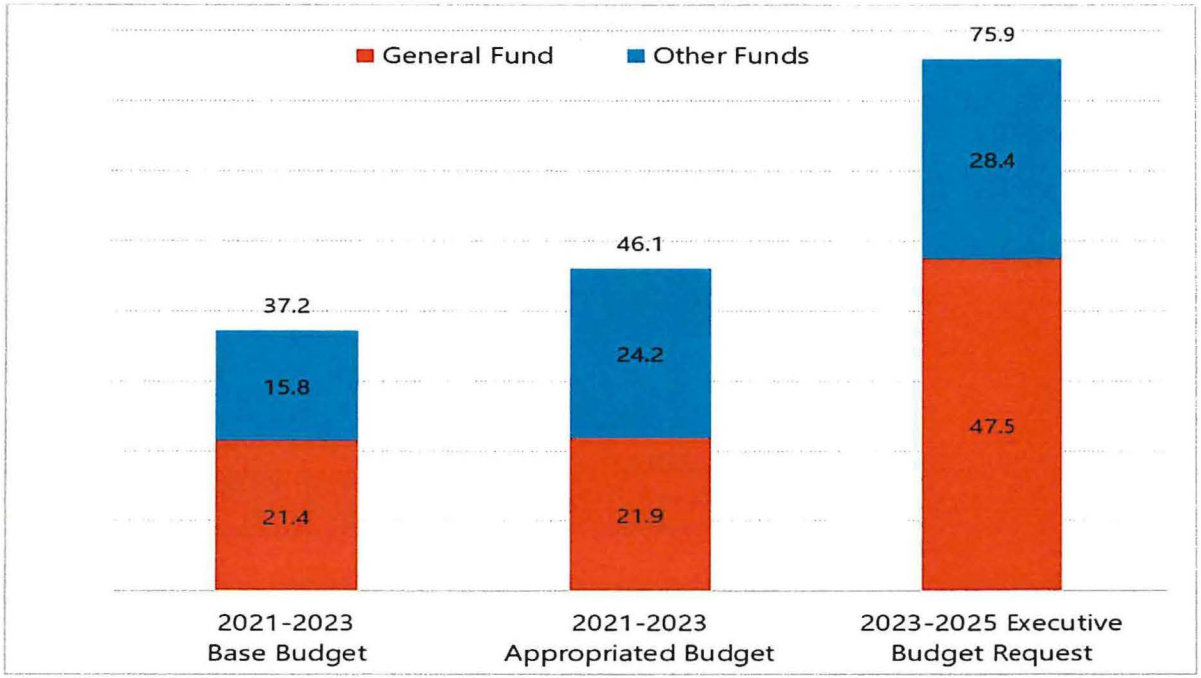
Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 27,413,848	$ 6,761,084	$ 34,174,932
Operating	8,070,097	29,741,394	37,811,491
IT Services	1,757,959	2,156,140	3,914,099
Total	$ 37,241,904	$ 38,658,618	$ 75,900,522
General Fund	**$ 21,368,312**	**$ 26,129,473**	**$ 47,497,785**
Federal Funds	**15,280,389**	**11,590,239**	**26,870,628**
Other Funds	**593,203**	**938,906**	**1,532,109**
Total Funds	**$ 37,241,904**	**$ 38,658,618**	**$ 75,900,522**
Full Time Equivalent (FTE)	140.90	6.50	147.40

NORTH Dakota Be Legendary. | Health & Human Services

Overview of budget changes (IN MILLIONS)

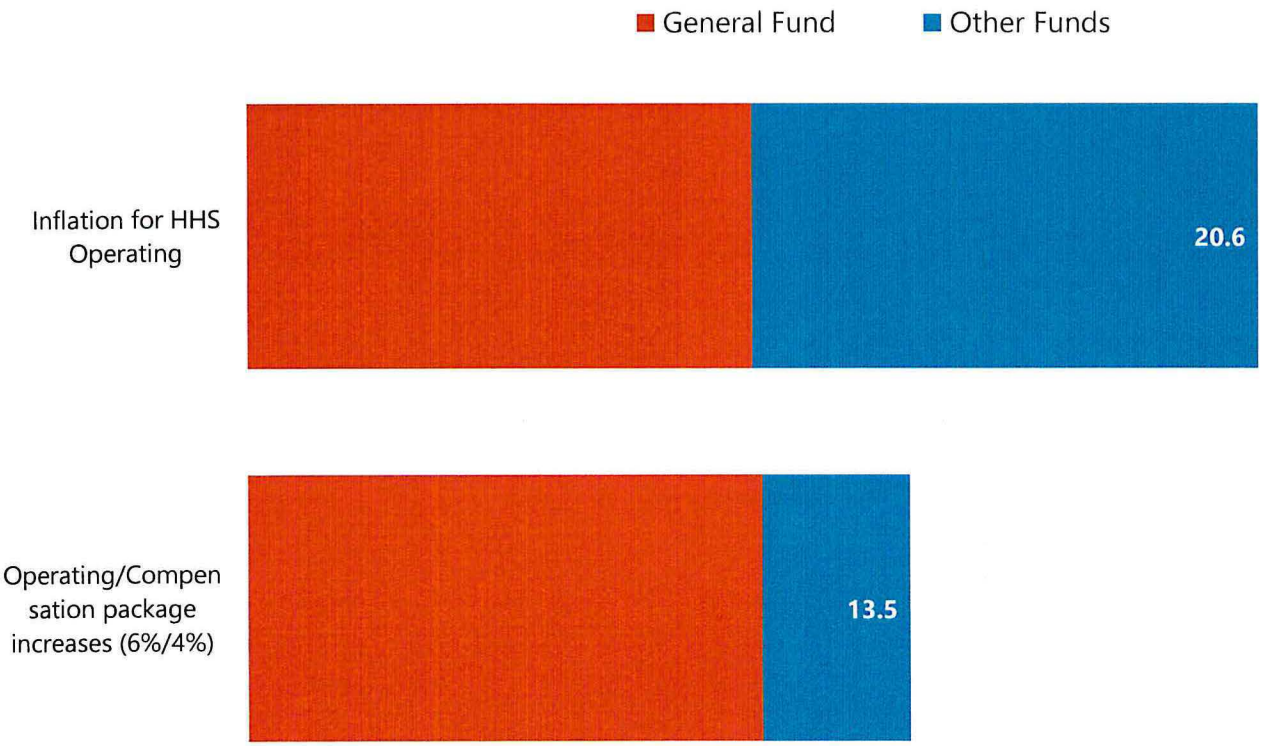
INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION $ 38.7 MILLION

- $20.5 M Inflation Package



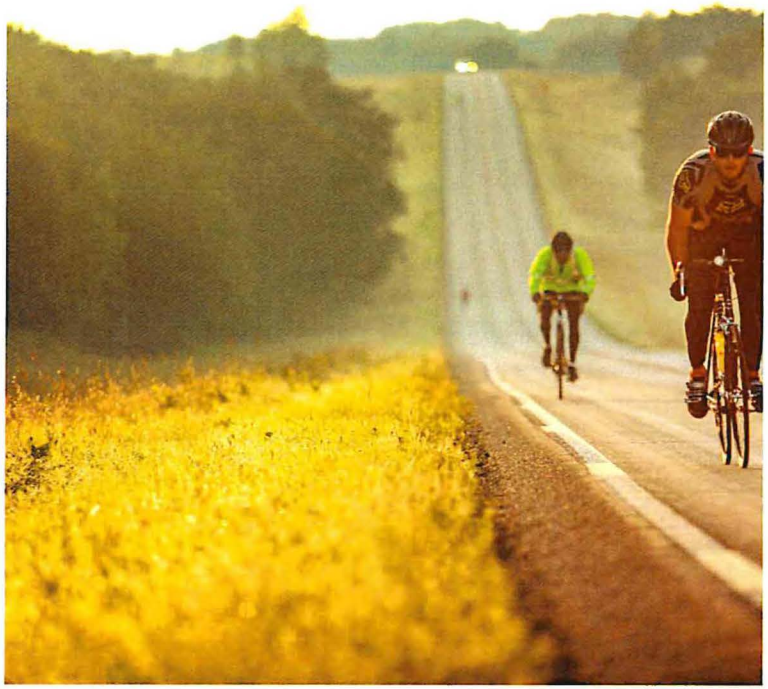
NORTH Dakota Be Legendary. | Health & Human Services

Overview of budget changes (IN MILLIONS)



NORTH Dakota Be Legendary. | Health & Human Services

Admin + IT Percentage of Total Budget



Total budget $5.793 billion.

- Admin support is 75.9M - 1.3%
- IT is $229M - 4%

NORTH Dakota | Health & Human Services
Be Legendary.



Health and Human Services
IT Overview

NORTH Dakota | Health & Human Services
Be Legendary.

Overview of IT budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ -	$ -	$ -
Operating	314,658	18,342	333,000
IT Services	141,966,634	86,509,291	228,475,925
Capital Asset Expense	-	-	-
Capital Assets	75,000	-	75,000
Grants	-	-	-
Total	$ 142,356,292	$ 86,527,633	$ 228,883,925

General Fund	**$ 60,127,345**	**$ 3,642,017**	**$ 63,769,362**
Federal Funds	**79,809,422**	**51,560,881**	**131,370,303**
Other Funds	**2,419,525**	**31,324,735**	**33,744,260**
Total Funds	**$ 142,356,292**	**$ 86,527,633**	**$ 228,883,925**

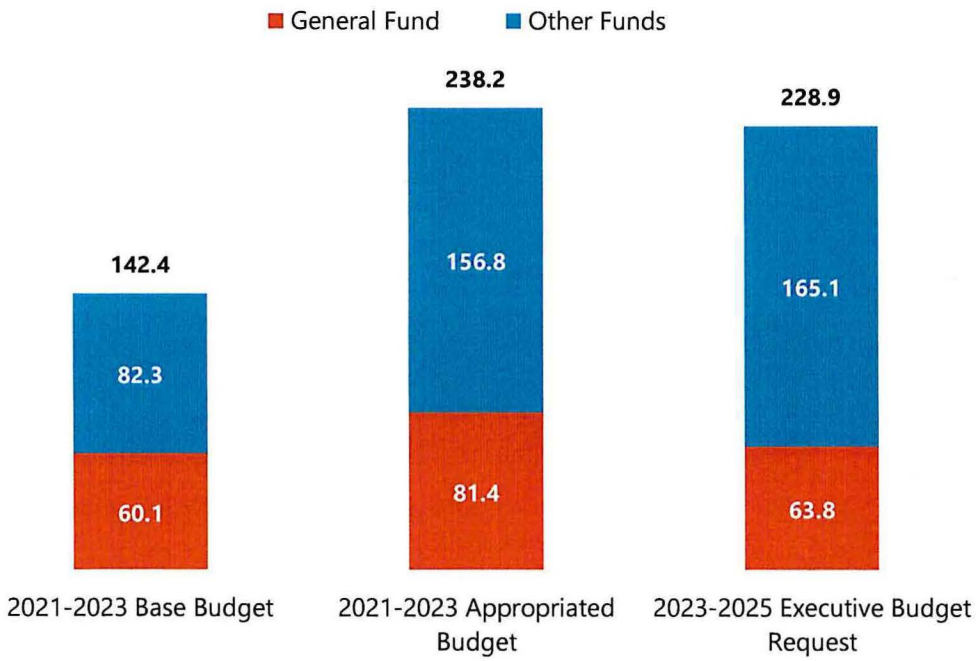
Full Time Equivalent (FTE)	-	-	-

NORTH Dakota | Health & Human Services
Be Legendary.

Overview of budget changes (IN MILLIONS)

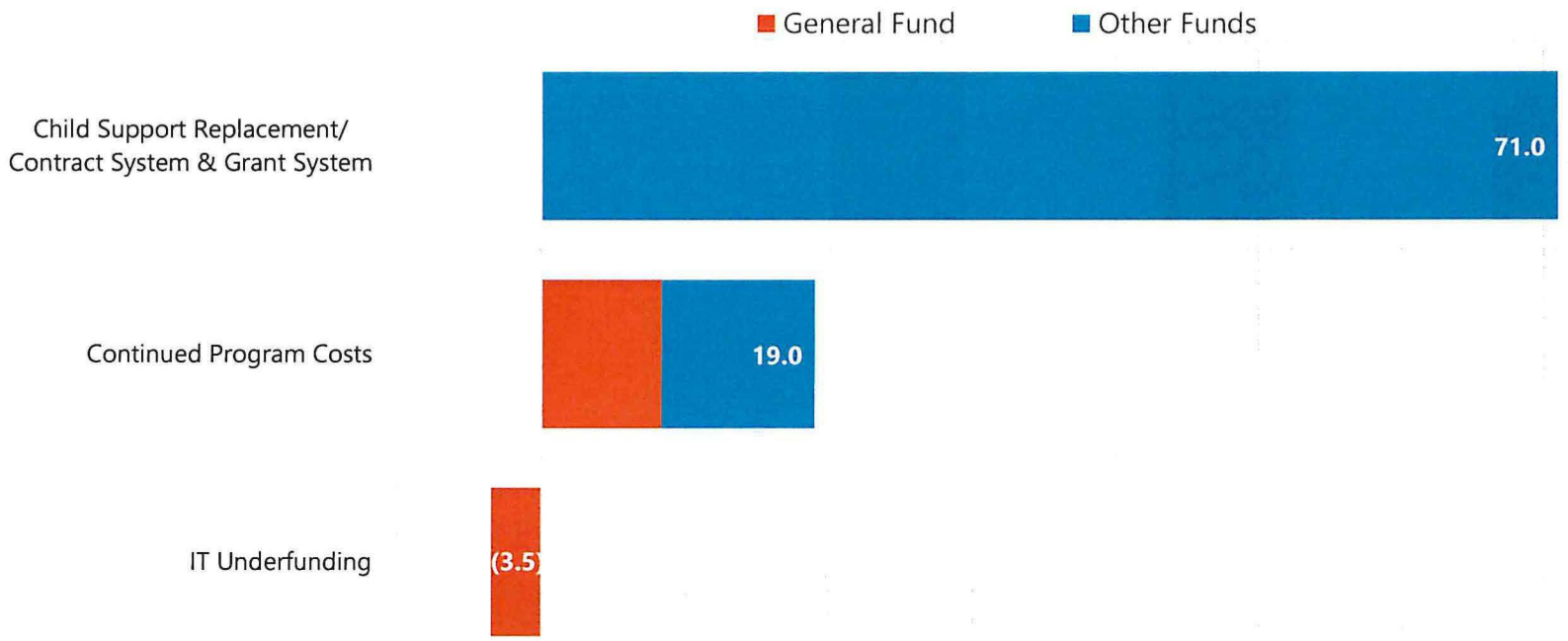
INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION $86.5 MILLION

- $60M Child Support System
- $11M Contract and Grant System
- $19M IT contracts and NDIT increases
- $1M Automated Background Checks



NORTH Dakota Be Legendary. | Health & Human Services

Overview of budget changes (IN MILLIONS)



NORTH Dakota Be Legendary. | Health & Human Services

Opportunities and challenges

What will it take for HHS to meet the moment?

Talent

- Managing immense and **continual change**
- Workforce shortage and **talent war** with private sector for key roles:
  - Behavioral health clinicians
  - Child safety and protection case managers
  - Direct support caregivers
  - Nurses
- Our partnership with private partners for **service delivery** = their challenges are our challenges

Systems

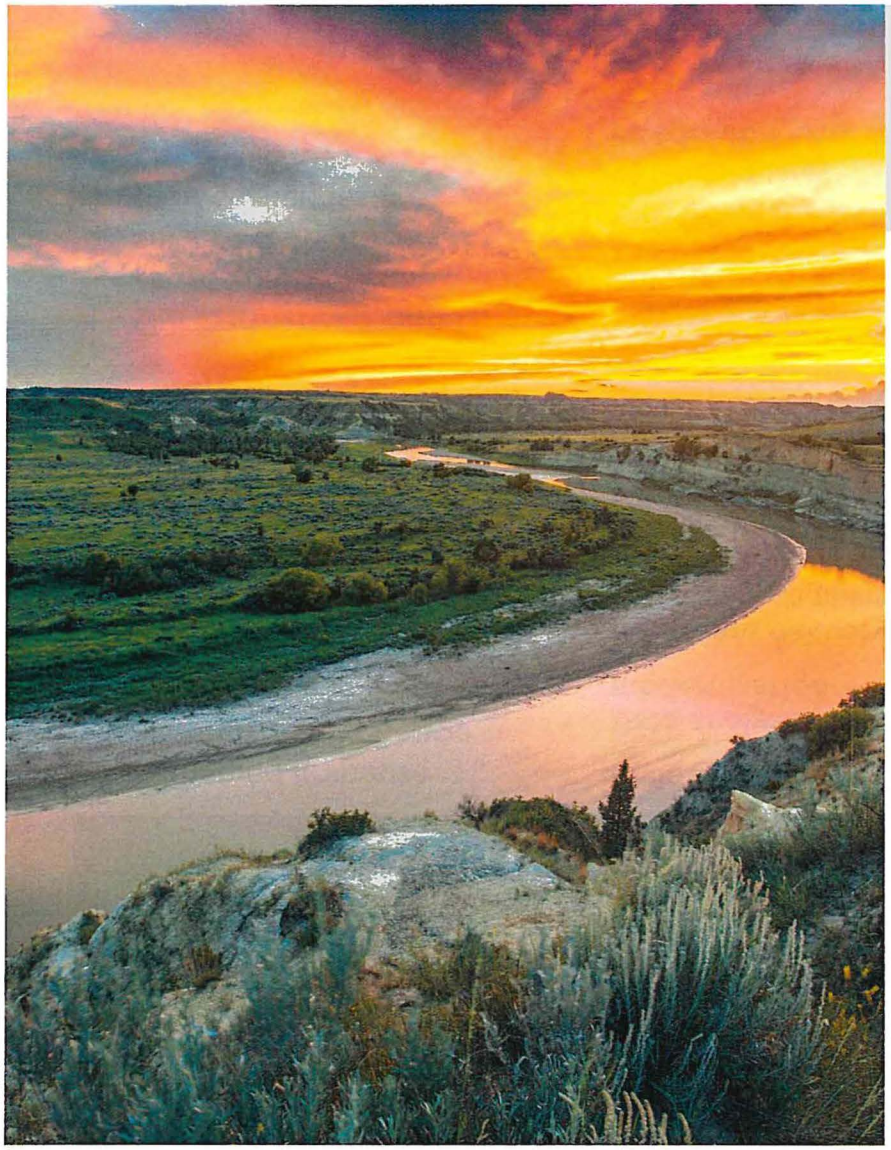
- **Mainframe** environment
- **Data analysis** and **data modernization**
- **Re-design delivery of services** in eligibility determination, case management, provider enrollment
- **Integrate** behavioral health policy and service delivery
- OCR and Bots as **automation tools**
- Update **state lab**
- Phase 2 of **HHS integration effort**

Budget

- **Rates tied to quality** and complexity of care
- **Re-balancing investment** from institutional to non-institutional settings
- Address immediate / acute / urgent needs **without sacrificing investments** in approaches that can prevent crisis
- **Right sizing staff** to meet demand
- **Efficient operations / efficient team**

Policy

- FORWARD PROGRESS: Invest energy, talent and resources in **ongoing strategic initiatives**
- STRATEGIC PRIORITY: **Kids' health,** safety and wellbeing, and childhood obesity
- STRATEGIC PRIORITY: Update **state lab**
- STRATEGIC PRIORITY: Treatment environment at the **State Hospital**



Contact information

Sara Stolt

HHS Deputy Commissioner
sarastolt@nd.gov

www.hhs@nd.gov

NORTH Dakota | Health & Human Services
Be Legendary.



SB 2012
Senate Appropriations Committee
Senator Bekkedahl, Chairman

NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health Division, **Policy** | January 17, 2023

1

HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the **FOUNDATIONS** of well-being

- Economic Health
- Behavioral Health
- Physical Health

Ensure everyone has the opportunity to realize their **POTENTIAL**

- Strong, Stable Families
- Services Closer to Home
- Early Childhood Experiences

Give everyone the **OPPORTUNITY** to decide to:

- Be Healthy
- Be Active
- Find & Prevent Disease Early

Efficiency Through Redesign

High-Performing Team

NORTH Dakota Be Legendary. | Health & Human Services

2

What is Behavioral Health?

A state of mental/emotional being and/or choices and actions that affect WELLNESS.

- Preventing and treating depression and anxiety
- Preventing and treating substance use disorder or other addictions
- Supporting recovery
- Creating healthy communities
- Promoting overall well-being

NORTH Dakota | Health & Human Services
Be Legendary.

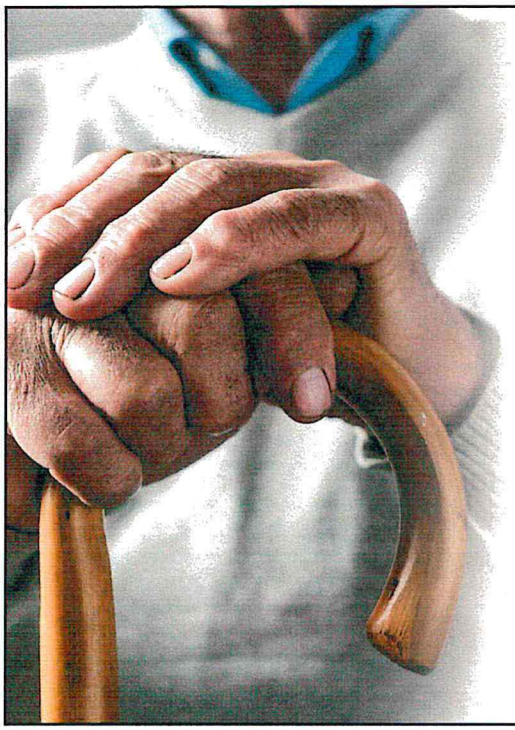
3

Behavioral Health is Health!



NORTH Dakota | Health & Human Services
Be Legendary.

4



Mental Health and Physical Health is Fundamentally Linked.

The average lifespan for individuals with serious mental illness is 25-30 years less than the general public.

Individuals with depression have a 40% higher risk of developing heart diseases than the general population.

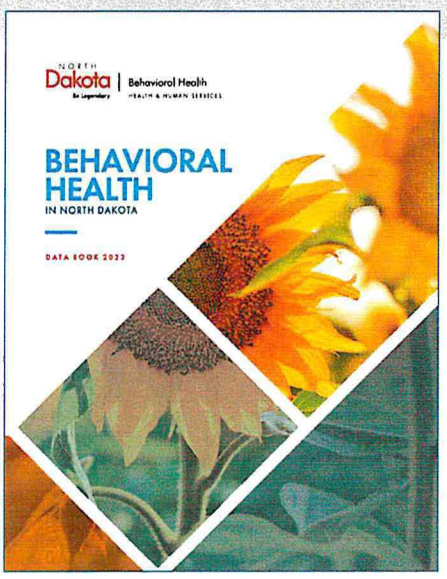
NORTH Dakota Be Legendary | Health & Human Services

5

Behavioral Health in North Dakota

Research shows the importance of using data to guide effective and targeted behavioral health efforts.

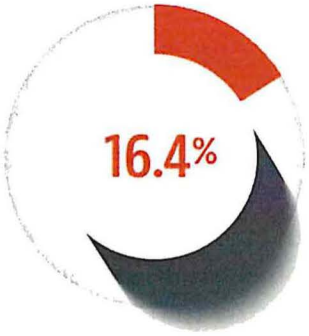
Find the 2023 Behavioral Health in North Dakota Data Book and other resources at www.hhs.nd.gov/behavioral-health/data.



NORTH Dakota Be Legendary | Health & Human Services

6

Adult Substance Use Disorder



An estimated 16.4% of ND adults (18+) **met the criteria for a Substance Use Disorder** within the last year.[3]

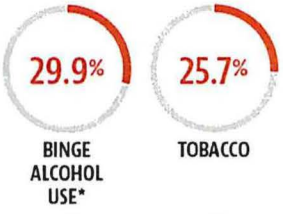
NORTH Dakota | Health & Human Services

7

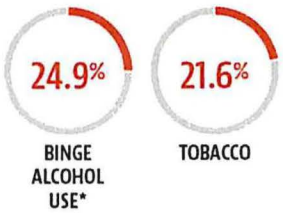
Adult Substance Use

(Age 18+; past 30 days)







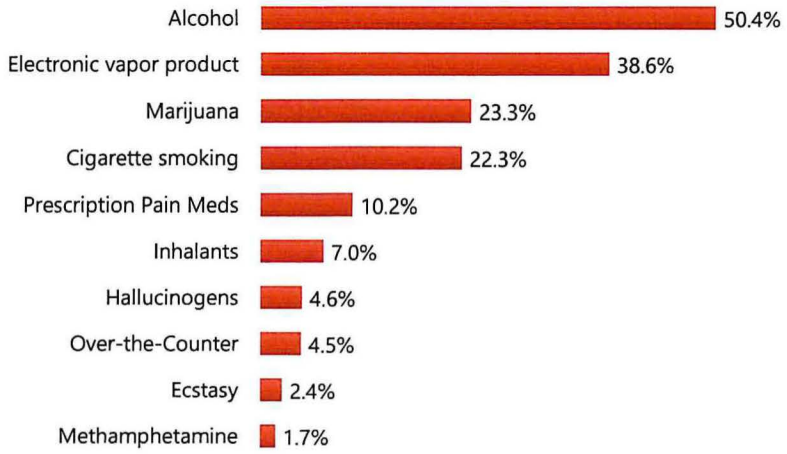


NORTH Dakota | Health & Human Services

8

ND Youth Lifetime Substance Use

High School Students
Youth Risk Behavior Survey

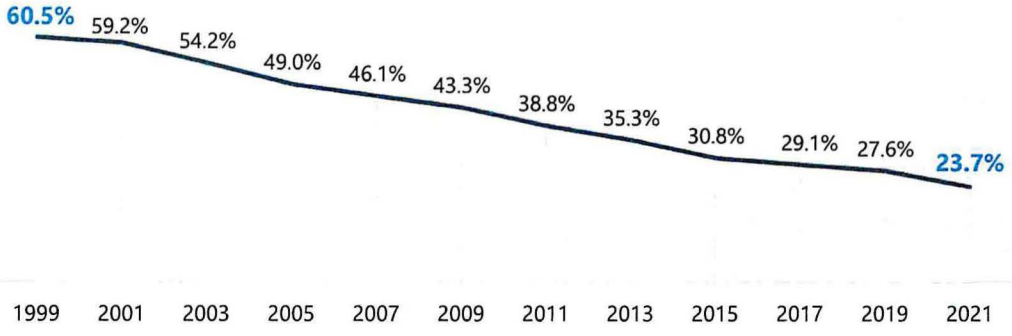


NORTH Dakota | Health & Human Services
Be Legendary.

9

Prevention Works!

Current Alcohol Use (past 30 days) among ND High School Students
Youth Risk Behavior Survey



NORTH Dakota | Health & Human Services
Be Legendary.

10

Adult Mental Illness



20.79%

20.79% had any **mental illness** in the past year.[3]

Approximately 118,000 ND adults (18+) had any mental illness in the past year.[3]



6.1%

6.1% reported a **serious mental illness** in the past year.[3]

Approximately 34,000 ND adults (18+) have serious mental illness in the past year.[3]

NORTH Dakota | Health & Human Services
Be Legendary

11

Youth Mental Health

ND Youth Risk Behavior Survey, 2021

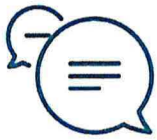
YOUTH

35.1% of ND **middle school** students report feeling sad or hopeless (almost every day for 2 weeks or more in a row during the past year).[1]



36% of ND **high school** students report feeling sad or hopeless (almost every day for 2 weeks or more in a row during the past year).[1]

increase from 23.8% in 2011



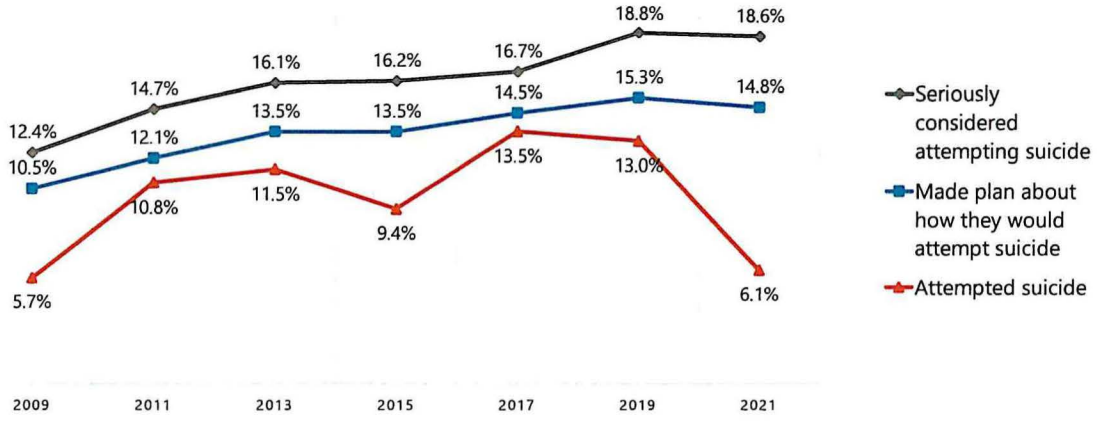
Among those who report feeling sad, hopeless, angry or anxious, **21%** of ND **high school** students report they would most likely talk with their parent or other adult member about their feelings[1].

NORTH Dakota | Health & Human Services
Be Legendary

12

Youth Suicide

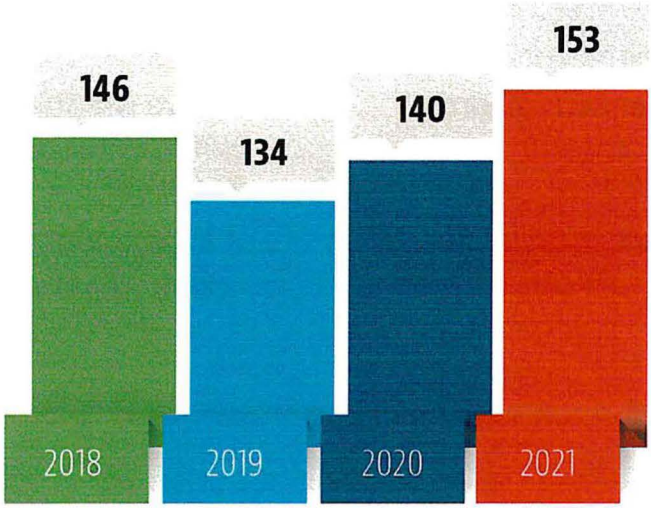
ND High School Students; past 12 months
Youth Risk Behavior Survey



NORTH Dakota | Health & Human Services

13

Number of North Dakotans who died by suicide



NORTH Dakota | Health & Human Services

14

Mental Health

ND Youth Risk Behavior Survey, 2021



36.4% of ND **high school** students report living with someone who was depressed, mentally ill, or suicidal at some point in their life.[1]

NORTH Dakota | Health & Human Services

15

Criminal Justice Involvement

Active **Substance Use Disorder** diagnosis when entering correctional facilities:

- 95% of women
- 91% of men

Active **Mental Health** diagnosis when entering correctional facilities:

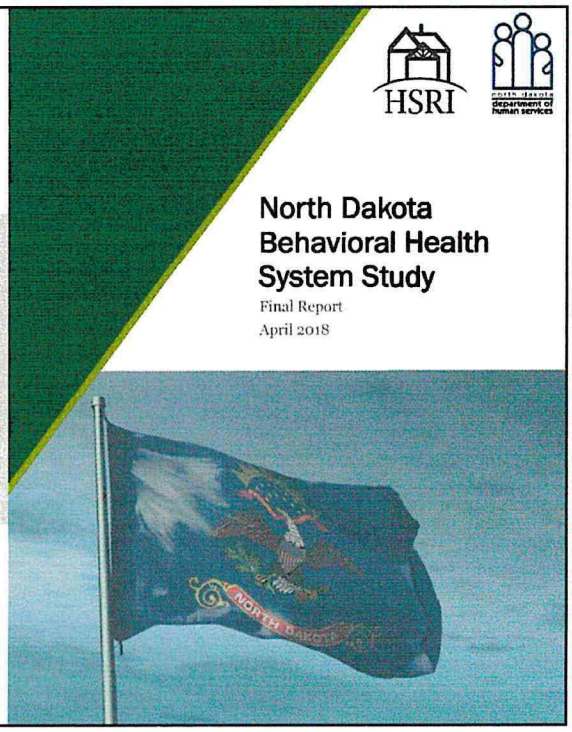
- 52% of women
- 40% of men

NORTH Dakota | Health & Human Services

16

ROADMAP

The Behavioral Health Systems Study, April 2018



17

North Dakota Behavioral Health System Study
TIMELINE

1/1/2017 to 6/30/2018

Behavioral Health Division in contract with Human Services Research Institute (HSRI) to conduct an in-depth review of North Dakota's behavioral health system.

Final report released April 2018

8/1/2018 to 6/30/2019

Behavioral Health Division in contract with HSRI to initiate and facilitate the implementation of a strategic plan based off the recommendations from the comprehensive study of ND's behavioral health system published April 2018.

2019 - Present

Behavioral Health Division in contract with HSRI to prioritize and refine the strategic plan, including goals and objectives. Initiation of the strategic plan and monitoring and sustaining this implementation.

NORTH Dakota Be Legendary | Health & Human Services

18

Implementation Summary

After learning from the community about their priorities for systems change, the Behavioral Health Planning Council selected 13 aims with 28 goals.

	Objectives	Complete or In Progress and On Time
1.	Develop and implement a comprehensive strategic plan	91%
2.	Invest in prevention and early intervention	86%
3.	Ensure all North Dakotans have timely access to behavioral health services	81%
4.	Expand outpatient and community-based service array	92%
5.	Enhance and streamline system of care for children and youth	47%
6.	Continue to implement and refine the current criminal justice strategy	71%
7.	Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce	92%
8.	Continue to expand the use of telebehavioral health interventions	82%
9.	Ensure the system reflects its values of person-centeredness, health equity, and trauma-informed approaches	78%
10.	Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services	100%
11.	Partner with tribal nations to increase health equity for American Indian populations	78%
12.	Diversify and enhance funding for behavioral health	100%
13.	Conduct ongoing, system-wide, data-driven monitoring of need and access	80%

19

Behavioral Health Division

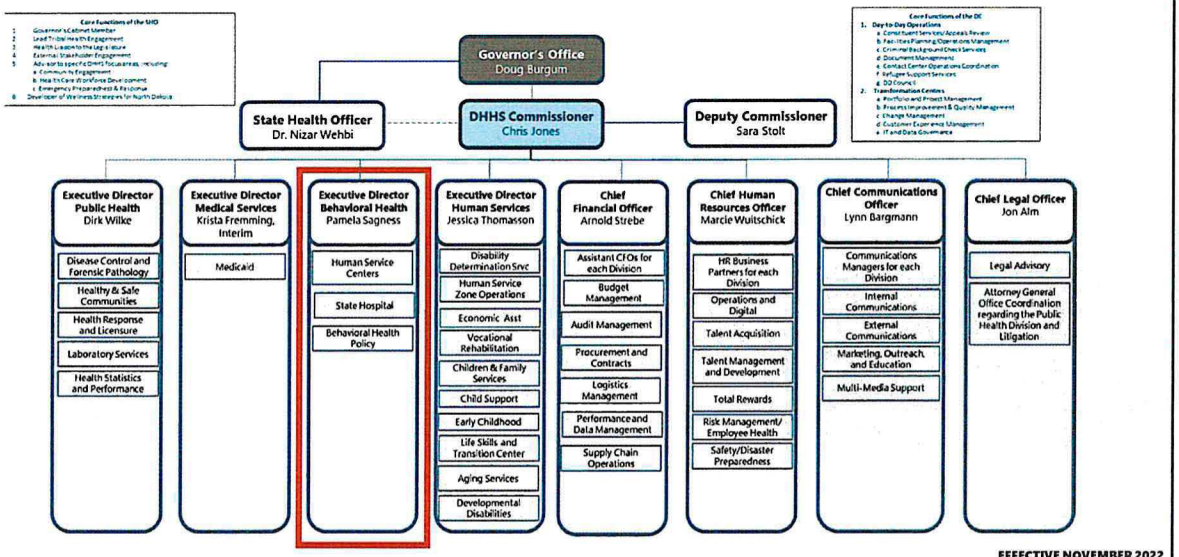
Who we are



NORTH Dakota Be Legendary. | Health & Human Services

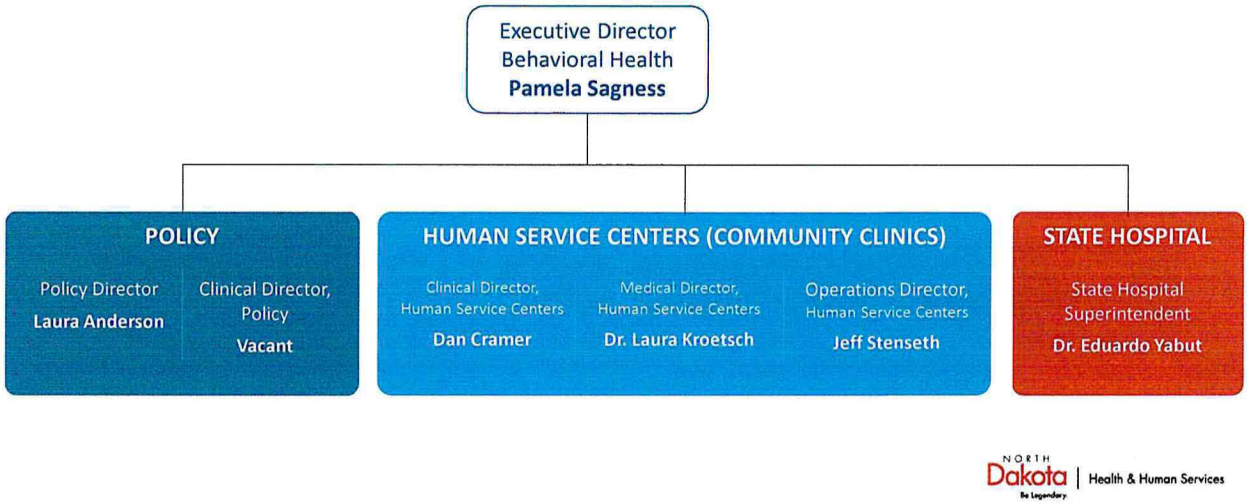
20

North Dakota Department of Health and Human Services



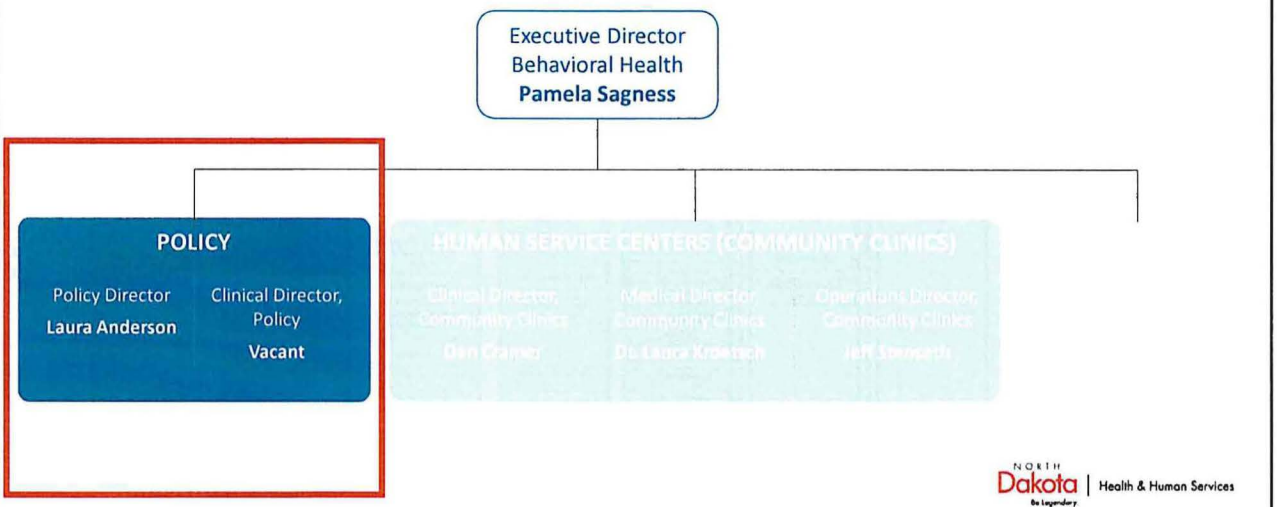
21

Behavioral Health Organizational Chart



22

Behavioral Health Organizational Chart



NORTH Dakota | Health & Human Services

23

The Behavioral Health Division - Policy Team Responsibilities

NDCC 50-06-01.43 and NDCC 50-31



Reviewing and **identifying service needs and activities** in the state's behavioral health system in an effort to:

- ensure health and safety,
- access to services, and
- quality services.



Establishing **quality assurance standards** for the licensure of substance use disorder program services and facilities



Providing **policy leadership** in partnership with public and private entities

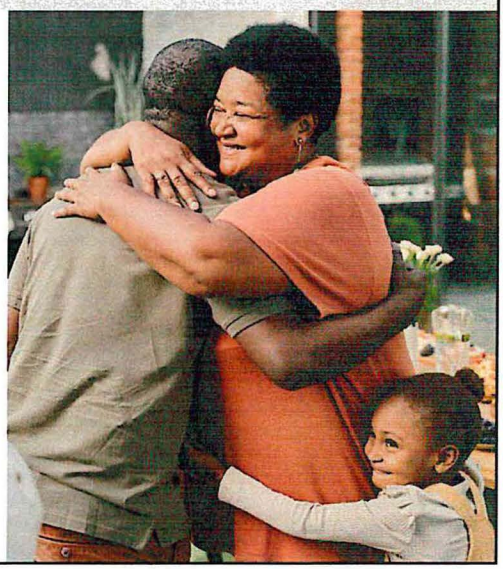
NORTH Dakota | Health & Human Services

24

We want to see:

Individuals, families and communities with positive behavioral health.

Individuals struggling with behavioral health conditions achieve independence and live a self-directed life in recovery.



NORTH Dakota | Health & Human Services
Be Legendary

25

We achieve this by:



Supporting the Full Continuum of Care



Increasing Community-Based Services



Preventing Criminal Justice Involvement for Individuals with a Behavioral Health Condition

NORTH Dakota | Health & Human Services
Be Legendary

26

Our role is to provide policy leadership, regulate providers, administer programs, and provide training and technical assistance to meet the following goals:

PREVENTION AND PROMOTION

Supporting the full continuum of care

Increase implementation of effective prevention statewide [2] [3] [5]

Decrease underage drinking[2]

Decrease adult binge drinking and related consequences[2]

Decrease opioid misuse and overdose[2]

Increase access to community-based services

Promote mental health[2]

Decrease death by suicide[2] [3] [4]

CHILDREN'S BEHAVIORAL HEALTH

Supporting the full continuum of care

Partner with schools to support children's behavioral health across the continuum[1]

Increase access to community-based services

Develop early intervention capacity[2] [3]

Increase capacity for community-based services[1] [4] [5]

Improve access to quality services[1] [2]

Improve family-driven services and supports[4]

Prevent criminal justice involvement

Develop diversion capacity and support children with behavioral health conditions in the justice system[4]

ADULT ADDICTION

Supporting the full continuum of care

Develop and enhance recovery support services[4]

Develop early intervention capacity[2] [3]

Increase access to community-based services

Improve access to quality services[1] [2]

Increase capacity for community-based services[1] [4] [5]

Stop shame and stigma surrounding addiction[1] [2]

ADULT MENTAL HEALTH

Supporting the full continuum of care

Develop and enhance recovery support services[4]

Develop early intervention capacity[2] [3]

Increase access to community-based services

Increase capacity for community-based services [3] [4] [5]

Stop shame and stigma surrounding mental health[1] [2]

COMMUNITY SUPPORTS

Supporting the full continuum of care

Develop and enhance recovery support services[4]

Increase access to community-based services

Increase capacity for community-based services[3] [4] [5] [1] [2]

Prevent criminal justice involvement

Develop diversion capacity and support individuals with behavioral health conditions in the justice system[4]

The superscript numbers referenced behind each goal align with the ND Behavioral Health System Study 13 Recommendations

27

Accomplishments



Mental Health Directory



Recovery Housing Assistance Program



Virtual Behavioral Health Professional Development – Education System (Kognito)



SUD Voucher Grant



Permanent Supportive Housing

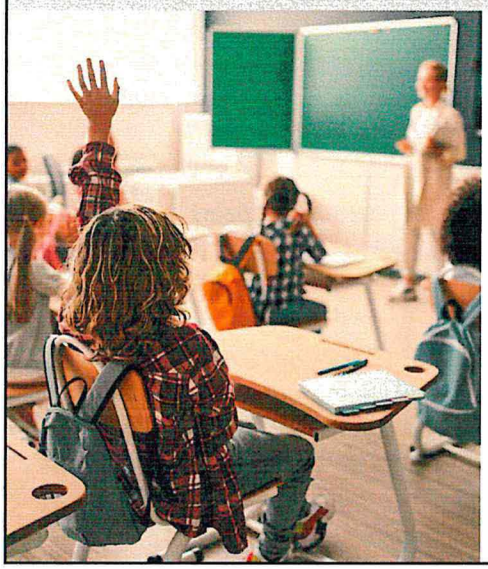


988 Launch

NORTH Dakota | Health & Human Services
Be Legendary

28

Behavioral Health and Education



- Behavioral Health School Grant
- Prevention and Early Intervention Pilot
- Behavioral Health Resource Coordinators (B-HERO)
- Virtual Behavioral Health Professional Development – Education System (Kognito)

NORTH Dakota | Health & Human Services
Be Legendary

29

FREE THROUGH
Recovery

Free Through Recovery is a community based behavioral health program designed to increase recovery support services to individuals involved with the criminal justice system who have behavioral health concerns.

The mission of Free Through Recovery is to:
- improve healthcare outcomes
- reduce recidivism

4,973 participants since **February 2017**

1,311 active participants

38 providers

Overall, from March 2018 through October 2022, **68%** of the time participants achieved 3 of 4 outcomes.

NORTH Dakota | Health & Human Services
Be Legendary

30

CommunityConnect
My Recovery. My Story.

Community Connect is a community based behavioral health program designed to increase recovery support services to individuals who have behavioral health concerns.

The mission of Community Connect is to provide quality, community-based behavioral health services to meet the needs of each person.

4,025 participants since **February 2021**

1,899 active participants

46 providers

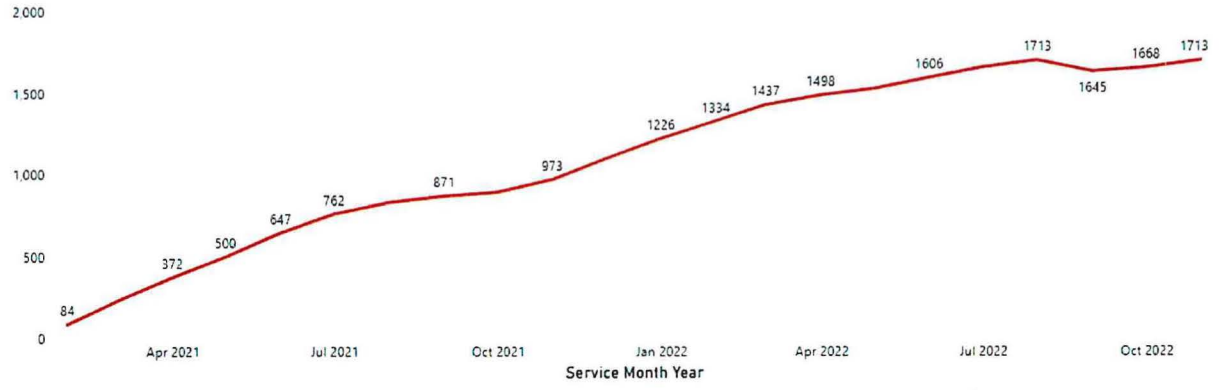
Overall, from February 2021, through December 2022, **66%** of the time participants achieved 3 of 4 outcomes.

NORTH Dakota | Health & Human Services
Be Legendary.

31

CommunityConnect
My Recovery. My Story.

Program Growth



NORTH Dakota | Health & Human Services
Be Legendary.

32



2023-2025 Budget request

The **program, systems and workforce support** necessary to continue to serve North Dakotans

NORTH Dakota Be Legendary | Health & Human Services

33

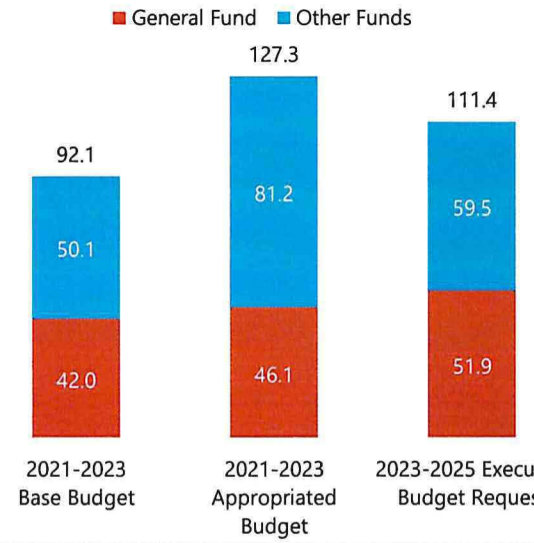
Overview of Budget Changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$7,193,820	$1,256,196	$8,450,016
Operating	56,684,267	12,074,085	68,758,352
IT Services	-	-	-
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	28,220,135	5,932,356	34,152,491
Total	$92,098,222	$19,262,637	$111,360,859
General Fund	**$42,025,043**	**$9,877,067**	**$51,902,110**
Federal Funds	**42,297,585**	**(1,774,062)**	**40,523,523**
Other Funds	**7,775,594**	**11,159,632**	**18,935,226**
Total Funds	**$92,098,222**	**$19,262,637**	**$111,360,859**
Full Time Equivalent (FTE)	37.00	2.00	39.00

NORTH Dakota Be Legendary | Health & Human Services

34

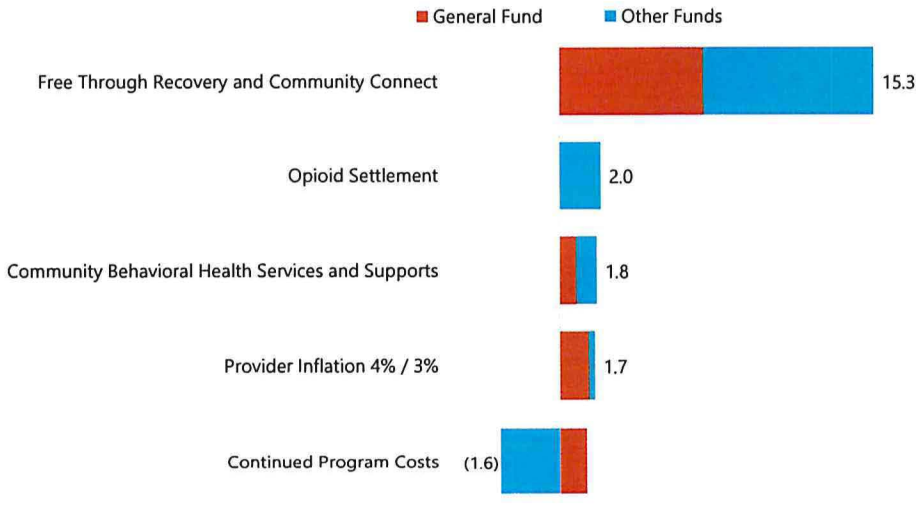
Overview of Budget Changes (IN MILLIONS)



NORTH Dakota | Health & Human Services

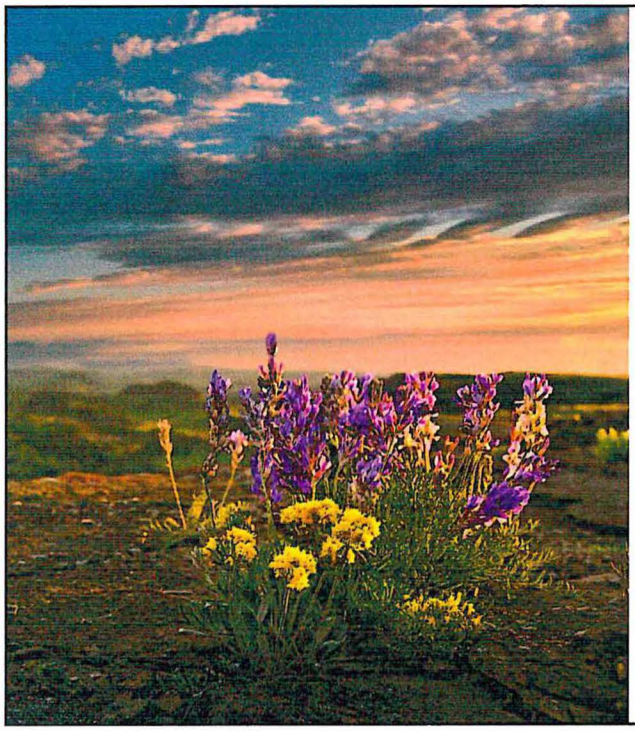
35

Overview of Budget Changes (IN MILLIONS)



NORTH Dakota | Health & Human Services

36



Contact Information

Behavioral Health Executive Director

- Pamela Sagness
- psagness@nd.gov

Policy Director

- Laura Anderson
- lauranderson@nd.gov

www.behavioralhealth.nd.gov

NORTH Dakota Be Legendary | Health & Human Services

37



SB 2012
Senate Appropriations Committee
Senator Bekkedahl, Chairman

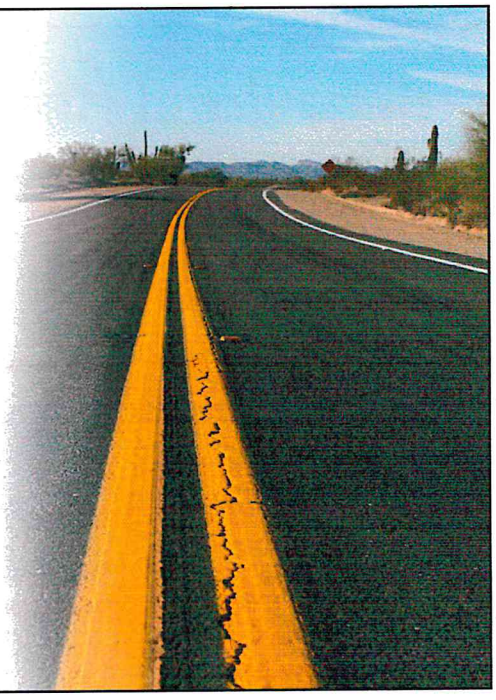
NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health Division, **Human Service Centers** | January 17, 2023

1

Roadmap

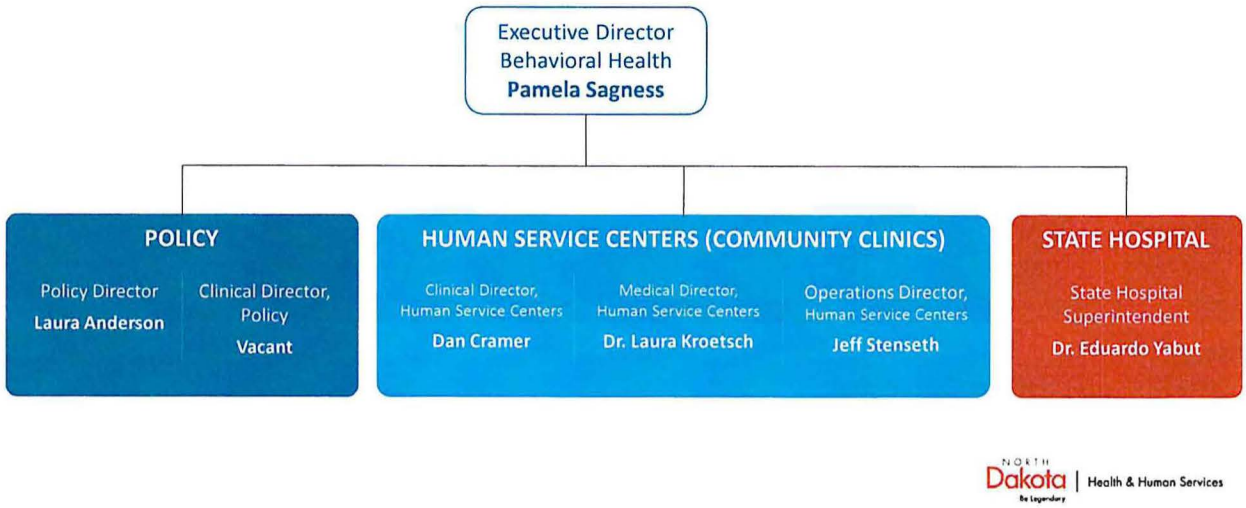
- **HSC Clinic Leadership Restructure**
- HSC Location Overview
- Services
  - Assessments
  - Treatment Services
  - Behavioral Health Crisis Care
- Essential Elements to Align with Future Vision
- Budget Overview



NORTH Dakota Be Legendary. | Health & Human Services

2

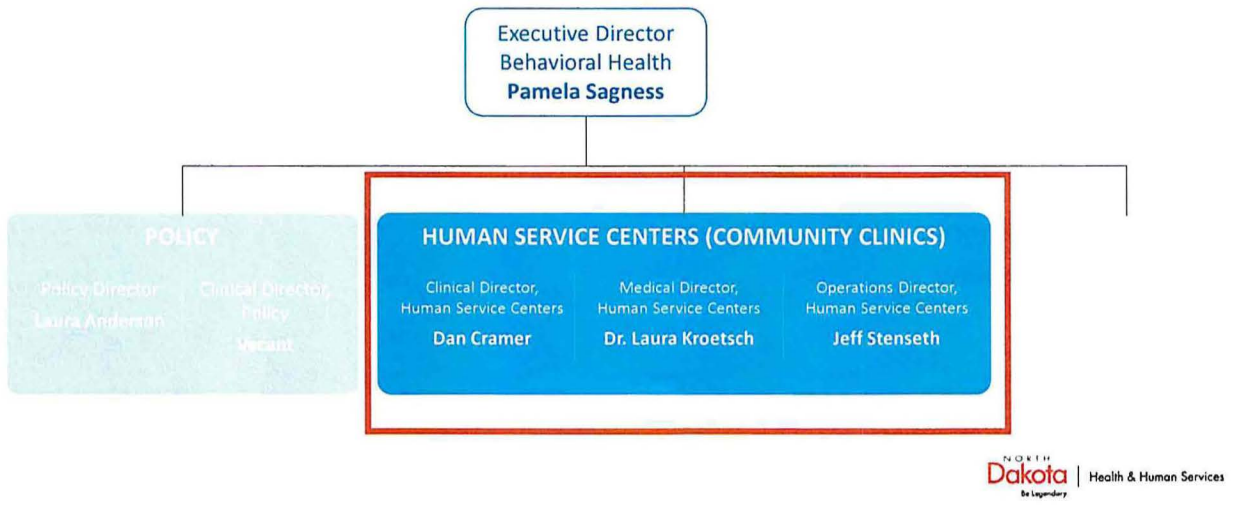
Behavioral Health Organizational Chart



NORTH Dakota | Health & Human Services
Be Legendary

3

Behavioral Health Organizational Chart



NORTH Dakota | Health & Human Services
Be Legendary

4

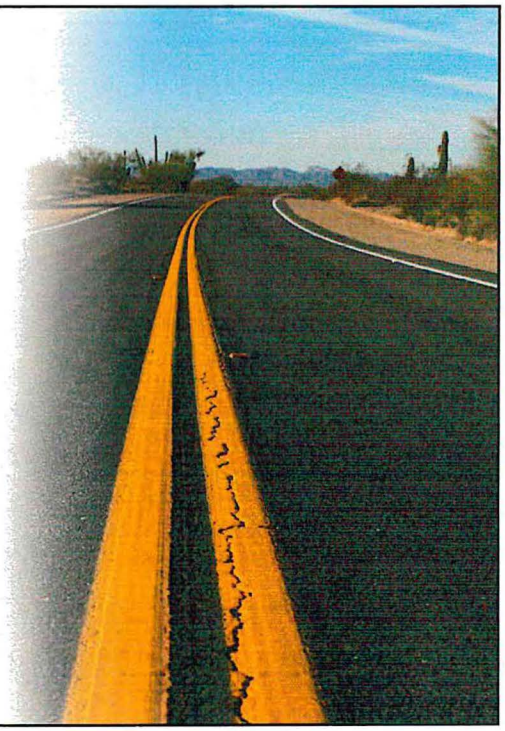
Human Service Center Leadership Structure

	Clinical Director, Human Service Centers	Medical Director, Human Service Centers	Operations Director, Human Service Centers
	Dan Cramer	Dr. Laura Kroetsch	Jeff Stenseth
Region 1	Clinical Director VACANT	Medical Director Dr. Thomas Eick	Regional Director Char Ferrell
Region 2	Clinical Director Leda Lintvelt	Medical Director Dr. Thomas Eick	Regional Director John Butgereit
Region 3	Clinical Director Heather Wilson	Medical Director Dr. Lori Esprit	Regional Director Julie Baumgam
Region 4	Clinical Director Nichole Fontaine-Vonesh	Medical Director Dr. Rose Julius	Regional Director Jeff McKinnon
Region 5	Clinical Director Dr. Shauna Eberhardt	Medical Director Dr. Lori Esprit	Regional Director Alanna Zeller (Interim)
Region 6	Clinical Director Dr. Stacey Hunt	Medical Director Dr. Diana Robles	Regional Director LeAnn Pollert (Interim)
Region 7	Clinical Director Ariana Best	Medical Director Dr. Michael Capan	Regional Director Brad Brown
Region 8	Clinical Director Dr. Stacey Hunt (Interim)	Medical Director Dr. Laura Kroetsch (Interim)	Regional Director Jessica Odermann

1

Roadmap

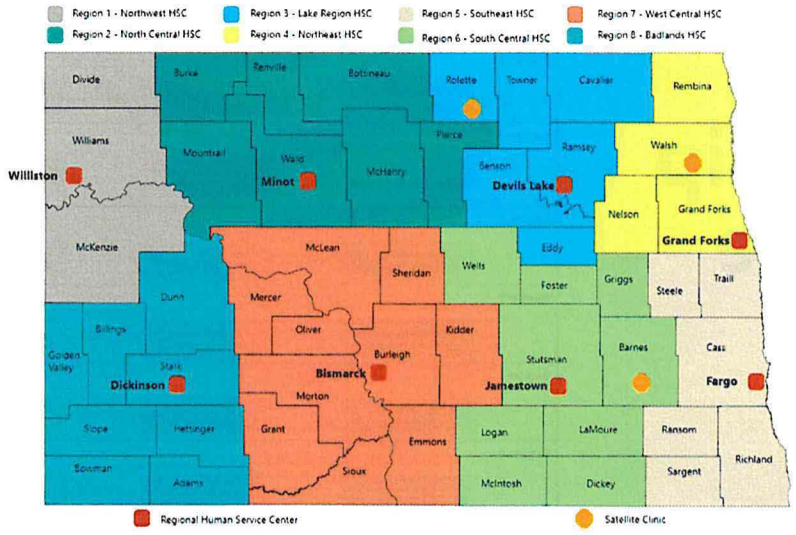
- HSC Clinic Leadership Restructure
- **HSC Location Overview**
- Services
  - Assessments
  - Treatment Services
  - Behavioral Health Crisis Care
- Essential Elements to Align with Future Vision
- Budget Overview



NORTH Dakota | Health & Human Services

2

Human Service Center Locations

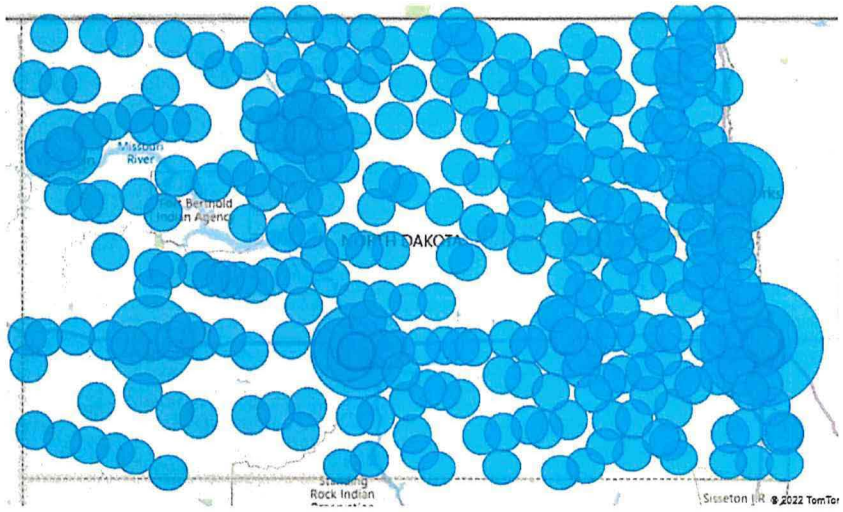


NORTH Dakota | Health & Human Services

3

Behavioral health care penetration of services

July 2021 – December 2022

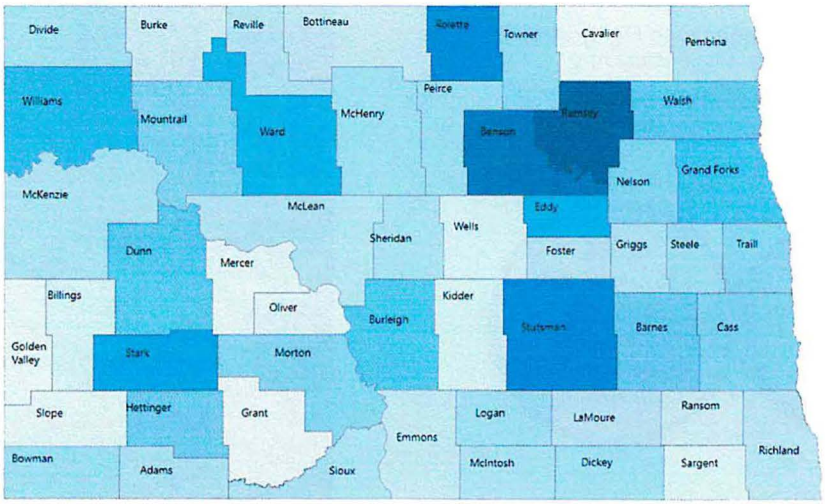


NORTH Dakota | Health & Human Services

4

Rate of Clients Served by County

July 2021 – December 2022

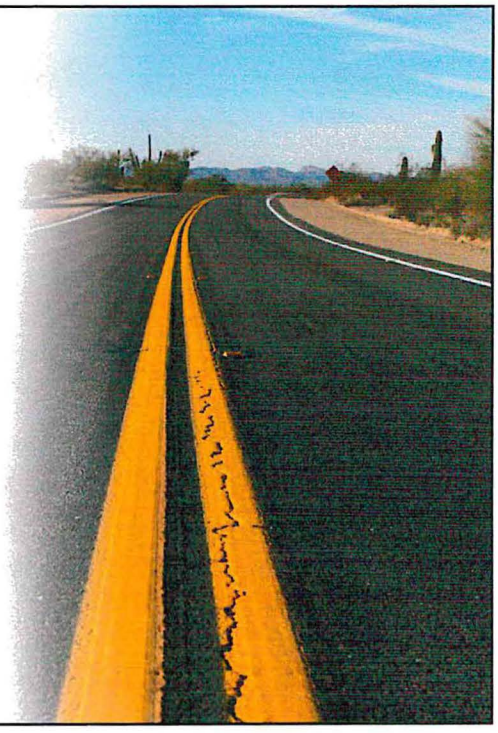


NORTH Dakota | Health & Human Services

9

Roadmap

- HSC Clinic Leadership Restructure
- HSC Location Overview
- **Services**
  - **Assessments**
  - Treatment Services
  - Behavioral Health Crisis Care
- Essential Elements to Align with Future Vision
- Budget Overview



NORTH Dakota | Health & Human Services

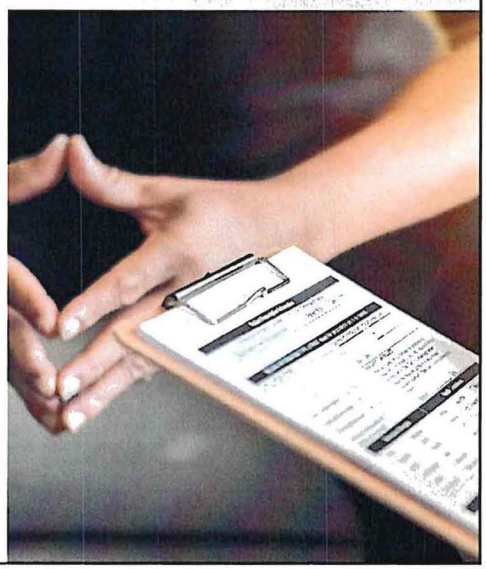
10

Assessments - Walk-In

July 2021 - December 2022

- Available from 8am to 5pm Monday to Friday at all 8 Community Behavioral Health Clinic Locations.
- Purpose: To rapidly assess need and connect individuals to the right services. This may include entry into the local Clinic or referral to an outside agency.



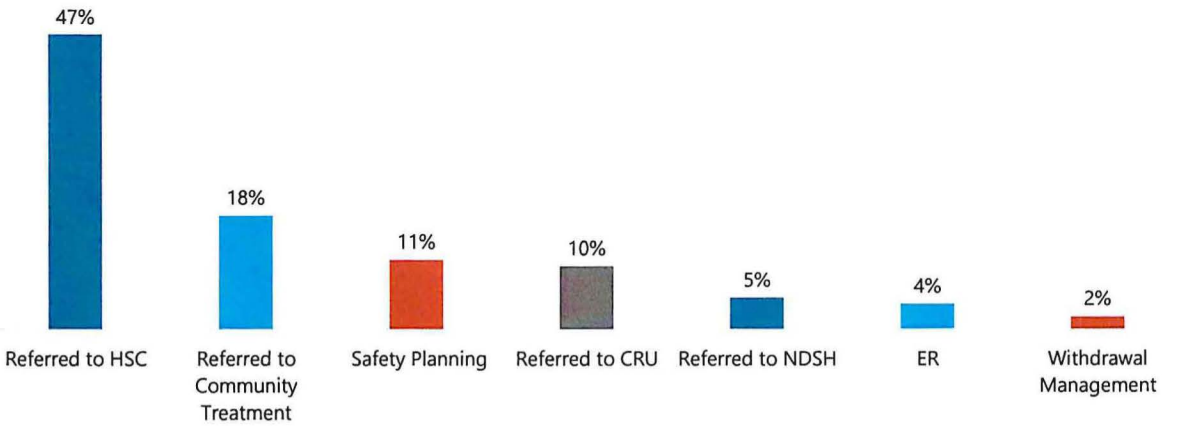


NORTH Dakota | Health & Human Services

11

Assessments - Results After Walk-In Assessments

July 2021 - December 2022

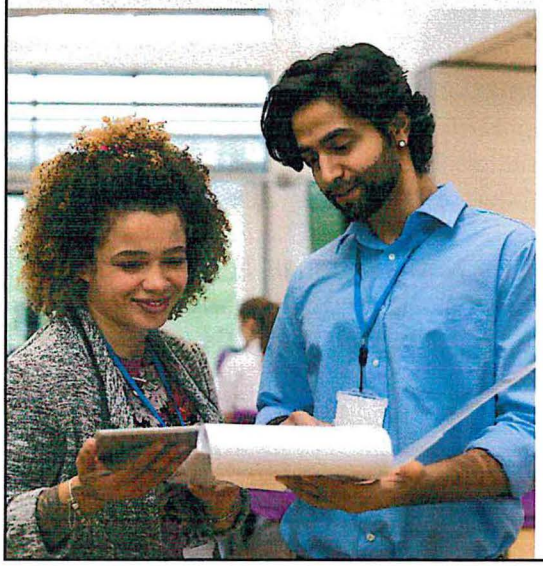


NORTH Dakota | Health & Human Services

12

Assessments - Psychological

Statutorily Required: NDCC 75-05-03-07



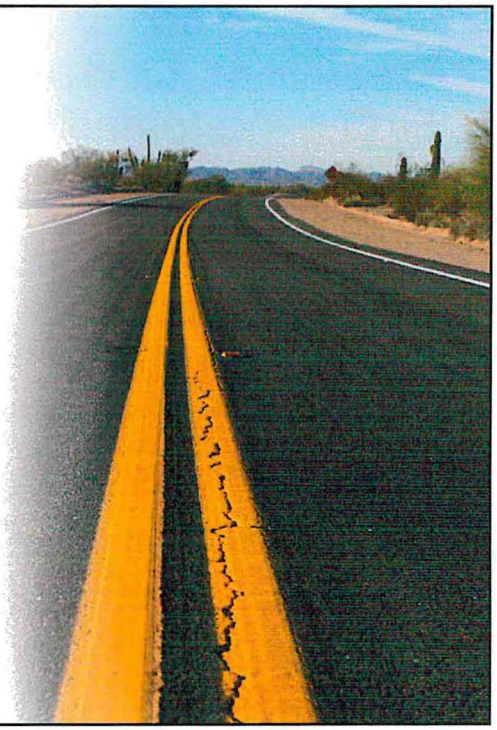
- Sex Offender Risk Assessment (In support of Pre-Sentence Investigation)
- County Referred Parental Evaluations
- Developmental Disability Evaluations
- Multidisciplinary Case Conference

NORTH Dakota | Health & Human Services
Be Legendary

13

Roadmap

- HSC Clinic Leadership Restructure
- HSC Location Overview
- **Services**
  - Assessments
  - **Treatment Services**
  - Behavioral Health Crisis Care
- Essential Elements to Align with Future Vision
- Budget Overview



NORTH Dakota | Health & Human Services
Be Legendary

14

Treatment Services
Serving those with greatest need



- **Complexity:** Individuals who are experiencing moderate to severe/extreme functional impairment secondary to a behavioral health condition
- **Safety Net:** Individuals and families with limited access to other services or resources in their community.

NORTH Dakota | Health & Human Services

15

Treatment Services
Struggling to find community options

Significant functional impairment	High risk factors	Complex and severe diagnoses
• Those with significant functional impairment. • Inability to maintain safety in the community. • Difficulty maintaining a home environment. • Difficulty being managed by caregivers. • Struggle with adhering to medications and appointments	• Requiring higher levels of care, such as crisis bed, partial hospital, inpatient, safe beds, detention centers, etc. • Utilization of crisis services, alternative treatment orders (ATOs), petitions, etc. • Significant risk of harm to self or others. • Unmanageable in the home or school. • Complex unavoidable psychotropic polypharmacy.	• Serious Mental Illness • Children with Severe Emotional Disturbance • Dual diagnosis – active symptoms and current usage. Prison reentry substance use severity prior to incarceration consideration. • IV drug use within 1 year. • Pregnant and using substances. • First episode psychosis.

NORTH Dakota | Health & Human Services

16

Treatment Services
78% of clients with Severe and Extreme Impairments

For these individuals at the beginning of care:

- 28% were homeless
- 3% were residing in correctional facility
- 12% lived with parents
- 4% were in residential/ transitional living

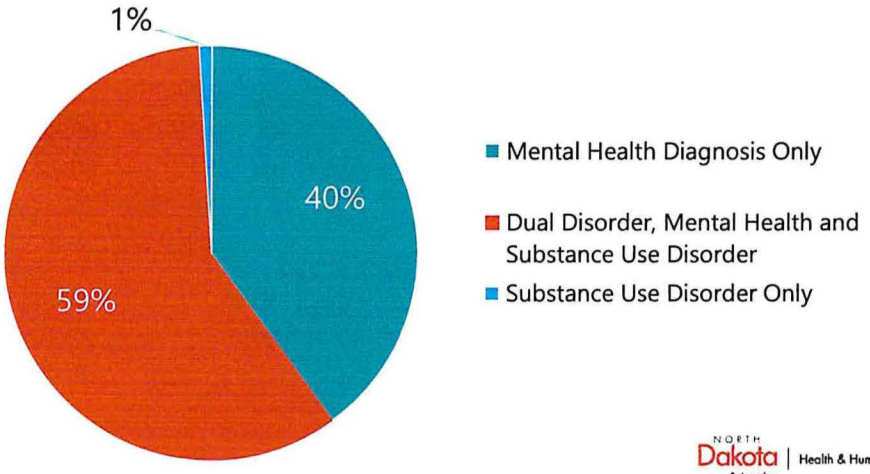
For these individuals in last 30 days:

- 5% arrested
- 12% no show
- 3.30 average hours of service
- 85% of crisis residential admissions

NORTH Dakota | Health & Human Services
Be Legendary

17

Treatment Services
Diagnosis of People We Serve



NORTH Dakota | Health & Human Services
Be Legendary

18

Treatment Services
Limited payment options

- Accept major third-party payor insurance plans, Medicare, Medicaid, Medicaid expansion.
- Sliding fee scale available.
- Prioritize youth and family without payment source.



NORTH Dakota | Health & Human Services
Be Legendary

19

Treatment Services
Working differently to connect clients to what they need



People

Help foster growth of natural and community connections



Place

Help connect to safe and supportive living environments



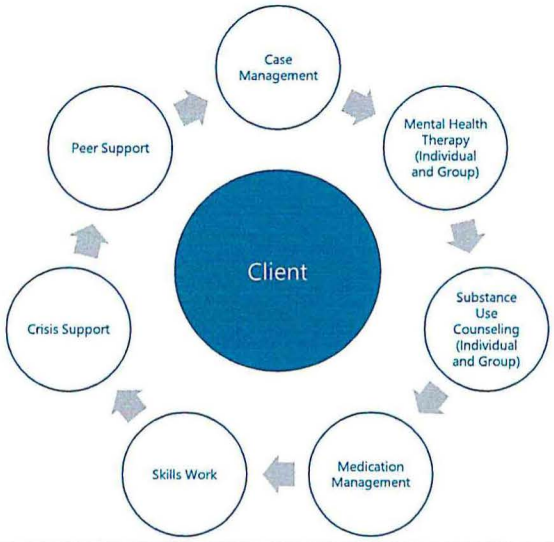
Purpose

Help connect to work, community groups, or activities which facilitate meaning

NORTH Dakota | Health & Human Services
Be Legendary

20

Treatment Services
Team Based Care

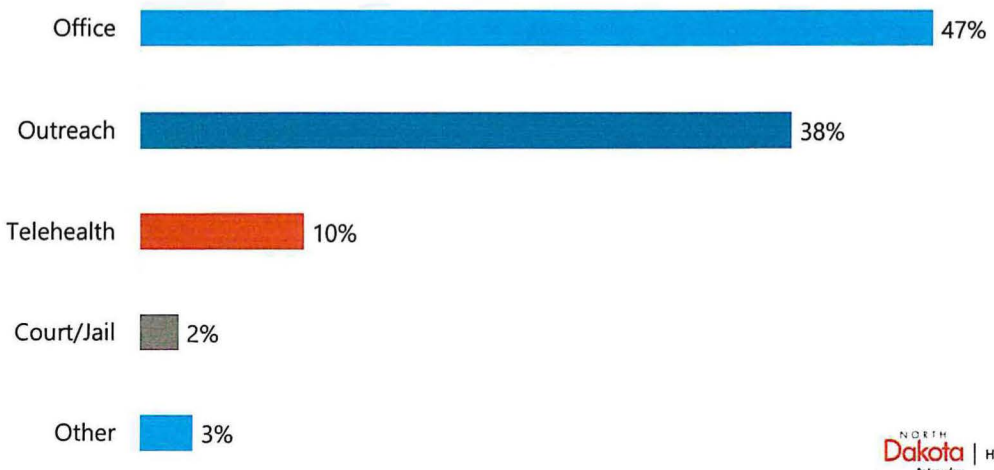


Designed to serve individuals with complex needs with specific services to include

NORTH Dakota | Health & Human Services
Be Legendary

21

Treatment Services
Location of Services

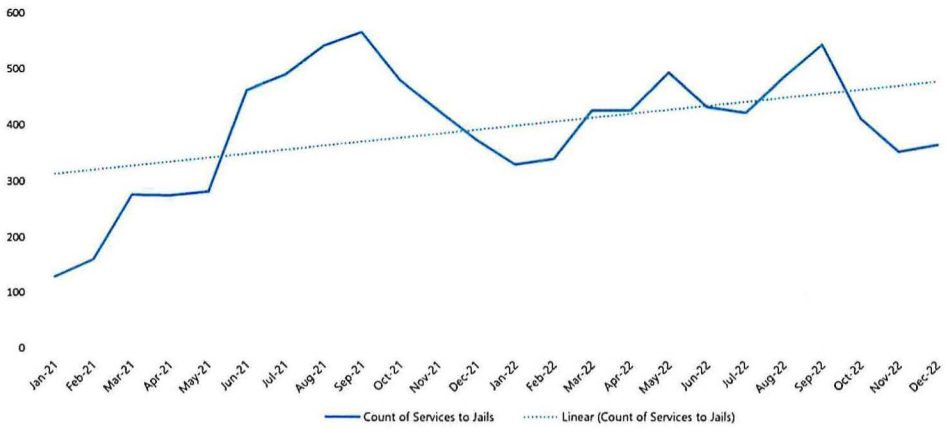


NORTH Dakota | Health & Human Services
Be Legendary

22

Treatment Services

Service to Jails



13% increase in services provided to jails from 2021 to 2022

NORTH Dakota Be Legendary | Health & Human Services

23

Treatment Services

Medication management supports



Long-acting injectable medications

- 10% patients are on injections
- Injections administered on site or at the client residence.



Antipsychotics and mood stabilizers requiring blood monitoring

- 7% on clozapine
- 63% on meds requiring routine blood draws



Medication skills training, medication box set up, and delivery

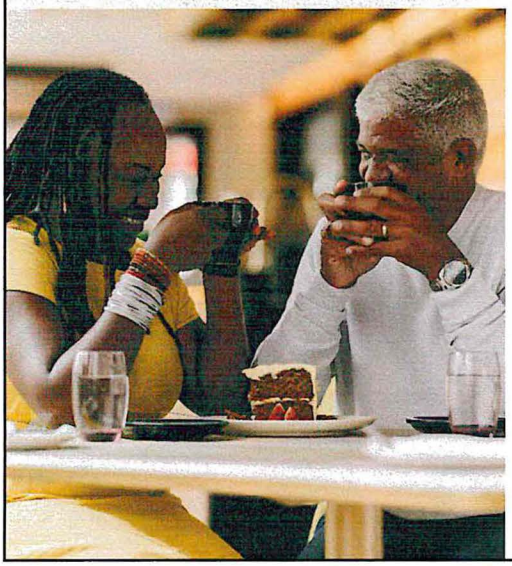
- Medication delivery access variable by region

NORTH Dakota Be Legendary | Health & Human Services

24

Treatment Services - Adult

July 2021-December 2022



304,538 services provided to...

12,462 individuals

NORTH Dakota Be Legendary. | Health & Human Services

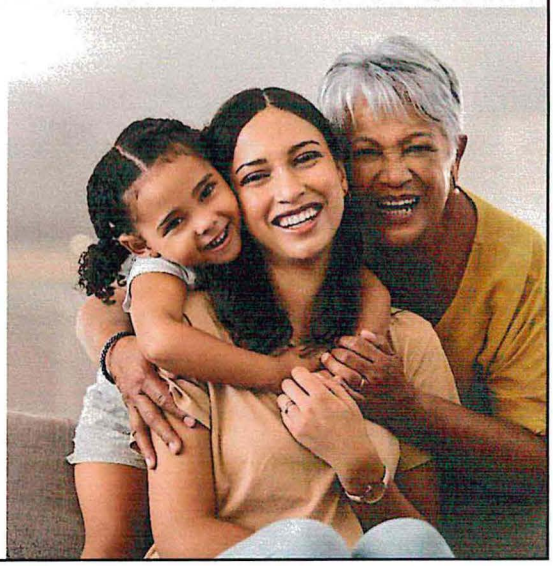
25

Treatment Services - Youth & Family

July 2021-December 2022

2,098 youth/families served

92% of youth served have a Serious Emotional Disturbance diagnosis

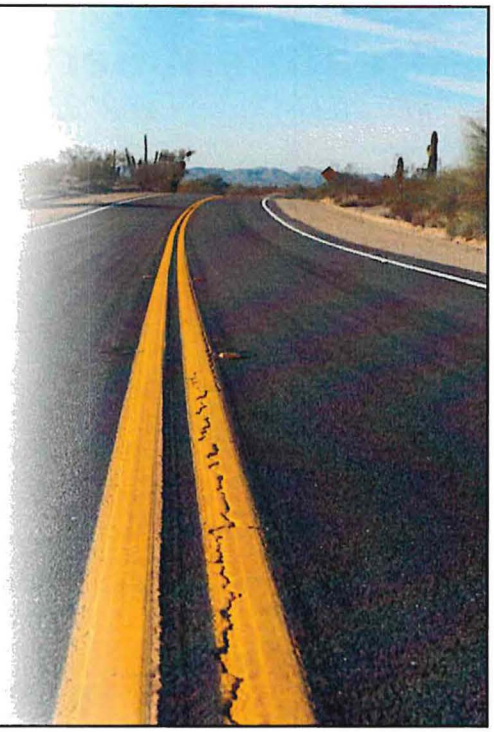


NORTH Dakota Be Legendary. | Health & Human Services

26

Roadmap

- HSC Clinic Leadership Restructure
- HSC Location Overview
- **Services**
  - Assessments
  - Treatment Services
  - **Behavioral Health Crisis Care**
- Essential Elements to Align with Future Vision
- Budget Overview

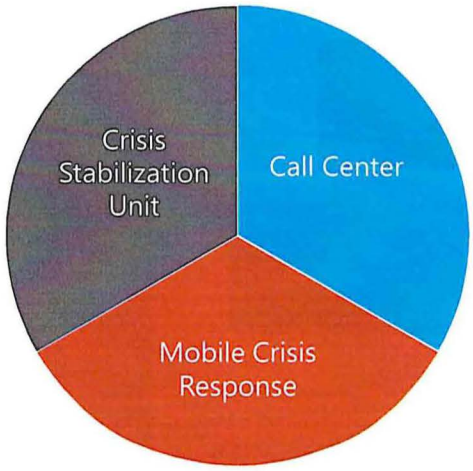


NORTH Dakota | Health & Human Services

27

Behavioral Health Crisis Care

Core Services & Best Practices



NORTH Dakota | Health & Human Services

28

Statewide 988 (211) **Crisis Call Center**: Best Practice Anchors

Purpose: Real-time access to a live person every moment of every day for individuals in crisis.

- Operate every moment of every day (24/7/365)
- Answer every call or coordinate overflow coverage with a resource that also meets all of the minimum crisis call center expectations
- Assess risk of suicide in a manner that meets NSPL standards and danger to others within each call
- Coordinate connections to mobile crisis team services
- Connect individuals to facility-based care through warm hand-offs and coordinating transportation as needed
- Incorporate Caller ID functioning
- Implement real-time GPS technology in partnership with the region's mobile crisis teams

Full Implementation
Partial Implementation
Not Implemented

NORTH Dakota Be Legendary | Health & Human Services

(SAMSHA Best Practice Tool Kit, 2020)

29

Mobile Crisis: Best Practice Anchors

Purpose: Offering community-based interventions to individuals in need where they are at.

- Include a licensed and/or credentialed clinician capable of assessment *
- Respond where the person is (home, work, park, etc.) and not restrict services to select locations
- Connect individuals to facility-based care through warm hand-offs and coordinating transportation as needed
- Incorporate peers within the mobile crisis team *
- Respond without law enforcement accompaniment unless special circumstances warrant inclusion
- Implement real-time GPS technology in partnership with the region's crisis call center hub
- Schedule outpatient follow-up appointments to support connection to ongoing care

Full Implementation
Partial Implementation
Not Implemented

** Included in Crisis Enhancement funding*

NORTH Dakota Be Legendary | Health & Human Services

(SAMSHA Best Practice Tool Kit, 2020)

30

Behavioral Health Crisis Care

Rural Crisis Adaptation

Current

Mobile response within 45 miles radius of 8 metro areas

Future Plan

Develop agreements with critical access hospitals and with key community entities (law enforcement and Emergency Departments) for tele-response.

NORTH Dakota Be Legendary | Health & Human Services

31

Crisis Stabilization Units: Best Practice Anchors

Purpose:
To manage risk at lowest level of care and avoid unneeded hospitalizations/ER visits.

- Do not require medical clearance prior to admission but will assess for and support medical stability while in the program *
- Design their services to address mental health and substance use crisis issues
- Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges *
- Staff at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community *
- Offer walk-in and first responder drop-off options
- Ensure timely access to licensed and/or credentialed clinicians capable of completing assessments
- Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated

Full Implementation
Partial Implementation
Not Implemented

** Included in Crisis Enhancement funding*

NORTH Dakota Be Legendary | Health & Human Services

(SAMSHA Best Practice Tool Kit, 2020)

32

Behavioral Health Crisis Care

July 2021 – December 2022

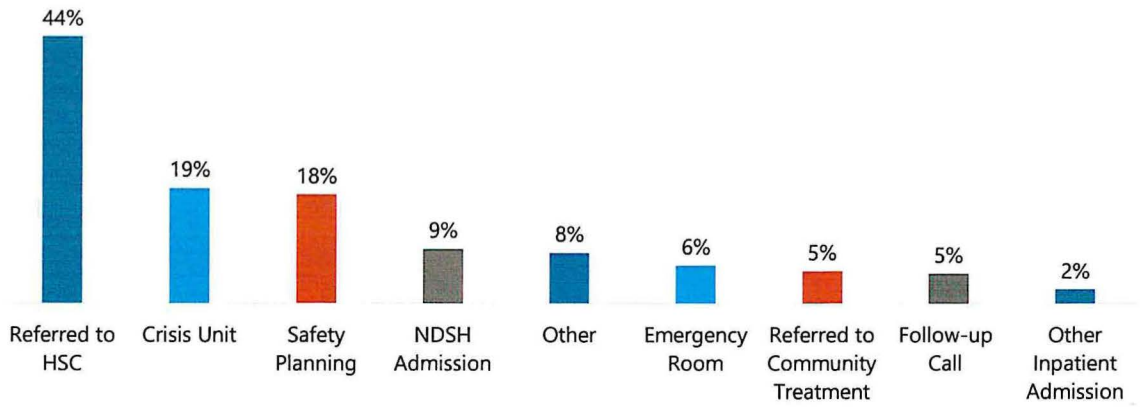
- 22,318 crisis calls to call center
  - 4,982 crisis calls resulted in mobile response
- 19,620 crisis services provided by Human Service Centers
- 2,237 admissions to Crisis Residential facilities

NORTH Dakota | Health & Human Services

33

Behavioral Health Crisis Care

Results Following Crisis Assessment

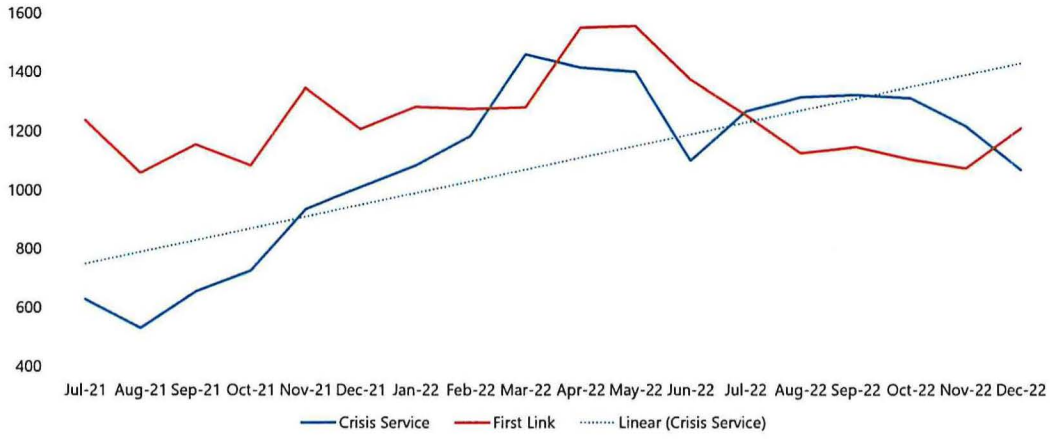


NORTH Dakota | Health & Human Services

34

Behavioral Health Crisis Care

July 2021 – December 2022

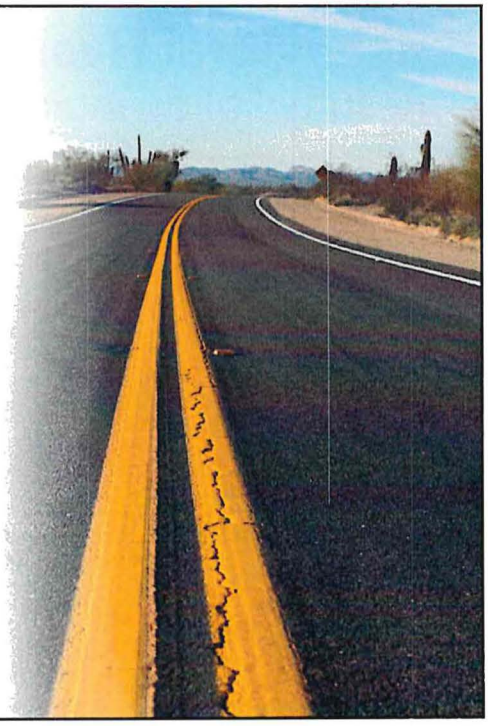


NORTH Dakota | Health & Human Services
Be Legendary

35

Roadmap

- HSC Clinic Leadership Restructure
- HSC Location Overview
- Services
  - Assessments
  - Treatment Services
  - Behavioral Health Crisis Care
- **Essential Elements to Align with Future Vision**
- Budget Overview



NORTH Dakota | Health & Human Services
Be Legendary

36

Pathway to Certified Community Behavioral Health Clinics (CCBHCs)

National Accreditation

Obtained 4-year accreditation on October 8th, 2020, through Council on Accreditation

Met Maintenance of Accreditation compliance checks for 2021 and 2022

Certified Community Behavioral Health Clinics

Spring of 2022 applied for SAMHA 4-year demonstration grant for 3 human service centers (not awarded)

December of 2022 applied for SAMHA implementation grant (waiting on notice of award)

Current SB 2128 would require HSCs to become CCBHCs

NORTH Dakota Be Legendary | Health & Human Services

37

Enhancements Required for CCBHCs

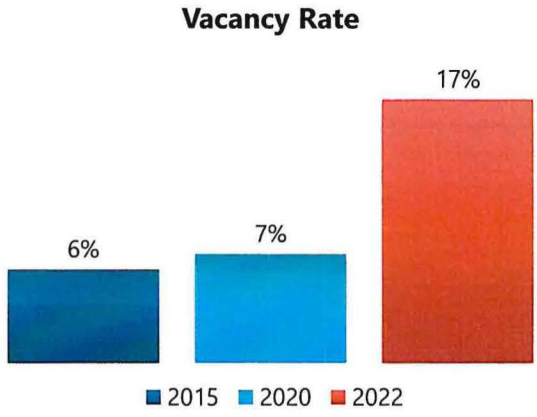
Enhanced Reporting	Enhanced Collaboration	Enhanced EHR	Enhanced VA coordination	Expand Capacity	Peer Support
• Data capture • Data submission	• Local contracted or coordinating facilities • Primary care provider visits and medication changes	• Interagency electronic connections and data exchange	• Outreach extending past specific distance parameters from VA facilities	•Expand service availability to greater range of need. •Increase availability of Substance Use Disorder Treatment	• Increased engagement and client access

NORTH Dakota Be Legendary | Health & Human Services

38

Continued progress requires **addressing team member retention**

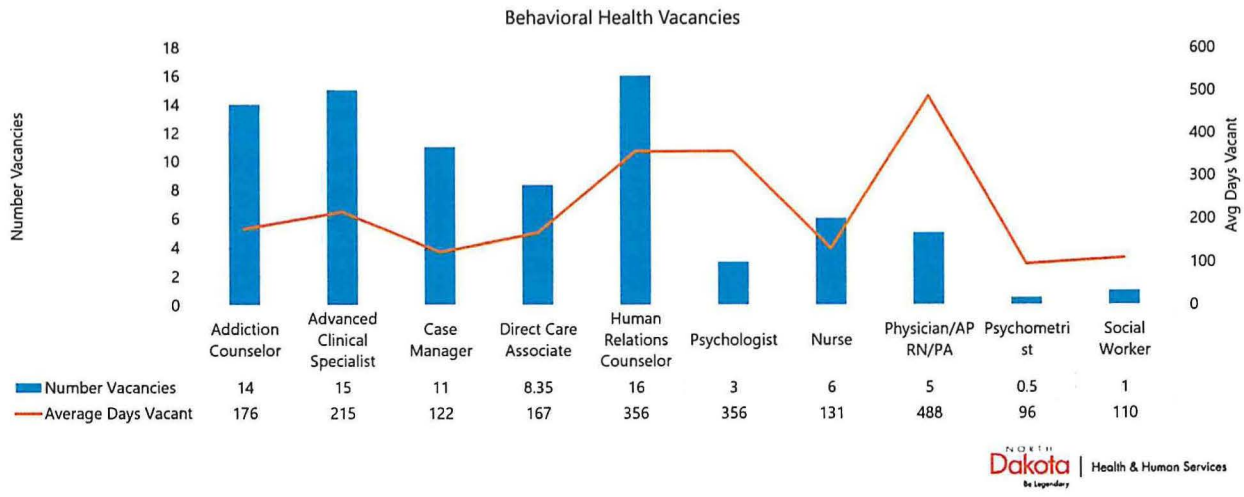
Data shows a rising vacancy rate corresponding with timeline of serving a more complex and severe patient population.



NORTH Dakota | Health & Human Services

39

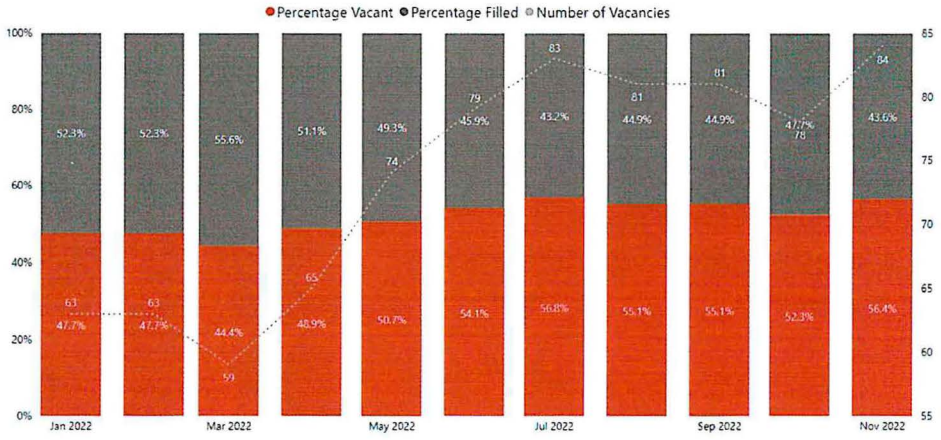
Vacancy report



NORTH Dakota | Health & Human Services

40

Temporary Positions



NORTH Dakota | Health & Human Services
Be Legendary

Vacancy rates are consistently higher for temporary positions than for FTE positions.

41

Vacancies impacting revenue

Licensed Addiction Counselor

- 14 current vacancies open for a combined 2,445 days
- Vacant for 175 days on average
- 9 positions vacant greater than 3 months
- Average revenue for position is $40,687 a month
- **Estimated loss due to vacancies: $3,315,990**

Advanced Clinical Specialists

- 15 current vacancies open for a combined 3,209 days
- Vacant for 214 days on average
- 14 positions vacant greater than 3 months
- Average revenue for position is $39,153 a month
- **Estimated loss due to vacancies: $4,188,066**

Human Relation Counselors

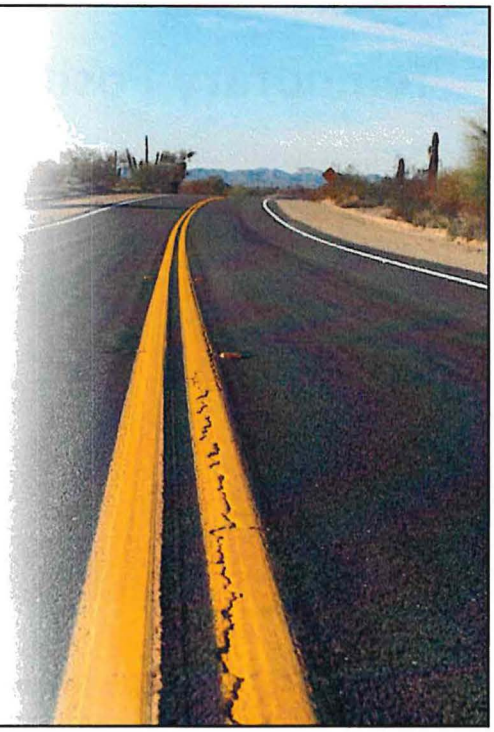
- 16 current vacancies open for a combined 3,873 days
- Vacant for 242 days on average
- 10 positions vacant greater than 3 months
- Average revenue for position is $30,523 a month
- **Estimated loss due to vacancies: $4,188,066**

NORTH Dakota | Health & Human Services
Be Legendary

42

Roadmap

- HSC Clinic Leadership Restructure
- HSC Location Overview
- Services
  - Assessments
  - Treatment Services
  - Behavioral Health Crisis Care
- Essential Elements to Align with Future Vision
- **Budget Overview**



NORTH Dakota | Health & Human Services

43

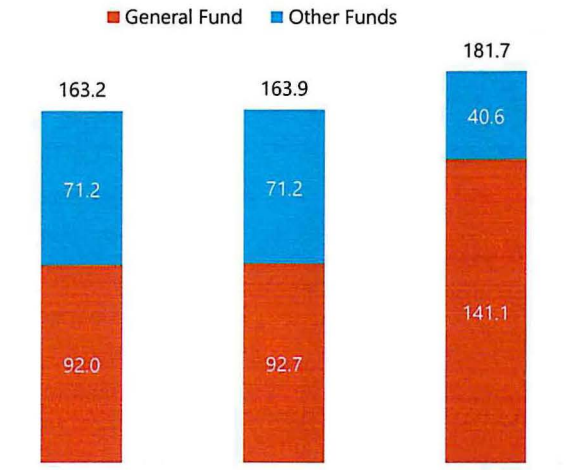
Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 121,419,280	$ 10,601,168	$ 132,020,448
Operating	14,695,687	6,237,522	20,933,209
IT Services	945,548	177,407	1,122,955
Capital Asset Expense	80,000	735,154	815,154
Capital Assets	-	-	-
Grants	26,073,310	723,129	26,796,439
Total	$ 163,213,825	$ 18,474,380	$ 181,688,205
General Fund	$ 91,958,854	$ 49,134,985	$ 141,093,839
Federal Funds	44,666,940	(18,896,503)	25,770,437
Other Funds	26,588,030	(11,764,101)	14,823,929
Total Funds	$ 163,213,824	$ 18,474,381	$ 181,688,205
Full Time Equivalent (FTE)	630.25	49.50	679.75

NORTH Dakota | Health & Human Services

44

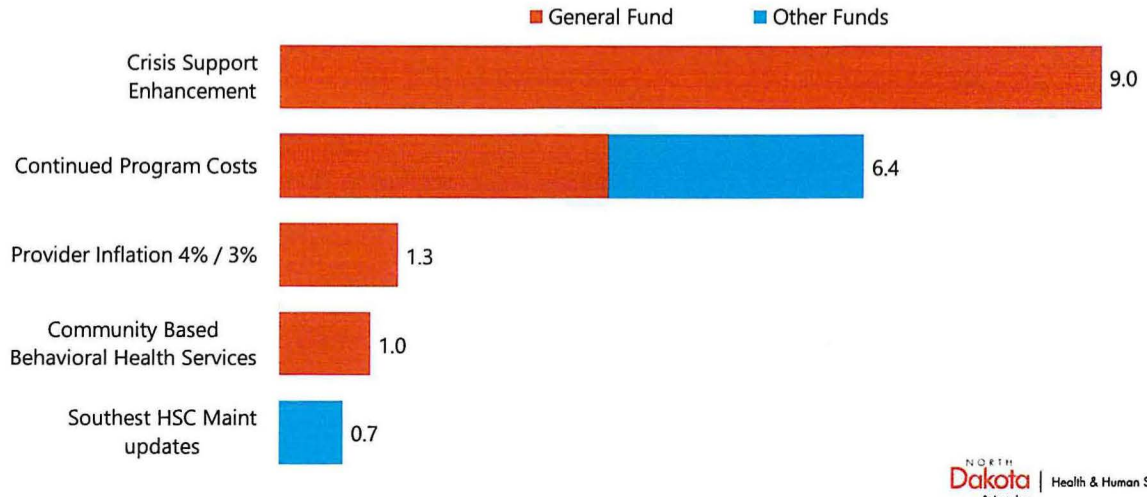
Overview of budget changes (IN MILLIONS)



NORTH Dakota | Health & Human Services

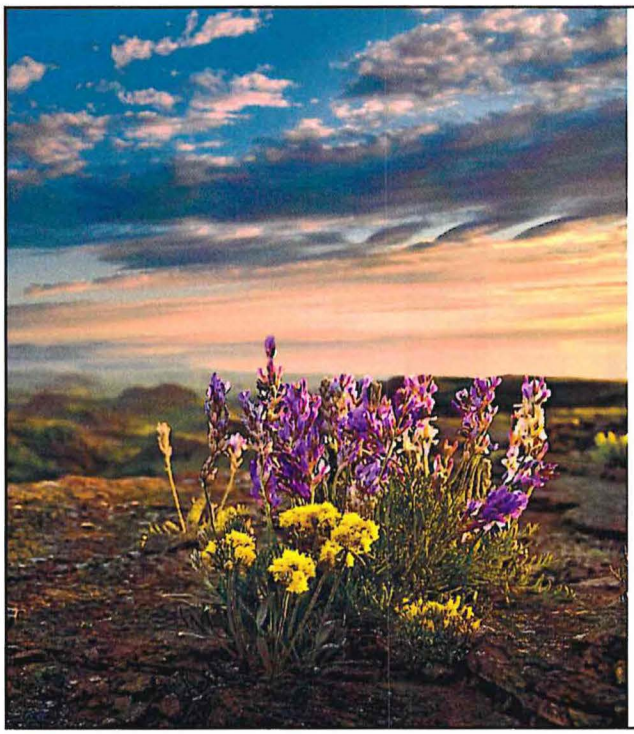
45

Overview of budget changes (IN MILLIONS)



NORTH Dakota | Health & Human Services

46



Contact Information

Clinical Director, Human Service Centers

- Dan Cramer
- dcramer@nd.gov

Medical Director, Human Service Centers

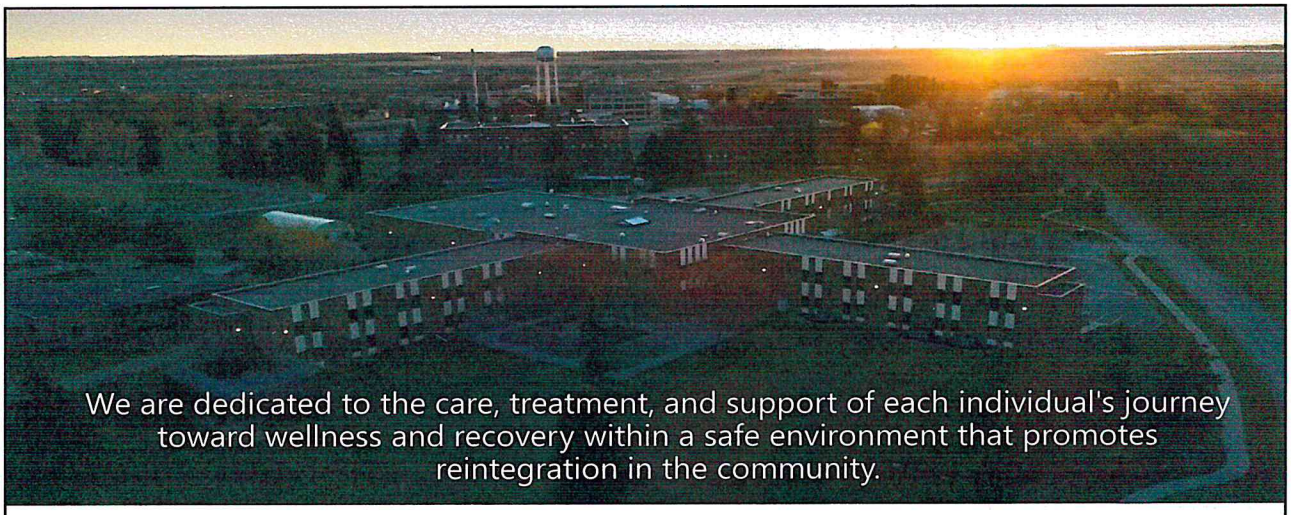
- Dr. Laura Kroetsch
- lkroetsch@nd.gov

Operations Director, Human Service Centers

- Jeff Stenseth
- jstenseth@nd.gov

NORTH Dakota | Health & Human Services
Be Legendary

47



We are dedicated to the care, treatment, and support of each individual's journey toward wellness and recovery within a safe environment that promotes reintegration in the community.

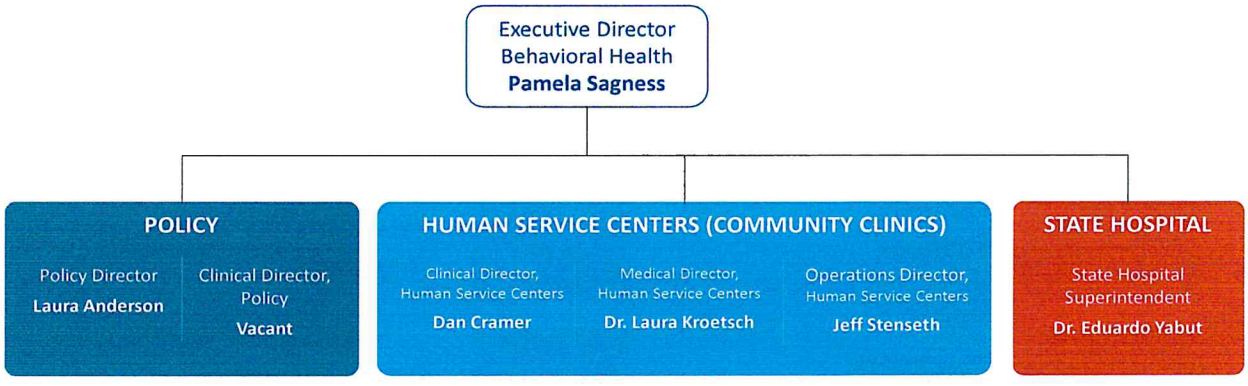
SB 2012
Senate Appropriations Committee
Senator Bekkedahl, Chairman

North Dakota State Hospital January 17, 2023

NORTH Dakota Be Legendary. | Health & Human Services

1

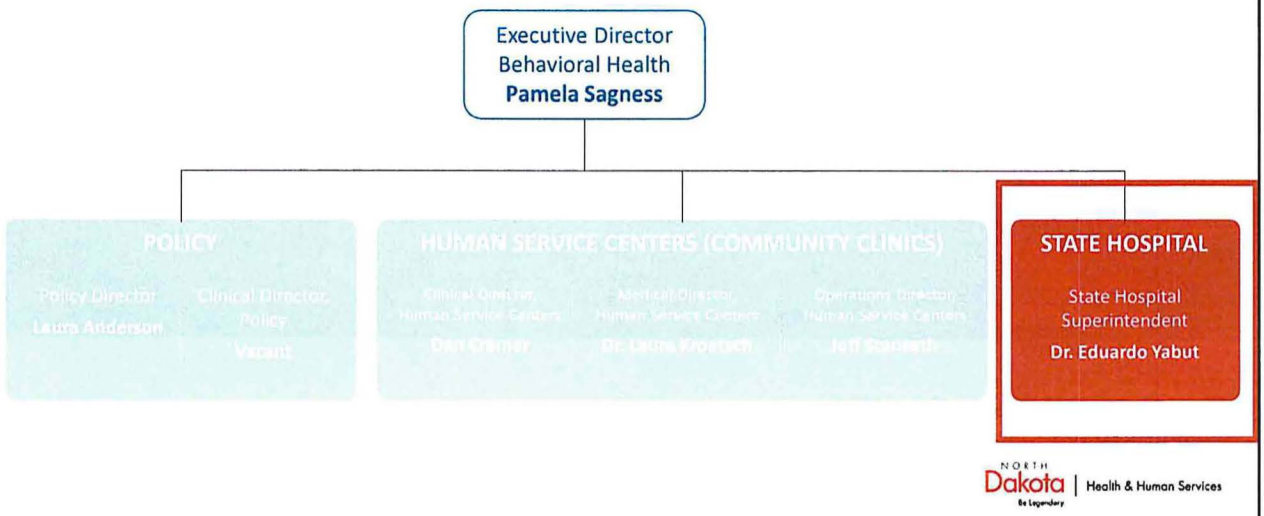
Behavioral Health Organizational Chart



NORTH Dakota Be Legendary. | Health & Human Services

2

Behavioral Health Organizational Chart



NORTH Dakota | Health & Human Services

3

Programs and Services



Acute Psychiatric Services



Forensic Services



Psychiatric Rehabilitation Services



Geriatric Psychiatric Services



Sex Offender Residential Treatment



SUD Residential Treatment

NORTH Dakota | Health & Human Services

4

Acute Psychiatric & Forensic Services

- 2 units with a total of 27 beds.

- These units serve individuals needing short term acute psychiatric treatment, acute psychosis with agitation / aggression, forensic admissions.
- All diagnostic groups are treated including many clients with dual or multiple diagnoses causing significant disruption in their daily lives due to severity or longevity of their illness.

Forensic Services-individuals are admitted to either of the acute psychiatric service units. These individuals are admitted under order for evaluation of competency, criminal responsibility, or both, as well as restore to competency/fit to proceed, or NGRI.

NORTH Dakota | Health & Human Services
Be Legendary

5

Acute Psychiatric & Forensic Services
(2021-2022)

Admissions	Average Length of Stay	Occupancy
• **859** • *Forensics admissions accounted for 14% of hospital's admissions*	• **20 days**	• **86%**

	BL	LR	NC	NE	NW	SC	SE	WC
Admissions By Region	*5%*	*7%*	*3%*	*6%*	*3%*	*42%*	*14%*	*4%*
Admissions By ER	*4%*	*6%*	*0%*	*4%*	*3%*	*72%*	*10%*	*1%*

NORTH Dakota | Health & Human Services
Be Legendary

6

Psychiatric Rehabilitation Services

- 2 units with a total of 30 beds

- Serves young individuals with chronic severe persistent mental illness. These individuals need intensive rehabilitative, vocational, and therapeutic services, including financial and housing.

NORTH Dakota | Health & Human Services
Be Legendary

7

Psychiatric Rehabilitation Services
(2021-2022)

Average Length of Stay	Occupancy
• **133 days**	• **96%**

NORTH Dakota | Health & Human Services
Be Legendary

8

Geriatric Psychiatric Services

- 24- bed unit

- Serves unique individuals with psychiatric and medical disorders that are of a higher acuity than community settings can serve.
- Most common diagnosis of neuropsychiatric d/o to include sundowning, wandering, and agitation/aggression some being violent causing nursing homes concern.

NORTH Dakota | Health & Human Services
Be Legendary

9

Geriatric Psychiatric Services
(2021-2022)

Average Length of Stay	Occupancy
• **129 days**	• **91%**

NORTH Dakota | Health & Human Services
Be Legendary

10

Sex Offender Residential Treatment (SOTEP)

- 2 units and a community transition house for a total of 49 beds
- Serves individuals who are civilly committed sexual offenders

NORTH Dakota | Health & Human Services
Be Legendary

11

Sex Offender Residential Treatment (SOTEP) *(2021-2022)*

Admissions	Average Length of Stay	Occupancy
• **8**	• **1,128 days**	• **60%**

NORTH Dakota | Health & Human Services
Be Legendary

12

Substance Use Disorder (SUD) Residential Services

- 30-bed unit
- Serves individuals at a residential level of care
  - Primary Substance Use
  - Dual diagnosed with Substance Use and Mental Illness

NORTH Dakota | Health & Human Services

13

Substance Use Disorder (SUD) Residential Services *(2021-2022)*

Admissions	Average Length of Stay	Occupancy
• **258**	• **48 days**	• **44%**

Admissions By Region	BL	LR	NC	NE	NW	SC	SE	WC	DOCR
	9%	*15%*	*1%*	*10%*	*2%*	*25%*	*11%*	*20%*	*8%*

NORTH Dakota | Health & Human Services

14

COVID-19 Response

Total Clients Served During Pandemic

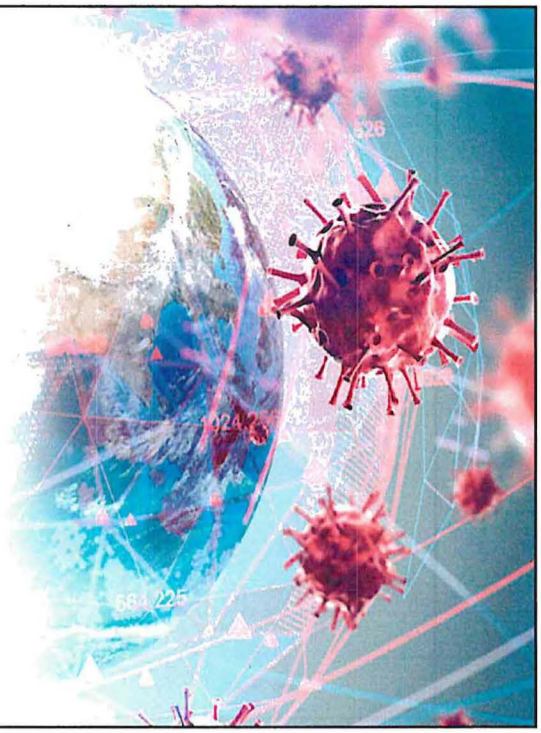
- **1,332**

Positive COVID-19 Clients Served

- **85 days**

Days COVID Unit Open

- **139**



NORTH Dakota | Health & Human Services

15

Accomplishments

Accreditation and Pharmacy Compliance

Services provided during inclement weather

Providers of clinical experiences

Enhance connection to dental care

NORTH Dakota | Health & Human Services

16

Client / Family Comments

Wonderful Caring People. Staff are professional and Kind. Thank you

I enjoyed the sense of community I felt here. I learned a lot during my stay and positive things to say about staff. Thank you

I am very grateful for the time and attention State Hospital staff have given to my family member in their care and to the rest of us!

Staff were sincere in their regard for the patient's and family's wellbeing and had trustworthy expertise and ability to arrange guardianship and other formal matters.

Staff were consistently communicative in an open and direct way.

I would like to thank all the Doctors and Treatment Teams for helping me change my future for the better.

This place was helpful with my meds, they worked fast with other agencies.

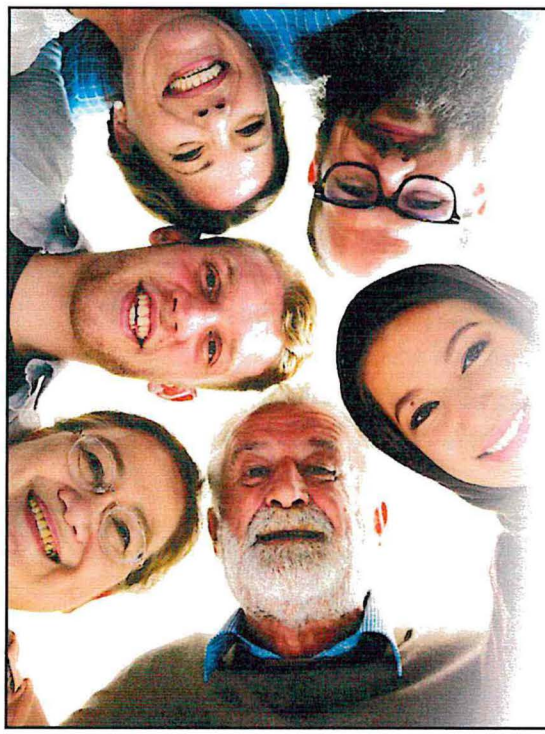
My Stay at the hospital was very fulfilling.

The staff are amazing people, Incredible people.

My experience here has been positive and Helpful.

NORTH Dakota Be Legendary | Health & Human Services

17



A future of continued progress

NORTH Dakota Be Legendary | Health & Human Services

18

Continued Efforts

ADMISSION WAITLIST

NEW STATE HOSPITAL

SCHULTE REPORT

NORTH Dakota | Health & Human Services
Be Legendary

19



2023-2025 Budget request

The **program, systems and workforce support** necessary to continue to serve North Dakotans

NORTH Dakota | Health & Human Services
Be Legendary

20

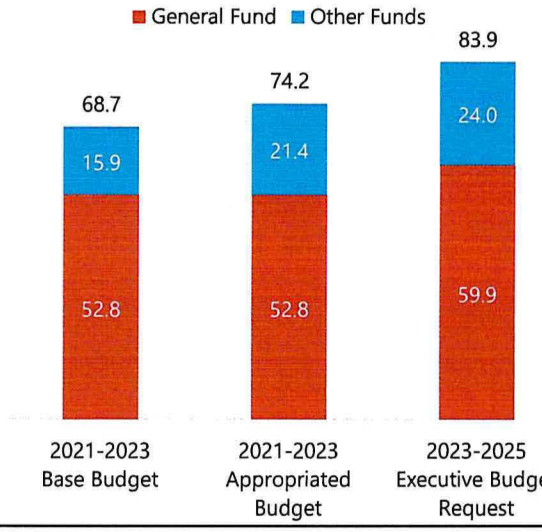
State Hospital
Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 56,179,732	$ 2,479,420	$ 58,659,152
Operating	10,921,272	2,746,195	13,667,467
IT Services	250,505	-	250,505
Capital Asset Expense	1,292,499	-	1,292,499
Capital Assets	60,800	10,000,000	10,060,800
Grants	-	-	-
Total	$ 68,704,808	$ 15,225,615	$ 83,930,423
General Fund	**$ 52,821,030**	**$ 7,051,222**	**$ 59,872,252**
Federal Funds	**1,215,507**	**2,126,351**	**3,341,858**
Other Funds	**14,668,270**	**6,048,043**	**20,716,313**
Total Funds	**$ 68,704,807**	**$ 15,225,616**	**$ 83,930,423**
Full Time Equivalent (FTE)	319.52	-	319.52

NORTH Dakota Be Legendary. | Health & Human Services

21

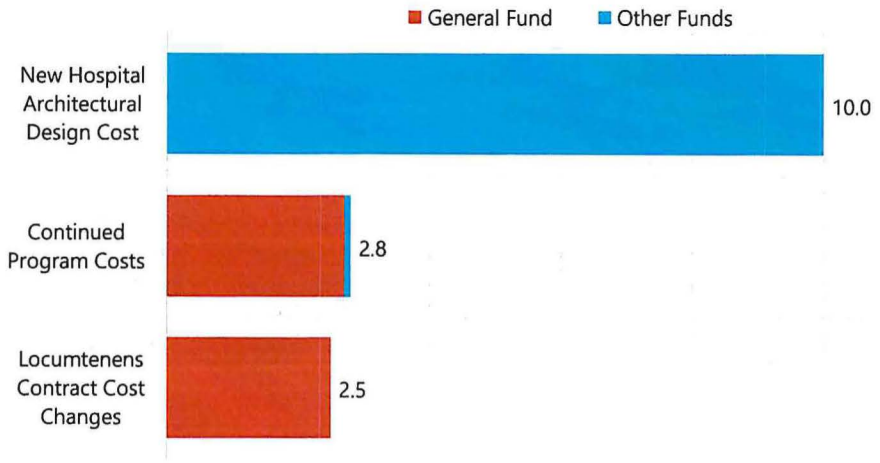
State Hospital
Overview of budget changes (in millions)



NORTH Dakota Be Legendary. | Health & Human Services

22

State Hospital
Overview of budget changes (in millions)



NORTH Dakota | Health & Human Services

23

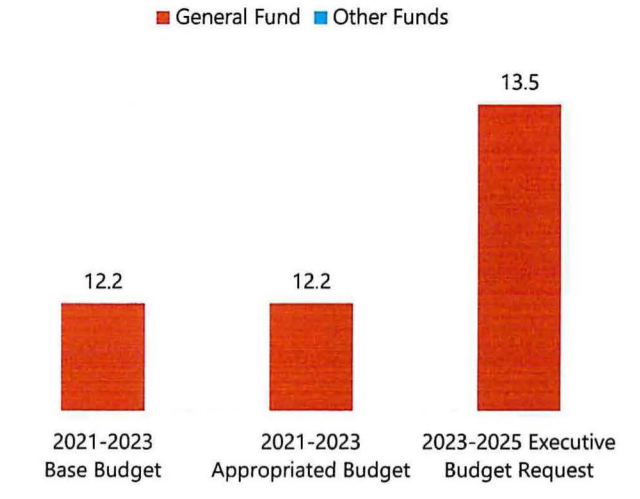
Sex Offender Residential Treatment (SOTEP)
Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 10,662,432	$ 1,235,330	$ 11,897,762
Operating	1,528,871	9,270	1,538,141
IT Services	40,314	-	40,314
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	-	-	-
Total	$ 12,231,617	$ 1,244,600	$ 13,476,217
General Fund	$ 12,231,617	$ 1,244,600	$ 13,476,217
Federal Funds	-	-	-
Other Funds	-	-	-
Total Funds	$ 12,231,617	$ 1,244,600	$ 13,476,217
Full Time Equivalent (FTE)	67.50	-	67.50

NORTH Dakota | Health & Human Services

24

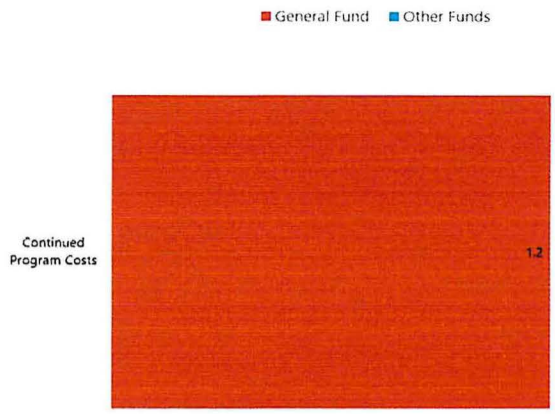
Sex Offender Residential Treatment (SOTEP)
Overview of budget changes (in millions)



NORTH Dakota | Health & Human Services

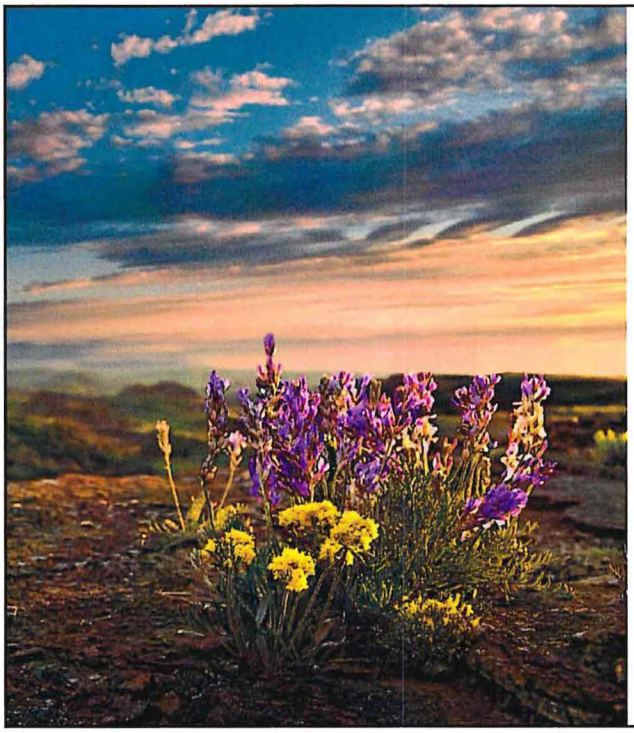
25

Sex Offender Residential Treatment (SOTEP)
Overview of budget changes (in millions)



NORTH Dakota | Health & Human Services

26



Contact Information

Superintendent

- Dr. Eduardo Yabut
- eyabut@nd.gov

NORTH Dakota | Health & Human Services

27

Senate Testimony SB2012

My name is Trevor Vannett. I am in support of the budget for Vocational Rehabilitation. I support people with disabilities getting to work, having jobs, and I think they need to look at their budget so they can pay staff while clients are on transit because this becomes another barrier to staffing.

Trevor Vannett

420 E Main Ave. Apt. 403, Bismarck, ND 58501

701-955-0000

trevorstwins@icloud.com

Senate Testimony SB2012

My name is Trevor Vannett. I am in support of the budget for the Developmental Disabilities Division because they need funds to look at guardianship for people with disabilities, look at people with physical disability more to qualify for waiver services, and find creative ways to provide services, don't say "we can't because of federal regulations." I know the Department can challenge themselves to rise up to provide the care we all need.

Trevor Vannett

420 E Main Ave. Apt. 403, Bismarck, ND 58501

701-955-0000

trevorstwins@icloud.com

Senate Testimony SB2012

My name is Trevor Vannett. I am in support of the budget for the North Dakota State Council on Developmental Disabilities because I support their mission. I ask for you to keep the budget as is.

Trevor Vannett

420 E Main Ave. Apt. 403, Bismarck, ND 58501

701-955-0000

trevorstwins@icloud.com

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

On behalf of the YMCAs of North Dakota, and childcare providers across the state, we are in support of the SB 2012, to provide an appropriation for defraying the expenses of various divisions of the Department of Health and Human Services.

As we have shared over the last two years with the department and various Senators, funding to bolster the department is needed to help with staffing related to background check processes, digitalization of key processes, and other key functions that the department manages in relation to childcare services across the state.

In these discussions, we have shared that background checks can take anywhere from two to five weeks depending on the staffing model in the department. This is causing programs across the state to operate in violation of their license when the choice is stay open and provide care or have someone work that hasn't received the completed background check. Bordering states are able to complete this process in 48 hours.

The need to upgrade our systems in the state are long overdue. Digitization of forms and submission not only speeds the process but also ensures accuracy of the information. If through this appropriation to help the staffing model, these projects are completed the above background check will decrease its lag of wait time.

Childcare services across the state have been top of mind for all government officials. We commend you for your focus. This has come with additional pressure on providers to provide more childcare openings. Until some of these issues listed above are addressed, it will be impossible for providers across the state to do so. Your attention to a step to support the Department of Health and Human Services will improve these areas and allow us to focus on providing quality, and more, care to the youth and families of our state, helping increase our workforce in the process.

Thank you.

Yours in Service,

Stephen Smith
President and CEO
YMCA of Cass and Clay Counties

YMCA OF CASS AND CLAY COUNTIES
Fercho Branch
400 1st Ave S, Fargo, ND 58103
(P) 701.293.9622 | (F) 701.232.9545

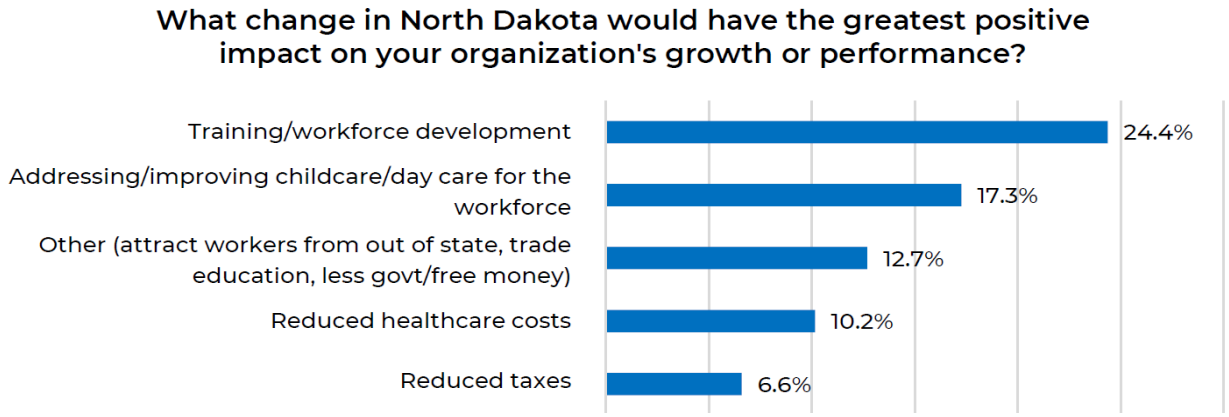
Schlossman Branch
4243 19th Ave S, Fargo ND 58103
(P) 701.281.0126 | (F) 701.277.4832

WWW.YMCACASSCLAY.ORG

GREATER NORTH DAKOTA CHAMBER
SB 2012
Senate Appropriations Committee
Human Resources Division
Chairman Dick Dever
January 22, 2023

Mr. Chairman and members of the Committee, my name is Andrea Pfennig with the Greater North Dakota Chamber. GNDC is North Dakota's largest statewide business advocacy organization, with membership represented by small and large businesses, local chambers, and trade and industry associations across the state. We stand in **support** of Senate Bill 2012 as it relates to childcare.

Recently, GNDC partnered with the NDSU Challey Institute for Global Innovation and Growth to complete a survey about the business climate in North Dakota. The survey found that 62% of respondents felt the number one factor holding businesses back is difficulty attracting and retaining qualified workers. Additionally, when respondents were asked what change in North Dakota would have the greatest positive impact on their organization's growth or performance, the second most common response was to improve childcare for the workforce.



The results of the survey were reflected in the discussions held by our members in our policy position development process. Lack of childcare is negatively impacting businesses. As a result, one of our policy positions is to encourage solutions that enhance childcare availability and out of school time programming that do not increase costs to businesses. We are also supportive of the services offered in vocational rehabilitation.

We hope that you will support funding and solutions aimed at addressing workforce challenges in SB 2012.

701.222.0929 ndchamber@ndchamber.com ndchamber.com PO Box 2639 • Bismarck, ND 58502

WESTHOPE PUBLIC SCHOOL

HOME OF THE "SIOUX"
395 MAIN STREET PO BOX 406
WESTHOPE, NORTH DAKOTA 58793-0406
(701) 245-6444 FAX (701) 245-6418

Superintendent: Martin Bratrud
Principal: Christy Lee
Activities Director: Garrett Wible
Business Manager: Barry Trottier
Board President: Liz Tofteland
Board Vice-President: Katie Ogaard

1-13-2023

To: Senate Appropriations Committee, Senator Brad Bekkedahl, chair
From: Martin Bratrud, Superintendent, Westhope Public School
Re: Westhope School Best in Class Preliminary Observations and Analysis

I am writing this letter to share with you our campus observations and preliminary analysis of the Best-in-Class Program at Westhope Public School. I would like to preface my comments to state this cannot be considered data as our sample size is small and because the observations we have collected are only 1.5 years old. However, I think we can definitively say we see some positive trends emerging.

I will also add as a school administrator I am a proponent of early childhood education but also realize there had been compelling evidence to suggest that early childhood program designs in the past have limited impact on later school achievement. A Brookings Institute report from July 12, 2018 (https://www.brookings.edu/research/does-state-pre-k-improve-childrens-achievement/) outlines good data to suggest that NAEP scores increase through early and middle elementary grades then that impact plateaus in later elementary grades into junior high age. This is specifically cited to be caused by the onset of adolescent impacts, especially social and emotional issues for economically disadvantaged students and families. I can concede that data is compelling in and of itself. However, what we are learning in our observations brings another piece to these questions. What does Pre-K education provide for more long-term impacts such as graduation rates, overall literacy rates, and increased family engagement? Considering these factors, I have not found any research or data to suggest positive, neutral or negative impacts on student outcomes. This is an area I believe the Best-in-Class Program may be able to help us by providing more long-term data to see if there are greater impacts than just NAEP Testing results or NDSA assessment results. I ask this question because these are the trends we are seeing in our school.

Trend 1: We are seeing significantly increased family engagement through the programs developed and implemented in the Best-in-Class program. Our parental engagement has increased at least 100% because we, as a school offer more programming to support parents. We offer more opportunities for parents to learn about early childhood education and how they can be a partner with us and help reinforce reading, learning through play, and other opportunities in their home. I could brag all day on the work our teacher, Samantha Koons, has done to increase these "touches" that bring the school, the child and their home together through weekly and monthly activities and outreach. This motivates and supports parents with resources and knowledge to increase engagement and encourage learning both in the school and home, especially for economically disadvantaged families. This in turn increases exposure and

WESTHOPE PUBLIC SCHOOL

HOME OF THE "SIOUX"

395 MAIN STREET PO BOX 406

WESTHOPE, NORTH DAKOTA 58793-0406

(701) 245-6444 FAX (701) 245-6418

Superintendent: Martin Bratrud *Business Manager: Barry Trottier*

Principal: Christy Lee *Board President: Liz Tofteland*

Activities Director: Garrett Wible *Board Vice-President: Katie Ogaard*

opportunities for their children that they would not otherwise have access to. We believe this jump is due to our staff training in the use of the Ready Rosie and Waterford Family engagement tools brought to us through the Best-in-Class Program.

Trend 2: Literacy gains. In the past year our kindergarten teacher has observed a significant increase in our kinder student's achievement and mastery rates of literacy outcomes for all students. She noticed during kindergarten screening all students in the class have full mastery of their letters, and almost full mastery of sounds as collected by the Brigance Early Childhood screening tool. Compared to previous school years, the data collected shows a 22-34% increase in student outcome range compared to school year data prior to Best in Class being implemented. At first glance we did not believe the results and after just a week of kindergarten classes our teacher had to adjust and advance her students into more complex literacy learning such as blends and beginning site words. She even had more advanced students begin books that were at higher levels than students in previous years had started with. Again, I caution that this is not definitive data by any standard, our sample size is small and only 1.5 years old, but it is a positive trend that could not be ignored and caused our kinder teacher to adjust her curriculum calendar forward due to the unexpected, advanced achievement scores of her students. We believe this is attributed to the implementation of the Best-in-Class Teaching Strategies Creative Curriculum. A middle of the year assessment just completed in December, collaborates the beginning of the year results and has given us high confidence that advancing the curriculum was the correct diagnostic decision for our students this past fall. We expect to see similar results in a mid-winter assessment and end of year assessment periods based on teacher observation and daily running records.

Trend 3: Student social, emotional, and medical needs are also being tracked. As a result, we see a trend emerging that early intervention with speech, vision, dental, hearing, and physical screenings are helping the school and parents identify barriers to learning earlier. We have also noticed a minor trend developing specifically in the area of speech, whereby services provided last year and the first part of this year have allowed several students to receive early intervention to correct minor speech deficiencies, resulting in some students being considered for early exit from speech services. We are expecting the first student to be exited from speech services this spring. Early intervention is having a positive impact due to the training our staff have received through the Best-in-Class program.

Last, I would like to share a question that I believe will be answered in coming years. If we provide early instruction, will this result in literacy being attained earlier? And if literacy is attained earlier, will the impact of the onset of adolescent issues have decreased negative impacts on future student outcomes? Literacy is a gift that cannot be taken away from a child once attained, regardless of the impact of negative influences in a child's life. Can this gift ensure

WESTHOPE PUBLIC SCHOOL

HOME OF THE "SIOUX"

395 MAIN STREET PO BOX 406
WESTHOPE, NORTH DAKOTA 58793-0406
(701) 245-6444 FAX (701) 245-6418

Superintendent: Martin Bratrud
Principal: Christy Lee
Activities Director: Garrett Wible

Business Manager: Barry Trottier
Board President: Liz Tofteland
Board Vice-President: Katie Ogaard

more students can disengage from cycles of poverty, abuse, substance abuse and other negative impacts from their childhood to ensure more students have the opportunity to be successful?

This argument is appropriately used for the transition to Science of Reading curriculum. Could not the same argument apply to early childhood education? I do not know the answer to that question, but myself and other educators would certainly like to know. I have yet to find research one way or another on this subject as it pertains to early childhood programs, but I have to believe that literacy attained earlier can only have a positive impact regardless of barriers to a child's ability to learn.

Literacy is the foundation of success for all children and the Best-in-Class program is starting to demonstrate trends to be a step forward to that end. Based on my teacher's observations, my principals, and my own, I am seeing a program that makes a difference right now. I would ask the North Dakota Legislature to respectfully consider approving this pilot program to continue to ensure good data is collected and analyzed to prove or disprove the trends we are seeing in the small scale now that may be the link to ensure future success of our students beyond adolescence and into adulthood.

Respectfully Submitted,

Martin J. Bratrud

Martin Bratrud
Superintendent
Westhope Public School
701-490-4071

SB 2012
Senate Appropriations – Human Resources Division
Tuesday, January 24, 2023
Senator Dick Dever, Chair

Chair Dever and Members of the Senate Appropriations - Human Resources Division:

My name is Roxane Romanick and I am writing as the representative for Designer Genes of ND, Inc., as their Executive Director. Designer Genes' membership represents 230 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 primarily concerned about the funding for the Inclusion Support Program (https://www.nd.gov/dhs/services/childcare/inclusion.html) as your committee discusses the Early Childhood Section of the Department of Health . The Inclusion Support Program has two main components to assure young children with disabilities can be supported in a typical child care setting. These are a grant program for child care providers for additional staffing, equipment, supplies, and/or facility modifications and inclusion specialists to help stabilize, maintain, and enhance placements of children with disabilities.

This program is funded with state general funds and the Early Childhood Section for the Department manages the grant program. The Department contracts the funding for the inclusion specialists to a non-profit provider.

Designer Genes would like to see a strong continuum of opportunities for our youngest members who have Down syndrome and the Inclusion Support Program is critical to that work. We would encourage the committee to consider an expansion of this program and to create some additional permanence to the grants so that children do not experience any interruption to their supports.

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

House Appropriations Committee
IN SUPPORT – HB 2012 – DHS Budget – Economic Assistance
January 24, 2023
Janelle Moos, AARP North Dakota
jmoos@aarp.org
(701) 355-3641

Chairman Dever and members of the Senate Appropriations Human Resources Division, I am Janelle Moos, Associate State Director of Advocacy at AARP North Dakota.

AARP is a non-profit, non-partisan membership organization with more than 84,000 members in North Dakota. Our mission is to empower people to choose how they live as they age.

We wanted to take a moment to weigh in on a couple of important economic assistance issues.

First, SNAP is an important program that ensures older adults and families get the nutrition needed. We have closely monitored the food crisis more Americans and North Dakotans faced during the pandemic. SNAP benefits are an important tool that addresses this crucial problem. It is an especially important program for Americans over 50 because many face challenges to employment, live on fixed incomes, live alone, and have limited financial resources to pay for necessities like food, housing, and essential medicine. To people struggling to put food on the table, hunger is not a political issue, it is a daily reality. SNAP is a vital lifeline that feeds nearly 24,000 North Dakota households. 35% of those recipients are either elderly or disabled. Participants generally spend their SNAP dollars locally, soon after receiving them, boosting local economies. An important benefit in this time.

Also, LIHEAP has served as a lifeline for low-income families. As you may know, AARP believe utility issues and rates are a key pocketbook issue. We have intervened in various cases in front of the North Dakota Public Service Commission on behalf of older adults and consumers and know the struggle of families to afford their utility payments. Having a safety net for families especially in our climate is the right thing to do.

We encourage you to continue to support these programs to ensure no North Dakotan goes hungry or without heating or cooling assistance when they need it.

Again, we appreciate the time to raise issues important to North Dakotans 50+. Thank you.

Testimony on SB 2012
2023 Legislative Session
January 23, 2023
Sen Dever Senate Appropriations Human Resources Division Chairperson

Senator Dever and Members of the Committee

My name is Donene Feist, I am the Director for Family Voices of North Dakota. I come before you today regarding SB 2012.

Family Voices of North Dakota is statewide family to family health information and education center who serves families of children with special health care needs in ND. Each state in the country and our territories has one family organization that has been designated as a family to family health information and education center by HRSA federally. We are that entity for ND.

As an agency, we continue to experience an increase in the number of calls and requests for assistance from families and providers. We have received general fund dollars since 2015 through Children and Family Services.

We are requesting that the dollars described below be fully funded and distributed through the general funds process in SB2012. **Both of these were maintained in the 2019 and 2021 legislative session under 2012/1012 for a total of $175,000 in general funds via contract with DHHS.**

The need for family support is not going away. The first section has been provided since 2015. Language is as follows.

The grants line item in subdivision 2 of section 1 of this Act includes $75,000 from the general fund for a grant to a statewide family-to-family health information and education organization which provides parent-to-parent support for families and is located in a county with a population of less than 6,000 based on the 2010 decennial census, for the biennium beginning July 1, 2015, and ending June 30, 2017. Funds awarded must be used for family-related information and education services. The organization receiving a grant under this section shall provide a report to the legislative management during the 2015-16 interim on the use of grant funds

In 2017 SECTION 5. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state H. B. NO. 1040 - PAGE 2 treasury, not otherwise appropriated, the sum of $100,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing funds to one or more organizations to provide family-to-family support services, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds provided under this section must be used for providing support services to families with children who have disabilities or behavioral health needs.

Again, both of these were maintained in the 2019 and 2021 under 2012/1012 session for a total of $175,000 in general funds via contract with DHHS.

I want to talk to you a bit more about children with medical complexities and disabilities:

According to the 2020-2021 National Survey of Children's Health, there is approximately 34,412 children and youth who have a special health care need. FVND follows the Maternal and Child Health definition of children with special health care needs, which is those children and youth who have a chronic condition of at least one year, a physical disability or mental health/behavior health diagnosis. Additionally, there are many children and youth who may have a physical disability and a chronic health illness but also may have a co-occurring mental health diagnosis. Because of many families have a co-occurring condition, it often leaves families having to understand and navigate many systems and complicated silos. We receive our referrals through agencies, physician offices, out of state hospitals where a child/youth may be receiving services.

National Outcome Measure 17.1: Percent of children, ages 0 through 17, with special health care needs (CSHCN)

	Children with special health care needs (CSHCN)	Children without special health care needs (Non-CSHCN)	Total %
%	**19.4**	**80.6**	**100.0**
C.I.	16.9 - 22.1	77.9 - 83.1	
Sample Count	334	1,240	
Pop. Est.	34,412	143,176	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

National Outcome Measure 17.1: Percent of children, ages 0 through 17, with special health care needs (CSHCN)

		Children with special health care needs (CSHCN)	Children without special health care needs (Non-CSHCN)	Total %
Received care in a well-functioning system	%	**13.4**	**86.6**	**100.0**
	C.I.	9.7 - 18.2	81.8 - 90.3	
	Sample Count	51	267	
	Pop. Est.	4,183	27,127	
Did not receive care in a well-functioning system	%	**20.7**	**79.3**	**100.0**
	C.I.	17.9 - 23.8	76.2 - 82.1	
	Sample Count	283	972	
	Pop. Est.	30,229	116,018	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

As you can see in the above diagram, our children have many complex needs.

The diagram identifies, how many of the 34,000 children receive services in a well-functioning system of care. We provide emotional and informational support to many families across North Dakota who have a child who has a chronic health condition and/or disability often assisting with care coordination for their children.

About FVND:

In addition to the support and 1:1 assistance we provide to families, we also provide various trainings and workshops, which help families understand how systems work so that they can also be good stewards of state dollars and the programs of which their children are enrolled. This is done under the Family to Family Health Information Centers designated by HRSA. There is one Family to Family in every

state across the country. We are a chapter of Family Voices National who oversees all of the Health Information and Education Centers.

Our staff, who all are parents to children with special health care needs, medical complexities and disabilities provides assistance to families by helping them access and navigate services; explaining what the services mean, how systems work, and where the funding comes from. We provide emotional support to assist with their unique and individual needs. In many ways, we also have an Ombudsman type resource as when things go awry or something goes wrong our staff are often who is contacted to help them sort through and navigate this very complex system of care.

All of our services under the auspices of the statewide health information and education center are performed through a parent-to-parent or peer to peer mechanisms through our staff. Additionally, we operate a parent-to-parent matching program called North Dakota Parent-to-Parent which provides connection of one parent to another as a mentor for emotional support. Sanctioned by Parent to Parent USA.

In partnership with Designer Genes since 2012, we provide support through a project called Project Carson. Project Carson provides emotional and informational support to families who may receive a ***prenatal diagnosis or an at birth diagnosis***.

Families desperately need a place to go to get the help that they need. Through funds appropriated above we were able to increase and maintain staff time. An inflationary increase of 15% would be appreciated.

We often encounter families who are in crisis and experiencing difficulty accessing services because of denials and ineligibilities. Current staff are assisting families across ND. Funds allocated, not only help meet increase in demands for assistance to families and professionals 1:1, but also for ongoing training, and development of educational materials. Our mailing list has steadily increased to nearly 7800 across the state.

FVND currently as we did last session have concerns regarding the 1915i, and how many children will be screened eligible. We are also very concerned about the Department eliminating the autism voucher and moving those funds to the autism waiver. Some of the children and youth that were served through the voucher will

not be transferred to the waiver which will again cause a gap for those with an autism diagnosis. This would be a travesty for some families. There continues to be a wait list for the autism waiver, in my opinion, this would not be eliminated by moving voucher funds to the waiver and again, what happens to those children and youth who are already being served. More so we would like to see an increase in age for the autism waiver. We believe there is room for both.

We are grateful to the Senators of this committee in being one of the sponsors of SB 2256, which approved a study to be done on children and youth with a developmental disability, identifying the gaps in services and how they are being served. Many children do not qualify for the DD waiver, unless they have an ID diagnosis which leaves many children behind. Diagnosis such as Down syndrome, Spina Bifida, cerebral palsy, muscular dystrophy and autism etc. to name a few. While we have done well in trying to gap fill with the medically fragile waiver, hospice waiver and autism waiver, we have not gotten to the meat and potatoes to look at the system as a whole and how to best serve all children and youth with a developmental delay. This has been a vital need for a long time as many families continue to not receive any services. The work done with Alvarez and Marsels provides a wonderful road map in implementation and improvement of our current system.

I would also like to point out the resource section of the Alvarez and Marsal study. It referenced 2 agencies for family navigation and supports. These were Texas Parent to Parent and Missouri Family to Family, both of these entities are sister agencies across the country who provide family support in the same model that FVND does. They too are Family to Family Health Information and Education centers designated by HRSA. https://ndlegis.gov/files/committees/67-2021/23_5168_02000presentation1230.pdf

What we know through prevalence data for ND from the Data Resource Center 2020-2021 is there are approx. 34,412 children and youth who have a special health care need in ND. One in five families in North Dakota has a child with special health care needs.

That data also indicates that:

40% of this population utilize public insurance (this may include income eligible Medicaid and waivered Medicaid
14.6% use only private insurance

44.9% of this population use both private and public
12.2% of this population were currently at the time of the survey uninsured.
The number of uninsured for this population has dropped since my last testimony. One of the reasons may be that from the start of the pandemic as it was deemed a public health emergency, they may have been covered through public insurance.

In previous years ND Kids Count Data indicates that 86% of parents with children eligible to receive services are not aware of available programs. We feel that this is still an issue. ***People cannot access what they do not know exists.*** In essence, we do assist families, one of our most vulnerable population in accessing services they will need in raising their child with a chronic illness and disability. A common theme we here from families is they were not told where to go to access services. If we were not available to provide that assistance, who then would provide this service to families?

Most recently, through focus groups to identify family's needs, we learned families needed assistance in navigating and understanding the various systems and silos, a streamlined approach, need to connect with others, application assistance and help coordinating services. We also know through a recent survey of DD Program Managers revealed many of them do not know local resources and this is where FVND plays a very valuable part to systems of care.

Our data collected below and on the final sheets of this testimony, is information that all staff collect and is aggregated. I share the information to help you understand the magnitude of information that we collect daily.

The included below our last data that was pulled. Our data collection system has changed beginning 1/1/21. This was due to an unfortunate cyber-attack. However the upside was that we are now using the same data system now that our sister agencies across the country are using.

Table 1. Total Encounters and reasons for calls

Total Encounters of all calls 12/1-12/31, 2022	**2022**		
Families unduplicated	**2810**		
Families duplicated	**11595**		

Of the total instances of service for families, we provided		Of the total number of families served/trained, instances of service related to the following issues:	
Individualized assistance (Includes one-on-one instruction, consultation, emotional support, care coordination and mentoring)	4016	Partnering/decision making with providers	7366
Basic contact information and referrals	320	Accessing a medical home	2167
Group training opportunities	1610	Financing for needed health services	3864
Meetings/Conferences and Public Events (includes outreach events and presentations)	4952	Early and continuous screening	2560
		Navigating systems/accessing community services easily	7077
		Adolescent transition issues	1184

As stated earlier, many times, our encounters with families are heightened because the family is in crisis. We have noted that the issues being presented by families today are being increasingly complex.

Our staff work with a large number of families who experience gaps in service, have difficulty understanding the complexities of our Medicaid systems and Medicaid waivers, and their private insurance who have children with very complex medical issues.

Many providers contact us to make a referral or to assist them in locating resources for families they are working with. Families often do not know where to begin. We will partner with them in making those connections to community resources, possible eligibility criteria and programs, assist them with the application process,

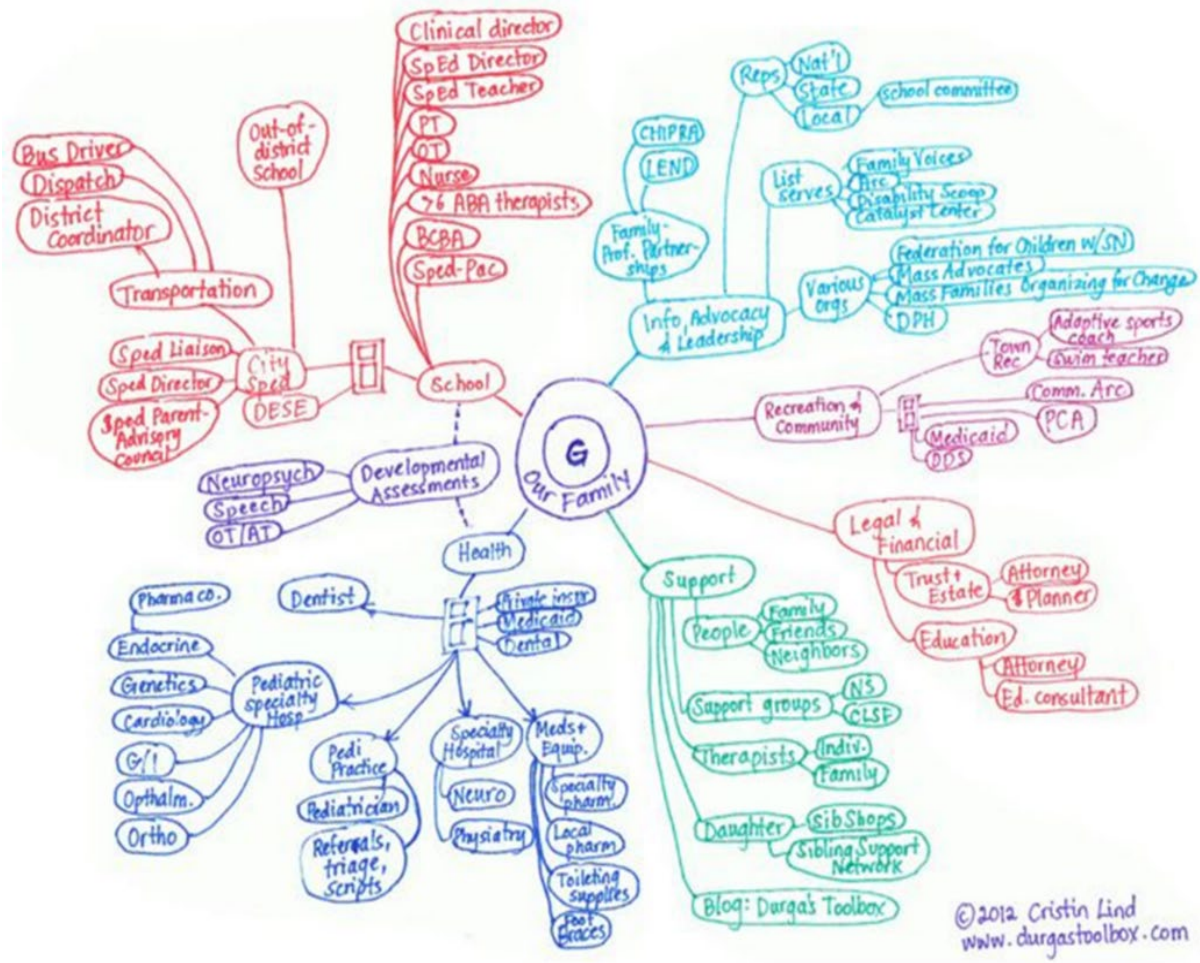
follow up with them to assure their family needs are being met, and provide ongoing emotional and informational support.

This table is an example of the categories of calls, trainings and meetings with providers.

Table 2. Provider calls

Our organization provided health care information/education to providers to assist them in better providing services for CSHCN	**2022**
Professionals unduplicated	**1304**
Professionals duplicated	**13975**
Of the total number of providers served/trained, instances of service related to the following issues:	
Partnering/decision making with providers	**9018**
Accessing a medical home	**2334**
Financing for needed health services	**4212**
Early and continuous screening	**1882**
Navigating systems/accessing community services easily	**8052**
Adolescent transition issues	**2271**

In the diagram below you will see children with a chronic condition or disability utilize many services. Most services that families encounter are in silos.



We know and can identify as best practice that families thrive when supported by others with lived experience. We also know that families build capacity, strength and confidence through support and coaching from another parent. Active engagement with families through responsive listening from others who have walked in the same shoes assists families in a manner that allows them to receive services necessary to meet their family and child's needs.

Families across North Dakota have repeatedly shared the difficulty in locating and accessing services when they call our offices. Raising a child or youth with special health care needs, accessing quality services and paying for them while still meeting the needs of the entire family and maintain employment is stressful.

Senator Dever and members of the committee, I have stood before you all for many years. The needs for families to live, thrive and survive in their community has also increased. We often **hope for the best, but don't know what the future holds in a**

world and system that wasn't built for our children. There is no handbook or parenting book about raising a child with special health care needs and disabilities.

Most of our children don't fit a mold. All are uniquely their own, and many have multiple diseases or disorders so rare that often doctors have never seen. Early on families realize with a heavy heart, the world we live in isn't built for our children. Each and every day families are fighting someone about some aspect of their care. It could be a doctor, nurse, therapist, educator, or an insurance company. Every day families launch battles for what we know our children need to thrive, and sometimes our fight ends in defeat.

Every day many families are fighting a battle against a disability, disease or chronic illness that we will never beat. Most of families know the very real implications of what can happen to our children at any given time.

Our role is not only to provide support, assistance in navigating and connecting to services to families, but through or various trainings and workshops, help families understand how systems work so that they can also be good stewards of state dollars and the programs of which their children are enrolled. A valued provider has stated "It is important to ensure that there are adequate supports for families, as these strengthen the family unit as a whole. This results in a decreased demand for providers as you are creating lasting change within the family unit."

Again, we are requesting that the dollars described remain in and disseminated in the general budget for SB 2012. The need for family support is not going away. Do the most vulnerable families in the state not deserve assistance?

North Dakota in 2015 when we began receiving general fund dollars is a bit ahead of the curve as we began that process and hope that we will continue to do so.

In closing, let us remember as each of us makes decisions that will affect children—whether we are parents, educators, health professionals, or government officials—it is our duty to consider if that decision either affirms or denies a child's most basic human rights. **Families are not looking for handouts, but they do often need a rope to hang on to, to keep from drowning in an every changing system. Family support is vital, to help them live, thrive and survive in an every changing world.**

Enclosed in the following pages are testimony of some of the families we serve

We thank you for your consideration.

Donene Feist
FVND Director
701-493-2634; fvnd@drtel.net



To the Members of the Senate Appropriations,

My name is Toby Lunstad and I live in Mandan with my family, including our 8 year old daughter Addilynn. Addilynn has a very rare genetic disorder with life-long neurodevelopmental symptoms that include difficult to treat epilepsy, lower threshold to experience hemiplegic migraines, developmental delays, and an overall medical fragility that has proven to be very challenging for us and her medical team to manage.

Some of her medical challenges are listed below:
2018: Addilynn was fighting for her life in PICU in Minnesota after seizures nearly took her from us.
2020: Addilynn experienced a hemiplegic migraine that drastically changed her ability to eat and drink…which resulted in her needing a feeding tube placed.
2021: Addilynn was unable to sleep without experiencing life-threatening seizures and she ultimately needed to have surgery to help better manage her epilepsy.
2022: Addilynn experienced post operative complications after a routine hip surgery that resulted in another life-threatening event resulting in a PICU and 6 week hospital stay.

In 2017, I attended the Parent Leadership Institute through Family Voices of North Dakota. I have also reached out to their staff on numerous occasions for guidance and support.
As I reflect on the numerous health events Addilynn has experienced, I am grateful that I had the opportunity to attend Parent Leadership Institute and reach out to Family Voices for guidance support over the years. My ability to confidently advocate for Addilynn as she experiences medical events due to her diagnosis began because of Family Voices of North Dakota. I know that I would not have the ability to advocate for her care with grace and strength if I did not have the support of Family Voices behind me…coaching me and supporting me along the way.

The programs and support Family Voices provides to families like mine are invaluable and dramatically impact lives for the better. I urge you to continue the allocation of funds Family Voices of North Dakota programs. Families of children with special health care needs NEED agencies like Family Voices to help them navigate a confusing and sometimes scary system for their children.
I know that my daughter would not be thriving today without the advocacy skills and support that I have received from Family Voices of North Dakota.
Toby Lunstad
701-595-4386
tobylunstad@gmail.com

Al Gobierno de Dakota del Norte

Mi nombre es Yomiara Crespo y mi hijo es Michael. Somos del territorio estadounidense Porta Rico y ahora vivimos en Watford City. Mi hijo Michael tiene muchos problemas con su cerebro y salud mental. Ha tratado de lastimarse a sí mismo muchas veces y fue colocado en diferentes lugares por tratar de lastimarse a sí mismo o a otros. Las escuelas de Watford City han ayudado mucho.

North West me dijo que debería llamar a Heather Wheeler con Family Voices of North Dakota cuando comencé a tener problemas nuevamente con los registros y a entender qué hacer a continuación para mi hijo. Heather me envió un mensaje de texto en español y otro defensor también. Ellos trabajaron duro, pero yo trabajé más con la Sra. Ella me ayudó a arreglar la forma en que trataron a mi hijo y la forma en que me tratan a mí porque no hablo bien inglés. Heather habló con Dakota Boys and Girls Ranch sobre no tener un intérprete para mí y obtuvo los papeles que necesitaba.

Durante muchos meses, la Sra. Heather me ha ayudado a entender lo que debería hacer para ayudar más a Michael. Ella está en las reuniones, me ayuda a asegurarse de que tenga a alguien que hable español, así que entiendo todo. Siento que me tratan mejor ahora. Antes de la Sra. Heather no sabía que se podía hacer más. Antes de la Sra. Heather no sabía que podía obtener documentos en español y que siempre puedo tener a alguien que me ayude a entender. No soy tonto, pero necesito ayuda para entender el inglés que está escrito.

Muchas veces, he enviado a la Sra. Heather documentos que están en inglés y no entienden lo que la persona quiere y la Sra. Heather me ha ayudado a obtener la información que necesitan. El condado de McKenzie me envía documentos sobre Michaels Medicaid y otros documentos en inglés y la Sra. Heather me ayuda a entender lo que quieren. La Sra. Heather habló con ellos por mí y ahora recibo algunos documentos en español. Siempre tienen un intérprete en el teléfono cuando hablamos ahora también.

Quería que supieras que gracias a la Sra. Heather y su trabajo con Family Voices siento que los profesionales quieren ayudarme más con Michael. Me ven. La escuela en Watford siempre ayudó, pero ahora todos están haciendo aún más. Recibo ayuda con las facturas de Michaels en North West y recibo consejos para Michael. No sé si estaría aquí sin su ayuda. Michael lo está haciendo muy bien y eso es lo que importa.

Gracias por leer esto para mí.
Yomaira Crespo y Michael

701-770-0063
yomairacrespo1783@gmail.com

ENGLISH TRANSLATION

January 9, 2023

To North Dakota Government

My name is Yomiara Crespo and my son is Michael. We are from US Territory Porta Rico and now live in Watford City. My son Michael has many problems with his brain and mental health. He has tried to hurt himself many times and was placed in different places for trying to hurt himself or others. The Watford City schools have helped a lot.

North West (Human Service Center) told me I should call Heather Wheeler with Family Voices of North Dakota when I started having problems again with records and understanding what to do next for my son. Ms. Heather texted me in Spanish and another advocate too. They worked hard but I worked with Ms. Heather more. She helped me fix the way my son was treated and the way I am treated because I don't speak good English. Ms. Heather talked to Dakota Boys and Girls Ranch about not having an interpreter for me and got my papers I needed.

For many many months Ms. Heather has helped me understand what I should be doing to help Michael more. She is at meetings, she helps make sure that I have someone who speaks Spanish, so I understand everything. I feel like I am treated better now. Before Ms. Heather I didn't know that more could be done. Before Ms. Heather I didn't know that I could get paperwork in Spanish and that I can always have someone to help me understand. I am not dumb, but I need help understanding English that is written down.

Many times, I have sent Ms. Heather papers that are in English and don't understand what the person wants and Ms. Heather has helped me get the information they need. McKenzie County send me papers about Michaels Medicaid and other paperwork in English and Ms. Heather helps me understand what they want. Ms. Heather talked to them for me and now I get some papers in Spanish. They always have an interpreter on the phone when we speak now too.

I wanted you to know that because of Ms. Heather and her work with family Voices I feel like professionals want to help me more with Michael. They see me. The School in Watford always helped but now everyone is doing even more. I get help with Michaels bills at North West and I get advice for Michael. I don't know if he would be here without their help. Michael is doing great and that is what matters.

Thank you for reading this for me.
Yomaira Crespo and Michael

701-770-0063
yomairacrespo1783@gmail.com

I would like to give due praise to Family Voices of North Dakota. This particular program has been helpful to my family on many levels.

I have a son Kaden who is now 20. He has a rare disease called Leukodystrophy. This disease requires him to be totally dependent on others to care for his needs. Being a parent of an adult with special healthcare needs can be very overwhelming. For this reason it is absolutely vital that programs like Family Voices of North Dakota keep their funding.

I have many stories I could tell about the impact Family Voices has had on our family. I will share the one that really introduced us to the agency and all it offers. In 2010 my son Kaden fell during a bad seizure. This caused a brain hemorrhage. He needed to have emergency brain surgery followed by months of recovery in the hospital. I was the most afraid and overwhelmed I had ever been during that time. In that moment I called Family Voices and their response was immediate and helped my family immensely.

I could not totally express in words what this meant to us. We were so grateful. They went above and beyond in helping to point me in the right direction to get the services we needed for our son.

The wonderful people who work at Family Voices are unique in their ability to jump in and really be there for families during their challenges in raising their children with special healthcare needs.

They have helped me through navigating medical situations, understanding the services available for Kaden, supporting me emotionally as a parent, and training me to be a better advocate for my son.

I have worked with many non-profit agencies, and Family Voices is the most caring and efficient that I have experienced. Thank you FVND for all you have done. I know I could call tomorrow, and get my questions answered. That is a rare quality.

Thank you,

Amanda Burner
Minot North Dakota
amanda.burner@outlook.com

To Members of the Senate Appropriations Committee,

SB 2012

I would just like to speak for a few moments regarding Family Voices of North Dakota. This particular program has been so helpful to my family on many levels. My son was diagnosed at 3 with Autism; he will be 15 yrs old by the time you read/hear this.

Being a parent of a child with special needs can be very overwhelming, which is why programs like Family Voices are absolutely vital to families in ND. They have been there for us guiding us thru process's and listening to frantic calls on how to deal with behaviors, schools, and helping guide us into therapies for our son. Even though he is almost 15 now (in 3 days) and we are in a groove they are still there for us. I do believe that we will be counting on them more due to this is the last year my son can be on the Autism Waiver. He was the first one of the waiver but will not be the last. There are more and more parents with kids Autism and other disabilities that will need the support that we have received from Family Voices. They went above and beyond in support and pointing me in the direction I needed to go. They were amazing in their ability to jump in and really be there. I have used their services for many things from emotional support, help in guidance through the medical system, training me to be a better parent to my son, and help in general questions. They were also with us when we adopted 2 more children this year.

They aren't just there for the family member with a disability, they are there for the whole family. Specifically, recently my husband ended up in the hospital on a ventilator for 45 days with Covid. They were there thru my tears and my heartache and my joys. They listen and guide without judgement. Without them we would have been lost in the shuffle of the system. We need them so more families do not get lost in the system. They aren't just a vital part of my family; they are my family. I just don't know how to stress that enough, And just imagine what they have done for my family alone and then multiply maybe by 50 or 1000 and that will truly tell you how much they need this funding.

Family Voices is the most efficient and caring for the whole family. I could go on and on but there are truly a million reasons why need them. Please restore their funding because without them the state would feel a great loss. As a parent I am so grateful for them!!

Toby Cherney

Jamestown ND

chernfamily5@daktel.com

Testimony

SB2012

Senate Appropriations Human Services

01/24/2023

Chairman Dever and Members of the Committee.

My Name is Jessica Neigum Dargis, and I reside in District 30. I am here on behalf of my daughter Belle who is 4 years old and is developmentally delayed due to being born with an occipital meningocele. I also serve as member of the Special Health Services Advisory council. I also serve as CFO for a local DD provider, and a local business owner so I can respect all angles of budgeting from a fiscal perspective. That is why I am here to address the general funds for SB 2012 and how they relate to the Children and Family Services Budget more importantly how they relate to the Family -to- Family Support Organizations and the grants they receive.

Family Voices of North Dakota holds a contact with DHS to provide Family-to Family Support across the same of North Dakota. They help so many families find their way when they receive a medical diagnosis, long before the state or anyone else reaches out to families. Many physicians in the state know about Medicaid, however when parent is given a diagnosis about their child, they rarely offer information on where to seek additional emotional, medical, and financial support.

In 2018 I was a mother to be, I found out about Belle's medical diagnosis when I was 22 weeks pregnant and was told my grim options and the likelihood that Belle may never make it out of the hospital alive, for the next 5 weeks I walked in darkness and sadness.

At 27 weeks I met someone that would link me to Family Voices and their regional coordinator for Bismarck.

Family Voices of North aims to achieve family-centered care for all children and youth with special health care needs and/or disabilities.

The regional coordinator informed me about so many services that I had never heard of and who to call to access those services once my daughter was born, but most of all I was given the peace of mind that I wasn't going to have to due this journey alone, that I would have whole new "Family" to guide Belle, my husband, and I during this process.

Family Voices doesn't just help you in the beginning, they will stick by your side as your child grows, when my daughter had brain surgery, they were there to guide my family on the next steps. Having a child with special health care needs and/or disabilities doesn't just end, they understand it is a lifelong commitment for the family and they are willing to help them navigate it.

Family Voices provides families tools to make informed decisions and serves as a trusted resource on health care.

So, I ask you to vote in favor for the fiscal increase for the Family-to Family Support services within the general fund for SB2012 as we need Family Voices of ND to help guide future families with children with special health care needs and/or disabilities.

Thank you for your time and consideration, and as I close, I would like to leave you with one final thought.

If it takes a village to raise a child, it also takes a village to support the parent and family.

If your child or grandchild was given a complex medical diagnosis, who would you call to help support your child, your family and yourself all in one call?

I know I would call Family Voices of ND.

Jessica Neigum Dargis
Parent of a child with a disability
612.695.8150
jess.neigum@gmail.com

Testimony Prepared for the
Senate Appropriations Committee
January 24, 2023
By: Desiree Sorenson, Mountrail McKenzie Human Service Zone Director

RE: Senate Bill 2012 – Human Service Zone Budget

Chairman Bekkedahl and members of the Senate Appropriations Committee, my name is Desiree Sorenson. I am the Mountrail-McKenzie Human Service Zone Director, which includes the service area of Mountrail and McKenzie Counties. In addition, I am a member of the North Dakota Human Service Zone Director Association. Please consider my testimony in support of SB 2012.

As the Department testified to last week, human service zones provide a wide array of social and economic assistance services to the citizens of North Dakota. These are frequently termed as safety net services and designed to assist our most vulnerable. As human service zones, we provide core services to local communities, targeting local needs with responsiveness and presence and valuing collaboration and a work as one approach. We believe this the best way to serve North Dakotans.

The human service zone model is a hybrid of the best aspects of a local government delivery system along with some of the best features of a state government delivery system. This transition to human service zones has been a major change and there have been growing pains. However, many positive services and outcomes have been achieved since the inception of Human Service Zones. We are on the right track as we continue to strive for effective, efficient, and quality human services. We are grateful for the support of the legislature during this process and for the permanent property tax relief provided through this effort.

Today, I ask for your continued support. SB 2012 contains the appropriation request for all nineteen human service zone budgets. Zone budgets are funded utilizing SIFT funds and is commonly referred to as the 457 fund. I ask for your support of the full request of $202 million along with any additional proposed appropriation requests that may result through this legislative session. Examples include SB 2139 related to indigent burials and HB 1046 related to human service zone indirect costs. Human service zones support both of these proposed bills but recognize the need for additional appropriations in order to implement and deliver services.

Over the past several years, we have learned that fiscal nimbleness is very important to supporting the work of human service zones. Continued fiscal flexibility is requested to support our transition to human services zones, ongoing redesign efforts, and to provide for specialty programming such as CHINS (children in need of services), CPS (child protective services) centralized intake, transitioning economic assistance programs to four regional service hubs, and other human service zone-related innovation in government. In addition, safety permanency funds, an area within the human service zone budget, is a critical tool in providing nimble supports to children and their families within the child welfare system.

The Department spoke last week about the proposed transfers of state employee wages/benefits from the 457 fund. While these positions were former county/zone employees, through redesign efforts these positions, as part of specialty teams, have transitioned to state employment. To our knowledge, all positions identified for transition to state employment are complete. As human service zones, we support the goal of ensuring state employees are funded through the Department of Health and Human Services budget and for Human Service Zone team members to be funded through the 457 fund. This helps preserve original legislative intent as well as ensures 457 funds are clearly dedicated to local human service delivery.

Human Service Zone budgets are developed through a collaborative process. After preliminary guidance meetings and tool development, the Human Service Zone Director submits a individual zone proposed budget. When completed, the proposed budget is submitted to the Department for review and any needed follow-up. This has proven to be an effective collaborative process. Mid-year, the Department reviews each Human Service Zone's expenditure and trend lines. Based on history, the budget may remain the same or be increased and/or decreased. It also upholds the work as one approach and allows for collective decision making and problem solving.

The 457 fund has a total pool of full-time equivalents (FTES) assigned. This is another area where the Department and Human Service Zones, work together as one, to manage the employee pool. When an opening occurs, the Human Service zone submits a request to fill to an FTE Committee. This committee consists of several Human Service Zone Directors and State office team members. This committee meets twice per week to consider requests received. This has also proven to be an effective and efficient way of managing the statewide pool and hiring requests. Frequently, decisions are made within the week of submission unless additional information is needed in order to support informed decision-making.

SB 2012 includes salary increases for Human Service Zone team members consistent with State employees. This practice began with the passage of SB 2124. While we support the proposed increase of 6% and 4%, we do ask for consideration to make this effective for all Human Service Zone team members on July 1, 2023, and annually on July 1 thereafter. This would align the implementation of the increase to other merit system employees and would discontinue the delayed implementation of increases currently experienced at the zone-level. This practice would also be supported by the mid-year budgetary recalculation performed by the Department regarding Human Service Zone budgets.

Based on federal law, all Human Service Zone employees must be compensated within the merit system guidelines and ranges. When Human Service Zones formed, we learned that there are many salary/benefit inequities within a single Human Service Zone, between the nineteen human service zones, and with the Department. While SB 2124 provided equity dollars, these funds were used to transition several specialty units (home and community base case management, child care licensing, quality control, etc.) positions from county employment to state employment and to fund initial host county benefit transition costs when Human Service Zones were first formed. There was no ability to address salary inequities for Human Service Zone employees.

Our inability to address salary and benefit equity has been a struggle that Human Service Zones have faced. We need your support. This is critical to solve workforce issues to ensure we have the personnel to provide services to local citizens across the state. We recognized that we are not alone in the search to retain and recruit quality workforce. Human Service Zones compete with health care, long term care, private industry, education, along with the Department and each other for qualified individuals. It should be noted that the work performed by Human Service Zones is boots on the ground and client supporting work. This creates a level of complexity and risk that not all our competitors experience and should be recognized in compensation practices.

In 2022, the following turnover trends were noted across all Human Services Zones:

- 37.31% turnover statewide in Child Welfare positions (child protection, foster care/in-home case management). Notables: Cass Human Service Zone at 64.58%; Mountain Lakes Human Service Zone at 64.71%; Mountrail McKenzie Human Service Zone at 40%; and Burleigh Human Service Zone at 34.9%.
- 24% turnover statewide in Economic Assistance Workers. Notables: Cass Human Service Zone at 39.13%; Grand Forks Human Service Zone at 31.25%;

Mountain Lakes Human Service Zone at 33.33%; and North Star Human Service Zone at 35.71%.

The need to address equity was identified last legislative session. Therefore, an interim study was selected to address this topic. I ask for support of the interim compensation and equity study from both a policy and appropriation standpoint. Simply said, we need more tools and immediate relief. This is key to address disparities as we work to stabilize our labor market and to train, supervise, and support team members to provide quality services to citizens. In addition, I close with my request for Human Service Zone team members to receive any proposed increases in the same timeline as State employees to prevent any delayed implementation for Human Service Zone team members and to specifically include this in bill language.

Thank you for consideration of my testimony. I stand for questions from the committee.



The Afterschool Place
1200 E. Highland Acres Rd
Bismarck, ND 58501
www.afterschoolplace.org
(701) 250-3109
"Your after-school solution"

January 24, 2023

Senator Brad Bekkedahl, Chair
Senate Appropriations Committee
North Dakota State Legislature
600 E. Boulevard Avenue
Bismarck ND, 58505

Re: Support Testimony Letter for Senate Bill 2012

Dear Chairman, Bekkedahl and Members of the Committee:

The Afterschool Place is in support of SB 2012. My name is Lori Sager, I'm a social worker and the director for the Afterschool Place. The Afterschool Place began in 2008. We provide positive after school experiences for students in the Bismarck community. Our goal is to support students as they learn to become outdoor kids. We do this through outdoor wildlife conservation, agriculture, art, and science. Field trips are an essential element to our after-school program. Inclusion is the key to the success of our students. It's how we learn, make friends, and experience our world.

Thank you for letting me share with you why we support SB 2012. We have 30 students. Three of our kids have physical and additional challenges. One student who we call "Pickle", has juvenile arthritis. On flare up days, his knees bow in, swell, and the pain makes it difficult to move.

It's a hard reality for a kid who loves to run, it's even harder to watch your friends run the trails at Game & Fish. Those legs just can't keep up on flare up days so then what? Thanks to the Inclusion Grant we were able to purchase an all-terrain wagon. The kids call it the "Beast". We call it inclusion, either way the Pickle can keep up with his friends. When his legs grow tired, he can hop in the wagon. There's always someone asking if they can give him a ride, 'Pickle, we got you covered."

One more story I want to share is, Hedgie. Everyone has a birth story; some can be more complicated than others. Hedgie was born with spinal and brain traumas. Last August, she was ready for school. "Please don't treat Hedgie any different." Her mom asked. I looked at the tiny kindergartner who seemed to be all leg braces and asked, "Does Hedgie go sledding?" Her mom looked at me like I was nuts. It was 90 degrees outside. She answered, "No. She's never been sledding"

Thanks to our Inclusion Grant, Hedgie is now an experienced sledder. We were able to purchase a toboggan so Hedgie and friends could make the most out of the 50 inches of snow we've received so far. Every kid should be able to experience North Dakota winters.

Thank you for letting me share why the Inclusion Grant and the Specialists have made a difference for our families, kids, and staff. No one wants to be left behind.

Sincerely,

Lori Sager, LSW
The Afterschool Place
Bismarck ND,

SB 2012
Senate Appropriations – Human Resources Division
Tuesday, January 24, 2023
Senator Dick Dever, Chair

Chair Dever and Members of the Senate Appropriations – Human Resources Division:

My name is Roxane Romanick and I am writing as the representative for Designer Genes of ND, Inc., as their Executive Director. Designer Genes' membership represents 230 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 specifically concerned with funding within the Child and Family Section of the Department of Health and Human Services (Department) budget that is targeted to family to family supports. The funding contained in the 2021-2023 budget is contracted to a non-profit partner, Family Voices of North Dakota. Family Voices also serves as our state's Family to Family Health Information Network as well as our Parent-to-Parent organization. We ask that this committee consider the continuation of this funding as a direct flow-through to Family Voices.

Designer Genes values our collaborative partnership with Family Voices. Because of their robust outreach effort, they can easily get information out statewide and can partner on a variety of projects to meet the needs of families. Peer support in the area of families and children with special health care needs and disabilities helps to keep many families emotionally afloat. Family Voices is our go-to organization in North Dakota for this effort. Please consider the continuation of funding to this important family support effort in ND.

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

Testimony

SENATE BILL NO. 2012

Senate Appropriations - Human Resources Division
January 24, 2023

Senator Dever and members of the Senate Appropriations Committee – Human Resources Division. The Valley Prosperity Partnership (VPP) is a membership organization led by business executives – joined by leaders from higher education, economic development, and chambers of commerce – to advance and advocate for shared strategic economic development opportunities that will strengthen and diversify the Red River Valley region and the entirety of North Dakota.

Employers of all sizes in all sectors of North Dakota's economy depend on working parents. Working parents, in turn, depend upon childcare. Without it, many parents – particularly mothers – cannot join or rejoin the labor force.

Quality childcare is an early learning setting for young children that creates a foundation for future learning, including school readiness. This makes childcare a two-generation support for working families, helping parents return to the workforce while also giving kids a future-learning jump start.

The VPP supports SB2012 and strongly endorses funding for childcare that will positively impact availability, affordability, and workforce. Closing the childcare gap is a top priority for the VPP and employers throughout North Dakota.

Valley Prosperity Partnership Steering Committee

Brian Johnson, CEO, Choice Bank,
Co-Chair Valley Prosperity Partnership*

Judd Graham, Market President
Dacotah Bank - Fargo
Co-Chair Valley Prosperity
Partnership*

Jonathan Holth, JLG Architects
Vice Co-Chair*

Marshal Albright, President & CEO
Cass County Electric Cooperative,

Andrew Armacost, President
University of North Dakota

Steve Burian, President & CEO
Burian & Associates

Dan Conrad, President & CEO
Blue Cross Blue Shield North Dakota

David Cook, President
North Dakota State University

Tim Curoe, CEO
RD Offutt Company

Mylo Einarson, President & CEO
Nodak Electric Cooperative

Chad Flanagan, Partner
Eide Bailly

Rod Flanigan, President
North Dakota State College of Science

Todd Forkel, CEO
Altru Health System

Shannon Full, President/CEO
Fargo Moorhead West Fargo
Chamber of Commerce*

Shawn Gaddie, Director of Infrastructure
Management Services, AE2S
AE2S

Jim Galloway, Principal
JLG Architects

Kevin Hanson, President & CEO
Gate City Bank

Tiffany Lawrence, CEO & President
Sanford Fargo

Keith Lund, President & CEO
Grand Forks Region EDC*

William C. Marcil, Sr. Chairman
Forum Communications Company

Pat McAdaragh, President & CEO
Midco

Jeff Melgaard, Vice President
Construction Engineers

Tammy Peterson, Grand Forks Region
President & Ag Banking Director
Bremer Bank

Joe Raso, President & CEO
Greater Fargo Moorhead EDC*

Jim Roers, President & CEO
Roers Construction & Development

Richard Solberg, Chairman & CEO
Bell State Bank & Trust

David White, President
Border States Electric

Barry Wilfahrt, President & CEO
The Chamber Grand Forks/East Grand
Forks*

Chris Wolf, North Valley Market President
Alerus Financial

Delore Zimmerman, Executive Director*

* Member Executive Committee

THE CHAMBER
FARGO MOORHEAD WEST FARGO

FMWF Chamber Letter of Support for SB 2012

January 24th, 2023

Chair Bekkedahl and members of the Senate Appropriations Committee,

For the record, my name is Katherine Grindberg and I have the pleasure of serving as the Executive Vice President for the Fargo Moorhead West Fargo (FMWF) Chamber of Commerce. The Chamber's mission is to be a catalyst for economic growth and prosperity for businesses, members, and the greater community. On behalf of our over 1,900 members, I respectfully offer testimony in support of Senate Bill 2012, as it relates to childcare.

As members of this committee well know, workforce is a major challenge facing nearly every business across North Dakota. This challenge is not unique to our state though, businesses across the United States are in desperate need of qualified workers to fill their open positions. Every state in the nation is competing to attract, acclimate, retain, and develop workforce.

A critical component of this nationwide workforce crisis is the accessibility of affordable and quality childcare. These challenges are cyclical in nature and require a multi-pronged approach to strategically address the root causes of the problem. Through innovative approaches, the state of North Dakota and childcare providers can streamline processes, reduce regulatory burdens without compromising the quality of care, decrease financial barriers and advance public-private partnership models, creating a more sustainable and equitable childcare sector.

We encourage the legislature to support innovative childcare solutions, such as SB 2012. On behalf of our members, thank you for your time and consideration.

Respectfully,

Katherine Grindberg

Executive Vice President
FMWF Chamber of Commerce
kgrindberg@fmwfchamber.com

SUBJECT: Testimony in Support of an Increase to Personal Needs Allowance

TO: North Dakota Legislators

I do not prepare this testimony on behalf of my brother, but instead, because of my brother.

My brother, Kelly, is extremely thankful for the great care he receives as a resident of SMP Health - Maryhill in Enderlin and is equally thankful for government programs that enable him to reside there. Kelly moved into that facility in 2020 at the young age of 61. He has had severe physical disabilities since he was in his early 20s. He has lived most of his life tolerating extreme pain, working as long as he possibly could, and living independently until it was not possible for him to provide for his basic needs. Only in recent times has he agreed to even seek external help from government programs. Kelly has the attitude of "it is what it is" and thus I say he is not the one asking for an increase in his personal needs allowance because he's made do with whatever life has thrown at him for a long time.

Fortunately for him, he entered long term care during a period of time where the federal government provided substantial COVID stimulus checks, and he has used that money to provide himself some very basic services such as a cell phone and television. And while those monthly costs have continued to rise, his "monthly income" has remained stagnant at $65. Two years ago, when he heard that Social Security was getting a cost-of-living increase, he was disappointed to find out that his portion would remain the same. However, he did not complain but instead his "it is what it is" attitude, and the remaining balance of COVID stimulus money, enabled him to sustain basic quality of life services. However, in the coming months he will be forced to make some very tough decisions.

Kelly's physical condition keeps him in his room 99% of the time, only leaving twice a week for bathing. Being limited to this small space, one can only imagine the necessity to have a television to watch and a cell phone to call family and use to listen to music. These are things most of us take for granted but to him they are his whole world. He doesn't miss a Twins baseball game. He follows the Bison football team religiously. Any weekend with North Dakota high school sports state championships on TV gives him an enormous boost. And with no immediate family of his own, his cell phone enables afternoon phone calls at 3:30 with his 84-year-old mother ... an essential daily event for each of them.

Even beyond these basic items that are at risk, it is really the more human things that cause me the greatest concern. Each Christmas he has always enjoyed giving the "Fab 7" (what he calls his seven grand nieces and nephews) very simple gifts. With this year's purchase he said that he'd probably need to stop doing that in the future. Every September 5th since 2013, he has insisted he pay for and has Mom place 4 red roses and one white rose at our Dad’s gravesite in honor of his death, representing Mom and their four kids. The candy dish he keeps in his room comes with a generous offer to any member of the caregiving team that enters his room. These are merely examples of why Kelly is a favorite person in many people's minds. However, these simple things that sustain his dignity as a vital member of the family, and a cordial resident at Maryhill, are at risk of ending because quite frankly, $65 doesn't go very far nowadays.

After merely commenting about this situation during one of Kelly's quarterly Care Conferences, I was so excited to hear back from the facility director who in turn connected me with the North Dakota Long Term Care Association. Knowing that others had already begun to

focus on this was so heartwarming. And then learning that the Governor included it in the budget request has given me so much optimism that this could become a reality. I fully understand the complexity of developing a state's budget as I have 34 years of experience working in government, but I hope this testimony helps portray the impact a simple increase of $35 per month can make on a genuinely good individual, and my guess is Kelly is not alone in this scenario.

Thank you for your time and consideration.

Kory Auch

State Testimony SB2012

My name is Jill Olson, and I am an elementary school principal in Grafton, ND. I am in support of SB2012 and continued funds to support Best in Class programming in North Dakota. Our district has participated in Best in Class the past two school years. We have seen tremendous positive impacts for students, families, and educators. We believe providing high quality experiences to children and families at the preschool age is imperative for the safety, well-being, and success of our students. The developmentally appropriate programming and classroom environment, curriculum and assessments, and reduced class sizes have been instrumental in our students' success. We are already seeing positive results in students' early reading, math, and social, emotional assessments as they move from preschool to kindergarten. Students are transitioning into kindergarten with readiness skills we have not previously experienced prior to Best in Class. This directly and positively impacts our families.

We feel strongly that the Best in Class program is achieving its goal of providing the highest quality experiences to children and families. We sincerely hope that funding is continued to support the program.

Dr. Jill Olson

807 Kittson Avenue

Grafton, ND 58237

701.331.1835

1jillolson@gmail.com

Jill Olson

68th North Dakota Legislature
Senate Appropriations Sub-Committee
January 24, 2023

Good morning, Chairman Dever and members of the Committee. My name is Trina Gress, I am a Vice President of Community Options. I stand here before you in support of SB 2012. Community Options is a current contracted provider who serves Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP) and Low-Income Home Energy Assistance Program (LIHEAP) clientele.

North Dakota is in a crisis situation with a shortage of workforce. These EA programs all work together to support families in need so they can enter the workforce. Our job is to help the clients get employment or training to better their family. We need your help to support the EA budget so these families have childcare and other supportive services so they can go to work or school. Let me share a few stories with you.

In conclusion, Community Options supports SB 2012. We appreciate the collaborative partnership we have with DHHS and we encourage you to pass the DHHS EA budget.

Thank you for your time, are there any questions?

Sincerely Submitted,

Trina Gress
701.319.8871
trinag@coresinc.org

CHILDREN'S ADVOCACY CENTERS OF NORTH DAKOTA

Senate Appropriations – Human Resources Division
Testimony in Favor of Senate Bill #2012
1-24-23

Mister Chairman and members of the committee,

My name is Greg Kasowski and I am the executive director of the Children's Advocacy Centers of North Dakota.

As you may be aware, Children's Advocacy Centers serve victims of child sexual abuse, physical abuse, and other forms of maltreatment. Before Children's Advocacy Centers existed in North Dakota, children would have to tell of their experience of abuse an average of 10 to 12 times—as they shared with law enforcement, human services, prosecutors, and therapists—further traumatizing the child.

Now with Children's Advocacy Centers, children only need to tell of their experience once, and to a trained forensic interviewer who asks age-appropriate questions in a child-friendly environment.

In addition to forensic interviews, we serve victims of child abuse by providing mental health counseling, medical exams, victim advocacy, telehealth, and an array of other services. These services are in alignment with the North Dakota Department of Health and Human Services' goal of becoming the healthiest state in the nation.

Since our last appropriation increase in 2017, we have experienced a 73% increase in the number of services provided. In that same timeframe, we have also increased the number of our locations from six to nine. By 2025, we project a 181% increase in services compared to 2017.

Our exceptional staff at Children's Advocacy Centers are stretched to the limits as we meet the demands of the increase in cases while striving with the same amount of resources. This trajectory is unsustainable.

We are appreciative of the executive recommendation to increase funding for Children Advocacy Centers from $1.6 to $3.2 million. However, last summer we had worked on

CHILDREN'S ADVOCACY CENTERS OF NORTH DAKOTA

a proposal with the Children and Family Services Division for $4.1 million, as they are well aware of the on-going needs of Children's Advocacy Centers.

We respectfully request an additional $900,000 to:

1. Correlate with the increase in services we are providing and expect to provide for victims.
2. Match the rising costs of retaining our staff and serving children.
3. Have the state of North Dakota cover a larger share of the cost of serving our state's children, from 20% of our budgets to 33%.

This further funding will allow us to:

1. Increase our capacity to respond to the number of children requiring services
2. Boost workforce retention efforts for our professionals who work in a high-stress, high burnout profession
3. Increase access to services, especially tele mental health and new locations
4. Recruit and train more social work professionals into the field
5. Streamline administrative operations
6. Implement a statewide awareness campaign to bring healing to unreached victims
7. Boost prevention efforts to decrease the amount of children being victimized
8. Conduct a community assessment to determine gaps in service delivery

I appreciate the opportunity to testify today, and I will try to answer any questions you may have.

Sincerely,

Greg Kasowski
Executive Director

Child Abuse and Neglect in North Dakota and Children's Advocacy Centers' On-Going Response

At least **1 in 7 kids** experienced child abuse or neglect last year. In North Dakota that's **26,000** children.



At least **1 in 10 kids** will experience child sexual abuse before they turn 18. That's 18,500 children.

Last year, 1,702 out of those 26,000 kids (6.5%) made it to a CAC. We aim to serve **every one** of those 26,000 children.



What is a Children's Advocacy Center?

BEFORE CACs
Children had to tell the worst experience of their life 10-12 times on average as they talked to law enforcement, social services, prosecutors, and therapists.

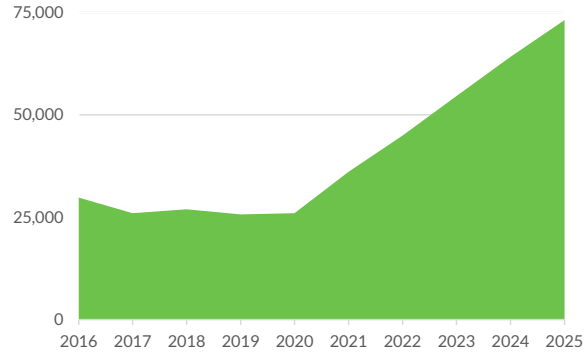
NOW WITH CACs
Children only need to tell their experience once to a trained interviewer who asks age-appropriate questions in a child-friendly environment.

What Does a Children's Advocacy Center Do?

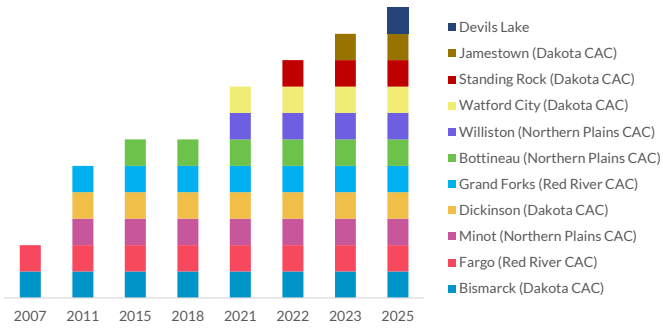
In line with DHHS's goal of becoming the healthiest state in the nation, we provide services to victims of child abuse and maltreatment.

- Forensic Interivews
- Mental Health
- Medical Exams
- Victim Advocacy
- Human Trafficking
- Tribal Outreach
- Telehealth
- Prevention & Education

We project a 181% increase in services from 2017 to 2025 as we meet the increase in child abuse cases.



We hope to add more locations in the next biennium with additional funding.



Strategic Focus Areas for 23-25

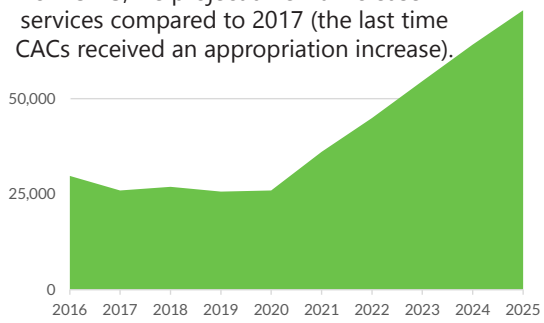
- Increase capacity to respond to the number of children requiring services
- Boost workforce retention efforts for high-stress, high-burnout professions
- Increase access to services through telehealth and new locations
- Recuit and train more social work professionals into the field
- Streamline administrative operations by sharing key staff and contractors
- Implement a statewide awareness campaign to bring healing to unreached victims
- Boost prevention efforts to decrease the amount of children being victimized
- Conduct a community assessment to determine gaps in service delivery

Request for DHHS Appropriation Increase for the Children's Advocacy Centers in North Dakota

Last appropriation for CACs

$1,600,000/biennium

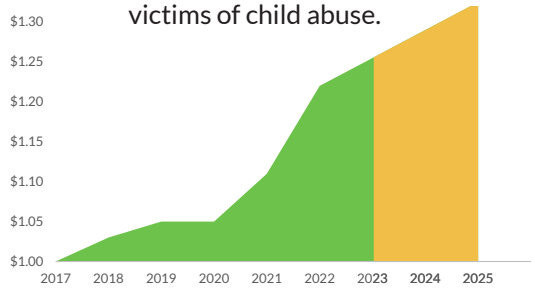
For 23-25, we project a 181% increase in services compared to 2017 (the last time CACs received an appropriation increase).



CACs request funding to correlate with the increasing numbers of child abuse and neglect services we offer.

+$1,000,000/biennium

Inflation is pinching CACs' shoestring budgets for them to retain quality employees to continue to effectively serve victims of child abuse.



Sources: U.S. Bureau of Labor w/projected inflation of 3.5%

CACs request an increase to match the rising cost of serving children in our state.

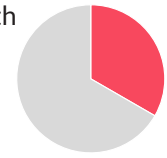
+$500,000/biennium

North Dakota's appropriation for CACs accounts for 20% of CACs operating budgets.



We request the state cover a larger share (33%) of CACs' budgets as we serve North Dakota victims of child abuse.

+$1,000,000/biennium



Requested state appropriation for CACs

$4,100,000/biennium



2022 Annual Report

CHILDREN'S ADVOCACY CENTERS OF NORTH DAKOTA

What Is a CAC?

A Children's Advocacy Center is a victim-focused, community-orientated, safe facility in which members of a multidisciplinary team work together to provide a comprehensive coordinated and compassionate investigation and intervention of abuse allegations.



Without CACs



Before CACs, children had to tell the worst story of their life over and over again to social workers, nurses, law enforcement, lawyers, therapists, investigators, etc.

With CACs



With CACs, children only need to tell their story once to a trained interviewer who knows the right questions to ask in a way that does not retraumatize the child.

What CACs Do

Forensic Interviews
Specially trained Forensic Interviewers work with the multidisciplinary team (MDT) to ensure victims are not interviewed unnecessarily and allow them to do so in a safe, legally sound and neutral setting.

Advocacy Services
Advocacy focuses on the needs of the youth and non-offending caregiver(s), providing needed support and information along with a compassionate, listening ear.

Medical Evaluations
Specialized medical evaluations are offered to ensure the health and safety of each victim, identify any evidence of abuse, and refer for additional care as needed.

Mental Health Care
Specialized evidenced based, trauma-focused mental health services are offered to the victim and family to help them cope with the trauma and to assist them through the healing process.

Multidisciplinary Team
In the past, responses to child abuse were fragmented and poorly coordinated. Now children and families receive a collaborative approach from a multidisciplinary team made up of law enforcement, social services, prosecutors, victim advocates, forensic interviews, mental health clinicians, and medical personnel.

997
Forensic Interviews



38,766
Advocacy Services



206
Medical Evaluations



5,032
Mental Health Care



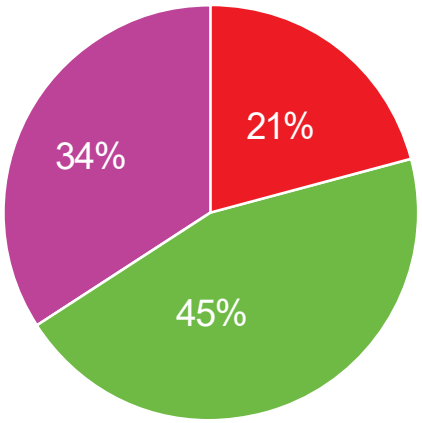
486
MDT Members @ Case Review



Who CACs Serve

1,897 Female

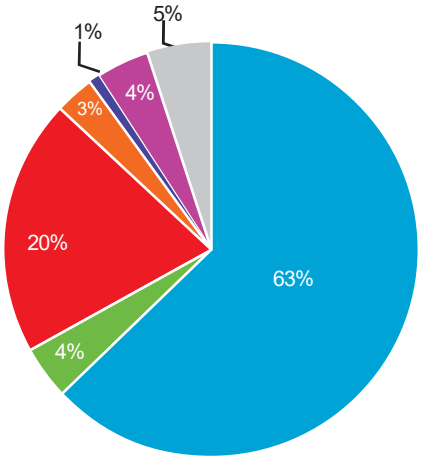
803 Male



- 0-6 years
- 7-12 years
- 13-18 years

Age

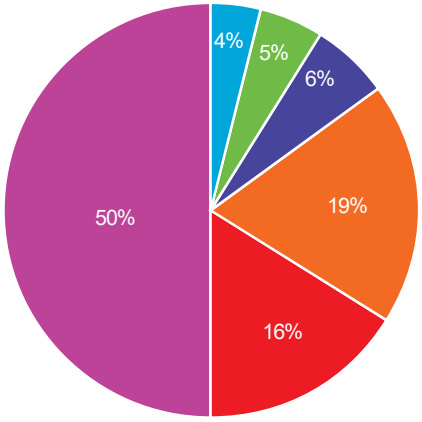
Though child abuse affects individuals of all ages, the majority of children seen at Children's Advocacy Centers in North Dakota are under 12.



- Caucasian
- Native American
- Asian
- Multi-racial
- African American
- Hispanic
- Other

Race

As North Dakota has grown over the past 10 years so has the ethnic diversity of our victims. Although 64% of our victims are Caucasian, representation of other races have increased nearly 10% since 2007.



- Sexual Abuse
- Physical Abuse
- Other
- Neglect
- Psychological
- Drug Endangered

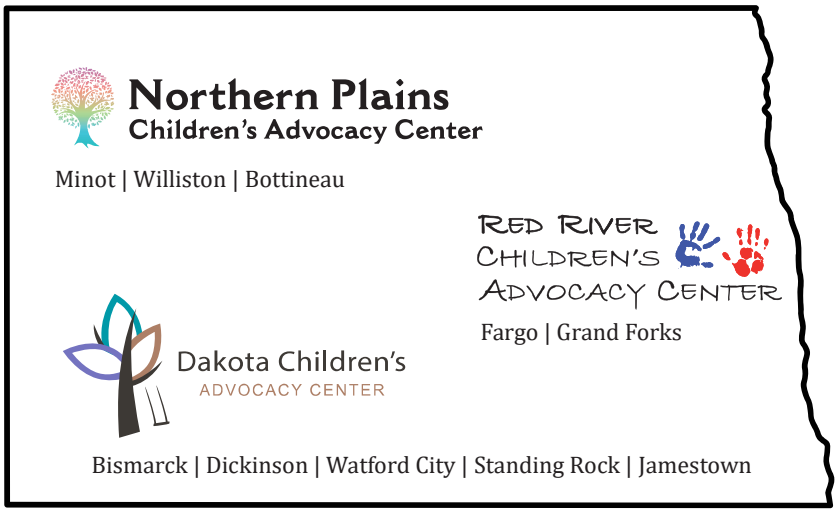
Survivors of Abuse and Neglect

The majority of cases seen at the CACs in North Dakota involve an allegation of sexual abuse. In fact, more than one in ten of all substantiated victim abuse and neglect referrals to social service agencies nationwide are victims of sexual abuse.

One in every 10 children in North Dakota will be a victim of sexual abuse by their 18th birthday; approximately 65% will be female.

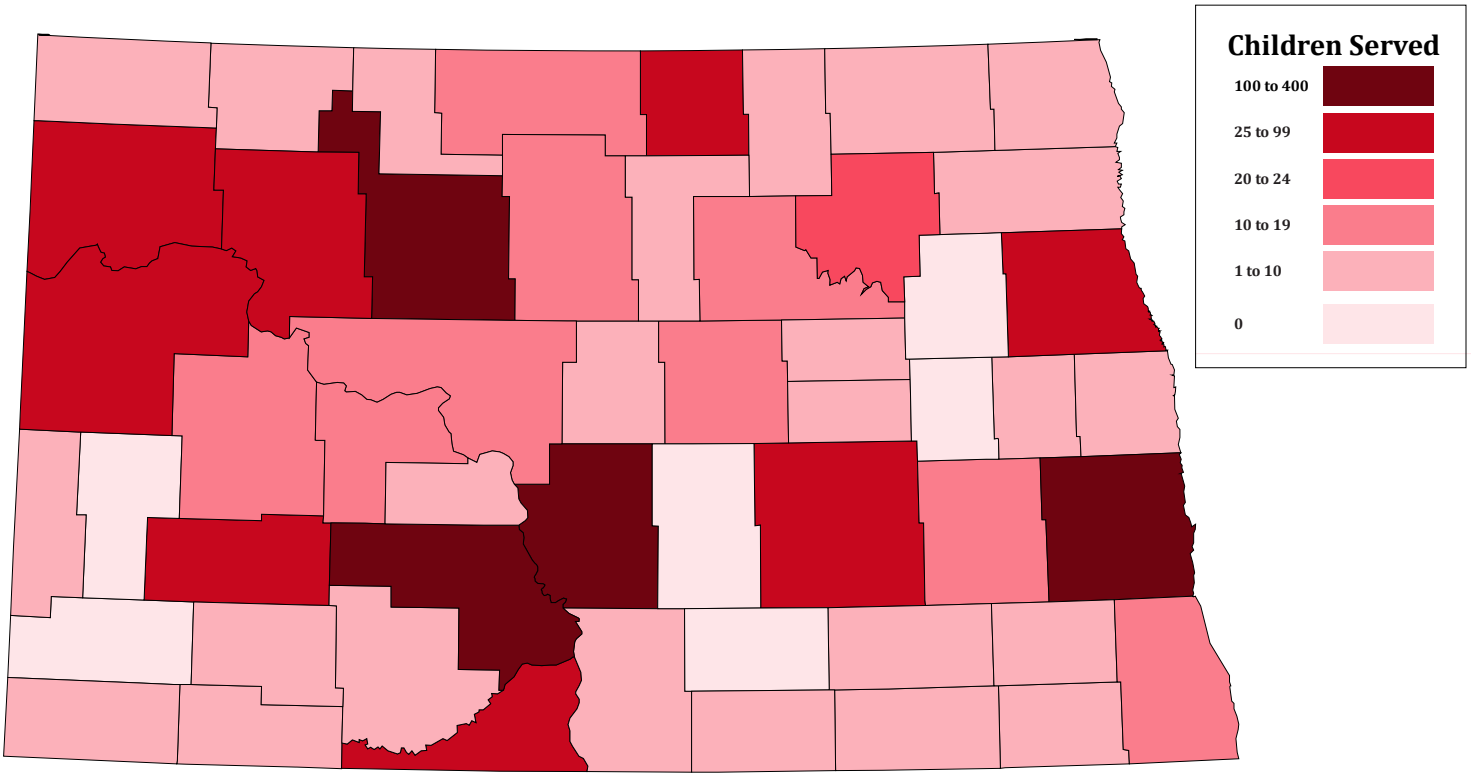
Where CACs Serve

CAC Locations



Our 3 Children's Advocacy Centers operate in 10 location, while serving all 53 counties and 5 reservations in our state. Our services ensure all suspected child victims of abuse get the help they need to live healthy lives. Each of our Children's Advocacy Centers coordinate with law enforcement, human service workers, medical professionals, counselors, and prosecutors to provide healing to child abuse victims and their families.

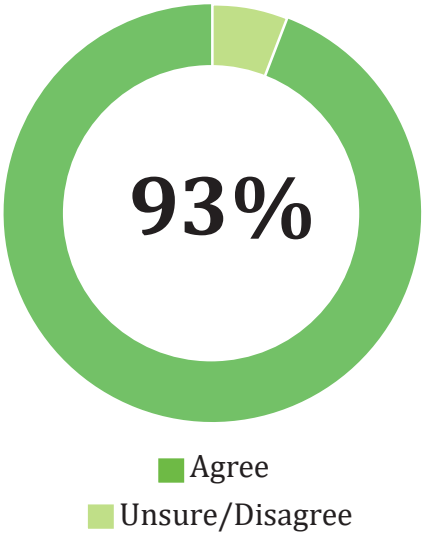
Children Served by County



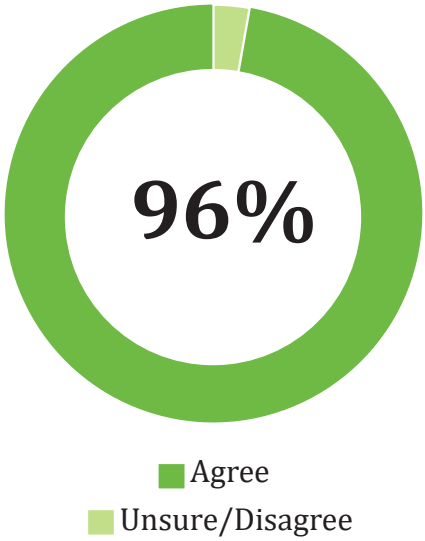
How CACs Made an Impact

"They made sure to reassure me and my child that they were here to do anything they could to help the situation at hand, they also made sure to reassure her that my daughter was not in any trouble and that she could be very comfortable in the environment she was in."

My child felt safe at the CAC.

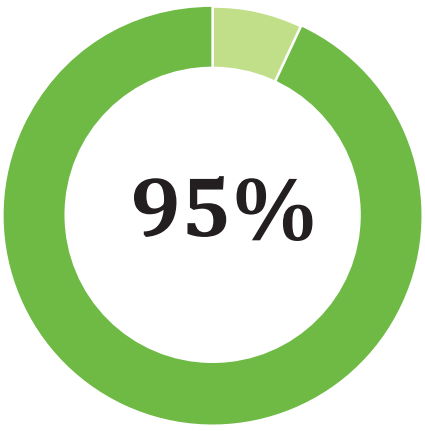


The CAC provided me with resources to support my child.



"Thank you for all your kindness and willingness to help my child."

MDT members feel the CAC provides resources to build better cases.



MDT members feel clients benefit from the collaborative approach.



"I feel that the center is a huge asset to our agency. Being able to use a well trained and experienced person for forensic interviews is incredibly important ."

Community Options

SUCCESS STORY FORM

I hereby nominate: Lindsay C.

Nominated by: Jessica Byrd-Farr

Reasons for nomination (To be completed by Staff)

* Lindsay has overcome numerous barriers throughout her time with Community Options.
* Lindsay obtained employment and secured childcare for her children.
* Lindsay has shown great strides in prioritizing her immediate needs and gathering resources when needed.

Share your success with us below in a statement or in a story.

What great things are happening in your life?

I've gained stable employment and my kids have great days at their new daycare. I'm able to show my kid that strong women always get over the obstacles in their way.

How did Community Option's staff assist you with achieving this?

by advocating for me and giving me the confidence of a positive support system. Aiding in transportation and funding for helping me get back on my feet and stay positive!

(✓) I authorize Community Options, Inc. to display my testimonial to share my success statement/story and help others learn more about the benefits of Community Options, Inc.

Signature: Lindsay Carpenter

Date: 11·18·21

#16274

Community Options

SUCCESS STORY FORM

I hereby Nominate Chelsey Lommen
Nominated By Lakeisha Chaske
Reasons for nomination (To be completed by Staff)
Chelsey found stable housing for herself & her son.

Share your success with us below in a statement or in a story.

What was your success? followed Probation officers rules, focusing on my Child and employment. Setting goals and long reminded of my goals and priorities

How did you achieve that success (If sharing a story)? Kept my Job, put goals first, Help from Co Kiesha, mid managment. the will to want these things

How is this success assisting your family to becoming more self-sufficient (If sharing a story)? relying on, relatives was a nightmare after Jail we now, have a home, Clothes and reassurance from the comunity

Did Community Options assist you in reaching this accomplishment (If sharing a story)?
If yes, how? yes ♡ iv got Clothes and assistance w/ sending Emails to housing, making sure i felt Safe at the Shelter, Cell Phone Data assistance.

(X) I authorize Community Options, Inc. to display my testimonial to share my success statement/story and help others learn more about the benefits of Community Options, Inc.

Signature: Chelsey Lommen

Date: 5-10-22

Revised 08/2020

Community Options

SUCCESS STORY FORM

I hereby nominate: Lindsay C.

Nominated by: Jessica Byrd-Farr

Reasons for nomination (To be completed by Staff)

* Lindsay has shown tremendous career and personal growth.
* Lindsay has maintained passing her UAs, reobtained her driver's license, and overall communication.
* Recently, Lindsay stepped up to provide natural support and provider care training to a new employee with a learning difference.

Share your success with us below in a statement or in a story.

What great things are happening in your life?

I am still sober and thankful to be working. I got back on my feet and am able to demonstrate positive characteristics of a strong woman.

How did Community Option's staff assist you with achieving this?

encouragement & resources.

(✓) I authorize Community Options, Inc. to display my testimonial to share my success statement/story and help others learn more about the benefits of Community Options, Inc.

Signature: [signature]

Date: 12/22/21

Community Options

SUCCESS STORY FORM

I hereby nominate: Mary R.

Nominated by: Jessica Byrd-Farr

Reasons for nomination (To be completed by Staff)

Mary successfully obtained her driver's license; "an official ND Driver."
Mary has shown true strength with balancing work life, family matters, and numerous barriers.

Share your success with us below in a statement or in a story.

What great things are happening in your life?

My significant other is home from ICU. I got my drivers licence. also my daughter is trying to enroll

How did Community Option's staff assist you with achieving this?

She has kept me positive and being super supportive in times of need. Never gave up on me.

(X) I authorize Community Options, Inc. to display my testimonial to share my success statement/story and help others learn more about the benefits of Community Options, Inc.

Signature: Mary Mckeown

Date: 1/31/21

Community Options

SUCCESS STORY FORM

I hereby nominate: Allysea B Greene

Nominated by: Jessica B-F

Reasons for nomination (To be completed by Staff)

Allysea has demonstrated tremendous academic growth.
Allysea was nominated as a Firebird Student of the Month.

Share your success with us below in a statement or in a story.

What great things are happening in your life?

Nominated for firebird of the month.
My grades are getting better.
Completed my first course in Odyssey.

How did Community Option's staff assist you with achieving this?

Jessica is always checking up on me and pushing me to do better in school.

(√) I authorize Community Options, Inc. to display my testimonial to share my success statement/story and help others learn more about the benefits of Community Options, Inc.

Signature: Allysea Greene

Date: 12/21/22
12/21/22

Community Options

SUCCESS STORY FORM

I hereby nominate: TARA DAUBINAIS

Nominated by: JESSICA B-F

Reasons for nomination (To be completed by Staff)

TARA CONTINUES TO GROW ACADEMICALLY AND TOWARDS HER CAREER GOAL. TARA'S INSTRUCTOR SHARED, "TARA IS A MODEL STUDENT AND KNOWS WHEN TO SEEK ADDITIONAL SUPPORTS. TARA HAS THE POTENTIAL TO EXCEL IN ANYTHING SHE CHOOSES." - CCCC INSTRUCTOR

Share your success with us below in a statement or in a story.

What great things are happening in your life?

I just got done with midterms! passed with A's & 4.0 GPA. I will be starting next college term, maybe graduate in May and be done completely in July. Then off to college for plumbing!

How did Community Option's staff assist you with achieving this?

Well Community options staff are amazing employees. They help with what they are allowed to. if they can't they will assist you with different programs. Community options staff support system is great.

☒ I authorize Community Options, Inc. to display my testimonial to share my success statement/story and help others learn more about the benefits of Community Options, Inc.

Signature: Tara Daubinais

Date 12/22/22

Community Options

SUCCESS STORY FORM

I hereby Nominate Carli
Nominated By Bailee Rath
Reasons for nomination (To be completed by Staff)
Carli Gained employment with USPS. Gaining employment has been a goal of Carlis

Share your success with us below in a statement or in a story.

What was your success?
I got a conditional Job offer from USPS

How did you achieve that success (If sharing a story)?
Bailee helped me apply and I recieved an offer

How is this success assisting your family to becoming more self-sufficient (If sharing a story)?
employment equals a paycheck

Did Community Options assist you in reaching this accomplishment (If sharing a story)?
If yes, how? yes. Bailee helped me with the application and paper work

☒ I authorize Community Options, Inc. to display my testimonial to share my success statement/story and help others learn more about the benefits of Community Options, Inc.

Signature: Carli Bayhart
Date: 01-10-2023

Senate Appropriations – Human Resources Division

Testimony on Senate Bill 2012

Senator Dick Dever – Chairman

January 25th, 2023

Chairman Dever and members of the Senate Appropriations Committee – Human Resources Division, my name is Donna Byzewski and I am the Program Director of the corporate guardianship program for individuals with intellectual disabilities at Catholic Charities North Dakota. I have been a guardianship worker and/or director for more than 33 years at Catholic Charities North Dakota. I am respectfully asking your committee to approve funding as detailed in my testimony for corporate guardianship services for people with intellectual disabilities. The funding would have an immediate impact on reducing the waiting list for services and decrease the time that a person must wait for corporate guardianship services. The funding would also ensure that we would be able to provide quality services as this is at risk because of the significant deficit spending that corporate guardianship is experiencing.

For more than 35 years, the Developmental Disabilities (DD) Division has contracted with Catholic Charities ND to provide guardianship services on behalf of adults with intellectual disabilities. Since 1987, we have served as guardian for more than 1,000 individuals with intellectual disabilities. It is important to note that many adults with intellectual disabilities are their own decision maker. However, there are critical times when a person may need the services of a guardian, and if no one else is available or appropriate, a corporate guardianship is a necessity. Corporate guardianship is the guardian of last resort. Our contract with the DD Division specifies that Catholic Charities ND can only accept referrals from Developmental Disabilities Program Managers from the regional human service centers in North Dakota. Most referrals tend to fall into one of three categories: the person is at risk of harm or experiencing a medical crisis and has no family or friends to serve as guardian; families are not wanting to be guardian because the needs of their son, daughter, brother or sister have burned them out and are more than they can manage; or family may be the ones exploiting the person financially or abusing the individual physically or sexually. There are 112 people on the waiting list at this time.

On any particular day, a guardianship worker may be assisting an individual on their caseload in finding housing after they have been evicted for the 4th time in a year for allowing strangers to stay at their apartment; helping a person work through a diagnosis of a serious or life threatening medical condition which carries the responsibility of being the decision maker for these difficult medical decisions; spending countless hours working with credit card companies after a person has racked up huge credit card bills; accessing and maximizing the benefits that an individual receives – hours are spent on completing applications for housing, Social Security, food stamps, etc.; finding and accessing psychiatric services when a person is experiencing mental health struggles (more than 74% of the individuals on our caseload receive the services of a psychiatrist); monitoring and reporting any incidents of suspected abuse, neglect and/or exploitation; assisting an individual in obtaining restraining orders against abusive boyfriends or girlfriends or sexual predators. We are available 24 hours per day/365 days per year for emergencies or crises through our on-call system.

We are currently serving as guardian for 504 individuals who live throughout the state of North Dakota. We have 15 guardianship workers who carry an average caseload of 34 people. Our guardianship workers must have a four year degree and be either a licensed social worker or a Qualified Developmental Disabilities Professional (QDDP). They often travel 50 to 140 miles one way to visit each person on their caseload, attend team meetings, court hearings and attend medical appointments. Our guardianship workers' duties and responsibilities typically include the following: determining the individual's living arrangements; assuring that the person's medical needs are met and providing consent for all medical procedures, surgeries, treatments, medications, end of life decisions, etc.; arranging and authorizing educational and vocational opportunities; legal decision making; and making financial decisions as well as overseeing the individual's assets and social security benefits.

Our daily pay rate of $8.56 per day/per individual works out to 36 cents per hour. Imagine making crucial decisions on chemotherapy options for a person for 36 cents per hour or receiving a call at 2am to provide consent for emergency brain surgery because a person fell and pressure on the brain needs to be relieved or helping the person make end of life decisions for 36 cents an hour or helping an individual find a new apartment after the 4th eviction or making funeral arrangements for a person for no cents per hour as we do not get paid for any services once the person passes away. The provision of guardianship services is complex, extremely challenging

and rewarding. We truly need an adjustment to our daily rate to be able to continue this very important work.

We are currently funded to serve 499 individuals at a daily rate of $8.56 per person. We are significantly underfunded and we are deficit spending by thousands of dollars each month. This is not sustainable.

- From 7/1/21 to 6/30/22, corporate guardianship had a deficit of -$63,882
- From 7/1/22 to 12/31/22, corporate guardianship has a deficit of -$65,318
- Needed daily rate to cover the actual cost of services (before a cost of living increase) is $10.30 per day
- Daily rate with 5% cost of living increase for the first year of the biennium would be $10.82; daily rate with a 5% cost of living increase for the 2nd year would be $11.36
- Requesting funding for 30 additional slots to reduce the waiting list of 112 people
- Requesting additional funding for petitioning costs for the 30 new cases - $75,000 (currently funded for $125,195 – this would bring the total to $200,195)

Current appropriation for corporate guardianships services for 499 people with intellectual disabilities	$3,239,704
Funding for corporate guardianship in Governor's budget	$3,679,797
Total funding needed for 529 people with intellectual disabilities (includes 30 new slots; $200,195 petitioning costs – includes additional $75,00 for petitioning costs for 30 new slots; daily rate of $10.82 for 1st year; daily rate of $11.36 for 2nd year)	$4,488,544
Difference between Governor's budget request for Corporate Guardianship and the true needs of Corporate Guardianship	**$808,747**

We are respectfully asking your committee to increase the appropriation in SB 2012 for corporate guardianship services to $808,747 (this is an $808,747 increase from the amount allocated in the Governor's budget).

Thank you for the opportunity to stand before you today and I would be happy to try to answer any questions you may have.

CHERYL BERGIAN LAW OFFICE

LICENSED ATTORNEY IN MINNESOTA AND NORTH DAKOTA

1712 MAIN AVENUE, SUITE 202
PO BOX 2152
FARGO, ND 58107-2152

CHERYL BERGIAN **TELEPHONE: 701-232-5051**
E-MAIL: **FACSIMILE: 701-232-8040**
cheryl@cherylbergianlaw.com

January 24, 2023

Senate Appropriations Committee
North Dakota Legislature

RE: SB2012

Dear Senators:

I am writing to support the increase of the funds for establishing guardianships for indigent residents of North Dakota from $2,500.00 per case to $3,000.00 per case.

The funds for establishing a guardianship for indigent residents provide for the compensation of the attorney for the Petitioner (who is often a Vulnerable Adult Worker from the Human Service Zones), as well as the compensation for the fees of three professionals appointed by the court. An increase of $500.00 in the amount per case for the establishment of guardianships for indigent residents would assist in ensuring the availability of all the professionals involved, to meet the needs of indigent residents.

The attorney for the Petitioner drafts the Petition for Guardianship, and supporting documents, and represents the Petitioner throughout the guardianship case. The attorney for the Petitioner ensures that the written reports of three professionals are filed in all guardianship cases. Guardianships in North Dakota require the written reports from three professionals appointed by the court: (1) the Guardian ad Litem (an attorney), (2) the Visitor (a person in the nursing or social work professions), and (3) Expert Examiner (a professional who can provide a medical prognosis or psychological evaluation).

All three professionals are required to meet with or interview the proposed ward in the guardianship, and each has statutory requirements regarding the information provided in each written report for the Judge in the guardianship proceeding. Every guardianship requires that a hearing be held for the court to determine whether the Petition for Guardianship and supporting documents, including the written reports from the three professionals, establishes by clear and convincing evidence that the proposed ward is in need of a guardianship as the best means for providing care, supervision, or habilitation of the ward.

Thank you for your consideration of the request for an increase in funding for the establishment of guardianship for indigent residents of the North Dakota.

Sincerely,

/s/ Cheryl Bergian

Cheryl Bergian



North Dakota
Alzheimer's Statistics

Prevalence

NUMBER OF PEOPLE AGED 65 AND OLDER WITH ALZHEIMER'S

Year	TOTAL
2020	**15,000**
2025	**16,000**

ESTIMATED % CHANGE

6.7%

Caregiving (2021)

19,000
Number of Caregivers

$526,000,000
Total Value of Unpaid Care

14.4% % of caregivers with depression

29,000,000
Total Hours of Unpaid Care

62.0% % of caregivers with chronic health conditions

14.0% % of caregivers in poor physical health

Health Care

HOSPICE (2017)

468
# of people in hospice with a primary diagnosis of dementia

18%
% in hospice with a primary diagnosis of dementia

HOSPITALS (2018)

1,173
# of emergency department visits per 1,000 people with dementia

18.4%
dementia patient hospital readmission rate

MEDICAID

$190M
Medicaid costs of caring for people with Alzheimer's (2020)

13.2%
projected change in costs from 2020 to 2025

MEDICARE

$18,521 per capita Medicare spending on people with dementia (in 2021 dollars)

Workforce

12
# of geriatricians

183.3%
% increase needed to meet the demand in 2050

7,220
# of home health and personal care aides

26.5%
% increase needed to meet demand in 2028

Mortality

 # OF DEATHS FROM ALZHEIMER'S DISEASE (2019)

403

4th *highest death rate in America*

*More than **6 million Americans** are living with Alzheimer's, and over **11 million** provide their unpaid care. The cost of caring for those with Alzheimer's and other dementias is estimated to total **$321 billion** in 2022, increasing to nearly **$1 trillion** (in today's dollars) by mid-century.*

For more information, view the ***2022 Alzheimer's Disease Facts and Figures*** report at **alz.org/facts.**

© 2022 Alzheimer's Association® All Rights Reserved. Alzheimer's Association is a not-for-profit 501(c)(3) organization.

AIM ALZHEIMER'S IMPACT MOVEMENT™
alzheimer's association®

ALZHEIMER'S ASSOCIATION®

North Dakota Dementia Care Services Program

A love story for the ages that has become a family affair



Agnes and Matt Fettig have a love story for the ages. The couple raised their nine children in Bismarck, ND, and their love is one that endures in sickness and in health.

When they each received a diagnosis of Alzheimer's disease within three weeks of one another in December of 2020, all they asked was that they be able to stay together.



Finding care and support resources

At the time, the family did not know where to turn. Their children sought the resources of the Alzheimer's Association to help guide them through next steps. All nine children participated in virtual, no-cost care consultations with a professional Alzheimer's staff member who guided the family with information about the disease, and next steps for housing, legal and financial considerations. These sessions brought together the siblings in Zoom meetings from nine locations across the country.

Daughter Danette said, "The Association helped to ground us, help us think logically, and to put in place a plan for our parents to stay together." Son David said these meetings helped to get all of the siblings on the same page about next steps and to learn about "the deep web of resources in North Dakota with people eager to help us." Daughter Diane reported "When I couldn't be there as a caregiver in person, the Association helped me with ways to be a caregiver from afar." And, son Doug shared, "What I found most helpful was that we were not alone."

From diagnosis to legacy

Last year, Agnes and Matt celebrated their 65th wedding anniversary — together. They now live safely in a senior living community in Bismarck. Danette reports that her parents are proud of their long marriage and have not forgotten they are together. "They hold hands and are still very much in love. It is even more powerful, when you consider what they are going through."

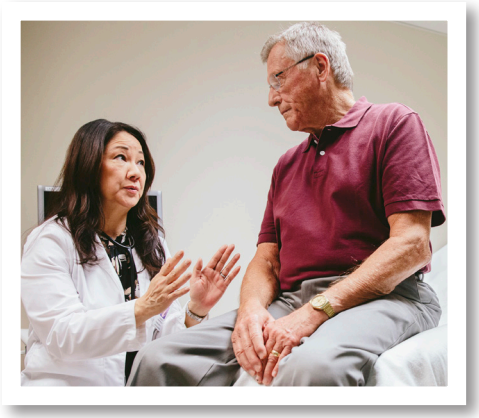
Before their diagnosis, Matt and Agnes were always active volunteers in the community, instilling in their children a sense of giving back to the community and those who needed help. It's no surprise that a few of the Fettig family members have made the Alzheimer's Association a bigger part of their lives after receiving services from the organization. Daughter Denise is now working as a community programs volunteer with families experiencing dementia and Alzheimer's. And, more than a year ago, Danette joined the program staff as the chapter's grant manager. "These are the blessings that come out of my parent's difficult diagnosis", Danette says.

Alzheimer's Association Minnesota-North Dakota Chapter
2631 12th Ave. S, Ste. A, Fargo, ND 58103
24/7 Helpline 800.272.3900 | **alz.org/mnnd**

ALZHEIMER'S ASSOCIATION®

North Dakota Dementia Care Services Program

The Alzheimer's Association has served North Dakota residents through the Dementia Care Services Program (DCSP) since 2010 to improve disease management and increase family support to people living with dementia and their caregivers. Services include:







Care Consultation

Individuals with memory loss, family members, or concerned professionals meet with Alzheimer's Association Care Consultants. Consultants provide a customized road map including information about the diseases, care plans, resources for housing, financial and legal planning, referrals to community resources and support for caregivers. Meetings generally take place via phone, at the individual's home or at their preferred location.

Physician Outreach

Health care setting outreach informs medical staff in clinics, hospitals and public health agencies about the importance of Alzheimer's early detection and diagnosis, as well as how to make referrals for family education and support.

Education - General Public & Professional Development

Community outreach offers education on dementia-related topics, such as understanding memory loss, brain health, partnering with one's doctor, and understanding communication. Classes are available for the general public, professionals, care partners, medical professionals, and law enforcement.

Participant Responses

"I would love to attend another session to build on the knowledge learned today. Today I have a greater empathy for dementia than I did yesterday."
- RN attending a training

"I always refer to our Care Consultant as "Our Angel." All nine of us were lifted by her sincere show of support for our situation. Her follow-up demonstrates the extraordinary significance of our North Dakota staff."
- Care Consultation Client

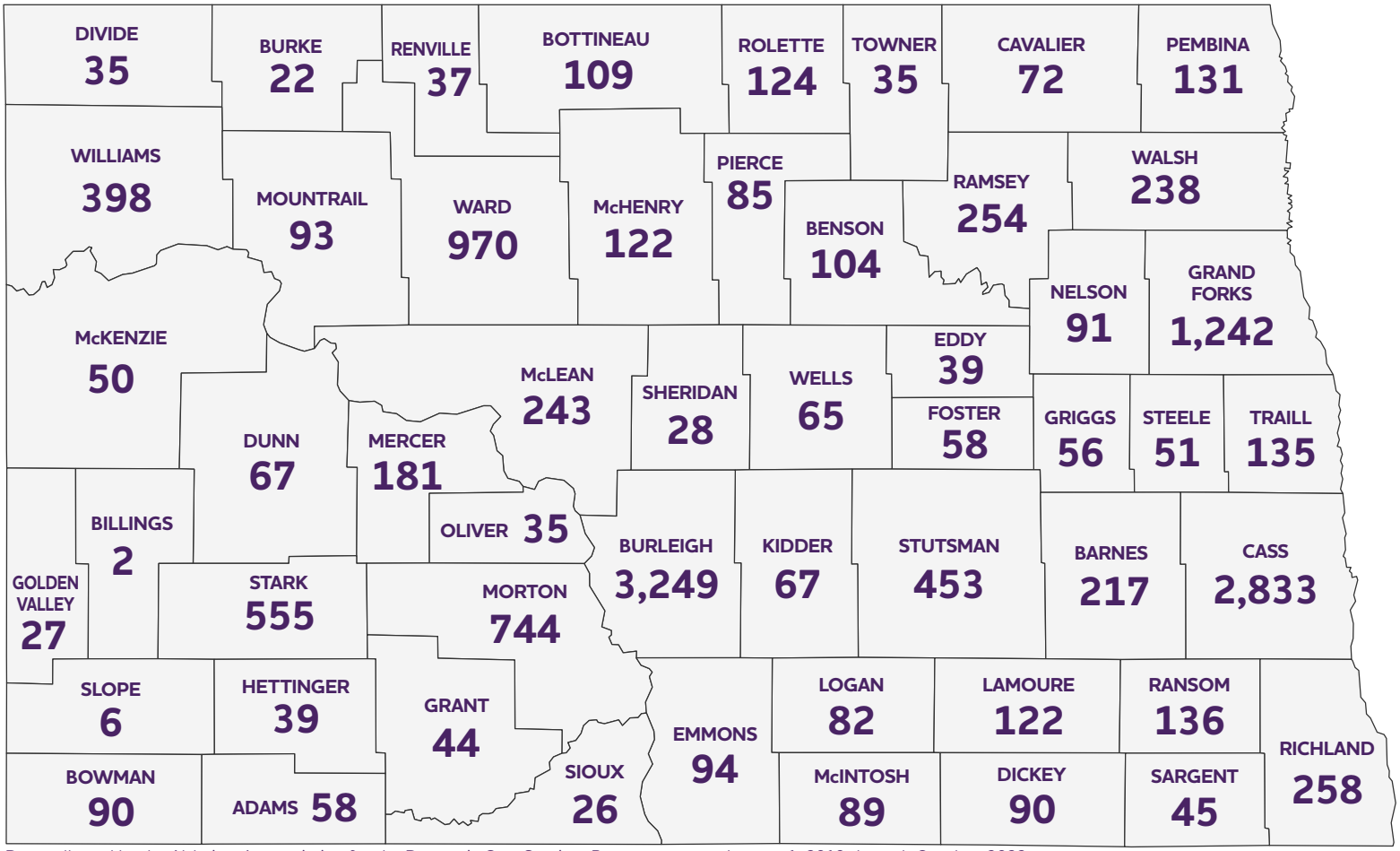
"The program and information provided to me helped me better understand my mother's [...] behavior. I was able to comfort her and assure her everything was okay. It also gave me the confidence in relating and relaying this information with my siblings"
- Care Consultation Client

ALZHEIMER'S ASSOCIATION®

North Dakota Dementia Care Services Program

The Alzheimer's Association has supported the families of 3,829 people living with dementia, including providing 14,258 care consultations for 7,835 caregivers.

Individuals Served by County[1] January 1, 2010 - October, 2022.



Data collected by the Alzheimer's association for the Dementia Care Services Program contrat January 1, 2010 through October, 2022.

We have provided no-cost services to **61,740** people across the state, increasing awareness of community resources, understanding the disease process, and improving the quality of care of people living with dementia in North Dakota.

Alzheimer's Association Minnesota-North Dakota Chapter

2631 12th Ave. S, Ste. A, Fargo, ND 58103

24/7 Helpline 800.272.3900 | **alz.org/mnnd**

ALZHEIMER'S ASSOCIATION®

North Dakota Dementia Care Services Program

What is the value of the Dementia Care Services Program?

Recent research has demonstrated that two types of programs have potential for reducing avoidable health care and premature nursing home placement. One is the DCSP's caregiver support programs, and the other focuses on the care delivery team. Studies indicate that resources assisting caregivers have promise for reducing unnecessary emergency department visits and hospitalizations, and reducing transitions to residential care for individuals with Alzheimer's disease and other dementias.

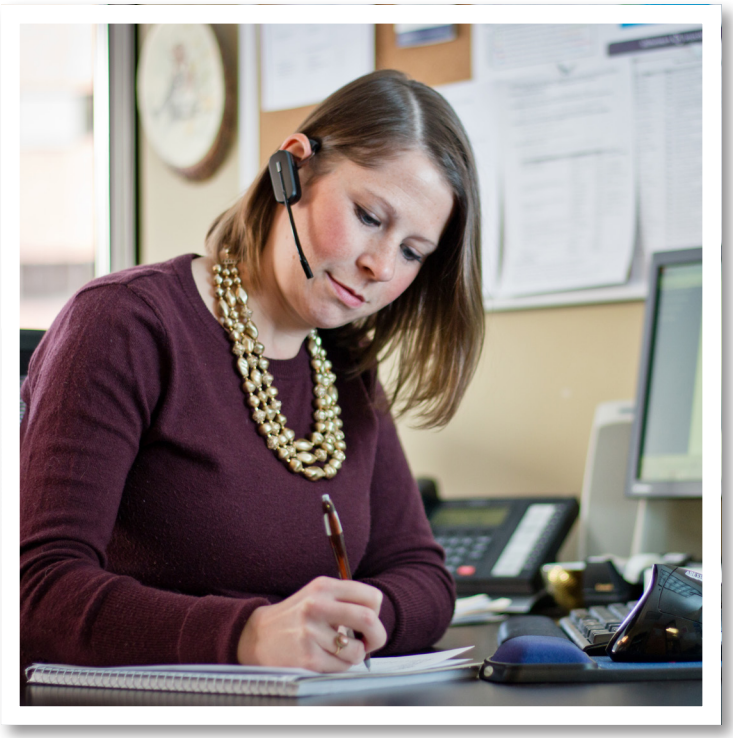


An evaluation from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences found:



- Over a 42-month program period, the legislature appropriated an investment of $2.2 million for the contract and has estimated results of long-term care cost saving of $39.2 million, such as those incurred through hospital or emergency related services and delays in placing a person with dementia in long-term care facilities.
- Caregivers who were more engaged in DCSP activities had greater hospital and rural ambulance cost savings compared to caregivers who were not.
- Caregivers who participated were more likely to complete important dementia care-related tasks like establishing a power of attorney and instituting health care directives.
- Caregivers who received DCSP services were twice as likely to either delay nursing home placement or decrease their likelihood of placement. The total cost avoided was $3,007,147 (based on 46 people who indicated an increase in the amount of time to place a person with the disease in an institution).

Additional Services Provided Outside of the North Dakota Care Services Program





24/7 Helpline (800.272.3900)

Staffed in 200 languages, this resource serves people with memory loss, their caregivers, healthcare professionals and the public by providing information and referrals to local community programs and services; dementia-related education; crisis assistance; and emotional support.

Support Groups

Many support groups are held each month in various North Dakota locations and are led by trained volunteer facilitators to provide support, assistance, and encouragement to individuals and their care partners impacted by dementia.

facebook.com/alzmnnd

twitter.com/alzmnnd

youtube.com/user/alzmnnd

instagram.com/alzmnnd

linkedin.com/company/alzheimer's-association-minnesota-north-dakota

ALZHEIMER'S ASSOCIATION
Minnesota - North Dakota Chapter

Senate Bill 2012
Senate Appropriations Human Resources Division
Senator Dick Dever, Chairman
January 25, 2023

Good morning Chairman Dever and members of the Senate Appropriations Human Resources Division. For the record, my name is Nikki Wegner and I am the North Dakota Program Director for the Minnesota-North Dakota Chapter of the Alzheimer's Association. I am one of six staff who provide programs and support to North Dakota residents impacted by Alzheimer's and other dementia, and their caregivers. Thank you for the opportunity to speak with you today in support of Senate Bill 2012. Alzheimer's and dementia have touched so many lives. For those in the room today, if your life has been impacted by Alzheimer's or dementia; as a caregiver, a loved one, or friend, please raise your hand.

The Dementia Care Services Program began in 2010, although Chairman Dever knows much more about how it came to be than I do. We appreciate the continued funding included in this bill for the Dementia Care Services Program (DCSP). Through the thirteen year partnership between the State and the Alzheimer's Association, we have provided a lifeline for thousands of North Dakota families when they need it most, when they are faced with a dementia diagnosis and the question of "what next?" in planning for the growing care needs for their family member. The DCSP has also provided dementia education for tens of thousands of community members and professionals across the state.

The goals of the DCSP are to improve care, quality of life, and health outcomes; and to reduce the total cost of care associated with the disease for individuals, families, and ultimately the state budget. The innovative services that are provided promote early detection and diagnosis, connect people with community resources and support groups, provide effective caregiver training, and planning for the future.

In the first few years of the DCSP, the legislature requested a study of the program which was conducted by the UND Center for Rural Health. That study found that over a 42-month period, with an investment of $2 million, the state saved an estimated $39 million in long-term costs from reduced hospital and emergency related services and

delays in placing a person with dementia in long-term care facilities.[1] The link to the full report is included in the testimony I submitted online and can provide you with a full overview of the DCSP.

Dementia that is unmanaged negatively impacts the individual diagnosed, their caregivers, and ultimately creates a costly toll for communities and on the economy. The DCSP can help reduce higher costs related to dementia care. For example, studies have consistently shown that active management of dementia can improve the quality of life of affected individuals and their caregivers. That is where the DCSP comes into the picture.

Consider, for the current contract period, July 1, 2021 through Dec 31, 2022, the DCSP has:

- Delivered 1,975 Care Consultations and Information and Referrals - for 1,040 caregivers on behalf of 583 people living with dementia, including 51 veterans living with dementia;
- Educated 2,558 community members across the state;
- Trained 197 law enforcement and 1,753 health care professionals; and
- Referred 110 people directly to the Aging and Disability Resource LINK (ADRL).

The need for care and support across North Dakota is growing, the number of people who receive services through DCSP continues to increase. Our current estimate is that 15,000 people in North Dakota are living with Alzheimer's and we expect those numbers to increase to 16,000 by 2025. I have provided more information and statistics in the packet for you to review.

Request for Funding Increase

To respond to the growing needs of North Dakotans, we are seeking an increase in funding from $1,300,000 to $1,605,000. This funding increase will provide us with the ability to expand our capacity by hiring another care consultant. The addition of another care consultant will allow us to continue meeting the needs and increasing demand specifically in underserved locations, including rural areas and Tribal communities. As the number of people in North Dakota who need our services increases, we want to be prepared and able to provide the support needed.

[1] Center for Rural Health Assessment of North Dakota Dementia Care Services Program July 2013, p. 6

We recently held our Alzheimer's Advocacy Day at the Capitol. Donna was invited to attend the event, she sent the following response along with permission to share her story. Donna states:

Good Morning. As much as I would love to make the trip to this important event- it is not possible You see ALZ has impacted me personally. Recently diagnosed with Alzheimer's myself I am still trying to come to grips with all the things this disease is robbing me of. I worked my entire adult life as an RN @ Sanford Hospital. First as an Oncology nurse , then moving on to my real passion as a Labor & Delivery Nurse . My passion for families and newborns directed me to work with Dr. S.Christensen in developing the first Reproductive Clinic in the state of North Dakota. I had a passion for educating our patients about the process of making their dreams become a reality. My career pathway led me to become a Health Careers teacher with the FPS in Fargo. I had the opportunity to have teenage students exploring various health career pathways for themselves. I take great pride in seeing these former students making a difference as nurses,therapists & physicians!
I am married to the love of my life ~ Michael was my high school sweetheart & we have been married for 43 years! We have two grown children and 4 grandchildren! They are my life! It breaks my heart knowing that as this disease progresses I will be robbed of the quality life I have always dreamed of having with my family. They are all aware of my diagnosis & we continue to live in the moment and not thinking about what's to come.
I often look at my husband & think "He doesn't deserve this" My daughter in law overheard me saying that, Her response to me was "You don't deserve this " . She got it right ! NO ONE DESERVES TO HAVE ALZ!

This is just one person's experience. We hear stories from thousands of families and I'd be willing to bet those of you who raised your hands can relate.

Thank you for your consideration. I am happy to answer any questions you may have.

23.0266.01002
Title.

Prepared by the Legislative Council staff for
Senator Lee
January 12, 2023

PROPOSED AMENDMENTS TO SENATE BILL NO. 2012

Page 3, after line 19, insert:

"**SECTION 3. APPROPRIATION.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $2,500,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of increasing grant funding for organizations that provide advocacy services for children, for the biennium beginning July 1, 2023, and ending June 30, 2025."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment increases funding for grants to organizations that provide advocacy services for children from $1.6 million to $4.1 million.

TESTIMONY
Senate Appropriations
SB 2012
January 26, 2023
Jennifer Illich

Chairman Bekkedahl, and members of the Appropriations Committee, thank you for the opportunity to provide testimony today about the life-saving work of FirstLink. My name is Jennifer Illich, and I am the executive director of FirstLink. I am here to express support for SB 2012. FirstLink is the only designated center in North Dakota to answer the 988 Suicide and Crisis Lifeline, and 211 information and referral phone lines. FirstLink services are imperative to build a strong mental health system that provides the care, support, and services needed to help people build better lives throughout North Dakota.

FirstLink answering the 211 information and referral and 988 suicide and crisis phone line is part of a long-term effort to build complete mental health and suicide and substance prevention crisis response system in North Dakota. The overwhelming majority of callers can be stabilized over the phone. Those who need more support are connected to appropriate mental health services. FirstLink serves as a hub of information and a connector to other non-profit and behavioral health centers. We screen and triage for open access, and subacute stabilization centers and deploy mobile crisis units for the Human Service Centers throughout North Dakota. The attached information shows the number of contacts and connections.

FirstLink needs increased support to continue operating 24/7 and meet all the demands of our community members that are connecting with us. We must add FTE to our team to keep up with the increases in call volume. We need to update our technology services because every second counts when talking to someone that is suicidal, has a substance use challenge, or is experiencing a behavioral health crisis. We need to add redundancy to ensure that our phone lines never go down. We need to have a diverse and culturally competent workforce and pay our staff professional wages to provide quality service to those reaching out for help and to help with staff retention.

I hope you will consider supporting SB 2012, so we can support our most vulnerable neighbors in a moment of crisis. I will restate what Dr. Wehbi stated in his testimony on January 16, 2023, we are working together to make North Dakota the healthiest state in the nation.

I sincerely thank you for listening and for your ongoing support, and I look forward to your questions.

Jennifer Illich
Executive Director
FirstLink
701-293-6462
jenniferi@myfirstlink.org

FirstLink Annual Budget Needs	
Payroll expenses	$ 1,622,984.00
Education and outreach	$ 93,480.00
Operating expense	$ 202,902.00
Professional fees	$ 123,966.00
Total	**$ 2,043,332.00**

FirstLink

2022 Statistical Report
Statewide HSC

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	*Totals*	*%*
TOTAL # OF HSC CONTACTS from HSC Fwd Lines	675	731	725	952	883	781	643	641	542	497	680	896	8646	100%
CONTACT TYPE (HSC)														
Information	202	301	289	366	413	269	210	212	199	168	299	512	3440	40%
Referral	12	10	8	11	13	12	13	12	8	4	8	11	122	1%
Listening & Support	126	133	166	166	125	190	141	120	95	76	87	102	1527	18%
Crisis Intervention	335	287	262	409	332	310	279	290	240	249	286	271	3550	41%
TOTAL	***675***	***731***	***725***	***952***	***883***	***781***	***643***	***634***	***542***	***497***	***680***	***896***	8639	100%
NON-PRODUCTIVE CALLS (HSC)														
Hang Up/Static	85	90	133	190	239	134	69	99	80	62	116	174	1471	17%
Inappropriate	8	1	20	43	64	5	6	4	2	2	1	5	161	2%
Sexually Inappropriate	1	2	3	3	0	4	1	1	0	0	1	1	17	0%
Telemarketer	9	13	4	6	6	3	5	5	3	3	8	17	82	1%
Wrong Number	4	1	2	4	5	11	4	1	5	4	6	19	66	1%
TOTAL	***107***	***107***	***162***	***246***	***314***	***157***	***85***	***110***	***90***	***71***	***132***	***216***	1797	21%
ABANDONED RATE %	1%	2%	2%	1%	4%	3%	2%	4%	3%	3%	3%	3%	*AVG:*	3%
HSC LINE / CONTACT METHOD (HSC)														
Badlands	3	0	0	2	3	10	5	14	8	12	12	7	76	1%
Lake Region	3	0	3	0	4	9	33	37	38	22	53	48	250	3%
North Central	48	70	33	42	44	24	18	38	29	38	27	57	468	5%
Northeast	63	52	32	51	51	48	18	28	33	30	97	132	635	7%
Northwest	67	34	24	36	20	27	37	29	34	46	52	48	454	5%
South Central	62	54	49	62	87	77	54	45	49	41	56	83	719	8%
Southeast	311	369	488	564	570	462	367	323	243	221	240	395	4553	53%
West Central	118	152	96	195	104	124	111	127	108	87	142	126	1490	17%
TOTAL	***675***	***731***	***725***	***952***	***883***	***781***	***643***	***641***	***542***	***497***	***679***	***896***	8645	100%
DAY OF THE WEEK (HSC)														
Sunday	129	99	152	105	180	114	123	90	87	97	88	83	1347	16%
Monday	135	117	61	107	156	93	86	87	58	59	58	115	1132	13%
Tuesday	67	98	88	138	131	84	64	93	79	57	74	67	1040	12%
Wednesday	66	87	94	83	121	132	65	76	59	56	82	149	1070	12%
Thursday	61	58	104	146	66	110	57	83	74	54	158	170	1141	13%
Friday	72	159	81	198	96	91	88	82	83	53	133	182	1318	15%
Saturday	145	113	145	175	133	157	160	130	102	121	87	130	1598	18%
TOTAL	***675***	***731***	***725***	***952***	***883***	***781***	***643***	***641***	***542***	***497***	***680***	***896***	8646	100%
GENDER (HSC)														
Female	369	389	457	586	434	298	302	316	268	285	372	469	4545	53%
Male	238	252	164	232	230	347	279	234	195	150	197	238	2756	32%
Non-Binary	0	1	0	0	1	0	0	1	0	0	0	0	3	0%
TOTAL	***607***	***642***	***621***	***818***	***665***	***645***	***581***	***551***	***463***	***435***	***569***	***707***	7304	84%
AGE RANGE (HSC)														
0-5	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
6-17	2	2	1	1	2	4	0	2	1	2	2	3	22	0%
18-35	201	171	143	212	141	110	118	143	138	124	191	230	1922	22%
36-65	387	450	460	594	472	406	377	353	271	274	361	453	4858	56%

FirstLink

2022 Statistical Report
Statewide HSC

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	*Totals*	*%*
66+	17	19	17	11	50	125	86	53	53	35	15	23	504	6%
TOTAL	*607*	*642*	*621*	*818*	*665*	*645*	*581*	*551*	*463*	*435*	*569*	*709*	7306	85%
REFERRAL SOURCE (HSC)														
Self	380	445	440	567	465	468	404	352	302	269	396	573	*5,061*	59%
Case Manager	22	23	10	8	19	17	6	4	10	11	8	7	*145*	2%
Concerned Party	53	39	33	60	35	37	43	56	27	35	39	26	*483*	6%
Hospital/ER	89	82	86	94	73	76	75	97	91	90	97	76	*1,026*	12%
Law Enforcement	44	36	35	40	32	39	39	20	17	19	12	18	*351*	4%
School	0	0	0	0	0	0	0	0	0	0	0	0	*0*	0%
Other	22	30	11	22	9	14	9	18	20	15	18	16	*204*	2%
TOTAL	610	655	615	791	633	651	576	547	467	439	570	716	*7,270*	84%
LISTENING AND SUPPORT NEEDS (HSC)														
Abuse/Violence - Adult	1	2	2	0	2	0	0	0	0	0	0	1	8	0%
Abuse/Violence - Child	0	0	0	1	1	1	1	1	0	2	1	0	8	0%
Abuse/Violence - Elder	0	1	0	0	0	0	0	0	0	0	0	0	1	0%
Addictions - Gambling	0	1	0	0	0	0	0	0	0	0	0	0	1	0%
Addictions - Substance Use	10	11	14	8	6	11	10	6	7	2	7	4	96	1%
Addictions - Other	5	0	1	2	0	0	0	2	1	0	3	0	14	0%
Basic Needs/Income Security	5	1	4	2	5	6	3	1	2	1	2	2	34	0%
Bullying	0	1	0	0	0	0	0	0	0	0	0	0	1	0%
Disability/Physical Health Condition	13	3	5	11	3	3	9	5	1	3	7	8	71	1%
Disaster/Post-Disaster	0	0	0	0	0	0	0	0	0	0	0	1	1	0%
Legal Concerns	0	0	0	0	0	0	0	0	0	1	0	0	1	0%
Mental Health - Anger	6	5	6	16	4	2	2	14	4	9	12	13	93	1%
Mental Health - Anxiety/PTSD	30	24	23	39	25	10	7	13	10	6	17	7	211	2%
Mental Health - Chronic/Severe Mental Illness	83	100	132	154	110	183	119	88	64	71	84	80	1268	15%
Mental Health - Depression	32	13	16	25	10	7	8	7	10	8	13	9	158	2%
Mental Health - Eating Disorder	0	0	0	1	0	0	0	0	0	0	0	0	1	0%
Mental Health - General/Other	14	3	0	3	4	1	0	3	0	1	1	3	33	0%
Mental Health - Grief/Loss	4	4	3	2	1	2	5	5	9	1	5	2	43	0%
Mental Health - Relationships	25	17	12	15	18	14	12	8	9	7	11	16	164	2%
Mental Health - Stress	6	13	7	9	2	3	3	5	4	8	12	9	81	1%
Mental Health - Self-Injury	0	1	3	3	5	1	0	3	0	2	1	0	19	0%
Sexual Orientation/Gender Identity	0	1	0	0	0	0	0	0	0	0	0	0	1	0%
TOTAL	*234*	*201*	*228*	*291*	*196*	*244*	*179*	*161*	*121*	*122*	*176*	*155*	2308	27%
COLLATERAL CALLS (HSC)	38	37	28	97	61	60	71	33	40	32	23	34	554	6%
ADVOCACY (HSC)	0	2	2	2	5	3	8	9	15	2	1	2	51	1%
CONFERENCED (HSC)	290	243	204	315	249	195	179	139	146	141	175	157	2433	28%
INVOLUNTARY POLICE/RESCUE SENT (HSC)	0	0	0	2	0	0	0	0	0	0	1	0	3	0%
TOTAL # OF 211 CONTACTS Related to Crisis Intervention ND	428	335	378	393	425	414	435	448	435	377	367	449	4884	56%
CONTACT TYPE														
Information	0	0	0	0	0	0	0	0	0	0	0	0	0	0%

FirstLink

2022 Statistical Report
Statewide HSC

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	*Totals*	*%*
Referral	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Listening & Support	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Crisis Intervention	428	335	378	393	425	414	435	448	435	377	367	449	4884	56%
TOTAL	***428***	***335***	***378***	***393***	***425***	***414***	***435***	***448***	***435***	***377***	***367***	***449***	4884	56%
NON-PRODUCTIVE CALLS													0	0%
Hang Up/Static	2	0	0	0	0	0	0	0	1	0	0	0	3	0%
Inappropriate	1	1	0	0	0	0	0	1	0	1	0	0	4	0%
Sexually Inappropriate	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Telemarketer	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Unresponsive (TEXT ONLY)	0	1	0	1	0	0	0	0	0	0	0	0	2	0%
Wrong Number	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
TOTAL	**3**	**2**	**0**	**1**	**0**	**0**	**0**	**1**	**1**	**1**	**0**	**0**	9	0%
HSC CONTACT Method													0	0%
Badlands	55	37	39	33	53	47	40	27	21	32	26	29	439	5%
Lake Region	42	34	29	52	54	42	37	35	40	18	41	27	451	5%
North Central	5	5	9	9	16	15	26	29	30	29	26	43	242	3%
Northeast	20	9	9	18	14	14	42	30	31	29	23	25	264	3%
Northwest	15	5	14	8	8	4	4	6	10	10	7	19	110	1%
South Central	7	9	7	11	27	8	14	7	5	14	8	5	122	1%
Southeast	53	71	83	85	79	81	74	116	91	82	83	108	1006	12%
West Central	43	29	42	33	34	34	39	40	35	50	45	44	468	5%
TOTAL	**240**	**199**	**232**	**249**	**285**	**245**	**276**	**290**	**263**	**264**	**259**	**300**	3102	36%
DAY OF THE WEEK														
Sunday	77	63	69	54	73	77	81	63	75	91	70	80		
Monday	77	33	45	61	81	49	55	58	54	46	47	42	648	7%
Tuesday	47	40	38	39	59	40	50	61	56	46	48	50	574	7%
Wednesday	41	45	50	41	42	50	60	90	48	40	33	52	592	7%
Thursday	59	36	66	45	52	64	52	48	64	41	48	74	649	8%
Friday	55	56	57	65	46	63	61	50	57	45	46	70	671	8%
Saturday	72	62	53	88	72	71	76	78	81	68	75	81	877	10%
TOTAL	**428**	**335**	**378**	**393**	**425**	**414**	**435**	**448**	**435**	**377**	**367**	**449**	4884	56%
														0%
GENDER														
Female	223	175	196	219	232	218	255	227	239	232	213	243	2672	31%
Male	141	121	137	130	153	137	134	157	152	143	152	203	1760	20%
Non-Binary	64	39	44	44	39	58	46	64	43	1	2	3	447	5%
TOTAL	**428**	**335**	**377**	**393**	**424**	**413**	**435**	**448**	**434**	**376**	**367**	**449**	4879	56%
AGE RANGE														
0-5	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
6-17	5	7	15	6	9	7	5	2	13	4	6	7	86	1%
18-35	194	133	140	141	138	156	143	203	183	125	151	162	1869	22%
36-65	219	181	121	240	269	239	276	231	223	241	210	274	2724	32%
66+	10	14	9	6	9	11	11	12	15	6	0	6	109	1%
TOTAL	**428**	**335**	**285**	**393**	**425**	**413**	**435**	**448**	**434**	**376**	**367**	**449**	4788	55%
REFERRAL SOURCE														
Self	302	225	245	285	278	243	258	266	270	205	218	301	3096	36%

FirstLink

2022 Statistical Report
Statewide HSC

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	*Totals*	*%*
Case Manager	14	13	12	8	17	25	26	18	15	12	10	7	**177**	**2%**
Concerned Party	36	32	37	30	41	59	48	48	45	61	44	43	**524**	**6%**
Hospital/ER	53	39	50	42	60	50	56	62	46	50	49	36	**593**	**7%**
Law Enforcement	14	15	22	16	16	25	22	22	18	15	16	33	**234**	**3%**
School	0	0	1	1	0	0	1	0	0	0	2	0	**5**	**0%**
Other	9	11	11	11	13	12	24	32	41	34	28	29	**255**	**3%**
TOTAL	**428**	**335**	**378**	**393**	**425**	**414**	**435**	**448**	**435**	**377**	**367**	**449**	**4884**	**56%**
LISTENING AND SUPPORT NEEDS														
Abuse/Violence - Adult	7	6	6	2	3	0	3	2	3	1	1	0	**34**	**0%**
Abuse/Violence - Child	4	3	2	0	3	1	1	1	0	1	0	2	**18**	**0%**
Abuse/Violence - Elder	3	0	0	0	0	0	0	1	0	0	0	0	**4**	**0%**
Addictions - Gambling	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0%**
Addictions - Substance Use	27	5	10	13	17	7	13	12	7	13	10	11	**145**	**2%**
Addictions - Other	3	0	3	3	1	0	0	0	0	1	0	0	**11**	**0%**
Basic Needs/Income Security	1	6	3	3	1	2	0	2	7	3	3	2	**33**	**0%**
Bullying	0	1	0	1	0	0	1	0	0	0	0	0	**3**	**0%**
Disability/Physical Health Condition	13	9	12	7	5	11	6	11	6	4	4	2	**90**	**1%**
Disaster/Post-Disaster	0	9	0	0	0	0	0	0	0	0	0	0	**9**	**0%**
Legal Concerns	1	0	0	0	0	0	0	0	0	0	0	0	**1**	**0%**
Mental Health - Anger	3	9	7	3	8	3	4	3	9	2	4	5	**60**	**1%**
Mental Health - Anxiety/PTSD	36	29	31	33	21	22	24	25	30	14	14	17	**296**	**3%**
Mental Health - Chronic/Severe Mental Illness	40	35	48	58	35	42	44	79	44	14	25	37	**501**	**6%**
Mental Health - Depression	45	34	39	52	30	23	36	43	42	26	28	42	**440**	**5%**
Mental Health - Eating Disorder	0	1	0	1	0	0	3	2	3	0	0	1	**11**	**0%**
Mental Health - General/Other	2	1	0	0	0	2	1	1	0	0	0	2	**9**	**0%**
Mental Health - Grief/Loss	9	8	9	6	12	3	7	15	12	4	4	5	**94**	**1%**
Mental Health - Relationships	26	34	21	28	23	22	22	31	24	12	21	29	**293**	**3%**
Mental Health - Stress	10	15	16	15	11	4	13	15	24	8	14	21	**166**	**2%**
Mental Health - Self-Injury	8	7	8	5	4	5	4	7	5	0	2	4	**59**	**1%**
Sexual Orientation/Gender Identity	1	1	0	0	0	0	0	2	1	0	0	0	**5**	**0%**
TOTAL	**239**	**213**	**215**	**230**	**174**	**147**	**182**	**252**	**217**	**103**	**130**	**180**	**2282**	**26%**
TOTAL # OF 988 ND CONTACTS	**270**	**307**	**267**	**284**	**311**	**255**	**286**	**255**	**266**	**307**	**304**	**506**	**3618**	**42%**
CONTACT TYPE														
Information	49	77	67	60	66	39	46	37	55	48	54	154	**752**	**9%**
Referral	5	1	7	3	3	8	9	11	7	8	15	20	**97**	**1%**
Listening & Support	27	100	57	76	80	65	77	76	85	103	101	156	**1003**	**12%**
Crisis Intervention	135	129	136	145	162	143	154	131	119	148	134	176	**1712**	**20%**
TOTAL	**216**	**307**	**267**	**284**	**311**	**255**	**286**	**255**	**266**	**307**	**304**	**506**	**3564**	**41%**
NON-PRODUCTIVE CALLS													**0**	**0%**
Hang Up/Static	37	31	46	32	33	18	23	15	16	11	16	87	**365**	**4%**
Inappropriate	3	33	9	17	20	5	4	4	9	4	2	11	**121**	**1%**
Sexually Inappropriate	0	1	0	2	1	0	1	0	0	0	0	1	**6**	**0%**
Telemarketer	0	0	0	0	0	0	0	0	1	0	1	1	**3**	**0%**
Abandoned calls	0	0	0	1	1	1	0	0	3	2	1	23	**32**	**0%**

FirstLink

2022 Statistical Report
Statewide HSC

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	*Totals*	*%*
Wrong Number	5	4	4	2	2	1	4	2	3	2	0	6	35	0%
TOTAL	**45**	**69**	**59**	**54**	**57**	**25**	**32**	**21**	**32**	**19**	**20**	**129**	**562**	**7%**
													0	0%
ABANDONED RATE %	1%	2%	2%	1%	4%	3%	2%	4%	3%	4%	3%	3%	***AVG:***	3%
On-call Contacted														
Badlands	0	0	0	0	0	0	1	2	5	8	2	5	23	0%
Lake Region	1	2	1	2	1	0	0	0	0	1	0	1	9	0%
North Central	0	0	0	0	0	0	2	1	0	0	3	2	8	0%
Northeast	1	2	0	2	2	3	5	11	4	14	7	7	58	1%
Northwest	0	0	0	0	0	0	1	0	0	1	0	0	2	0%
South Central	0	0	0	2	1	0	0	0	0	2	1	3	9	0%
Southeast	1	2	0	4	5	2	2	1	4	4	3	5	33	0%
West Central	3	3	1	1	0	0	3	0	1	1	5	2	20	0%
TOTAL	**6**	**9**	**2**	**11**	**9**	**5**	**14**	**15**	**14**	**31**	**21**	**25**	**162**	**2%**
DAY OF THE WEEK														
Sunday	35	45	31	40	61	30	45	20	36	42	82	64	531	6%
Monday	52	44	47	41	52	45	31	39	38	49	97	84	619	7%
Tuesday	45	63	50	26	55	45	42	60	39	48	86	69	628	7%
Wednesday	29	33	35	39	33	35	38	48	31	34	90	68	513	6%
Thursday	30	40	39	37	35	45	48	32	53	47	86	64	556	6%
Friday	34	36	30	54	36	29	44	30	39	44	77	68	521	6%
Saturday	45	46	35	47	39	26	38	26	30	43	93	89	557	6%
TOTAL	**270**	**307**	**267**	**284**	**311**	**255**	**286**	**255**	**266**	**307**	**611**	**506**	**3925**	**45%**
GENDER														
Cis Female and Girls	117	134	94	144	138	128	127	126	140	164	137	254	1703	20%
Cis Male and Boys	134	154	147	111	149	117	144	115	104	122	144	142	1583	18%
Non-Binary or Genderqueer	2	1	0	0	2	3	1	4	15	10	12	1	51	1%
Trans Men and Boys	0	0	0	0	0	0	0	0	0	1	0	1	2	
Trans Female and Girls	0	0	0	0	0	0	0	1	0	0	1	1	3	
Other	0	0	0	0	0	0	0	1	1	4	1	1	8	
TOTAL	**253**	**289**	**241**	**255**	**289**	**248**	**272**	**247**	**260**	**301**	**295**	**400**	**3350**	**39%**
AGE RANGE														
0-5	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
6-17	27	31	36	28	36	29	17	21	15	22	15	27	304	4%
18-35	123	130	118	120	143	129	105	109	118	142	129	163	1529	18%
36-65	98	116	87	105	106	86	133	108	113	127	144	199	1422	16%
66+	5	12	0	2	4	4	17	9	14	10	7	11	95	1%
TOTAL	**253**	**289**	**241**	**255**	**289**	**248**	**272**	**247**	**260**	**301**	**295**	**400**	**3350**	**39%**
Race/Ethnicity													0	0%
Cacasian	37	22	3	6	9	3	3	4	4	5	7	7	110	1%
African American	2	0	0	0	0	1	0	1	0	0	1	0	5	0%
Hispanic/Latino/a/x	0	2	0	2	1	0	0	0	0	0	0	0	5	0%
Native America	3	2	1	1	1	2	1	5	4	3	0	4	27	0%
Asian/Pacific Islander	0	1	0	0	0	1	0	0	0	0	0	0	2	0%
Multi-Racial	0	0	0	1	0	0	0	0	0	0	0	0	1	0%

FirstLink

2022 Statistical Report
Statewide HSC

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	*Totals*	*%*
Other	1	2	2	1	1	1	0	1	0	1	0	0	**10**	**0%**
Unknown	180	251	237	246	277	241	268	235	250	292	286	390	**3153**	**36%**
Total	**223**	**280**	**243**	**257**	**289**	**249**	**272**	**246**	**258**	**301**	**294**	**401**	**3313**	**38%**
LISTENING AND SUPPORT NEEDS														
Abuse/Violence - Adult	3	4	5	4	3	3	5	3	3	1	3	5	**42**	**0%**
Abuse/Violence - Child	2	2	2	2	2	2	2	2	1	1	2	2	**22**	**0%**
Abuse/Violence - Elder	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0%**
Addictions - Gambling	0	0	1	0	0	0	0	0	0	0	0	0	**1**	**0%**
Addictions - Substance Use	17	21	14	15	12	12	14	16	9	18	25	18	**191**	**2%**
Addictions - Other	4	2	0	3	0	1	2	0	0	1	0	4	**17**	**0%**
Basic Needs/Income Security	3	5	5	6	7	4	5	10	8	11	10	13	**87**	**1%**
Bullying	1	3	0	3	0	1	1	2	2	1	0	2	**16**	**0%**
Disability/Physical Health Condition	9	12	8	11	6	7	20	7	17	13	8	12	**130**	**2%**
Disaster/Post-Disaster	0	0	1	1	0	0	0	0	0	0	0	0	**2**	**0%**
Legal Concerns	1	0	0	1	0	0	1	1	0	2	0	1	**7**	**0%**
Mental Health - Anger	4	8	8	8	10	8	14	14	13	16	10	17	**130**	**2%**
Mental Health - Anxiety/PTSD	46	60	56	51	34	44	39	40	38	47	50	63	**568**	**7%**
Mental Health - Chronic/Severe Mental Illness	22	25	30	43	40	24	35	37	33	36	29	49	**403**	**5%**
Mental Health - Depression	65	75	60	62	56	38	64	62	62	58	62	70	**734**	**8%**
Mental Health - Eating Disorder	1	2	3	1	1	3	1	1	0	0	1	1	**15**	**0%**
Mental Health - General/Other	4	3	1	1	2	0	2	3	2	1	3	0	**22**	**0%**
Mental Health - Grief/Loss	17	13	14	13	12	11	14	12	11	15	17	16	**165**	**2%**
Mental Health - Relationships	71	73	67	68	67	62	58	53	52	69	93	128	**861**	**10%**
Mental Health - Stress	18	26	21	27	29	33	35	45	33	46	57	5	**375**	**4%**
Mental Health - Self-Injury	7	7	9	7	4	7	6	5	9	7	6	5	**79**	**1%**
Sexual Orientation/Gender Identity	1	3	1	1	0	5	2	2	3	1	0	1	**20**	**0%**
TOTAL	**296**	**344**	**306**	**328**	**285**	**265**	**320**	**315**	**296**	**344**	**376**	**412**	**3887**	**45%**
TOTAL # OF ALL OTHER CONTACTS	1,849	1,885	1,951	1,925	2,175	1,929	1,764	1,947	1,699	1501	1486	1530	**21641**	**250%**
ON-CALL NOTIFIED														
From HSC Line	329	281	259	396	316	284	274	286	233	241	260	249	**3408**	**39%**
From 2-1-1 Helpline	250	199	232	253	285	245	276	291	264	266	257	300	**3118**	**36%**
From 988 ND	7	9	2	11	9	5	14	15	15	31	21	25	**164**	**2%**
From Other Lines	2	0	0	0	0	0	0	0	0	0	0	0	**2**	**0%**
TOTAL	***588***	***489***	***493***	***660***	***610***	***534***	***564***	***592***	***512***	***538***	***538***	***574***	6692	**77%**
Calls on HSC Fwd Lines where On-Call was needed	49%	38%	36%	42%	36%	36%	43%	45%	43%	48%	38%	28%		
Calls on 2-1-1 Helpline where On-Call was needed	58%	59%	61%	64%	67%	59%	63%	65%	0%	71%	70%	67%		
Calls on 988 ND where On-Call was needed	3%	3%	1%	4%	3%	2%	5%	6%	6%	10%	7%	5%		
Calls on other lines where On-Call was needed	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		

FirstLink

2022 Statistical Report
ALL CONTACTS

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	*Totals*	*%*
TOTAL # OF CONTACTS	**6,949**	**6,650**	**6,929**	**7,434**	**7,958**	**7,243**	**7,207**	**7,616**	**6,943**	**6,747**	**6,872**	**7,133**	**85,681**	**100%**
CONTACT TYPE														
Information	2,550	2,728	2,800	3,175	3,560	3,026	2,757	3,110	2,752	2,463	2,593	2,854	34,368	**40%**
Referral	1,268	1,066	1,107	1,213	1,357	1,405	1,564	1,719	1,675	1,691	1,728	1,664	17,457	**20%**
Listening & Support	1,948	1,826	1,967	1,913	1,870	1,755	1,810	1,696	1,470	1,555	1,572	1,525	20,907	**24%**
Crisis Intervention	1,183	1,030	1,055	1,133	1,171	1,057	1,076	1,078	1,046	1,038	979	1,090	12,936	**15%**
TOTAL	***6,949***	***6,650***	***6,929***	***7,434***	***7,958***	***7,243***	***7,207***	***7,603***	***6,943***	***6,747***	***6,872***	***7,133***	***85,668***	**100%**
DAY OF THE WEEK														
Sunday	686	602	642	658	829	604	709	504	579	704	533	494	7,544	**9%**
Monday	1,384	1,064	976	1,154	1,521	1,167	1,043	1,526	1,035	1,347	1,188	1,091	14,496	**17%**
Tuesday	1,105	1,175	1,288	1,086	1,509	1,102	1,240	1,444	1,163	1,069	1,240	1,098	14,519	**17%**
Wednesday	1,068	1,105	1,255	1,158	1,163	1,282	1,090	1,393	1,075	983	1,295	1,097	13,964	**16%**
Thursday	933	960	1,216	1,123	1,164	1,385	1,051	1,084	1,323	1,019	1,038	1,390	13,686	**16%**
Friday	933	1,069	886	1,371	1,038	1,031	1,287	1,064	1,215	893	953	1,205	12,945	**15%**
Saturday	840	675	666	884	734	672	787	601	553	732	625	758	8,527	**10%**
TOTAL	***6,949***	***6,650***	***6,929***	***7,434***	***7,958***	***7,243***	***7,207***	***7,616***	***6,943***	***6,747***	***6,872***	***7,133***	***85,681***	**100%**
CONTACT LOCATION														
North Dakota	4,917	4,851	5,039	5,732	5,790	5,280	5,205	5,341	4,662	4,525	4,715	4,918	60,975	**71%**
Minnesota	1197	992	1,094	1,046	996	920	1,186	1,255	1,219	1,220	1,144	1,177	13,446	**16%**
Locations outside ND + MN/Unspecified	835	807	796	656	1,172	1,043	816	1,020	1,062	1,002	1,013	1,038	11,260	**13%**
TOTAL	***6,949***	***6,650***	***6,929***	***7,434***	***7,958***	***7,243***	***7,207***	***7,616***	***6,943***	***6,747***	***6,872***	***7,133***	***85,681***	**100%**
GENDER														
Female	3,890	3,673	3,745	3,930	3,936	3,489	3,693	3,961	3,566	3,564	3,627	3,806	44,880	**52%**
Male	2,463	2,358	2,501	2,556	2,909	2,879	2,776	2,774	2,520	2,328	2,397	2,382	30,843	**36%**
Non-Binary	84	76	91	73	85	102	85	112	78	48	41	40	915	**1%**
Other	-	-	-	-	-	-	-	-	-	18	2	26	46	**0%**
TOTAL	***6,437***	***6,107***	***6,337***	***6,559***	***6,930***	***6,470***	***6,554***	***6,847***	***6,164***	***5,940***	***6,067***	***6,254***	***76,666***	**89%**
AGE RANGE														
0-5	1	0	1	0	0	0	0	0	1	1	0	0	4	**0%**
6-17	398	330	323	231	227	212	166	107	134	170	239	234	2,771	**3%**
18-35	2,190	2,079	2,150	2,113	2,259	1,985	1,819	2,180	1,963	1,827	2,006	2,014	24,585	**29%**
36-65	3,459	3,313	3,384	3,871	4,093	3,574	3,897	4,019	3,576	3,561	3,504	3,664	43,915	**51%**
66+	389	385	479	344	351	699	672	541	490	399	318	342	5,409	**6%**

FirstLink

2022 Statistical Report
ALL CONTACTS

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	*Totals*	%
TOTAL	***6,437***	***6,107***	***6,337***	***6,559***	***6,930***	***6,470***	***6,554***	***6,847***	***6,164***	***5,958***	***6,067***	***6,254***	***76,684***	**89%**
RACE/ETHNICITY														
Caucasian	541	204	88	68	80	60	41	73	213	227	208	207	***2,010***	**2%**
African American	40	17	28	22	14	19	12	32	97	99	73	126	***579***	**1%**
Hipanic/Latino/a/x	8	12	18	9	9	10	2	16	36	33	31	34	***218***	**0%**
Native American	28	23	13	11	9	20	9	33	44	47	57	54	***348***	**0%**
Asian/Pacific Islander	1	3	4	1	4	2	1	2	4	0	2	4	***28***	**0%**
Multi Racial	6	5	3	4	0	2	3	4	24	16	27	11	***105***	**0%**
Other	26	21	18	21	29	12	13	21	25	23	20	8	***237***	**0%**
Unknown	3,141	3,347	3,642	3,787	4,035	3,868	4,200	4,218	3,640	3,729	3,727	3,688	***45,022***	**53%**
TOTAL	***3,791***	***3,632***	***3,814***	***3,923***	***4,180***	***3,993***	***4,281***	***4,399***	***4,083***	***4,174***	***4,145***	***4,132***	***48,547***	**57%**
COLLATERAL CALLS	650	587	578	600	676	425	669	590	565	573	705	623	**7,241**	**8%**
ADVOCACY	392	347	347	366	441	369	420	401	399	386	464	415	**4,747**	**6%**
CONFERENCED	748	630	557	676	690	557	589	495	534	512	593	572	**7,153**	**8%**
INVOLUNTARY POLICE/RESCUE SENT	11	18	6	17	11	7	12	6	13	12	5	7	**125**	**0%**
NUMBER OF RESOURCES OFFERED	3,016	2,542	2,656	2,740	2,839	2,843	1,972	3,274	2,860	3,122	3,843	3,502	**35,209**	**41%**
ON-CALL NOTIFIED														
FirstLink	25	12	4	22	4	9	5	1	7	6	7	9	111	**0%**
Northwest HSC	46	16	27	27	18	19	19	24	34	37	25	44	336	**0%**
North Central HSC	36	41	36	37	46	17	9	54	48	57	50	68	499	**1%**
Lake Region HSC	46	36	32	54	59	46	10	52	49	30	55	36	505	**1%**
Northeast HSC	53	34	20	46	51	38	9	49	48	55	46	46	495	**1%**
Southeast HSC	187	172	196	244	210	204	128	222	160	157	161	184	2,225	**3%**
South Central HSC	56	53	45	64	78	52	39	36	38	45	42	46	594	**1%**
West Central HSC	107	100	98	155	95	105	57	121	104	110	134	113	1,299	**2%**
Badlands HSC	57	37	39	34	57	53	3	34	31	48	34	38	465	**1%**
Military Service Center	0	0	0	0	0	0	0	0	0	1	0	0	1	**0%**
RACC	115	127	95	80	98	79	91	88	112	118	88	108	1,199	**1%**
Region IV South (Adult)	43	37	54	16	39	29	33	31	38	42	35	45	442	**1%**
Region IV South (Child)	16	20	27	7	15	10	8	5	22	12	10	12	164	**0%**
NDUS - Bismarck State	0	0	0	0	0	0	0	1	0	0	0	0	1	**0%**
NDUS - Dakota College	0	0	0	0	0	0	0	0	0	0	0	0	0	**0%**
NDUS - Dickinson State	0	0	0	0	0	0	0	0	0	0	0	0	0	**0%**
NDUS - Lake Region State	0	0	0	0	0	0	0	0	0	0	0	0	0	**0%**
NDUS - Mayville State	0	0	0	0	0	0	0	0	0	0	0	0	0	**0%**
NDUS - Minot State	1	0	0	0	0	0	0	0	0	0	0	0	1	**0%**

FirstLink

2022 Statistical Report
ALL CONTACTS

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	*Totals*	*%*
NDUS - NDSCS	0	1	0	0	0	0	1	0	0	0	0	0	2	0%
NDUS - NDSU	0	0	1	1	1	0	0	1	0	2	0	0	6	0%
NDUS - UND	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
NDUS - Valley City State	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
NDUS - Williston State	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
TOTAL	***788***	***686***	***674***	***787***	***771***	***661***	***412***	***719***	***691***	***720***	***687***	***749***	***8,345***	10%
CONTACT METHOD														
2-1-1 Helpline	3,911	3,472	3,743	4,066	4,338	4,045	4,229	4,479	4,126	4,169	4,137	4,105	48,820	57%
2-1-1 Texting	47	40	49	54	60	54	62	72	75	66	75	96	750	1%
BCBS Medicaid Expansion	47	42	29	18	24	26	19	17	22	13	15	16	288	0%
988 Crisis Support Line	467	522	461	437	502	434	509	477	501	514	494	506	5,824	7%
Standing Rock Suicide Lifeline	7	3	3	2	10	2	3	6	3	1	0	2	42	0%
Military Service Center	4	7	13	20	15	22	25	26	5	11	19	7	174	0%
HSC - Southeast	311	369	488	564	570	462	367	323	243	221	241	395	4,554	5%
HSC - Badlands	3	0	0	2	3	10	5	14	8	12	12	7	76	0%
HSC - North Central	48	70	33	42	44	24	18	38	29	38	27	57	468	1%
HSC - Northeast	63	52	32	51	51	48	18	28	33	30	97	132	635	1%
HSC - Northwest	67	34	24	36	20	27	37	29	34	46	52	48	454	1%
HSC - South Central	62	54	49	62	87	77	54	45	49	41	56	83	719	1%
HSC - West Central	118	152	96	195	104	124	111	127	108	87	142	126	1,490	2%
HSC - Lake Region	3	0	3	0	4	9	33	37	38	22	53	48	250	0%
RACC	277	275	182	154	207	164	180	235	234	201	208	317	2,634	3%
Region IV South	79	90	123	89	102	72	88	70	95	110	78	89	1,085	1%
NDUS - Bismarck State	19	8	8	12	25	9	11	21	14	11	4	10	152	0%
NDUS - Dakota College	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
NDUS - Dickinson State	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
NDUS - Lake Region State	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
NDUS - Mayville State	0	0	0	0	0	6	0	1	0	0	4	0	11	0%
NDUS - Minot State	19	7	8	7	6	6	7	8	8	8	5	3	92	0%
NDUS - NDSCS	5	17	1	7	4	5	3	5	9	6	1	9	72	0%
NDUS - NDSU	67	54	47	38	36	37	26	48	53	38	45	31	520	1%
NDUS - UND	1	1	7	3	1	4	2	1	2	1	1	0	24	0%
NDUS - Valley City State	0	1	0	0	0	0	0	0	0	0	0	0	1	0%
NDUS - Williston State	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Care & Support Program	1,271	1,304	1,465	1,503	1,678	1,531	1,331	1,480	1,202	947	969	943	15,624	18%
Unknown/24-hour Administrative	53	76	65	72	67	45	69	29	52	154	134	98	914	1%
TOTAL	***6,949***	***6,650***	***6,929***	***7,434***	***7,958***	***7,243***	***7,207***	***7,616***	***6,943***	***6,747***	***6,869***	***7,128***	***85,673***	100%

Testimony SB2012

Senate Appropriations

Human Resources

Senator Dever and Members of the Senate Appropriations Committee

My name is Vicki L Peterson, I am a Family Consultant for Family Voices of ND, the Family-to-Family Health Information Network in ND. I am also a parent of a young adult with autism and intellectual disability. I am here today to provide testimony on SB2012.

I have been a Family Consultant for Family Voices of ND for 19 years. I have been a parent to a child with autism and intellectual disability for 21 years. I am testifying on behalf of Family Voices of ND but feel it is pertinent to this testimony that you understand my lived experience as a parent as well. Donene Feist, the director of Family Voices of ND, has offered much testimony and the data we have for the non-profit agency, I am here today to speak to the day-to day encounters we have with families across the state of ND.

- A mother of a young teenager calls very distressed. She relays to me she received our contact number through a counselor in private practice. Initial conversation is, **"My daughter is in trouble and I have no idea where to start to help her. I have tried with the school whom tells me that they cannot help outside of school environment, sorry. I have heard of some services but have no idea who to call or what to ask for. Please can you help. My daughter's counselor we see for therapy said you were the one to call."** My first priority is to listen to the caller. Active listening is a skill I need to help families. I let her know I will help and that I am also a parent of a child with a disability. After listening and hearing the information, learning that her daughter is suicidal but she does not know where to access help as she does not have health insurance and has limited income to pay for services and has been using the left-over money, she has to access a counselor and has no more. I carefully explain to her the programs available to her and their family to access insurance and to start the process of receiving the care and

attention through programs to help her daughter be in a better situation and to work on getting her healthy. Again, she replies, **"I think we make to much money for Medicaid."** I let her know there are several ways to enter a Medicaid funded program and we would check them all and if none work, we would work on other programs that may help with those costs. I could see the relief, even in just in her voice. As the days and weeks that go by, together we find solutions. We did. Her daughter is now receiving services that are helping her understand herself, services for her daughter's education, services at the home and my help continues with the follow-up and care that not only her daughter needs but that the family needs.

- I receive a call from my director that a referral has come to her through a physician in Minot. I reach out to the nurse with a release of information and gather all the details of the case. Turns out that a baby was shaken and the mother is seeking support. I immediately try to contact the parent as to make sure she knows there is help here including emotional support. A situation such as this needs the most care and privacy in the moment. This situation would not only involve much medical help and care coordination but also legal issues, mental health and delicate support. I have for over 5 years helped coordinate the services this family's needs including, health and well-being, coordination of multitudes of physicians and specialists, Early Intervention Program, programs throughout the Brain Injury and Developmental Disabilities system, Education, held her hand, wiped her tears, stood by her while her child was life-flighted out-of-state in the middle of the night, connected her to every resource I know possible in ND. Through all of this, building her confidence as a parent of a child with special needs, and knowledge of advocacy on her part. I will also mention, she has another child with PTSD and challenges as well. Key here is family, piece together every known service ND offers, and be there for her family.

  I have spoke about two real-life situations that Family Voices of ND staff work with every day. Many more happen every day. We encompass all health areas physical and mental health to help families navigate systems. We support families in education environments, we navigate the private

and public insurance systems, we make it our priority to search programs and agencies that support families with children and youth with special health care needs, chronic health conditions and disabilities. We are active with policy makers both locally, statewide and nationally. We support families so their voice may be heard. We work with providers so families have a place to go and know they are talking with someone with lived experience. We train families, self-advocates and professionals. For myself, personally, the most important part of my job is to be there when families need you the most.

I want you to know after 19 years as a consultant and many more as a parent, many of our calls come in times of crisis. If I can help support that family by my knowledge, empathy and caring way, I have achieved the number one goal of what we are about. I have stayed with this job as it has given me confidence as a parent from many years ago when I as a parent needed the help of Family Voices of ND. As a staff member of Family Voices of ND, as hard as it can get, it is the most rewarding opportunity I have ever had. I am part of a wonderful team at Family Voices of ND and a very large village of parents who have children with special needs. We as staff members, are all persons who have children with a disability or special health care need. We support and learn from each other as well every day.

I encourage all of you to go to the ND Family Voices of ND website www.fvnd.org that offers a look into 2 families that Family Voices of ND supports and their story and how our support has helped their families.

I want to take this opportunity as well to encourage you not to terminate the ND Autism Voucher Program. I had the privilege of being part of the original stakeholder group that advocated for the ND Autism Medicaid Waiver and the ND Autism Voucher Program. I can tell you that if the Autism Voucher Program is terminated, families and their children will have a gap in services that is needed and cannot be provided by the Autism Waiver as their child will not meet the level of care needed for the Autism Waiver. Autism is a spectrum disorder, there are many children with autism diagnosis receiving little if any services. The level of care may

not be met for the ND Autism Waiver, the education system is not required to offer educational services as not meeting their strict criteria for special education, that is followed as their challenges may be more mental and behavioral health then academics. The newly created 1915i state plan amendment has to meet eligibility of Medicaid which many families do not due to income and lack of mental health providers in our state and therapy providers especially in speech have long waitlists, which is a large barrier to services. Many families that can access the autism voucher may lose valuable access to help their child with an autism spectrum disorder. Respite is a service that can be offered in this program, key to keeping families together; sensory type equipment could be approved that will help the day to day living of a child with autism; safety equipment for the child as many children with autism are "runners" with elopement issues. These items are not covered by traditional insurance.

I am requesting that you restore or make sure that the dollars in the general budget for SB 2012 for Family Support stay. I am also requesting to not terminate the ND Autism Voucher Program for the reasons above and or until a Cross Disability Waiver would be in existence that could possibly or intended to cover those under this program.

Thank you for your time and consideration.

Vicki L Peterson

Family Voices of ND

Family Consultant

vicki@fvnd.org

701-258-2237

Testimony SB2012

Senate Appropriations Human Services

1/24/2023

Chairman Senator Dever and members of the Senate Appropriations Human Services.

Hello, my name is Rita Starks and I am here today to tell the story of my 10 year old daughter Sophia who has Autism and ADHD. Sophia's journey began when I was just 19 weeks pregnant with her and upon the standard ultrasound soft tissue was found along her bowl which indicated that she may have Down Syndrome. She made her way into this world full term with a very rough delivery ending in an emergency c-section and no signs of Down Syndrome. From her first breath she had already started marching to her own beat, failing her APGAR multi times, blood work coming back high, along with being very bruised and swollen from delivery.

At just 3 months old I noticed Sophia had one eye smaller than the other and she was always turning her head to one side. With the help of the Right Tracks program Sophia was set up for a PT eval and was found to have Torticollis and Plagiocephaly. Because of this early intervention we were able to avoid helmeting. Sophia continued to miss many milestones and was delayed in many areas. Right Tracks continued to follow and monitor Sophia on a monthly basis and by the age of 9 months she was screened for Early Intervention and didn't meet their qualifications. We then accessed the infant see program during this time to address Sophia's eye issues, by this time more issues had been arising not only did she have one eye smaller then the other, she wasn't producing any tears when crying, her eyes were drifting outward, and her one eyelid bounced. Only later for us to be referred to out of state care to get answers to all her eye issues and out of 5 different eye diagnoises 2 of which are very rare.

By this time in her life Sophia has now started displaying many concerns in development and is screened once again for Early Intervention at the age of 2 years 3 months and qualified leaving her with only 9 months to be in the program before she turns the age of 3. Getting into Early Intervention gave me access to the Experienced Parent who saw how overwhelmed I was feeling trying to figure out

how to navigate the system, get answers we needed, and be sure my daughters voice was heard when she couldn't make it be heard. I was then referred to Family Voices of ND where I was helped to make sure not only my daughter's voice was heard by so was mine as a parent. With Family Voices of ND help my daughter was screened for the DD waiver and found eligible, we finally got to the right places to have screenings done and this time we were heard. Sophia was diagnosed with Level 2 Autism at the age of 3 ½ years old. It took 3 ½ years of fighting and just wanting our voices to be heard. Family Voices of ND has been there with me every step of the way helping with preschool, to kindergarten, all the way to now being in the 4th grade. They have always been there not only for general information and guidance but also emotional support when it's needed in the hardest of IEP meetings or even if we are just having a tough day. Being a special need parent isnt something anyone plans for, it's a journey.

After years of Family Voices of ND helping me, I wanted to help give back and I started planning local events for special need children and their community friends here in our local community to help give back to all that has been given to us. I can now stand here today and tell you because of my daughter Sophia, she has taught me many things I never dreamed of, and I wanted other families to know their voice matters too and the fight is worth fighting. I am now a Family Support Consult with Family Voices of ND; you see it really does take a village to raise a child and I am forever grateful I found my village because of Family Voices of ND.

Thank you for taking the time to hear Sophia's journey and your consideration.

Rita Starks

701-204-8933

rita@fvnd.org





KALER DOELING, PLLP

GENE W. DOELING*
KIP M. KALER*
ASA K. BURCK*
JOHN M. KRINGS JR.*
BRAD A. SINCLAIR - RETIRED
*LICENSED IN ND AND MN

3429 INTERSTATE BLVD.
P.O. BOX 9231
FARGO, ND 58106
(701) 232-8757
FAX (701) 232-0624

January 24, 2023

Senate Appropriations Committee
North Dakota Legislature

Re: SB 2012

Dear Appropriation Committee:

I am writing in support of the proposed increase in funding for guardianships from $2500-$3000 per case.

I have been providing attorney services for the establishment of guardianships at a reduced rate for many years, both private pay and those that are eligible for state funding through the guardianship establishment fund. The $2500 cap on funding for guardianships through the guardianship establishment fund has been in place for many years, and has not kept pace with the cost increases incurred with the establishment of guardianships. The $2500 is insufficient to compensate the attorney for the petitioner (who drafts almost all of the paperwork to establish the guardianship and attends the hearing), the guardian ad litem (who represents the best interests of the proposed ward and also attends the guardianship hearing) and the court visitor. The guardian ad litem and court visitor are required to meet with or interview the proposed ward, and each has statutory requirements regarding information to be provided to the court, prior to the hearing on the guardianship. In some cases, the guardianships are contested which can then require additional hours of attorney time.

I would suggest that in order to assist in covering the increasing costs of providing guardianship establishment services, that the funding for the establishment of these cases be increased.

Sincerely,

Gene W. Doeling
Attorney at law

Alisha Ankers

Attorney At Law

Licensed in North Dakota and Minnesota
www.alishaankers.com

1712 Main Avenue, Suite 202
Fargo, North Dakota 58103
Phone (701) 476-6578
Toll free 1-877-859-0442
Facsimile (701) 476-6579

117 South Centennial
Wishek, ND 58495
Phone (701)476-6578 or
(701)452-4623

Alisha L. Ankers
Attorney at Law
ankerslaw@alishaankers.com

Heidi Ogaard
Legal Assistant
heidi_ogaard@alishaankers.com

Stacy Nicholson
Administrative Assistant
stacy_nicholson@alishaankers.com

January 24, 2023

Senate Appropriations Committee
North Dakota Legislature

Re: SB 2012

Dear Senators:

I am writing to support the increase in funds for establishing guardianships for impoverished residents of North Dakota to $3,000. The current maximum is $2,500.

I have represented the Petitioners in over fifty guardianship and/or conservatorship matters utilizing the Guardianship Establishment Funds over the last ten years. If these funds were not available many people would fall through the cracks and likely cost the State more money due to the emergency services they would end up needing if they did not have a guardian in place to protect them and help them make proactive decisions regarding their mental health and medical care.

When working on these matters my staff and I put in many hours reviewing information received from the Petitioners, who are usually the vulnerable adult protection workers. We draft all of the paperwork and arrange for personal service of the documents on the Ward and any other required interested parties. I attend at least one hearing; more if an emergency guardianship is required. We contact potential Guardian ad Litem and Visitor candidates who might be willing to work with us on these matters for the flat fee of $750 and $100 respectively. We also work to secure an Expert Examiner to work with us for no change since there simply is not enough to pay them with the current funds available. All three of these experts, Guardian ad Litem, Visitor and Expert Examiner are required to submit reports to the Court for all guardianships.

Out of that $2,500 paid by the State I retain $1,650 not counting any Court fees or service fees I may need to pay out. When doing the billing on this matters, I invoice at my regular rate and discount any remaining balance once payment is received. I typically discount between $1,500

and $2,000 per case. I have been willing to do that to make sure that the vulnerable adults and Seniors of our State are protected.

I enjoy working on these guardianship matters and helping people get the help they need. An increase in funding would allow me and my colleagues to help even more. I appreciate your consideration of the request for additional funds to continue to work to help North Dakota residents who might not have the resources, get the guardianships they need to stay safe.

Sincerely,

Alisha Ankers
Attorney at Law
AA/sen



Heartview Foundation

"The provider of choice for quality treatment and education of substance use disorders."



Testimony of Kurt Snyder

Heartview Foundation

In Support of SB 2012

Senate Appropriations Committee- Human Resources Division

Jan. 26, 2023

Chair Dever and members of the Senate Appropriations Committee- Human Resources Division:

My name is Kurt Snyder and I am the Executive Director of the Heartview Foundation. I would like to express Heartview Foundation's support of SB 2012, specifically for the Behavioral Health Division. The Heartview Foundation is a 501(c)3 nonprofit substance use treatment facility in North Dakota that was established in 1964. We currently have over 130 employees and offer a wide array of community-based services as well as 45 residential treatment beds. Our three locations in Bismarck-Mandan and Cando each have 16 beds or fewer and can serve individuals with Medicaid and Medicaid Expansion. We are in the process of opening a fourth 16-bed facility in Dickinson, North Dakota this summer.

Mental health and substance abuse are growing issues, with 15% of Americans having a substance use disorder in 2020. Also in 2020, 90,000 individuals needed, but did not receive, substance abuse treatment in North Dakota for a variety of reasons- lack of awareness, stigma and lack of available facilities. Heartview greatly benefits from the Behavioral Health Division's work in North Dakota, and we would like to focus our testimony on the major programs which benefit our clients.

SUD Voucher

In 2022, Heartview served 322 individuals with the SUD voucher program. Heartview has several staff members who work directly with clients to ensure they are covered by private health insurance or apply for Medicaid or the SUD voucher. This program is vital to filling gaps of service and reducing barriers to care.

Community Connect

Peer support services can be an important piece of recovery, as peer support specialists can share their similar lived experiences with clients, direct individuals to community resources and connect clients with the larger recovery community. Heartview has five peer support specialists on staff and in certain cases, is able to bill their time to Community Connect. Our peer support specialists are a welcoming face to provide hope in Heartview's Opioid Treatment Program, to meet overdose patients in the ER and to help

clients navigate their new sober life. According to Mental Health America, individuals who are matched with a peer support are less likely to be re-hospitalized, have lower Medicaid claims, are more likely to become employed, and are more engaged with mental health and substance abuse services.

Human Services Research Institute (HSRI)

HSRI and the Division of Behavioral Health have created a strategic plan for behavioral health in North Dakota. Heartview supports this effort and sees this work as critical to the future development of a good, modern and equitable behavioral health system based on the recommendations of the 2019 Behavioral Health System Study.

Opioid Settlement Funds

The Governor's recommendation includes $2 million from the opioid settlement fund. Regardless of whether this funding remains in the Health and Human Services budget or is appropriated by the legislature, we encourage funds to be spent expanding access to treatment services and address the behavioral health workforce crisis. We encourage any committee designating the use of these funds to include people from the recovery community, treatment centers and healthcare providers.

Other Programs

With a growing addiction problem in North Dakota, the more services are available, the better supported our clients. Heartview regularly works with Human Service Centers/Community Behavioral Health Clinics and the State Hospital to get patients with severe mental illness the appropriate care. The Recovery Assistance Program and Free Through Recovery have increased the number of sober living homes and recovery support services in the area. After leaving an inpatient care setting, statistically clients are likely to relapse unless connected with outpatient care and a supportive living environment.

Heartview Foundation encourages the committee to support an increased Behavioral Health budget to best serve North Dakota citizens. We are always willing to answer questions and any legislators who would like to learn more about Heartview are invited to call us to set up a tour. Thank you for your commitment to addressing the substance abuse crisis in our state.

SB 2012

Senate Appropriations, HR Section

January 25, 2023

Senator Dever, Chairman

Good morning Chairman Dever and members of the HR Section of Senate Appropriations. I'm Angela Dinius, the new executive director of the North Dakota Association of Community Providers (NDACP). NDACP is a statewide association of 31 members who provide a wide range of services for people with developmental disabilities.

We are here today to ask for your support on an:

- Inflationary increase of 5% and 5% -or- 6% and 4%;
- Increase to the rate matrix of $1.88 for each service; which is an approximate 10-11% increase; and
- Adding 30 slots for corporate guardianship, increasing the daily rate to $10.30, and including the same inflationary increase.

Our top priority is the health and safety of the people we support. We are striving to meet workforce challenges by finding efficiencies and creative solutions. On average, we are paying a higher hourly rate to employees than the payment system reimbursement. For example, the average pay rate for employees providing residential services is $17.91. However, the average reimbursement rate for that service is only $16.66 per hour. Also, since the pandemic, turnover has significantly climbed with the average turnover rate for direct support professionals (DSPs) at 47%.

Our employees provide support and services to our state's most vulnerable population, yet the proposed inflationary increase is not enough to keep us competitive with fast food restaurants or big box retail stores. We are fully funded with Medicaid dollars, so unlike other industries, we cannot simply raise prices, alter hours, or adjust services. Additionally, our staff works nontraditional hours; shifts span 24 hours a day, 7 days a week.

I would like to introduce the providers who are here to testify today and who can give you a more complete picture of the impact this will make to not only our staff, but to the thousands of people we support every day.

- Lorena Poppe, Poppy's Promise
- Mike Remboldt, HIT, Inc.
- Julie Erickson, Grand Forks Growth & Support Center
- Sargianna Wutzke, Community Options
- Donna Byzewski, Catholic Charities ND

We appreciate the opportunity to speak with you today and urge you to support our funding requests so we can continue to provide quality support and services to the people who depend on us. Thank you and I'll stand for any questions.

Angela Dinius
Executive Director
ND Association of Community Providers
angela@ndacp.org

Testimony

Senate Bill 2012-Department of Health and Human Services Budget

January 25, 2023

Senator Dever and Members of the Senate Appropriations-Human Resources Division Committee-

My name is Sargianna Wutzke and I am the Lead Operations Officer for Community Options. Community Options is a member of the North Dakota Association of Community Providers, a group of 31 Developmental Disabilities providers across the state of North Dakota. Each of the agencies has their own unique services but we all have one common goal and that is to be able to deliver individualized, community-based services to individuals with developmental disabilities.

Despite each agency varying in size and service delivery models, we all have many of the same struggles including workforce shortages, wages, turnover, and the ability to accept individuals into services. Currently in the state, there are more than 1,000 individuals needing services but due to a number of reasons the number one being our staff shortages, they are not able to receive these much-needed services.

Direct Support Professionals or DSPS are the staff that work directly with the individuals receiving services. In the state, there are over 5,000 direct support professionals. These staff are the heart of each of our organizations assisting individuals daily to live as independent lives as possible. The starting wage for this position varies amongst agencies and programs however it is generally between $14-$16 an hour.

Direct Support Professionals have many different roles they fulfill to the individuals they support including teacher, medical caregiver, driver, shopper, and cook. On a typical day, a direct support professional will assist individuals with their medical needs including medication administration, catheter care and feedings via g-tube along with taking individuals to appointments and ensure they are assisting individuals to follow doctor's recommendations. DSPS assist individuals with personal cares such as showering, freshening and toothbrushing. They prompt individuals and assist as needed with maintaining their home, ensuring safety in their home and cooking. DSPS transport individuals into the community to shop, go to community activities and to meet their friends and family.

Along with assisting individuals in these aspects of their lives, DSPS also have required documentation that needs to be completed including data taken on each individual's goals and objectives as well as writing a narrative of what they did with each individual during their shift. Direct Support Professionals have all these different roles and responsibilities for an average starting wage of $14-$16 an hour.

My son is a senior in high school and works at Target. He has worked there for a year and a half as a stocker. His job is pretty clear cut he gets freight and puts it on the floor. He makes $17 an hour and this summer he made $18 an hour because Target bumped staff's wages short term because they were short staffed. Target can raise their prices to increase salaries, developmental disabilities providers cannot do that.

I have been in this field for twenty years and have never seen a staffing crisis like the one we are in currently. We are a statewide organization and I oversee four offices throughout our state and I cannot remember the last time we were fully staffed for Direct Support Professionals in any of those offices. We are not only struggling to fill DSP positions but also Supervisor and Program Coordinator positions. We are getting very few qualified applicants for any positions requiring a degree because they can go to other fields and make more money. The turnover rate for DSPS in ND is 47%. This rate has such a negative effect on the individuals we support as it is hard for them to have that much change when it comes to their staff.

I strongly encourage you to support the 5% and 5% inflationary increase for DD providers. I understand that is not what was proposed by the DD Division in their budget overview however wages are the biggest issue to keeping staff in our field. Many of our staff come into the field because they want to make a difference in the lives of the people we support. An overwhelming response as to why they leave is wages. We do voluntary exit surveys when our staff leave our agency and, in those interviews, the huge majority of DSPS state they are leaving to go somewhere else to get paid more and many times to have less responsibilities.

As providers who serve individuals with developmental disabilities, we want to be able to serve individuals with the services they are wanting unfortunately right now we are falling short of being able to do that. I urge you to please consider one of our most vulnerable populations and their needs as you look at the inflationary increase for the staff who do so much for them.

Sargianna Wutzke

Lead Operations Officer, Community Options Inc.

68th Legislative Session

Senate Appropriations-Human Resources Division

Chairman Dever and other members of the Committee. I am Rebecca Quinn and serve as program director at the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. The Center for Rural Health is contracted by the Department of Human Services to operate the North Dakota Brain Injury Network. My testimony today is on behalf of all the individuals and families impacted by brain injury in North Dakota.

Throughout the development of North Dakota's brain injury services, there has been identified the need for a centralized brain injury hub to provide information, support, and training. The North Dakota Brain Injury Network meets these needs by providing a centralized, statewide source of information regarding brain injury and delivers resource facilitation services to individuals with brain injury.

Brain injury impacts ever facet of an individual's life and individuals with brain injury are represented across all service system. Depending on the age of the injury, deficits the person may have, and resources available an individual may qualify for various service systems creating a vast array of available options. The importance of NDBIN is to help individuals with brain jury, their families and the professionals working with them to navigate the complex system of care and resources that might be available.

To continue to serve individuals with brain injury in the state I would encourage the committee to consider an $457,550 increase funding. This funding increase would allow for the expansion of the

programs staffing to continue to meet the growing demand for services and provide regional support and outreach. This expansion in staffing has been identified as a priority in North Dakota State Plan for Brain Injury being developed by the North Dakota Brain Injury Advisory Council.

Thank you for your time and I welcome any questions.

Rebecca Quinn

North Dakota Brain Injury Network

Center for Rural Health, University of North Dakota, School of Medicine and Health Sciences

North Dakota Brain Injury Network Biennial Report

July 2021-December 2022

Submitted to:
North Dakota Department of Health and Human Services
Behavioral Health Division



NORTH DAKOTA BRAIN INJURY NETWORK

Contents

Overview 3

Support Services 3

- Resource Facilitation 3
- Support Groups 3
- Survivor Connections 3

Awareness and Outreach 3

- Website 3
- Adapted the REAP for ND 3
- North Dakota Brain Injury Guide 4
- Unmasking Brain Injury 4

Screening 4

- Screening Protocols 4
- Screening Portal 4
- Screening Numbers 4

Education and Training 4

- Mind Matters Conference 4
- Online Brain Injury Training 5
- Certified Brain Injury Specialist (CBIS) Training 5
- Webinar Wednesdays 5
- Virtual Concussion Symposium 5
- Brain Injury Basics Training 5
- ND Train courses 6
- Living Life Fully After Brain Injury Courses 6

2021-2022 NDBIN Satisfaction Survey 7

Webinar Wednesday Evaluation Data Analysis 9

TBI Course Evaluation Data Analysis 12

Resource Facilitation Data 14

Overview

For the period of July 1, 2021 through Dec 31, 2022 NDBIN provided:

- 727 clients served; 401 new referrals; 391 closed cases; ave cost per client $487.07
- 71,760 NDBIN website views; 182 postings to online calendar
- 55 support groups; 7 Living Life Fully groups
- 35 Webinar Wednesdays; 23 trainings with 394 attendees
- 487 individuals completed online training courses, 3 Certified Brain Injury Specialist Trainings for 50 professionals
- 68 attendees at annual Mind Matters Conference and 205 attendees at 2 annual Concussion Symposiums

Support Services

Resource Facilitation

- Resource facilitation for brain injury is an evidenced based service that assists individuals along the path of recovery and increasing independence. This vital service has been adopted by over 40 states and is seen as a core for state brain injury service development by the Federal TBI grant program.
- This biennium NDBIN has provided resource facilitation to a total of 727 clients served; 401 new referrals; 391 closed cases; average cost per client $487.07.

Support Groups

- Facilitated 55 support groups, both in person and virtually.
- NBDIN facilitates a monthly support groups in Devils Lake, Grand Forks, and virtually.
- NDBIN also provides support and promotion to the other five independently run support groups in the state.

Survivor Connections

- Launched in spring of 2021
- Phone based program for new individuals with brain injury to connect them with trained volunteers to provide support for those new to the injury.
- The program has completed 35 Survivor Connections calls.

Awareness and Outreach

Website

- Maintained a comprehensive website with over 71,760 unique page views
- Searchable online resource guide, maintained events calendar
- Developed new content regarding caregivers, special education, and related services

Adapted the REAP for ND

- This is an evidenced based return to learn guide developed by CO and adapted to over 20 states.
- What is REAP?
    - R = Remove/Reduce physical and cognitive demands

- E = Educate the student athlete families, educators, coaches, and medical teams of the potential symptoms
- A = Adjust/Accommodate for the student athlete academically
- P = Pace the student athlete back to learning, activity, and play

North Dakota Brain Injury Guide

- Partnered with the North Dakota Stroke Association to publish a new North Dakota Brain Injury Guide for new survivors.

Unmasking Brain Injury

- The purpose of this project is to not only create awareness for brain injury, but to also give the survivors a voice. The project allows individuals with brain injury to create an art mask to tell their story as a means to educate others of what it is like to live with a brain injury. It also gives brain injury survivors an outlet to show others that those living with this disability are like anyone else. By combining therapy, art, and advocacy, this project presents an entirely unique perspective on life with brain injury for survivors, care givers, and professionals.
- Currently NDBIN has over 130 masks in our collection
- http://unmaskingbraininjury.org/north-dakota/

Screening

Screening Protocols

- Facilitated a Brain Injury and Criminal Justice Workgroup to assist in selecting a screener.
- Selected and adapted a brain injury screening and supports protocol for implementation within reentry and community-based programs serving individuals with mental health and substance use disorders.

Screening Portal

- Designed and developed a virtual screening toolkit with a HIPAA protected data entry portal for use by community partners to aid in data collection and management.
- Provided seven trainings for community-based providers on the use of the screening toolkit and data entry portal.

Screening Numbers

Screening data for the period of July 1, 2021 – December 31, 2022:

- Number of Short OSU/ABI screenings = 132
  - Number of individuals who screened negative for TBI = 10
  - Number of individuals who screened positive for TBI = 122
    - Number of symptom inventories completed = 121 (one individual screened positive for TBI but did not have a symptom inventory completed for them)

Education and Training

Mind Matters Conference

- March 2022-68 attendees
- Past conference attendee quotes:

- *I like having the information to share with clients that struggle with TBI*
- *Love the Mind Matter conferences*
- *We are fortunate to have such an important conference in ND.*
- *Oh my-all speakers were amazing! Connecting with everyone and sharing what works-what does not.*
- *Well organized-good job and thank you!*
- *I thought the conference was great. I enjoyed all the speakers-nice variety and topics and good information.*

Online Brain Injury Training

- June of 2019 NDBIN launched 5 online training courses
- This biennium 3,589 individuals enrolled and 487 have completed

Certified Brain Injury Specialist (CBIS) Training

- Nationally recognized credential for professionals working in brain injury services. This certification is administered by the Brain Injury Association of America and involves formal coursework and a written examination.
- NDBIN has provided 7 CBIS trainings in ND since July of 2019.
- Total of 79 officially certified CBIS in ND as of December 2022.
- NDBIN hosts a quarterly call for all CBIS to share information and collaborate.

Webinar Wednesdays

- These FREE webinars cover a range of brain injury topics and are designed to meet the needs whether you are a brain injury/stroke survivor, caregiver, or provider. Variety of continuing education credits are offered, and they are archived online.
- Total of 35 Webinar Wednesday's.

Virtual Concussion Symposium

- Have hosted 2 Annual Concussion Symposiums with over 200 attendees altogether

Brain Injury Basics Training

- February of 2021 was the first training
- New training developed to be less intensive than the Certified Brain Injury Specialist, but more engaging than the online courses.
- This training is based on an interactive approach and will provide direct care staff, peer support specialists and caregivers of individuals with brain injury a general knowledge of brain injury and what that means for the individuals they serve, practical techniques for handling difficult behaviors of individuals with brain injury, as well as building rapport for the individuals within their care.
- Provided on a requested basis.

ND Train courses

- Developed in December of 2022
- Three courses designed to complement the online courses but geared specifically towards direct service providers in North Dakota working with clients with brain injury

Living Life Fully After Brain Injury Courses

- This seven-class series provides survivors with tools and techniques to help them understand, cope with, and proactively manage life after brain injury.
- Facilitated by a peer support specialist with lived experience with brain injury and a Certified Brain Injury Specialist
- Since April of 2022 have held 7 courses in person and online. 32 attendees total.

2021-2022 NDBIN Satisfaction Survey

Reporting period: July 1, 2021 – December 31, 2022

- Responses in Qualtrics = 39
- Selected Comments:
  - *"The information available online has been very helpful and useful."*
  - *"NDBI Network provides great information and support."*
  - *"Very informative website and resources available. User friendly"*
  - *"Fabulous program. intellectually and educationally. Thank you to Carly for her unending upbeat personality and for all the staff. Thank you!"*
  - *"The information and education that is offered through North Dakota and with the fantastic help from Carly Endres, Rebecca Quinn, and others is very impressive and appreciated!"*
- Satisfaction Ratings
  - Overall, I was satisfied with my experience with the North Dakota Brain Injury Network (n=38)
    - Completely Agree = 18 (47.4%)
    - Agree = 15 (39.5%)
    - Neutral = 4 (10.5%)
    - Disagree = 1 (2.6%)
    - Completely Disagree = 0 (0.0%)
  - The staff who provided support were polite and respectful toward me (n=38)
    - Completely Agree = 21 (55.3%)
    - Agree = 14 (36.8%)
    - Neutral = 3 (7.9%)
    - Disagree = 0 (0.0%)
    - Completely Disagree = 0 (0.0%)
  - I was comfortable being open and honest with the staff about my needs and concerns (n=38)
    - Completely Agree = 20 (52.6%)
    - Agree = 12 (31.6%)
    - Neutral = 5 (13.2%)
    - Disagree = 1 (2.6%)
    - Completely Disagree = 0 (0.0%)
  - The North Dakota Brain Injury Network provided me with options regarding resources/referrals (n=38)
    - Completely Agree = 15 (39.5%)
    - Agree = 14 (36.8%)
    - Neutral = 8 (21.1%)
    - Disagree = 1 (2.6%)
    - Completely Disagree = 0 (0.0%)

    - The North Dakota Brain Injury Network met my needs (n=38)
        - Completely Agree = 18 (47.4%)
        - Agree = 11 (28.9%)
        - Neutral = 8 (21.1%)
        - Disagree = 1 (2.6%)
        - Completely Disagree = 0 (0.0%)
    - The North Dakota Brain Injury Network provided me with help in a timely manner (n=38)
        - Completely Agree = 18 (47.4%)
        - Agree = 12 (31.6%)
        - Neutral = 7 (18.4%)
        - Disagree = 1 (2.6%)
        - Completely Disagree = 0 (0.0%)
    - I will seek support from the North Dakota Brain Injury Network in the future (n=38)
        - Completely Agree = 17 (44.7%)
        - Agree = 16 (42.1%)
        - Neutral = 5 (13.2%)
        - Disagree = 0 (0.0%)
        - Completely Disagree = 0 (0.0%)
    - I would recommend the North Dakota Brain Injury Network to other people (n=38)
        - Completely Agree = 21 (55.3%)
        - Agree = 12 (31.6%)
        - Neutral = 4 (10.5%)
        - Disagree = 1 (2.6%)
        - Completely Disagree = 0 (0.0%)
- Summary
    - Overall, 87% of individuals who responded were satisfied with their experience with the North Dakota Brain Injury Network (i.e., responded agree or completely agree)
    - 87% of individuals who responded would recommend the North Dakota Brain Injury Network to other people (i.e., responded agree or completely agree)
    - 92% of individuals agreed or completely agreed that the staff who provided support were polite and respectful toward them.

Webinar Wednesday Evaluation Data Analysis

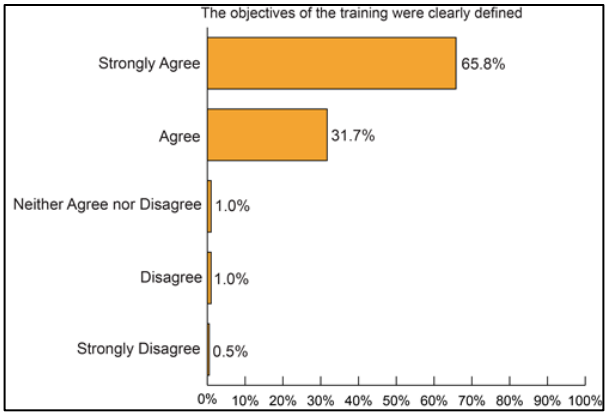
Time Period: July 1, 2021 – December 31, 2022

Total number of webinars = 26

Webinar	Number of Evaluations Completed
50-30-20 Budget	4
ABA Consultants	9
Adult Foster Homes	14
Bumped His Head and Went to Bed	23
LSS MN	3
North Dakota Programs with Heather Brandt	6
PCAND	2
Show Your Doctor Your Symptoms and Manage Your Care	3
Support System for Caregivers	7
Tinnitus with Dr. Fire	2
Post-Concussion Inc (Bella Paige)	6
Chelsey Asiala/PAM (Post-Acute Medical)	7
Community-Based Services	4
Community Options	5
COVID and the Brain (Dr. Ala Lysyk)	18
Emotional Dysregulation Podcast	19
ETIPS Research Study	7
Fair Plains Housing	4
Kara Welke	6
Lit up my Mind	6
Neuroplasticity, Setting Goals, and Creating Hope After Brain Injury and Stroke with Craig Philips	12
Podcast-Learning Accommodations	9
Saving Shannon	13
Synapse	4
Vocational Rehabilitation	8
Will I ever be able to drive again?	6
TOTAL	**207**

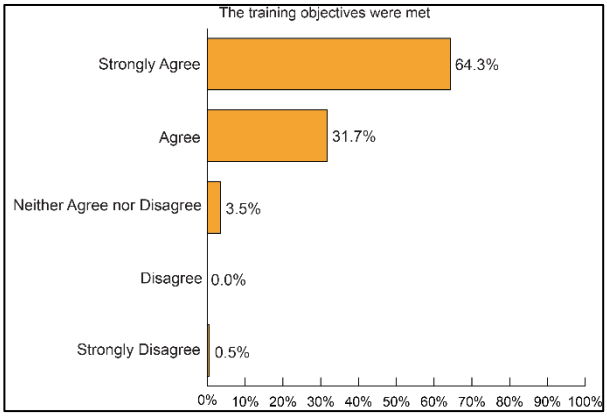
Q1. The objectives of the training were clearly defined

Strongly Agree = 133 (65.8%)
Agree = 64 (31.7%)
Neither Agree nor Disagree = 2 (1.0%)
Disagree = 2 (1.0%)
Strongly Disagree = 1 (0.5%)
TOTAL = 202
*Missing = 5



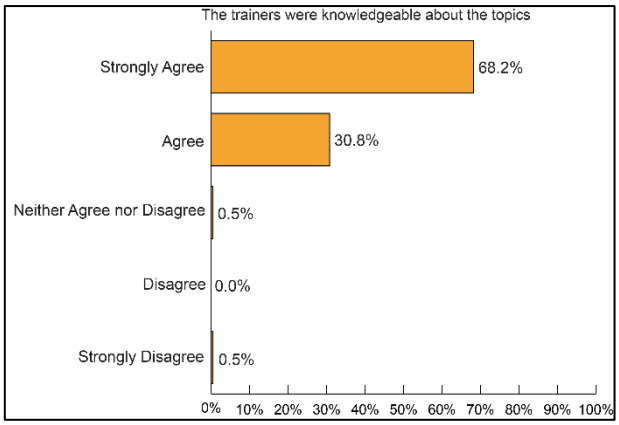
Q2. The training objectives were met

Strongly Agree = 130 (64.3%)
Agree = 64 (31.7%)
Neither Agree nor Disagree = 7 (3.5%)
Disagree = 0 (0%)
Strongly Disagree = 1 (0.5%)
TOTAL = 202
*Missing = 5



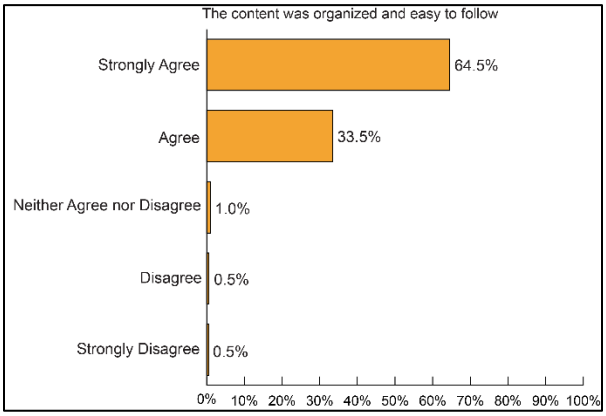
Q3. The trainers were knowledgeable about the topics

Strongly Agree = 137 (68.2%)
Agree = 62 (30.8%)
Neither Agree nor Disagree = 1 (0.5%)
Disagree = 0 (0%)
Strongly Disagree = 1 (0.5%)
TOTAL = 201
*Missing = 6



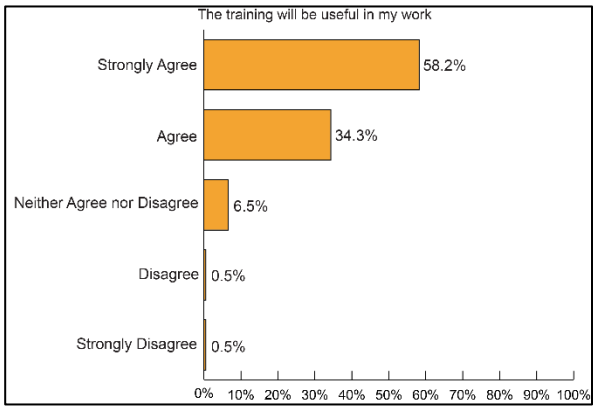
Q4. The content was organized and easy to follow

Strongly Agree = 129 (64.5%)
Agree = 67 (33.5%)
Neither Agree nor Disagree = 2 (1.0%)
Disagree = 1 (0.5%)
Strongly Disagree = 1 (0.5%)
TOTAL = 200
*Missing = 7



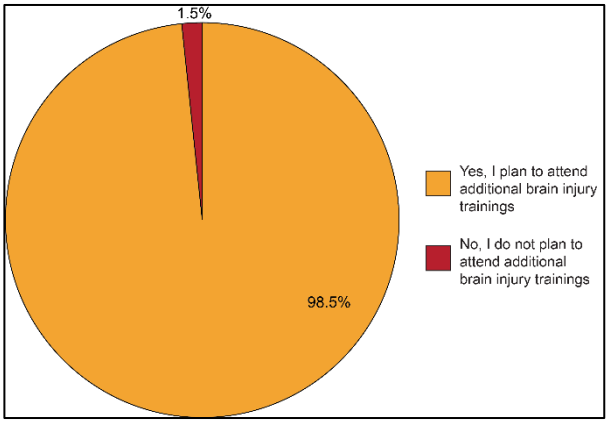
Q5. The training will be useful in my work

Strongly Agree = 117 (58.2%)
Agree = 69 (34.3%)
Neither Agree nor Disagree = 13 (6.5%)
Disagree = 1 (0.5%)
Strongly Disagree = 1 (0.5%)
TOTAL = 201
*Missing = 6



Q6. Do you plan to attend any of the additional brain injury trainings?

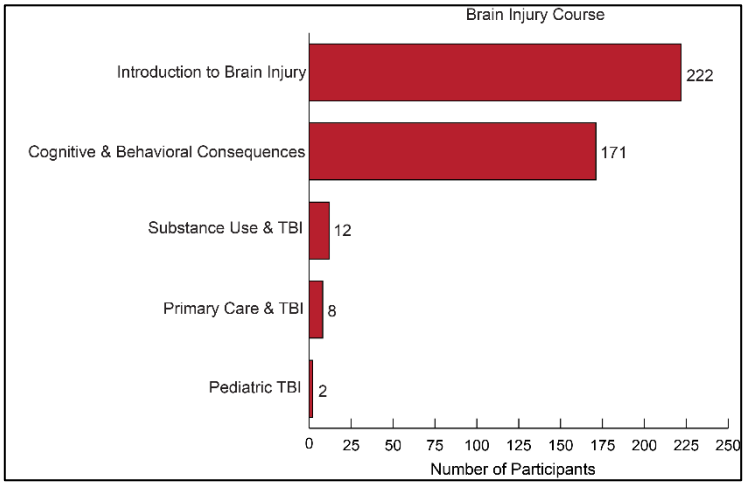
Yes = 200 (98.5%)
No = 3 (1.5%)
TOTAL = 203
*Missing = 4



TBI Course Evaluation Data Analysis

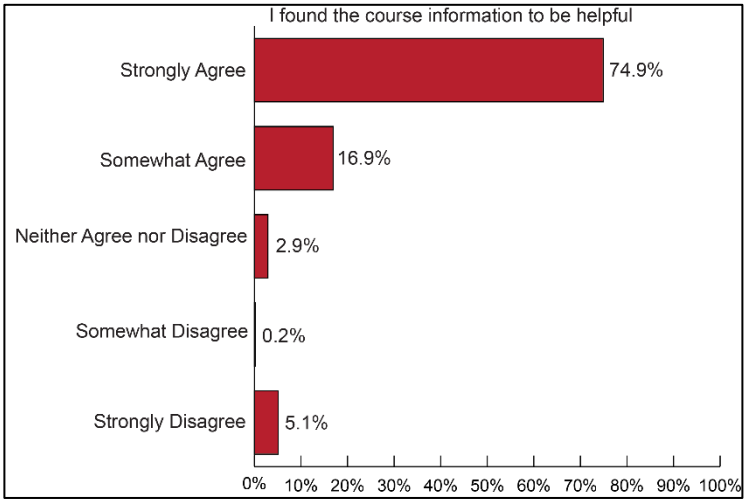
Time Period: July 1, 2021 – December 31, 2022

Total responses = 415



Q1. Which Brain Injury Course are you filling out this evaluation for?

- Introduction to Brain Injury = 222
- Cognitive and Behavioral Consequences of Brain Injury = 171
- Substance Use and TBI = 12
- Primary Care and TBI = 8
- Pediatric TBI = 2



Q2. I found the course information to be helpful.

Strongly agree = 311 (74.9%)

Somewhat agree = 70 (16.9%)

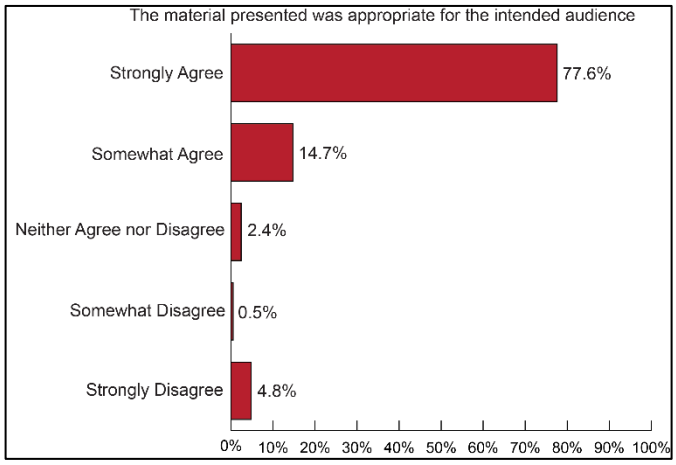
Neither agree nor disagree = 12 (2.9%)

Somewhat disagree = 1 (0.2%)

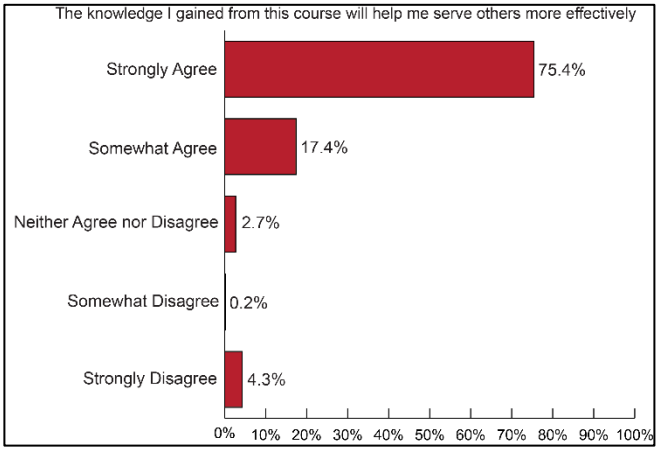
Strongly disagree = 21 (5.1%)

TOTAL = 415

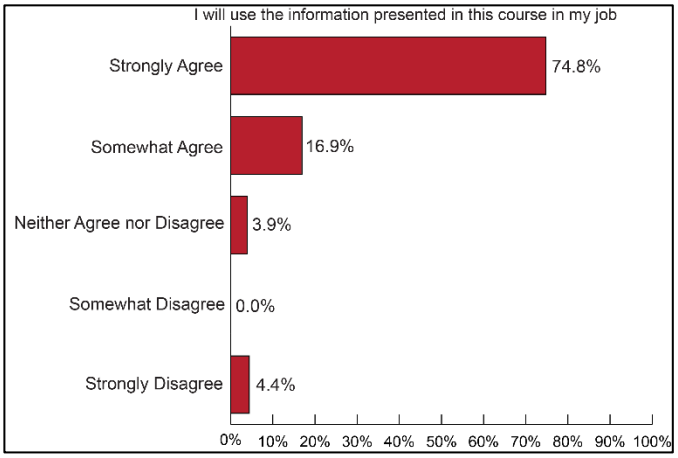
Q3. The material presented was appropriate for the intended audience.
Strongly agree = 322 (77.6%)
Somewhat agree = 61 (14.7%)
Neither agree nor disagree = 10 (2.4%)
Somewhat disagree = 2 (0.5%)
Strongly disagree = 20 (4.8%)
TOTAL = 415



Q4. The knowledge I gained from this course will help me serve others more effectively.
Strongly agree = 312 (75.4%)
Somewhat agree = 72 (17.4%)
Neither agree nor disagree = 11 (2.7%)
Somewhat disagree = 1 (0.2%)
Strongly disagree = 18 (4.3%)
TOTAL = 414
***Missing = 1**

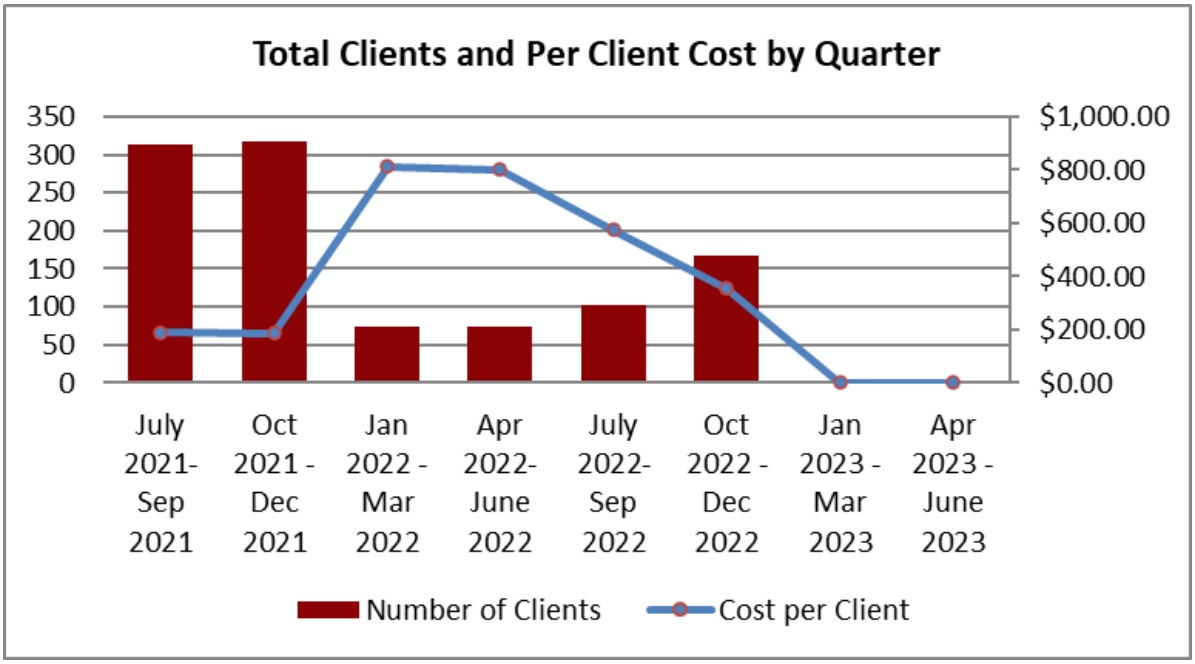


Q5. I will use the information presented in this course in my job.
Strongly agree = 309 (74.8%)
Somewhat agree = 70 (16.9%)
Neither agree nor disagree = 16 (3.9%)
Somewhat disagree = 0 (0%)
Strongly disagree = 18 (4.4%)
TOTAL = 413
***Missing = 2**



Resource Facilitation Data

Quarter	Number of Clients	Total Expenditures	Cost per Client
July 2021- Sep 2021	313	$59,339.87	$189.58
Oct 2021 - Dec 2021	318	$59,339.87	$186.60
Jan 2022 - Mar 2022	73	$59,339.87	$812.87
Apr 2022- June 2022	74	$59,339.87	$801.89
July 2022- Sep 2022	103	$59,339.87	$576.12
Oct 2022 - Dec 2022	167	$59,339.87	$355.33



July 2021 - Sep 2021

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	1	3%	20	6%	0	0%	$3,791.68	$189.58
Region II	2	5%	37	12%	3	18%	$7,014.62	$189.58
Region III	3	8%	28	9%	0	0%	$5,308.36	$189.58
Region IV	7	19%	46	15%	0	0%	$8,720.88	$189.58
Region V	15	41%	83	27%	12	71%	$15,735.49	$189.58
Region VI	4	11%	25	8%	0	0%	$4,739.61	$189.58
Region VII	5	14%	50	16%	2	12%	$9,479.21	$189.58
Region VIII	0	0%	24	8%	0	0%	$4,550.02	$189.58
Total	37	100%	313	100%	17	100%	$59,339.87	$189.58

Oct 2021 - Dec 2021

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	1	10%	20	6%	0	0%	$3,732.07	$186.60
Region II	3	30%	38	12%	0	0%	$7,090.93	$186.60
Region III		0%	28	9%	0	0%	$5,224.89	$186.60
Region IV	2	20%	47	15%	0	0%	$8,770.36	$186.60
Region V	1	10%	83	26%	0	0%	$15,488.08	$186.60
Region VI		0%	26	8%	0	0%	$4,851.69	$186.60
Region VII	3	30%	52	16%	0	0%	$9,703.37	$186.60
Region VIII		0%	24	8%	0	0%	$4,478.48	$186.60
Total	10	100%	318	100%	0	0%	$59,339.87	$186.60

Jan 2022 - Mar 2022

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	2	3%	6	8%	18	6%	$4,877.25	$812.87
Region II	7	11%	7	10%	37	13%	$5,690.12	$812.87
Region III	4	6%	7	10%	24	8%	$5,690.12	$812.87
Region IV	15	23%	15	21%	42	14%	$12,193.12	$812.87
Region V	12	19%	19	26%	75	26%	$15,444.62	$812.87
Region VI	8	13%	3	4%	26	9%	$2,438.62	$812.87
Region VII	7	11%	11	15%	49	17%	$8,941.62	$812.87
Region VIII	9	14%	5	7%	22	8%	$4,064.37	$812.87
Total	64	100%	73	100%	293	100%	$59,339.87	$812.87

April 2022-Jun 2022

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	1	2%	3	4%	5	16%	$2,373.59	$791.20
Region II	3	7%	7	9%	4	13%	$5,538.39	$791.20
Region III	0	0%	6	8%	5	16%	$4,747.19	$791.20
Region IV	8	19%	14	19%	4	13%	$11,076.78	$791.20
Region V	7	16%	21	28%	5	16%	$16,615.16	$791.20
Region VI	9	21%	4	5%	1	3%	$3,164.79	$791.20
Region VII	14	33%	13	17%	7	22%	$10,285.58	$791.20
Region VIII	1	2%	7	9%	1	3%	$5,538.39	$791.20
Total	43	100%	75	100%	32	100%	$59,339.87	$791.20

July 2022 - Sep 2022

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	4	3%	3	3%	2	5%	$1,728.35	$576.12
Region II	7	6%	8	8%	4	10%	$4,608.92	$576.12
Region III	23	19%	13	13%	3	8%	$7,489.50	$576.12
Region IV	22	18%	17	17%	8	21%	$9,793.96	$576.12
Region V	30	24%	30	29%	8	21%	$17,283.46	$576.12
Region VI	4	3%	2	2%	5	13%	$1,152.23	$576.12
Region VII	23	19%	22	21%	4	10%	$12,674.54	$576.12
Region VIII	10	8%	8	8%	5	13%	$4,608.92	$576.12
Total	123	100%	103	100%	39	100%	$59,339.87	$576.12

Oct 2022 - Dec 2022

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	4	3%	4	2%	0	0%	$1,412.85	$353.21
Region II	0	0%	8	5%	1	10%	$2,825.71	$353.21
Region III	23	19%	30	18%	0	0%	$10,596.41	$353.21
Region IV	11	9%	25	15%	1	10%	$8,830.34	$353.21
Region V	49	40%	60	36%	1	10%	$21,192.81	$353.21
Region VI	9	7%	5	3%	1	10%	$1,766.07	$353.21
Region VII	27	22%	30	18%	6	60%	$10,596.41	$353.21
Region VIII	1	1%	6	4%	0	0%	$2,119.28	$353.21
Total	124	100%	168	100%	10	100%	$59,339.87	$353.21

North Dakota Brain Injury Network

The North Dakota Brain Injury Network provides information and support to individuals with brain injury, their family member and various service providers and agencies. Our resource facilitator assists with navigating the service system and provides technical assistance in finding the right resources for each individual. We offer outreach and education to increase public awareness of brain injury, as well as peer support by connecting people with others who have experienced a brain injury. We can provide on-site training to facilities and organizations as well.

All of our services are FREE.

Visit NDBIN's website: www.ndbin.org

View NDBIN's online courses: www.ndbin.org/training

View NDBIN's upcoming events, such as our annual Mind Matters conference: www.ndbin.org/events/upcoming

Information on hosting an Unmasking Brain Injury event: www.ndbin.org/brain-info/unmasking-brain-injury

Sign up for email updates here: www.ndbin.org/subscribe

Request your free deck of playing cards here: www.ndbin.org/contact/card-request

TESTIMONY
Senate Bill 2012
Senate Appropriations Human Resources Division
January 25, 2023

Good morning, Chairman Dever and Senators. My name is Julie Erickson and I have the honor of serving as the Executive Director of Grand Forks Growth and Support Center (GFGSC) which is a licensed development disabilities provider in Grand Forks. Additionally, I am a parent of a 16-year-old with significant disabilities, and a passionate and dedicated advocate for high quality services for all individuals with intellectual and developmental disabilities.

On behalf the North Dakota Association of Community Providers (NDACP), the staff we employ, and most importantly the people who receive our services, I am here to advocate for increased inflationary percentages than what were proposed in the Governor's budget.

These past few years have had immense challenges for all. Almost every person I have engaged in conversation with recently, refers to the major hit the COVID pandemic, and the workforce shortage had on them. Over time, it has become common to talk about these two items as generally as North Dakotans talk about the weather. Since so many businesses and people have been affected by these two items, there is a degree of normalization of the circumstances. However, what we have faced and are currently facing is not normal.

People with intellectual and developmental disabilities are a resilient group of individuals as they are often used to struggle, getting the short end of the deal, and not having the best the world has to offer. However, coupled with these two extra major factors, they are struggling more now than the average human. The pandemic took away much of their remaining freedoms, basically keeping them locked within their homes. Once the COVID risk decreased, these individuals thought that they would be returning to their "normal" as it was before COVID. They were then hit with another obstacle, very low levels of staffing and huge staffing turnover.

Those of us who lead developmental disability services have seen the opportunity of the perfect storm arising for people with disabilities. It is a chain reaction. Stressful events bring on fear and settling with less than; less money coming in, less money to pay staff, less staff, and less quality services. There is also less options for people with disabilities. Recently, due to staffing shortages and low-quality staff, many people with disabilities do not have a say in where they live, who they live with, and what they do with their time. Their opportunities for work have decreased due to lack of vocational staffing supports. Some individuals have been discharged from residential homes and services due to lack of staff. This is terrifying.

One example of this is a young woman we provide services to who was discharged from her residential services at the beginning of the summer due to low levels of staff employed at the agency. She could not return to her family home as her mother was unable to care for her due to cancer. She then moved in with a family member who also had another child in the home with disability. Her mother then died from cancer, and she lost her mom. Her behavioral needs support levels increased and the family member she was living with was unsure how long she could provide a living environment to her with these extra support needs so her case manager put in a referral for residential services for her for an urgent residential placement. No provider would accept the referral (due to high needs and low staffing). The family member caring for her was drowning in stress. Our agency then stepped in to provide some in home supports and respite hours for the family, but we are not able to provide all the service hours her family needs as we are struggling to have enough staff. I have even had shifts with this amazing young woman so she would have staff to support her and give her caregiver a break. If this living situation does not work for this young lady and no residential placement is found, she will eventually end up living at the Life Skills and Transition Center in Grafton. If this occurs, I feel our system has failed her. This is just one example of the struggles that people with intellectual and developmental disabilities face when there are not enough staff at agencies to keep up with the high demand for those in need of services.

Our industry cannot handle any financial cuts and we are grateful to hear that the Governor's budget did not call for cuts. However, the proposed inflationary increases are just not enough to change the climate of the developmental disability industry and divert the people we provide services to away from the perfect storm. We want them to not only survive but THRIVE! In addition to no cuts, we are requesting an inflationary increase of 5% per year and an equity increase of $1.88 to each of the service payment brick rates, which will fund all bricks at 100%. We would like the opportunity to pay our Direct Support Professionals (DSPs) competitive rates and provide benefits to them that provide them with security.

With security and full DSP positions, developmental disability providers should be able to get back to providing higher quality care, more options for people in their services and strong supports to assist people to live a life they enjoy. This would be a successful and thriving system for some of our most vulnerable residents of North Dakota and it would make North Dakota proud.

Thank you for the opportunity to stand before you and give my testimony regarding Senate Bill 2012. I welcome any questions you may have.

Julie Erickson, Executive Director
Grand Forks Growth and Support Center
Julie.erickson@gfgsc.org (701)-775-2566

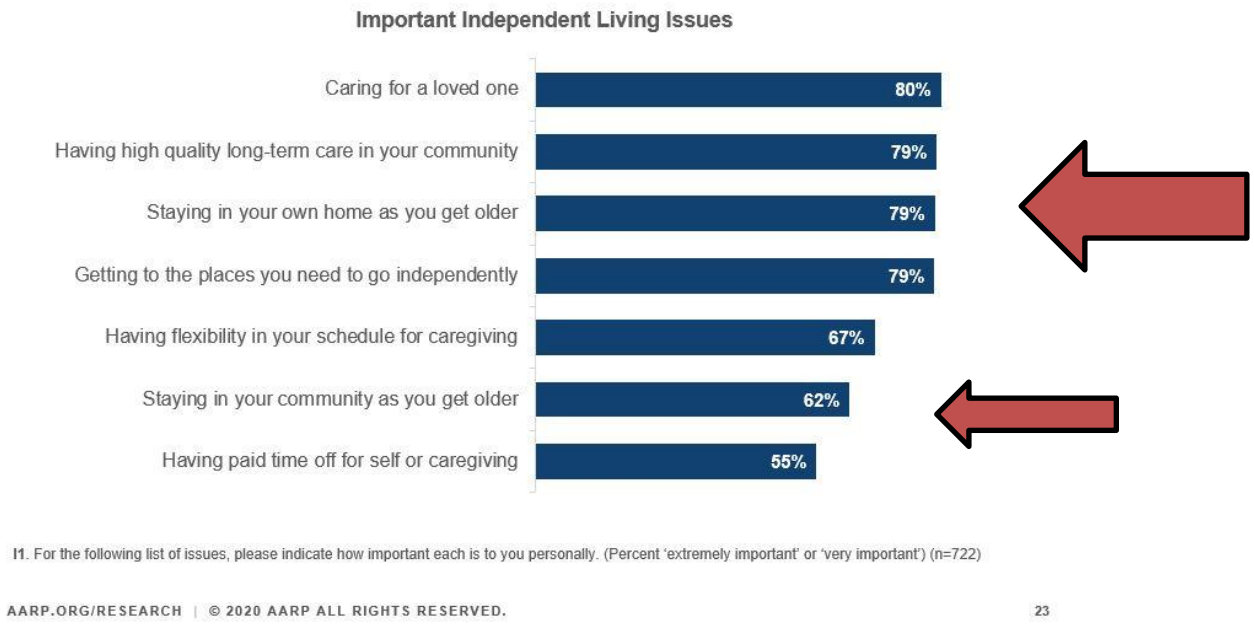
Senate Appropriations Committee
IN SUPPORT – HB 2012 – DHS Budget – Aging Services
January 25, 2023
Josh Askvig, AARP North Dakota
jaskvig@aarp.org
(701) 355-3642

Chairman Dever and members of the Senate Appropriations Human Resources Division Committee, I am Josh Askvig, State Director at AARP North Dakota.

AARP is a non-profit, non-partisan membership organization with more than 84,000 members in North Dakota. Our mission is to empower people to choose how they live as they age.

We appreciate this committee's work to dig into issue important to older North Dakotans and this need will continue to grow. Today our population age 50+ is almost 256,000 and 50% of those households are age 65 or older. Today in North Dakota over 9 counties have a mean age of over 50 and a number of others are right on their heels.

Below is a chart from our 2020 North Dakota Vital Voices Survey, a state specific survey of issues that impact North Dakotan's 45+ conducted every three years. In our survey two years ago, 79% indicated that staying in their own home as they got older, getting to the places they need to go and having access to quality long term care in their community was extremely or very important. Also, 62% said staying in their community as they got older was extremely or very important. It was no surprise to us and I am sure it doesn't surprise you.



As noted in the overview from the Aging Services Division earlier in the session, the demand for in-home services has continued to increase and participants living in home and community-based settings have complex medical and behavioral health needs. This increase in demand for HCBS has caused an increase demand on the time for case managers to work with their HCBS clients – increased case management caseload from 105-117 clients in less than two years, while also managing new referrals- at least 160 new cases every month.

The Governor's budget includes 13 additional FTEs- which we support- and will help the Department manage this increase in demand for services including:

- 10 HCBS case managers
- 2 new service navigators for provider referral searching
- 1 generalist to promote senior education

Attached you will find the *North Dakota: 2020 Long-Term Services and Supports (LTSS) State Scorecard*. This is the 4th time the Commonwealth Fund, The Scan Foundation and AARP have teamed up to provide a state LTSS assessment with apples to apples comparisons. If you look at the card you will see North Dakota made substantial improvement in 7 of the 21 indicators. And two of those were in the area of Choice of Setting and Provider dimension. In fact, North Dakota was recognized nationally during the roll out of the 2020 Scorecard for the work it has done to make improvements.

But let's be clear, while we have done good work, we still have plenty of work to do. Specifically, look at the indicators on the back related to Nursing Home Cost, Medicaid LTSS

Balance: Spending and Medicaid LTSS Balance: Users, and Successful Discharge to Community where we continue to rank low. Again, for AARP and the thousands of North Dakotans we represent, it's about choice. Older North Dakotans deserve to know they have options for care as they age. Overwhelmingly they prefer to stay in their homes and communities and the budget should continue the state moving in a direction that prioritizes Home and Community Based care.

In order to continue to support HCBS, investments need to be made to provide assistance to caregivers and HCBS recipients including increase in daily rates for adult foster care and family home care, bed hold days for residential rehab and community supports, adding companionship to SPED and EX-SPED, and increasing the guardianship establishment funds.

Finally, as noted in the budget overview, in the last two years the cost and ways meals are delivered to seniors has changed. The meals programs funded through the Aging and Adults services budget are a critical lifeline for older adults. They promote good health and as evidenced during the pandemic a critical component to keeping individuals at home and in their communities. Increasing the senior meal rate will allow reimbursement for two meals vs. one will help decrease the instances of malnourishment that leads to hospitalization and increased LTC needs. It should also be noted that meals programs also help to combat isolation and loneliness.

Combine these factors with the idea that it appears many of these senior providers will be losing some additional federal supports they received during the pandemic and knowing they have seen a significant shift in their costs as they have moved to almost exclusively pick up or to go meals, and there is a need for a funding increase. We would encourage you to increase the meals funding to ensure that this critical service can meet the needs.

Again, we appreciate the time to raise issues important to North Dakotans 50+ and would be happy to answer any questions. Thank you.

North Dakota: 2020 Long-Term Services and Supports (LTSS) State Scorecard

The fourth edition of the *LTSS State Scorecard*, released in fall 2020, takes a multi-dimensional approach to measure state-level performance of LTSS systems that assist older adults, people with physical disabilities, and family caregivers. Unlike many other rankings that focus on a particular aspect of LTSS system performance, the *Scorecard* compares state LTSS systems across multiple dimensions, reflecting the importance and interconnectedness each has on the overall LTSS system. The full report is available at www.longtermscorecard.org

Data used for this *Scorecard* was analyzed in 2019, prior to the COVID-19 outbreak. Therefore, performance on this *Scorecard* does not include the impact of the pandemic on the LTSS system, which is considerable. Nevertheless, the *Scorecard* indicators continue to be highly relevant, both in the current environment and in a future post-COVID world.

Purpose: The *Scorecard* aims to empower state and federal policy makers and consumers with information they need to effectively assess their state's performance across multiple dimensions and indicators, learn from other states, and improve the lives of older adults, people with physical disabilities, and their families.

Results: The *Scorecard* examines state performance, both overall and along five key dimensions. Each dimension comprises 4 to 7 data indicators, for a total of 26 indicators. The *Scorecard* also measures changes in performance over the previous three years wherever possible (reference data available for 21 of the 26 indicators). The table below summarizes current performance and change in performance at the dimension level. Indicator data appear on the next page.

Dimension	Rank	Number of indicators with trend*	Number of indicators showing:		
			Substantial improvement	Little or no change	Substantial decline
OVERALL	**28**	**21**	**7**	**13**	**1**
Affordability & Access	**30**	6	1	4	1
Choice of Setting & Provider	**25**	6	2	4	0
Quality of Life & Quality of Care	**20**	2	1	1	0
Support for Family Caregivers**	**34**	4	2	2	0
Effective Transitions	**22**	3	1	2	0

* Trend cannot be shown if data are missing for either the current or baseline data year.
** The support for family caregivers dimension comprises 12 policy areas, organized into four broad categories. Change is shown at the category level in the table above. Policy data are shown on the next page.

North Dakota: 2020 Long-Term Services and Supports State Scorecard Data

Dimension and Indicator (Current Data Year)	Current Rate	Baseline Rate	Rank	Change	National Average	Top State Rate
OVERALL RANK			**28**			
Affordability and Access			**30**			
Nursing Home Cost (2018-19)	**328%**	333%	**48**	▬	245%	168%
Home Care Cost (2018-19)	**99%**	97%	**46**	▬	80%	51%
Long-Term Care Insurance (2018)	**106**	119	**4**	✗	43	138
Low-Income PWD with Medicaid (2016-18)	**59.1%**	51.8%	**12**	✓	56.7%	79.2%
PWD with Medicaid LTSS (2017)	**41**	43	**24**	▬	46	100
ADRC/NWD Functions (2019)	**54%**	52%	**37**	▬	66%	96%
Choice of Setting and Provider			**25**			
Medicaid LTSS Balance: Spending (2016)	**17.3%**	17.1%	**48**	▬	45.1%	73.5%
Medicaid LTSS Balance: Users (2017)	**27.7%**	29.1%	**51**	▬	64.2%	83.9%
Self-Direction (2019)	**5.6**	*	**35**	*	30.4	149.1
Home Health Aide Supply (2016-18)	**25**	16	**12**	✓	22	47
Assisted Living Supply (2016)	**102**	105	**1**	▬	49	102
Adult Day Services Supply (2016)	**48**	10	**17**	✓	61	171
Subsidized Housing Opportunities (2017-18)	**6.1%**	6.2%	**21**	▬	6.2%	18.6%
Quality of Life and Quality of Care			**20**			
PWD Rate of Employment (2016-18)	**38.1%**	25.3%	**1**	✓	21.4%	38.1%
Nursing Home Residents with Pressure Sores (2018)	**4.8%**	*	**1**	*	7.3%	4.8%
Nursing Home Antipsychotic Use (2018)	**17.8%**	18.5%	**44**	▬	14.6%	7.8%
HCBS Quality Benchmarking (2015-19)	**0**	*	**38**	*	1.30	3.60
Support for Family Caregivers			**34**			
Supporting Working Family Caregivers (6 policies)	**0**	0	**38**	▬	3.17	13.50
Family Responsibility Protected Classification (2019)	**0**	0			0.29	2.00
Exceeds Federal FMLA (2019)	**0**	0			0.29	3.00
Paid Family Leave (2019)	**0**	0			0.50	3.50
Mandatory Paid Sick Days (2019)	**0**	0			0.85	3.00
Flexible Sick Days (2019)	**0**	0			0.75	3.00
Unemployment Insurance for Family Caregivers (2019)	**0**	0			0.49	1.00
Person- and Family-Centered Care (3 policies)	**3.00**	1.28	**28**	✓	3.04	5.50
Spousal Impoverishment Protections (2019)	**1.00**	0.28			0.90	2.00
Having Caregiver Assessment (2019)	**1.00**	1.00			1.34	2.50
CARE Act Legislation (2019)	**1.00**	0			0.80	1.00
Nurse Delegation and Scope of Practice (2 policies)	**4.50**	4.00	**13**	✓	3.30	5.00
Nursing Tasks Able to be Delegated (2019)	**3.50**	3.50			2.69	4.00
Nurse Practitioner Scope of Practice (2019)	**1.00**	0.50			0.61	1.00
Transportation Policies (1 policy)	**0**	0	**8**	▬	0.14	1.00
Volunteer Driver Protection (2019)	**0**	0			0.14	1.00
Effective Transitions			**22**			
Nursing Home Residents with Low Care Needs (2017)	**13.1%**	*	**41**	*	8.9%	2.1%
Home Health Hospital Admissions (2017)	**14.7%**	17.6%	**7**	✓	15.8%	13.8%
Nursing Home Hospital Admissions (2016)	**14.4%**	13.8%	**22**	▬	16.8%	4.7%
Burdensome Transitions (2016)	**20.1%**	19.2%	**5**	▬	28.6%	16.2%
Successful Discharge to Community (2017-18)	**49.9%**	*	**48**	*	53.9%	68.5%

* Comparable data not available for baseline and/or current year. Rank cannot be calculated without current data. Change in performance cannot be calculated without both baseline and current data.
ADRC/NWD = Aging and Disability Resource Center/No Wrong Door
CARE Act = Caregiver Advise, Record, Enable Act
FMLA = Family and Medical Leave Act
HCBS = Home- and Community-Based Services
LTSS = Long-Term Services and Supports
PWD = People with Disabilities

Key for Change:

✓	Performance improvement
▬	Little or no change in performance
✗	Performance decline
*	No trend available

Testimony
Senate Bill 2012 – Department of Health and Human Services Budget
Senate Appropriations – HR Section Subcommittee
Senator Dick Dever, Chairman

January 25, 2023

Chairman Dever and Members of the HR Section of Senate Appropriations:

My name is Lorena Poppe. I am the owner and CEO of Poppy's Promise, a Bismarck-based provider of Developmental Disabilities services, and the current President of the ND Association of Community Providers (NDACP).

NDACP membership represents a great deal of diversity. We are comprised of both large and small providers, and organizations that have been in operation from a few years to many decades. We are unique from each other in the types of services we provide and the locations of our operations. We experience the commonalities of striving to provide the highest quality services possible and being reimbursed through the same payment system.

The COVID-19 pandemic was hard on everyone, including people receiving DD services and their providers. The workforce crisis that started at that time continues today. Many of our services are needed 24 hours a day, seven days a week, by some of our state's most vulnerable residents. We do not have the option of cutting back on our hours of operation or being open only a few days a week. We struggle to be competitive with other industries while knowing how urgently our services are needed.

We are sometimes compared to long term care and hospital providers but are unique from them in many ways. One of the most significant differences is that we operate almost completely through Medicaid reimbursement. Private pay services are extremely rare and none of our services are covered by private insurance.

In the six years since I started operations at Poppy's Promise, I understand now more than ever how critical it is that DD providers be supported by the state to do the important work of helping people with disabilities achieve maximum health, happiness, and freedom of choice across their lifetimes. These North Dakotans deserve to experience a sense of security and they need to know their providers will be around to support them and their needs.

In just a few minutes, some of my colleagues will share information with you about our specific requests relative to the DHHS budget and share the rationale behind those requests.

I ask that you consider the current state of services for people with disabilities during an ongoing workforce crisis, the financial vulnerability of new and small providers, and the need to preserve and expand services relied upon heavily by citizens across North Dakota. As providers, we want to not only survive but stand strong in supporting North Dakotans with developmental disabilities.

Thank you for your time today, and I would be happy to answer any questions you may have.

SB 2012
Senate Appropriations – Human Resources Division
Tuesday, January 24, 2023
Senator Dick Dever, Chair

Chair Dever and Members of the Senate Appropriations – Human Resources Division:

My name is Roxane Romanick and I am writing as the representative for Designer Genes of ND, Inc., as their Executive Director. Designer Genes' membership represents 230 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.

Designer Genes represents a group of individuals and families who are frequent users of the Department of Health and Human Services (Department) Developmental Disabilities Section's (DD) services. You will find individuals who have Down syndrome receiving services, such as In-Home Supports, Residential Habilitation, Day Supports, Equipment and Supplies, Infant Development, and Supported Employment across the lifespan and across our state.

I'd like to spend my time this morning focusing on North Dakota's Part C Early Intervention (EI) system which supports infants and toddlers with delays and disabilities (Birth through 2) and their families. The budget for this program is contained within the DD Section budget. In Tina Bay's testimony from January 17, 2023, she included this slide showing 3179 children under 3 being served in SFY 22 under Program Management. It is likely that the vast majority of these children are enrolled in the EI system.



Most babies with Down syndrome and their families, whether diagnosed before or after birth, are referred to North Dakota's EI system. For these families and their new babies, this service provides them with service coordination through the DD Program Management system, access to a

family income and asset disregard for Medicaid for the child, screening to the Individuals with Intellectual Disabilities/Developmental Disability (DD) Waiver so that they can receive the Infant Development program services from a regional provider and any other relevant waiver services. The Infant Development services are provided through a home visiting model, bringing the services to the infant/toddler where they are at and works in partnership with the family to support the child's development. Professionals such as physical therapists, occupational therapists, and speech and language therapists deliver the services designated through an Individual Family Service Plan (IFSP). North Dakota has braided the needed requirements under the Individuals with Disabilities Education Act (IDEA) Part C with the wrap-around supports under our DD waiver to assure a robust approach for our youngest children with disabilities and delays.

Both the state employee and provider increases that you are considering affect this program as an eligible child in EI and their family will be supported by a DD Program Manager and a DD licensed provider. We ask that you consider a rate increase for the provider system that is the same as state employees. This will benefit not just our infants and toddlers with Down syndrome, but all of our individuals receiving DD services across the life span.

The ND EI system described above is funded through a mix of a federal discretionary grant, Medicaid and state general funds. Other critical components of the system include a developmental screening program called Right Track, training and technical assistance, and peer supports for families. Because I have not seen the Department's detail, I am unaware of the funding status for these other EI activities in the Governor's budget, but would urge the committee to maintain the funding that is in place for this current biennium.

I remain a committed advocate of the ND Part C EI system because I truly believe that I do what I do today because of the supports I got when my daughter was young. I also believe that my daughter, who has Down syndrome, had the right start from ND EI to graduate from high school, go to college, and become an employee of our local school district. I think that she's living proof of your return on investment.

Thank you for your time and I'd answer any questions.

Roxane Romanick 701-391-7421
Executive Director roxane@designergenesnd.com





January 25, 2023

SB 2012 Testimony: DD Provider Rate Increases

Good morning Senator Dever and members of the Human Resources Division. My name is Mike Remboldt and I am one of 31 members of NDACP and am also the CEO of HIT, Inc. in Mandan. I am here to testify on behalf of NDACP by providing statistics to justify our request for service payment increases. We are asking for three things: that $1.88 per hour be added to the Wage component for all services included in the Rate Matrix (Brick), that DD providers receive an annual inflationary increase of 5% each year of the biennium for all DD services, and that Corporate Guardianship be increased by 30 slots along with an increase in the daily rate. The Rate Matrix is attached to this testimony for your convenience.

In his December 7, 2022, Executive Budget Address, Governor Burgum stated that North Dakota's unemployment at 2.3%, which is tied for third lowest in the nation. Turnover in state government in 2021 was nearly 14%. His office is recommending annual increases of 6% and 4% respectively during the next biennium. Governor Burgum is also proposing $90 million in targeted equity funding to bring targeted agency salaries closer in line with the overall market.

These are all recommendations by our Governor to help address employee recruitment and retention issues in State government. NDACP members are experiencing these exact same issues, but on a much larger scale. I would venture to say that if NDACP's employee turnover was only 14%, we would not be here pleading for payment increases of this magnitude.

During the fiscal year ended 6/30/2022, NDACP members experienced a 47.5% employee turnover rate in our direct line service workers (DSP's). Members reported 1,966 separations out of 4,136 DSP's, with a median length of employment for these 1,966 people being 15 months. That means 983 of these 1,966 people that left did not even stay for 15 months. To compound this high turnover issue, on June 30, 2022, providers also reported 687 open DSP positions. At HIT, we used to get 100 job applications be month, now that number hovers around thirty. Our members are experiencing an unprecedented lack of qualified applicants during a time when employee turnover is running at an all-time high.

NDACP members are struggling and are finding it increasingly difficult to be able to offer a competitive wage in this exceedingly difficult labor market. I know that our industry is not the only one with this issue, but our members reported paying $17.91 as an average hourly rate for employees providing residential services. This number means nothing until you understand that the payment we receive from the State for this service includes a Wage component that is based on an average of $16.66 per hour. The same story holds true for day services, providers are having to pay an average hourly rate that exceeds the Wage component of the rate that a provider is being paid for this service.

I am going to attempt to explain how our payment system works without getting overly complicated with the intricacies and nuances. The State starts with a composite score for each person by completing a standardized list of questions and probes. This is referred to as the Supports Intensity Scale (SIS) and it is used to determine how many hours of service to pay a provider for each person requiring that particular service. These hours are then multiplied by a rate identified on the Rate Matrix (Brick). Simply, the Brick is a tool that is used by the State to determine how much to pay a particular provider for a unit of service. A unit of service identified on the Brick is stated in an hourly rate.

Our platform includes a request to increase the fee that our members receive when providing services to some of the most vulnerable members of our society. This fee increase would be accomplished by increasing the Wage component of our service Rate Matrix (Brick) by $1.88 per hour. When the increase is applied to the Wage component, the other components of the Brick are also adjusted proportionately. These other components included ERE (employer related expenses), Relief Staff, PS (Program Support), and Administration.

Making changes to the Brick will help DD providers that provide these respective services which include ICF/ID, Residential Habilitation, Independent Habilitation, Day Habilitation/Pre-Vocational/Small Group, and Individual Employment. While this segment of services includes the largest segment, we must also remember that DD services are much broader and include more services that those identified and paid by the Brick. Other services include, but are not limited to, In-Home Supports and Early Intervention services for children.

The DD Division recently shared the latest DD Grants Utilization Tables. Based on these tables and their projections, the division is projecting underspend the DD budget by $31M. You heard correct; the current DD payment system is costing less than is budgeted for this biennium.

In conclusion, NDACP is asking that: 1) $1.88 per hour be added to the Wage component for all services included in the Rate Matrix, 2) DD providers receive annual inflationary increases of 5% each year of the biennium for all DD services, and 3) Corporate Guardianships be increased by 30 slots along with an increase in the daily rate. Thank you for giving me he time and opportunity to share some information and statistics about our industry's employee recruitment and retention dilemma.

Testimony

SB2012

Senate Appropriations

Human Service Division

Chairman Senator Dever and Members of the Senate Appropriations Human Service Division

My name is Vicki Peterson and I am providing testimony today as a parent of a young adult, my son who is soon to be 21 years old. He is diagnosed with autism and intellectual disability and chronic health conditions. He is currently receiving services on the ND Developmental Disability Medicaid Waiver. He was in Early Intervention and at age 3 had continued services on the waiver and he has received school services as well.

Aaron has what is labeled severe intellectual disability. He is mostly nonverbal but does have some communication with assistive technology devices or with those who know him best and know how to communicate with him. He has grown so much in his life already, at one point he was completely nonverbal and struggling in so many areas including his physical health, but the programs he was able to access and the support agencies and schools have been there for Aaron and for myself.

Services Aaron has currently included respite and in-home supports. We utilize self-directed and have since self-directed became available. This has worked well for Aaron as we have had great staff that has spent much time with Aaron so they know how to communicate with him, know his likes and dislikes, have gained his trust and mine, are able to help with in-home supports as I am a single mother and have no other means of help in my home and for that break. Using the option of self-directed supports has been the best option for Aaron, as changes that happen often with staff, the training time it takes to continuously train staff from agencies and just the pure lack of workforce has made the self-directed fit very well into Aaron's person-centered plan. He needs the 1:1 support for his communication needs and direction and supervision.

In the overview you have received from Tina Bay, as Director of Developmental Disabilities, she explained the services currently in the DD waiver that are self-directed. Day Supports is not one of them. Aaron is finishing his education in Life Education now this year at age 21, he currently is on an IEP and has had the opportunity for Life Education. He has been able to hold certain jobs with the support of a full-time para in his school years. We were hoping to keep a job at the Food Coop but that was ended when the store closed. Looking at the options for day supports I have been told 1:1 support may not happen as that is not how their program works , they are in small groups. I have no issues with the groups as long as it would be something that Aaron enjoys and understands. He typically cannot understand what people want him to do without 1:1 attention and trained. He does not like to be in larger groups, he struggles with all types of communication. He also loves to shop for groceries, he is good at stocking items, can cook with the support of recipe and aid support, loves baseball games, bowling, videos (keep in mind children's' videos) loves to travel to the ocean. I want Aaron to have a quality of life that he enjoys, not what a program dictates according to what they feel Aaron likes and can do. I have had respite staff that could and wants

to continue with Aaron but the day supports where he could utilize them must be done with an agency and not self-directed so his supports he has now have to be outside of those hours.

No secrets about the lack of workforce, so what holds the policy back by saying Self-Directed could not be used as Day Supports? Again it would be a choice and it certainly would not be for everyone. I ask the question of why should he not be supported by someone who knows my son as well as I do, wants to continue to support Aaron including community activities for ones he will like, enjoy and participate in and not ones he is dragged to because another person being supported likes those. I would not be asking for any more hours than I already have qualified for the in-home supports and respite. He currently uses those hours outside of school which is perfect, but school will be ending and so now the daytime is open for him.

Throughout this testimony I talk about a possible policy change but it would be connected to Medicaid dollars so Appropriations is the best fit to ask you to consider Self-Directed Supports to include Day Supports offered in the Developmental Disabilities Waiver.

Thank you for your time.

Vicki L Peterson

vickiasdc@bis.midco.net

701-258-2237

State of North Dakota
Rate Matrix
Fully Loaded Hour Value: "The Brick"

Effective
January 1, 2023

2%
Vacancy

Column Reference :	o	D	E	F	G	H	I	J	K	L	M	N	o		
Component Driven				D X E	D + F	Relief	G x H	G + I		D x K	J + L	Gross *	With	F	At
Service		Wage	ERE	ERE $	Sub	Staff	Relief $	Sub	P $	P $	Sub	10%	V Factor	%	Funded %
Residential Services															
ICF-ID	d	$18.26	35.1%	$6.41	$24.67	14.0%	$3.45	$28.12	87.2%	$15.92	$44.04	$48.93	$49.93	89.7%	$44.79
ICF-ID Medically Involved	d	$18.26	35.1%	$6.41	$24.67	14.0%	$3.44	$28.11	166.0%	$30.31	$58.42	$64.91	$66.23	89.7%	$59.41
ICF-ID Medically Intensive	d	$18.26	35.1%	$6.41	$24.67	14.0%	$3.44	$28.11	244.0%	$44.55	$72.66	$80.73	$82.38	89.7%	$73.89
Residential Habilitation	d	$18.34	35.1%	$6.44	$24.78	14.0%	$3.47	$28.25	39.6%	$7.26	$35.51	$39.45	$40.26	91.5%	$36.83
*Res Medical Acuity - Level 1	d	$18.34	35.1%	$6.44	$24.78	14.0%	$3.47	$28.25	42.7%	$7.83	$36.08	$40.09	$40.91	91.5%	$37.43
*Res Medical Acuity - Level 2	d	$18.34	35.1%	$6.44	$24.78	14.0%	$3.47	$28.25	64.7%	$11.87	$40.12	$44.57	$45.48	91.5%	$41.61
*Res Medical Acuity - Level 3	d	$18.34	35.1%	$6.44	$24.78	14.0%	$3.47	$28.25	92.1%	$16.89	$45.14	$50.15	$51.17	91.5%	$46.82
Independent Habilitation	h	$18.37	35.1%	$6.45	$24.82	14.0%	$3.47	$28.29	36.1%	$6.63	$34.92	$38.80	$38.80	100.0%	$38.80
Vocational/Day Services															
Day Habilitation	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	56.7%	$10.39	$38.61	$42.90	$42.90	100.0%	$42.90
Prevocational Services	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	56.7%	$10.39	$38.61	$42.90	$42.90	100.0%	$42.90
Small Group Employment Supports	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	56.7%	$10.39	$38.61	$42.90	$42.90	100.0%	$42.90
*Day/Voc Medical Acuity - Level 1	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	63.6%	$11.65	$39.87	$44.30	$44.30	100.0%	$44.30
*Day/Voc Medical Acuity - Level 2	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	69.4%	$12.71	$40.93	$45.48	$45.48	100.0%	$45.48
*Day/Voc Medical Acuity - Level 3	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	77.8%	$14.25	$42.47	$47.19	$47.19	100.0%	$47.19
Individual Employment Supports	h	$24.36	35.1%	$8.55	$32.91	14.0%	$4.61	$37.52	23.1%	$5.63	$43.15	$47.94	$47.94	100.0%	$47.94

*** Medical Acuity Tiers may be applied to individuals with a SIS Medical Score of 15 or higher and is available to a qualifying provider in Residential Habilitation, Day Habilitation, Prevocational Services, and Small Group Employment Supports only.**

1/1/2023 - As directed by the legislature the Residential Habilitation rate has been adjusted through the funded percentage.

TESTIMONY
SENATE BILL 2012 - ND DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADULT AND AGING SERVICES BUDGET
SENATE APPROPRIATIONS – HUMAN RESOURCES DIVISION
JANUARY, 2023

Chairman Dever and members of the committee, my name is Renee Kipp. I am the Executive Director of the Burleigh County Senior Adults Program in Bismarck, ND. We provide senior nutrition services in Burleigh County and also oversee these services in the surrounding counties of Kidder, Emmons, Morton, Oliver, Grant, Mercer and McLean. Together, we provide over 860 meals per day to senior citizens in the West Central Region of North Dakota. Nearly 4,000 senior citizens and 207,000 meals were served by our organizations in 2022, with sixty percent of our clients being over the age of 75, and 25 percent over the age of 85.

We are also a member of the ND Senior Service Providers Association, a group of agencies that provide Title III Older Americans Act Services to the senior population across the state of North Dakota.

Each legislative session, this organization provides you with a booklet entitled, "Feeding Grandma" (copy attached). In this booklet you will find current data on senior hunger and learn how North Dakota's senior nutrition programs are one of the most cost-effective methods in the prevention of senior hunger and for keeping seniors in their own homes.

The basic premise behind this booklet is that providing a stable source of healthy, nutrient dense meals is a key factor in successful aging. The nutrition programs are very cost effective – the cost of providing senior meals for one year equals two (2) days in a hospital or ten (10) days in a nursing home. The booklet also points out that in federal fiscal year 2021, 200 of the 14,827 home-delivered meal clients were nursing home and Medicaid eligible. If these clients were in a nursing home, it would have cost the state around $28.75 million. Supporting Title III Older Americans Act Services makes good fiscal sense for our state and for the people we serve.

But, North Dakota's Senior Nutrition Programs are more than just a meal, and there are several options for our participants.

--They may choose to have a congregate meal at senior centers and meal sites across the state. This option provides them an opportunity to have a meal, engage and socialize with others, and to participate in activities.

--Participants may choose to receive drive-thru or take out meals – a wonderful, **NEW** alternative for those seniors still working, or due to other circumstances, don't have time to dine at a meal site.

-- Most Senior Meal programs also have the option for participants to receive frozen meals for weekends and holidays. This ensures they have access to at least one nutritious meal daily, even when the meal site is not open for normal operation. They are also a good option for those living in rural areas, as they may receive seven to 14 frozen meals at one time, providing them with meals for a week or two.

--And, of course, our home-bound senior citizens may receive meals through our home delivered meals program (a.k.a. Meals on Wheels). Home delivered meal drivers, who are primarily volunteers, are a friendly face and provide a daily wellness check while delivering the hot meal to our most vulnerable senior citizens. Many times, this is the only human contact they have throughout the day. It is this connection, combined with a healthy meal, that provide support to allow these senior citizens to continue living independently in their own homes much later in life than they would otherwise be able.

The partnership we have with the state of North Dakota through funding provided by the Adult and Aging Services Division of the ND Department of Health and Human Services is critical for us, and we are in full support of the funding for nutrition services that has been included in the Executive Budget. The funding needs for Senior Service Providers across the state have increased dramatically.

I will use Burleigh County as an example. From 2019 to 2022, the meals served in Burleigh County have increased 48 percent. Due to this increase in meals, along with other factors, such as inflation, over the same time period, our raw food costs increased 87 percent, other kitchen supply costs increased 272 percent, and employee wages increased 44 percent.

Increasing the meal rate to $7.62 for congregate and $8.89 for home delivered with the additional $12.9M in funding for the 2023-25 biennium will ensure that senior nutrition programs across the state will be able to continue providing meals to **ALL** senior citizens that want them.

It is important to note that the unit rate reimbursement does NOT cover the full cost of the meal, nor is it intended to. In 2021, the statewide average cost of a meal was $11.38, with an estimated increase to $12.22 in 2022 (7.7 percent).

Meal costs are covered through a combination of funds, including:

- the unit reimbursement from Aging Services,
- contributions from people receiving the meals,
- required local match,
- NSIP (Nutrition Services Incentive Program) funds,
- and other additional funds that are raised locally.

Not only does the reimbursement rate not cover the full cost of the meal, in the past, we haven't always received reimbursement for every meal we have provided. Using my organization and those we subcontract with as an example, if our meal trends continue, we anticipate that with this contract cycle, we will be short of funding to be reimbursed for approximately 12,000 meals. The funding included in the Executive Budget will help ensure this does not happen in the future.

One question often asked is, "Why are the meals so expensive?" There are three main factors that contribute to the higher cost of our meals.

--The first is that our menus have federal nutritional requirements, so the meals have to meet 1/3 of the DRI's (dietary reference intakes) for a 70-year-old male. Basically, they include at least 3

oz. of meat, 3 half cup servings of fruits and vegetables, 8 oz. milk, one slice of whole wheat bread, and one margarine.

--The second factor is that every client receiving home delivered meals or drive-thru / take-out meals must have an annual in-person assessment. These assessments are conducted by staff and can often take one or more hours to complete. These assessments along with Congregate meal assessments must be entered into WellSky, the state's web based data program. In our region, this is approximately 2,600 annual assessments.

--And finally, due to staffing shortages, wages have had to substantially increase to attract and maintain quality staff.

In closing, please know that good nutrition is closely associated with an older persons ability to function and remain independent. Hospitalized older adults suffer from many adverse effects when malnourished. Nutritious meals, tailored to older adults, reduce the risk of chronic diseases and related disabilities, prevent nutritional deficiency and improve their health over the long term.

Senior Service Providers across the state of North Dakota are dedicated to making our state a place where our senior citizens can gracefully 'age in place,' by providing nutritious meals which allow them to stay in their own homes as long as possible.

We are concerned that if we do not have this increase in funding we will be unable to serve every North Dakota senior citizen that is in need of meals. We may have no other choice but to implement waiting lists and/or limit the number of meals we are able to provide to them. Please support the funding for the Title III Senior Nutrition program that has been included in the Executive Budget. The health of North Dakota's senior citizens depends on it.

Thank you for your time in consideration of this testimony. I would be happy to answer any questions that you may have.

SB 2012

Senate Appropriations
Human Resources Division

NDHA
North Dakota
Hospital Association
Est. 1934

Items to review

- Hospital Challenges
  - Workforce
  - Financial concerns
- Medicaid reimbursement for services provided to Medicaid recipients
- NDHA supports SB 2012 budget
  - review budget items

Hospital Challenges

- **Workforce**
  - #1 challenge for hospitals
  - Concern before COVID-19
  - In both urban and rural areas
  - 23% increase in wages since Covid
    - Urban hospitals wages have increased $382 million, 2019 vs. 2022
      - Why? Contract Labor (Staffing agencies)

Workforce Survey

- NDHA conducted Nursing Survey – summer 2022
  - How many full-time nurse positions do you have open?
    - 1,326
    - 42 hospitals
  - How many contract nurses do you have?
    - 717
    - During COVID-19 hospitals paying $200 per hour, before $85
  - Hospitals getting creative to retain and recruit
    - bonus and loan forgiveness programs
    - recruit from other countries
    - Thank you, legislators for supporting different workforce programs

Hospital Challenges

- **Financial Concerns**
  - Urban hospitals operating margins cut by 50% since COVID-19
    - Includes federal COVID funding
  - 36 rural hospitals
    - 17 have positive operating margins in 2022
      - half of 17 would have negative margins without federal COVID funding
  - Inflation (increases)
    - Pharmacy 48%
    - Wages 23%
    - Supplies 11%

- **Thank you for supporting Medicaid Expansion**

  - Affordable Care Act– ND expanded Medicaid to adults with incomes up to 138% of federal poverty level
  - 90% federally funded
  - Implemented in January 2014
  - 33,400 covered lives are getting healthcare on a regular basis
  - Uncompensated care reduced for hospitals

  - Bottom line, the state's 10% investment has provided access to care.

SB 2012 Hospital Request

- Support Inflationary Increases
  - impacts hospital reimbursement (fee schedules)
  - support increase based on hospital cost increases
- Support preserving current Medicaid Expansion rates to providers
- Support fair Medicaid Value-Based Purchasing programs
  - Hospitals continue to be involved in designing program for traditional Medicaid with ND DHHS

- **Questions**

  - Tim Blasl
  - President
  - North Dakota Hospital Association

healthpolicyconsortium
Advancing sound health policy at a state, regional, and national level

SB 2012
Senate Human Services Appropriations Committee
Senator Dick Dever, Chair
Jan. 25, 2023

Chairman Dever and members of the committee. We, the leaders of North Dakota's four largest healthcare systems, are pleased to support SB 2012, the N.D. Department of Health and Human Services budget bill.

Let us begin by thanking each of you for your support and your leadership. North Dakota's lawmakers are a frontrunner in making decisions important to providing uninterrupted care for the patients we serve. We raise up your decision to leverage federal funding for North Dakota's Medicaid Expansion program. While other states struggle through hospital closures and shrinking access to care, North Dakota's hospitals are supported by sound policy decisions and innovative financial investments.

As you know, North Dakota's healthcare system has the unique challenge of delivering care in one of the most rural parts of the country. We provide the same advanced medical services offered in urban areas, competing for the same medical professionals and investing in the same technology—the two biggest drivers of healthcare costs—all while serving a smaller population. While we lack the advantage of economies of scale in urban areas, you have helped us maintain a healthy healthcare ecosystem and keep healthcare services close to home.

It is impossible to talk about the current state of healthcare without talking about the COVID-19 pandemic and its impact on North Dakota's hospitals and health systems. Healthcare has sustained nearly three years of economic and organizational upheaval. The public health emergency tested healthcare systems across the country, causing some to ration services and others to close their doors.

That didn't happen in North Dakota.

With your support, North Dakota's medical community was prepared to meet the challenges in unprecedented and inspiring ways, standing up dedicated COVID care units, expanding intensive care capacity and collaborating with one another to ensure the communities we serve had access to high-quality care when it was needed most.

As we emerge from the pandemic, we are now faced with troubling financial challenges. Hospitals took on tremendous debt to take care of North Dakota patients during COVID surges—contract staffing rates that were triple the cost of regular staff and millions of dollars was spent on PPE and infection

prevention infrastructure upgrades. While some of the COVID-specific expenses were offset by federal funding, much of the new spending was not. And today, with federal COVID funding a thing of the past, hospitals continue to rely upon travel staff and face enormously inflated capital and supply costs with no ability to increase prices.[1]

Whereas North Dakota hospital margins historically have averaged 1 to 3 percent, this is not the case post-pandemic. Throughout 2022, North Dakota hospitals have seen operating expenses soar and revenues flatten, requiring hospital leaders to reduce costly contract staff, reduce services and delay much-needed capital investments.

The national landscape is the same: rising supply and labor expenses contributed to negative year-over-year margins throughout 2022 and continue into 2023. Hospitals and health systems are predicted to face unsustainable, historically low margins for several months to come[2], deficits that may take years to recover to pre-pandemic levels.

On a positive note, states that expanded Medicaid—leveraging Medicaid Expansion's 90% federal match—continue to fare better than those that did not. Your decision to provide Medicaid Expansion reimbursement rates that cover the cost of care helps North Dakota hospitals recruit and retain workforce, invest in critically needed capital improvements and stand ready in the face of a worldwide pandemic. Thank you for supporting Medicaid Expansion for the last eight years. Now more than ever we are counting on your continued support.

Though we have not yet seen the details of what is proposed in SB 2012 specific to hospital providers, we support this legislation and we encourage you, our state's policy leaders, to engage North Dakota's healthcare leadership in your work to maintain affordable, high-quality care for your constituents. We could not continue to enhance healthcare in North Dakota without your leadership and support, and we are pleased to support you.

Thank you for your time, your service, and your consideration. Please do not hesitate to reach out to any of us with questions, comments, or ideas.

Sincerely,

John Kutch, President/CEO Trinity Health 701-857-5114	Todd Forkel, CEO Altru Health System 701-780-5176	Tiffany Lawrence, President/CEO Sanford Health 701-417-2314	Todd Schaffer, President/CEO Sanford Health 701-323-2052

[1] Medicare and Medicaid payments are set by federal and state government, respectively; private health insurance rates are established annually via contract negotiations. Payments from Medicare and North Dakota traditional Medicaid are lower than the cost of providing the care.
[2] KaufmanHall National Flash Report, https://www.kaufmanhall.com/sites/default/files/2022-07/KH-NHFR-July-2022.pdf

The Arc
North Dakota

Senate Appropriation
SB 2012
January 25th, 2023

Senator Dever and committee members. I am Kirsten Dvorak, Executive Director of the Arc of North Dakota; we have six chapters throughout the state of North Dakota that advocate on behalf of individuals with intellectual and/or developmental disabilities (IDD) for full inclusion in their community of choice.

1. All people with intellectual and/or developmental disabilities (IDD) have the right to full lives in communities of their choosing where they can live, learn, work, and enjoy life. To achieve this, people with IDD need access to comprehensive, person-centered, and self-directed high-quality long-term support and services (LTSS). Robust, reliable, and immediately accessible funding sources, including Medicaid, are needed. There must be a flexible public policy framework that emphasizes self-direction, is well-funded, responsive, and nimble, and is developed with—and not for—people with IDD.

2. The lack of a proper system of comprehensive community Long Term Services and Supports (LTSS) is a crisis that urgently needs resolution. Individuals and families need help to access the necessary resources and services to meet their needs while also facing a complicated and ever-changing patchwork of systems. We must work together to ensure everyone can access the community-based LTSS they need. We must also focus on making these systems more comprehensive, coordinated, and easy to navigate so that individuals and families can get the help they need.

3. It is true that the quality and effectiveness of LTSS for people with IDD depend upon providers of support and services who have adequate skills and training. Unfortunately, inadequate compensation for DSPs is a significant barrier to recruiting and retaining direct support professionals. This is a critical issue since insufficient funding for livable wages, and appropriate training for DSPs and their supervisors impacts the quality of support for people with IDD and their ability to live the lives they desire in their communities. We must strive for better compensation and resources for DSPs and their supervisors to ensure that people with IDD have access to the quality of life they deserve.

Kirsten Dvorak
701-222-1854

North Dakota Centers for Independent Living

To: Senate Appropriations-Human Resources Division
From: North Dakota's Centers for Independent Living
Subject: Funding for Independent Living Programing in SB 2012
Date: 1/25/2023

Chairmen Dever and Members of the Committee,

My name is Royce Schultze, Executive Director of Dakota Center for Independent Living, Inc. I am here today to speak in support of the full funding for Centers for Independent Living in SB 2012.

All Centers for Independent Living are required to provide five core services, which are: **Independent Living Skills Training, Individual and Systems Advocacy, Peer Counseling**, **Information and Referral, and Transition from institutional settings to community living, as well as for youth who are out of school**. We also provide community services such as **systems advocacy, community education, accessibility consultations, and outreach.**

One of the most important things to understand about the value of Independent Living is that we are, at our core, people with disabilities serving other people with disabilities. Over half of our staff are persons with disabilities. We are people who have faced obstacles and barriers, fought back, overcame them, and have now dedicated our lives to doing our part to help others achieve their dreams.

Centers for Independent Living are consumer driven, and consumer led. In addition to our staff, over half of our management and board of directors are also persons with disabilities. Our disabilities are as varied as those of the people we serve, and our staff is also trained and capable professionals. The average Independent Living staff in North Dakota has 11 years of experience. Our staff has college degrees in areas like Social Work, Education, Rehabilitation Counseling, Vocational Evaluation, Developmental Disabilities, Psychology, Communication, and more.

Eligibility for Independent Living services is not based on disability type or age. It is based on very simple criteria:

- Are you a person with a disability?
- Does that disability affect one or more of your major life areas?
- Do you want Independent Living Services?
- Are you willing to set a goal and do your part to achieve that goal?

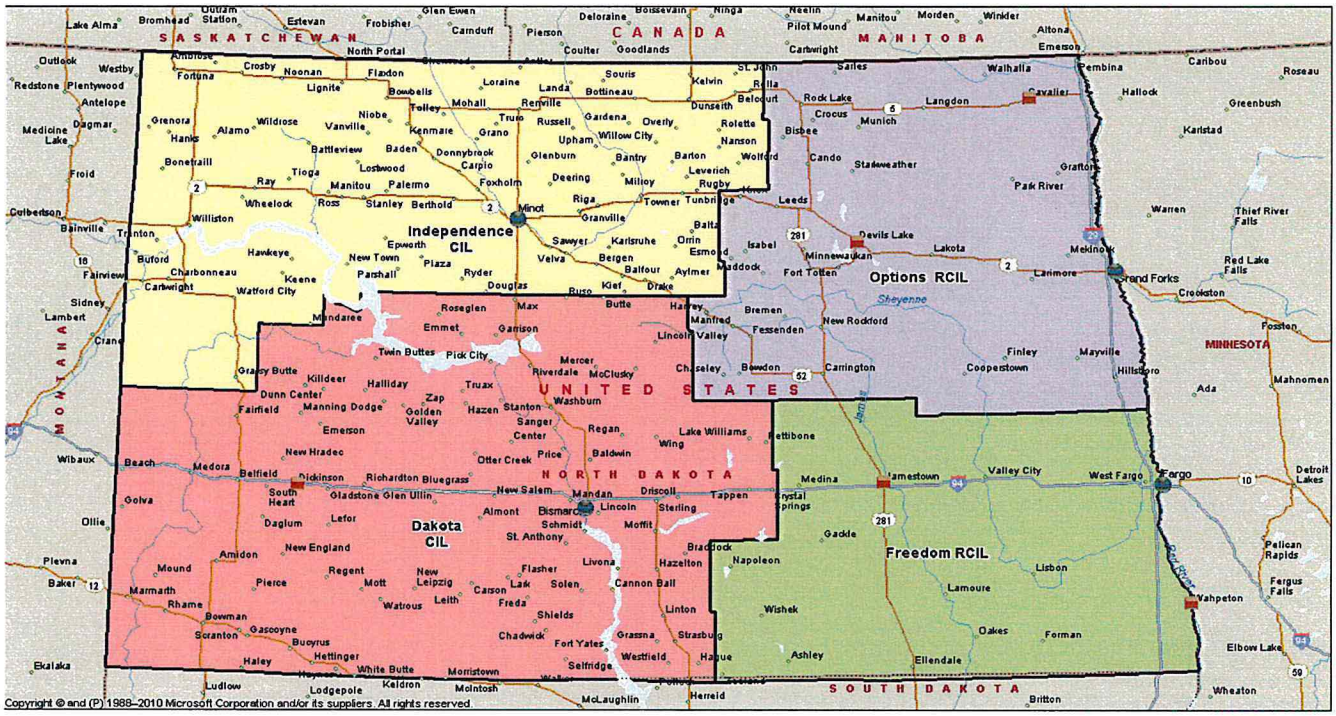
It is the self-determination that is inherent in how we do things that makes our programming so successful. There is much focus on Person Centered planning as a

best practice in today's service delivery model, however, without solid self-determination, Person Centered planning will never succeed.

.

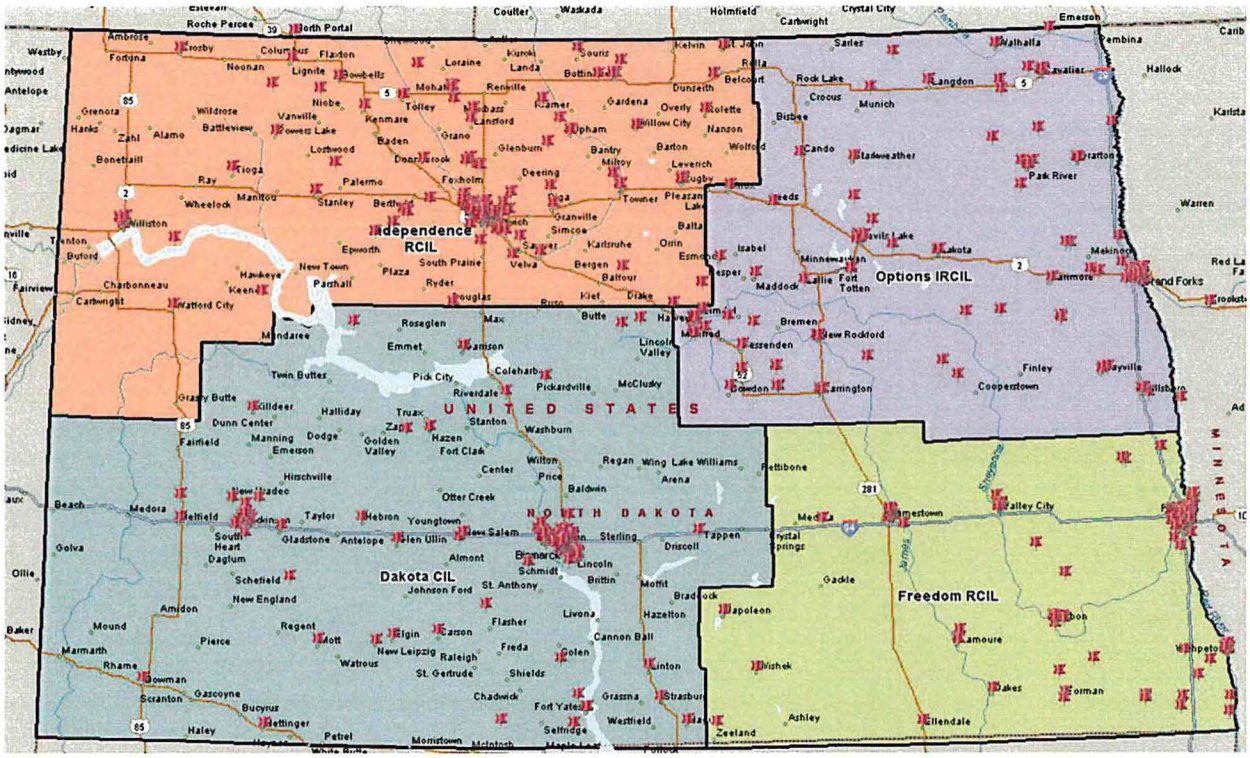
In your handout (see figure 1), you can see a map of the four Centers for Independent Living in our state and the area they serve. As you can see, Dakota Center for Independent Living serves the southwestern part of the state, Freedom Resource Center serves the southeastern area, Options Interstate Center serves the northeastern part, and Independence, Inc. serves the northwestern quadrant.

Center Service Areas Figure 1



The funding provided by the state of North Dakota has been a game changer in our ability to serve North Dakotans with disabilities. We have presented you with a map with a pin showing the address of each of the people served by a Center in the past two years (see figure 2). As you can see, despite our limited funding, we have been able to provide a variety of services across the state.

North Dakota Centers for Independent Living
Direct Service Distribution Map Figure 2



As you listen to the testimony on all the programing in SB 2012, it has to seem overwhelming and, at times, difficult to understand all the programs and services available to North Dakotans. As I am sure you have discovered, the services and supports available to people with disabilities vary greatly depending on age and medical diagnosis.

But, as Centers for Independent Living, we serve all types of disabilities (see figure 3). In the past year, 36.1% of the people we serve have cognitive disabilities, such as learning disabilities or autism, 35.3% people are people with physical disabilities, such as spinal cord injury, arthritis, or cerebral palsy, 20.3% are people with mental health type disabilities, like depression, substance abuse disorder, or bipolar disorder, and about 1% each are who are Deaf/hard of hearing or Blind/visually impaired. Around 6% of the people we served reported multiple disabilities.

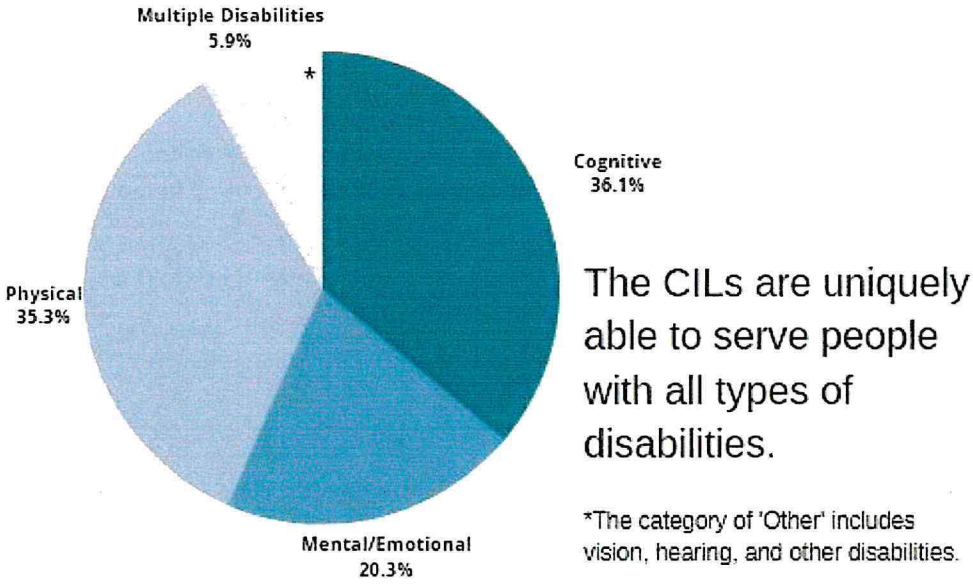
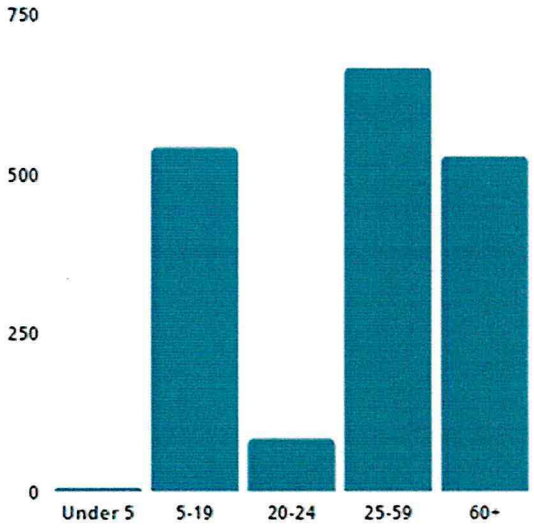


Figure 3

We also serve all ages (see figure 4). This includes 29% under the age of 19, 5% age 20-24, 42% between the ages of 25-59, and 24% age 60 or over.

Figure 4



The Centers for Independent Living have not had a substantial increase in State Independent Living Funding since the 2015 Legislative session. In 2016, the centers received $970,766 in general funds, if inflation is calculated through 2022, our general funds received would be $2,154,179. Currently, centers receive $1,681,065 for the 2021-23 biennium. That is a difference of $473,414.

We are before you requesting an increase of $473,414 inflationary increase to bring our total funding to $2,154,179 for the 2023-25 biennium.

As we talk about our need for funding, please remember that our network has never been fully funded. According to a study we commissioned back in 2015, it would take over $8,000,000 to fully fund our network and meet the needs of every person with a disability in our state. The fact that we are so far from that number means each of our local Centers must make the decision on how best to spend our limited resources and to provide the best impact for our investment in our individual communities.

The lack of additional funding has made it more difficult to provide independent living services to people of all ages with all types of disabilities. The lack of an increase in funding has forced us to be innovative and creative in how we respond to the increased needs for our services. However, there is a limit to how long innovation and efficiency work, and starting with the 2018 federal fiscal year, we have seen a decrease in the number of FTE's we have dedicated to Independent Living Programming in North Dakota and the number of people we are able to serve.

With flat level funding, we have two fewer staff across the state working under the Independent Living Programming Grant, and we are serving fewer consumers per year

Independent Living is cost effective and a smart investment for the state. It is part of the solution to the ever-increasing costs of long-term care, it is an alternative to the high cost of dependency, and it is the right thing to do. People who live independently live longer, they are happier, and it saves the taxpayer money.

I would gladly answer any questions you may have.

Center for Independent Living Executive Directors

Royce Schultze	Scott Burlingame	Angie Bosch	Randy Sorensen
Dakota CIL	Independence, Inc.	Freedom RCIL	Options RCIL
Bismarck	Minot	Fargo	East Grand Forks
701-222-3636	701-839-4724	701-478-0459	218-773-6100

Updated 12/16/2022

Care Coordination

Provider	Serving the Area Surrounding	Ages Served	Address	City	State	Zip Code	Email Contact	Phone
Community Options	Fargo	All	2701 9th Ave S. Ste E	Fargo	ND	58301	referral@coresinc.org	701-955-8502 ext 115
Community Options	Jamestown	All	420 20th St SW	Jamestown	ND	58401	referral@coresinc.org	701-955-8502 ext 115
Community Options	Bismarck	All	4909 Shelburne St	Bismarck	ND	58503	referral@coresinc.org	701-955-8502 ext 115
Community Options	Dickinson	All	193 24th St E. Ste 103	Dickinson	ND	58601	referral@coresinc.org	701-955-8502 ext 115
Community Options	Devils Lake	All	425 S. College Dr. Ste 8	Devils Lake	ND	58301	referral@coresinc.org	701-955-8502 ext 115
Community Options	Williston	All	309 Washington Ave Ste 402	Williston	ND	58801	referral@coresinc.org	701-955-8502 ext 115
Community Options	Minot	All	300 3rd Ave SW Ste D	Minot	ND	58701	referral@coresinc.org	701-955-8502 ext 115
Community Options	Grand Forks	All	1405 Library Circle	Grand Forks	ND	58201	referral@coresinc.org	701-955-8502 ext 115
Poppy's Promise	Bismarck **(serving individuals diagnosed with ASD)**	0-26	1221 West Divide Avenue, Ste 2	Bismarck	ND	58501	aclemons@poppyspromise.com	701-204-7870
Lighthouse Church	Fargo	18+	111 9th St S	Fargo	ND	58103	Kerry.Leno@lhcfargo.org	701-212-8626
Prairie Harvest Mental Health	Grand Forks	18+	930 N 3rd St	Grand Forks	ND	58203	jennifer@prairieharvest.	701-795-9143
The Lotus Center Inc.	Fargo **(serving individuals diagnosed with Substance Use Disorders)**	18+	1401 8th Street South Ste.3	Moorhead	MN	56560	lotuscenter.inc@gmail.com	218-284-1800
SENDCAA	Wahpeton	18+	1200 Westmore Avenue	Wahpeon	ND	58075	bonnierg@sendcaa.org; rachele@sendcaa.org70	701-232-2452
Amachi Mentoring	Devils Lake	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Bismarck	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Cando	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Jamestown	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Mandan	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Minot	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Rolla	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Valley City	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Williston	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
The Healing Center	Fargo	All	1531 32nd Ave South Ste 102	Fargo	ND	58103	shenikacollins@thehealingcenter.live	701-261-2455

Training & Support for Caregivers

Provider	Serving the Area Surrounding	Ages Served	Address	City	State	Zip Code	Email Contact	Phone

No enrolled providers at this time.

Community Transition Services

Provider	Serving the Area Surrounding	Ages Served	Address	City	State	Zip Code	Email Contact	Phone
Veridian	All						www.veridianfiscalsolutions.org/1915i/default.aspx	

Benefits Planning

Provider	Serving the Area Surrounding	Ages Served	Address	City	State	Zip Code	Email Contact	Phone
Community Options	Bismarck	All	4909 Shelburne St	Bismarck	ND	58503	referral@coresinc.org	701-955-8502 ext 115

Non-Medical Transportation

Provider	Serving the Area Surrounding	Ages Served	Address	City	State	Zip Code	Email Contact	Phone
Community Options	Fargo	All	2701 9th Ave S. Ste E	Fargo	ND	58301	referral@coresinc.org	701-955-8502 ext 115
Community Options	Jamestown	All	420 20th St SW	Jamestown	ND	58401	referral@coresinc.org	701-955-8502 ext 115
Community Options	Bismarck	All	4909 Shelburne St	Bismarck	ND	58503	referral@coresinc.org	701-955-8502 ext 115
Community Options	Williston	All	309 Washington Ave Ste 402	Williston	ND	58801	referral@coresinc.org	701-955-8502 ext 115
Community Options	Devils Lake	All	425 S. College Dr. Ste 8	Devils Lake	ND	58301	referral@coresinc.org	701-955-8502 ext 115
Community Options	Minot	All	300 3rd Ave SW Ste D	Minot	ND	58701	referral@coresinc.org	701-955-8502 ext 115
Community Options	Grand Forks	All	1405 Library Circle	Grand Forks	ND	58201	referral@coresinc.org	701-955-8502 ext 115
Lighthouse Church	Fargo	All	111 9th St S	Fargo	ND	58103	melinda.schnase@lhcfargo.org	701-212-8626
Community Uplift Program	Fargo	All	101 8th St S	Fargo	ND	58103	cody@communityupliftprogram.org	701-532-1403
South Central Human Service Center	Jamestown	All	520 3rd St NW	Jamestown	ND	58401	ckcichos@nd.gov	701-253-6300
Amachi Mentoring	Devils Lake	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Bismarck	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Cando	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Jamestown	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Mandan	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Minot	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Rolla	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Valley City	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Williston	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767

Respite

Provider	Serving the Area Surrounding	Ages Served	Address	City	State	Zip Code	Email Contact	Phone
Poppy's Promise	Bismarck **(serving individuals diagnosed with ASD)**	0-26	1221 West Divide Avenue, Ste 2	Bismarck	ND	58501	aclemons@poppyspromise.com	701-204-7870

Pre-vocational

Provider	Serving the Area Surrounding	Ages Served	Address	City	State	Zip Code	Email Contact	Phone

Supported Education

Provider	Serving the Area Surrounding	Ages Served	Address	City	State	Zip Code	Email Contact	Phone

Supported Employment

Provider	Serving the Area Surrounding	Ages Served	Address	City	State	Zip Code	Email Contact	Phone

Housing Support

Provider	Serving the Area Surrounding	Ages Served	Address	City	State	Zip Code	Email Contact	Phone
Community Options	Fargo	All	2701 9th Ave S. Ste E	Fargo	ND	58301	referral@coresinc.org	701-955-8502 ext 115
Community Options	Jamestown	All	420 20th St SW	Jamestown	ND	58401	referral@coresinc.org	701-955-8502 ext 115
Community Options	Bismarck	All	4909 Shelburne St	Bismarck	ND	58503	referral@coresinc.org	701-955-8502 ext 115
Community Options	Devils Lake	All	425 S. College Dr. Ste 8	Devils Lake	ND	58301	referral@coresinc.org	701-955-8502 ext 115
Community Options	Williston	All	309 Washington Ave Ste 402	Williston	ND	58801	referral@coresinc.org	701-955-8502 ext 115
Community Options	Minot	All	300 3rd Ave SW Ste D	Minot	ND	58701	referral@coresinc.org	701-955-8502 ext 115
Community Options	Grand Forks	All	1405 Library Circle	Grand Forks	ND	58201	referral@coresinc.org	701-955-8502 ext 115
The Dacotah Foundation	Bismarck **(Serving present/future residents of Edwinton)**	18+	1121 S 11th St	Bismarck	ND	58501	jeanniem@dacotahfoundation.org-	701-751-0922
The Dacotah Foundation	Fargo	18+	14 11th St N	Fargo	ND	58102	missym@dacotahfoundation.org-	701-478-1097
Lighthouse Church	Fargo	18+	111 9th St S	Fargo	ND	58103	melinda.schnase@lhcfargo.org	701-212-8626
The Lotus Center Inc.	Fargo **(serving individuals diagnosed with Substance Use Disorders)**	18+	1401 8th Street South Ste.3	Moorhead	MN	56560	lotuscenter.inc@gmail.com	218-284-1800
Community Uplift Program	Fargo	All	101 8th St S	Fargo	ND	58103	cody@communityupliftprogram.org	701-532-1403
Native Inc	Bismarck	18+	2403 E. Thayer Ave	Bismarck	ND	58501	Kendrick@ndnadc.org	701-595-5181

Family Peer Support

Provider	Serving the Area Surrounding	Ages Served	Address	City	State	Zip Code	Email	Phone
Lighthouse Church	Fargo	18+	111 9th St S	Fargo	ND	58103	Tara.Gilbert@lhcfargo.org	701-212-8626
The Lotus Center Inc.	Fargo	18+	1401 8th Street South Ste.3	Moorhead	MN	56560	lotuscenter.inc@gmail.com	218-284-1800
Community Uplift Program	Fargo	18+	101 8th St S	Fargo	ND	58103	cody@communityupliftprogram.org	701-532-1403

Peer Support

Provider	Serving the Area Surrounding	Ages Served	Address	City	State	Zip Code	Email	Phone
South Central Human Service Center	Jamestown	18+	520 3rd St NW	Jamestown	ND	58401	ckcichos@nd.gov	701-253-6300
Lighthouse Church	Fargo	18+	111 9th St S	Fargo	ND	58103	Tara.Gilbert@lhcfargo.org	701-212-8626
Amachi Mentoring	Devils Lake	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Bismarck	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Cando	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Jamestown	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Mandan	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Minot	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Rolla	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Valley City	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Amachi Mentoring	Williston	18+	414 4th Ave NE	Devils Lake	ND	58301	amachimentoring@yahoo.com	701-662-6767
Community Uplift Program	Fargo	18+	101 8th St S	Fargo	ND	58103	cody@communityupliftprogram.org	701-532-1403
Native Inc	Bismarck	18+	2403 E. Thayer Ave	Bismarck	ND	58501	Kendrick@ndnadc.org	701-595-5181
Sharehouse	Fargo	18+	4227 9th Ave S	Fargo	ND	58103	naustin@sharehouse.org	701-282-6561

68th North Dakota Legislature
Senate Appropriations Sub-Committee
January 25, 2023

Good afternoon, Chairman Dever and members of the Committee. My name is Trina Gress, I am a Vice President of Community Options. We support SB 2012 however ask that you do make a few considerations for the 1915i section.

On January 15, 2021, ND received notice that the 1915i Medicaid state plan amendment was approved by Centers for Medicare and Medicaid Services. Community Options became an enrolled 1915i provider on 11/15/2020 and we provided our first service on 5/24/2021. We remained the only active provider until 11/24/2021. The primary service Community Options offers is care coordination. However, we would like to offer a broader range of services, but we are unable to due to the lack of providers. Not enough providers enrolled to offer services in all allowable categories is causing clients to not receive the wrap around services 1915i SPA was intended to provide.

There is an emphasis put on community-based services, yet the state has struggled to gain enough providers for 1915i SPA. Why? It could be the administrative burden of applying and compliance measures, it could be the payments rates are not high enough, or it could be that the billing and tracking of each 15-minute unit is cumbersome. Regardless of the reasons why, the state of North Dakota needs more providers to offer 1915i services.

In conclusion, Community Options supports SB 2012, however we recommend your consideration in the following suggestions:

1. Add staff in the Behavioral Health budget to administer and lead provider outreach and recruitment.
2. Launch a marketing campaign to existing community based providers to engage interest.
3. Request the department to change the 15-minute billing rate to a daily or monthly rate to reduce the administrative billing burden.

Thank you for your time, are there any questions?

Sincerely Submitted,

Trina Gress

701.319.8871
trinag@coresinc.org

NORTH Dakota | Human Services
Be Legendary.™

1915(I) MONTHLY PROVIDER & INDIVIDUAL ENROLLMENT REPORT

Provider Enrollment	3/1/2022	4/1/2022	5/1/2022	6/1/2022	7/1/2022	8/1/2022	9/1/2022	10/1/2022	11/1/2022	12/1/2022
Enrolled Group Providers	**28**	**28**	**28**	**30**	**31**	**31**	**31**	**34**	**38**	**35**
Enrolled Individual Providers	**82**	**85**	**97**	**100**	**106**	**100**	**121**	**112**	**126**	**139**
In-Process Group Provider Applications	*2*	*4*	*2*	*3*	*2*	*0*	*1*	*1*	*2*	*2*
In-Process Individual Provider Applications	*8*	*9*	*10*	*20*	*15*	*32*	*32*	*15*	*11*	*6*
Pending Group Provider Applications	*4*	*5*	*7*	*6*	*8*	*7*	*9*	*7*	*6*	*6*
Pending Individual Provider Applications	*10*	*15*	*17*	*16*	*24*	*24*	*9*	*27*	*21*	*42*
Incomplete Group Provider Applications	*3*	*4*	*4*	*4*	*5*	*4*	*4*	*4*	*6*	*6*
Incomplete Individual Provider Applications	*1*	*0*	*3*	*4*	*4*	*4*	*5*	*7*	*10*	*10*
Individual Enrollment										
Total Individuals Enrolled	**70**	**110**	**163**	**192**	**199**	**223**	**238**	**213**	**240**	**236**
Under 18			*17*	*16*	*18*	*17*	*19*	*18*	*18*	*19*
Age 18+			*146*	*176*	*181*	*206*	*219*	*195*	*222*	*217*
Approved WHODAS Under 50 (prior month)	*12*	*30*	*30*	*14*	*11*	*15*	*10*	*4*	*13*	*6*
Approved WHODAS 50+ (prior month)	*17*	*34*	*17*	*15*	*6*	*19*	*9*	*9*	*10*	*18*
Total Individuals Ineligible	**51**	**56**	**60**	**65**	**68**	**75**	**75**	**81**	**84**	**84**
Ineligible- No Medicaid	*3*	*3*	*3*	*4*	*4*	*8*	*8*	*9*	*10*	*10*
Ineligible- No Qualifying Diagnosis	*8*	*8*	*9*	*9*	*9*	*11*	*11*	*11*	*12*	*12*
*Ineligible- No Qualifying WHODAS**	*35*	*35*	*36*	*37*	*43*	*43*	*43*	*45*	*48*	*48*
Ineligible- Setting Does Not Meet HCBS Rule			*1*	*1*	*2*	*2*	*2*	*2*	*2*	*2*
Ineligible- Over 150% of Federal Poverty Level	*5*	*10*	*10*	*10*	*10*	*11*	*11*	*11*	*12*	*12*
Pending Applicants	*4*	*3*	*4*	*4*	*3*	*4*	*4*	*3*	*2*	*1*

NORTH Dakota | Human Services
Be Legendary.™

NUMBER OF INDIVIDUALS RECEIVING 1915(i) SERVICES EACH MONTH*

	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	June 22	July 22	Aug 21	Sept 21
Care Coordination	1	5	10	10	10	13	18	26	25	40	40	50	54	58
Peer Support	0	0	0	1	1	1	2	3	1	1	0	10	10	15
Family Peer Support	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Housing Support	0	0	0	1	3	3	1	2	3	0	0	0	0	1
Supported Education	0	0	0	0	0	1	1	2	0	0	0	0	0	0
Pre Vocational Training	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supported Employment	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Training/Support Unpaid Caregivers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Medical Transportation	0	0	0	0	3	3	2	4	2	0	0	0	0	1
Benefits Planning	0	0	0	0	0	0	0	0	0	0	0	0	0	0

*This report is 2 months behind so as to include information on claims billed for individuals enrolled in both Traditional Medicaid and Medicaid Expansion.
**This report only represents those claims that were billed timely. Any claims needing adjustment or filed more than 30 days after the end of the month are not captured here.

SB 2012 (2023 LEGISLATIVE ASSEMBLY)
SENATE APPROPRIATIONS COMMITTEE
HUMAN RESOURCES DIVISION
HONORABLE DICK DEVER, CHAIRMAN
JANUARY 25, 2023 2:00 P.M.
TESTIMONY OF BRUCE MURRY FOR ELEVATE NURSING

Chairman Dever and members of the Human Resources Division of the Appropriations Committee, I am Bruce Murry, Lobbyist #330, representing Elevate Nursing, LLC, of Bismarck North Dakota. My wife Lisa Murry, RN, is the principal proprietor of Elevate Nursing. Elevate Nursing is primarily a Qualified Service Provider agency under the Home and Community Services Waiver administered by the Aging Services Section of the North Dakota Department of Health and Human Services.

This Assembly has for many years treated QSPs with equity in inflationary increases, compared to other Medicaid HCBS providers. Because Elevate Nursing competes with Developmental Disability Providers and Nursing Facilities for staff, we ask that such equity continue. We therefore ask that all Medicaid providers receive the same inflationary increase, probably the same as state employees. An increase of 5% of current QSP agency rates would lead to approximately $1.25 per hour in increased gross wages to a personal-care QSP employee. This allows for very limited overhead, supervision, and profit for the agency of about $2.00-4.00 per hour, depending upon the service.

Elevate Nursing appreciates that the Department has adjusted various rates within this HCBS waiver and the related Services Payment for the Elderly and Disabled program. In addition, we ask the Department consider:

- Funding emergency HCBS such as nursing and personal care pending formal authorization of services following nursing facility discharge, upon errors by guardians, and when issues related to multiple QSP agencies lead to lapsed authorizations;
- Increase funding for Homemaker HCBS to the level of Personal Care or Chore services to avoid a disincentive to Homemaker services;
- Authorize snow removal and yard care services at a substantially higher rates when the client is not able to provide necessary equipment and fuel;
- Boost public guardian support to avoid lapses in decision making that hurt clients;
- The Department should seek a relationship with the Public Service Commission and other regulators to ensure electrical utilities prioritize people with disabilities, provide notice of interruptions, and offer any available help with uninterrupted backup power, especially for life support, mobility, and minimal heating and cooling;

Thank you for the opportunity to address you today. I am happy to address any questions today or as they arise.

Bruce Murry
Lobbyist 330 for Elevate Nursing
701.220.4933 (cell)
bmurry@me.com

Senate Appropriations – Human Resources Division

Senator Dick Dever, Chairman

January 25, 2023

Testimony of:

Jo Ellison, Ph.D., ABPP – Board Certified Clinical Psychologist

Section Chair for Behavioral Health, West Region, Essentia Health

Psychotherapy Training Director, UND School of Medicine and Health Sciences, Psychiatry Residency

Jo.ellison@EssentiaHealth.org | Office: (701) 364-5949 | Mobile: (701) 850-9089

Responding to the Children's Behavioral Health Crisis: Request for Increased Reimbursement for Tier 2 & Tier 3 Mental Health Professionals

---

Chairman Dever and members of the Senate Appropriations Committee – Human Resources Division. My name is Jo Ellison and I am a licensed psychologist in the state of North Dakota. I earned my doctorate at the University of North Dakota and have remained in North Dakota since graduating. I have worked in a variety of settings and am currently the section chair for behavioral health at Essentia Health, overseeing the provision of behavioral health care services across ND with offices in Fargo, Wahpeton, Valley City, and Jamestown, as well as hoping to continue to move into the Bismarck area. I actively see patients four days a week and am in a leadership role. I also serve as the psychotherapy training director for psychiatry residents at the UND School of Medicine and Health Science's residency program. I am here today to speak to you as a mental health professional who was trained and has grown up professionally in North Dakota. I am not only a clinician but am also involved in institutional, financial, and educational aspects of mental health provision in the state. ND has become my home and I care deeply for my patients and for the process of providing mental health care in this state.

Today I am here with a coalition of North Dakota organizations who meet the mental health needs of North Dakotans, **The Village Family Service Center, Anne Carlsen Center, Nexus-PATH, and Essentia Health.**

As others in my coalition are presenting, you are aware of the significant mental health crisis affecting youth and adults in our country and that North Dakota has not been insulated from this crisis. The National Alliance on Mental Illness (NAMI) collects national and state-based statistics on mental health and Health Professional Shortage Areas (HPSAs), close to half of North Dakota's citizens live in a community without enough mental health professionals and youth that live in rural areas are at higher risk for suicide.

We spend a lot of time focused on suicide risk, because these are terrifying numbers and very significant increases in risk over the past several years that deserve immediate attention and focus. However, the suicide increase exists alongside many different areas of mental health and functioning are involved when we discuss the people of North Dakota affected by mental health concerns. Mental health covers a variety

of symptoms and areas of difficulty causing impairment in functioning at school, work, socially, and at home. Problems can range from emotional distress following divorce or a death of a loved one, to ADHD impacting school performance, to significant anxiety impacting the ability to attend work, to substance use conditions and overdoses, to more chronic conditions such as schizophrenia or bipolar disorder.

I work in an organization where am professionally credentialed across many payors, including state-based insurances. This is not something that all my colleagues in the state can afford to do. The reimbursement rates for the largest number of mental health providers (tier 2 and 3) does not allow them to sustain a business if they take an unrestricted number of state-based insurance cases. When professionals place limits on or do not take state-based insurance, wait times for this population increase, limiting not only the number of individuals who can provide care, but also limiting locations, hours, and methods of access (in-person vs. telehealth).

In North Dakota do not have enough mental health professionals, we have a highly rural state, and we are experiencing a mental health crisis. This situation combined with the inability for mental health providers to sustain both private and larger organizational budgets if they do not limit the number of state-based insurers, has created a situation where many children and adults cannot receive the mental health services that they need.

When individuals are struggling with mental health, we would like to have them access psychological therapy services and/or psychiatric medication management and have regular contact with a professional to help ensure stability and support. Without regular support and treatment of their conditions, individuals often lean on emergency services, creating added complexity and difficulty to the cases seen by law enforcement, child protection, ambulances, and emergency rooms. These individuals are also more likely to become unemployed, homeless, and medically ill. When our mental health patients arrive to services from the direction of emergency services, they are also met by long wait times and a lack of access to immediate services due to all the reasons I have already outlined, but now they are in greater distress and are likely to re-utilize emergency services while they wait for services.

I have lived in North Dakota now for 16 years and have stayed in the state largely because of the wonderful mental health providers I have met along the way. I have grown to love and care for this state, I have worked to broaden my impact on patientcare not only through direct services but also through training future mental health providers for the state and thinking from an operational and systemic perspective about these issues. We cannot make an impact on our current mental health crisis without our entire team of mental health providers, at all levels.

Thank you for the opportunity to address you on this critical issue affecting the state of North Dakota.

Senate Appropriations

Human Resources Division

SB 2012

January 25, 2023

Chairman Dever and Committee Members, I'm Courtney Koebele and I serve as executive director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

You've heard testimony today that underlines the importance of Medicaid and Medicaid Expansion. Expanding Medicaid provided the much-needed coverage to our low-income patients, improved access to care, improved the health and well-being of the newly insured and improved the financial stability of our clinics and hospitals.

Medicaid expansion is not simply a budget issue. Lawmakers must also consider the real human effects of this decision, including the health and well-being of those who gain coverage under expansion. Medicaid expansion provided coverage to a population who never before had coverage – including behavioral health coverage.

Medicaid expansion is one of the most consequential state decisions in the history of Medicaid. The legislature's decision affected health care and health status of 33,000 of the state's citizens, with ripple effects throughout the entire health care system, the state budget, the economy, employers and others paying for health insurance.

Our physicians provide the safety net medical services for the most vulnerable of our population – a population of patients who present unique, and often some of most difficult, challenges. Our Medicaid patients benefit from the services physicians are able to provide them – from a North Dakota health care system that is recognized nationally as a high-quality, efficient health care system. However, we have unique healthcare workforce recruitment and retention challenges occurring in our state. Our capital needs continue to grow, with aging facilities, technology and equipment. Costs for medical equipment, new technology and supplies continue to increase. We must pay the same rates for physicians, nurses and other health care personnel as the rest of the country.

Physicians in North Dakota continue to do their part in providing good access to quality medical care for Medicaid beneficiaries and showing their ongoing commitment to the long-term sustainability of the Medicaid program. We look forward to working with the Committee in addressing the future needs for Medicaid medical services. Thank you for the opportunity to address this committee. I would be happy to answer any questions.

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

January 25, 2023

Greetings, Chairman Dever and members of the committee,

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

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

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

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

Respectfully submitted,

Katie Jo Armbrust

Public Testimony on SB 2012
Senate Appropriations – Human Resource Division
January 25, 2023

Good afternoon, Chairman Dever and members of the Senate Appropriations Human Resource Division. Thank you for the opportunity to testify on SB 2012. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. We represent 192 assisted living, basic care, and skilled nursing facilities in North Dakota. I am here to testify in support of SB 2012 and ask for your consideration of some additional dollars.

Thank you for your support in the current biennium. Two years ago, DHHS and our Association asked for your support to implement a new nursing facility payment system. You provided the funding, as well as went one step further. You provided us the CMS inflator, as well as the 2% and .25% inflator provided to all Medicaid providers. That helped us tremendously, as the pandemic and workforce crisis has devastated many providers. Let me share with you what is occurring.

Our new payment system was not equipped to withstand a pandemic, record inflation in 2022, and a loss of over 15% of our workforce. Many of our facilities continue to struggle. If we are unable to secure our own permanent staff more facilities will need to close.

Nursing Facility Facts

Nursing Facilities AT A GLANCE

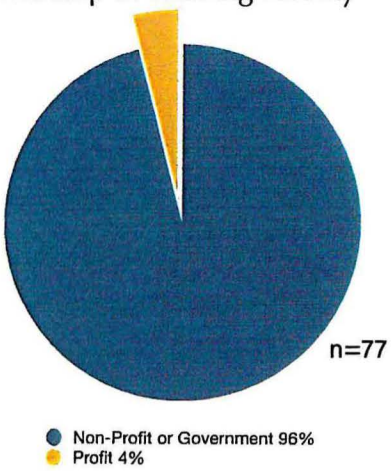
77 licensed nursing facilities

5,226 licensed beds

2022 average daily rate is **$352.42**

2022 average occupancy was **85%**

Ownership of Nursing Facility



Nursing Facility Facts

- Resident needs are complex and they are in need of 24-hour nursing care.
- Half of residents are admitted directly from a hospital.
- The most significant issue necessitating admission to a nursing facility is the need for care throughout the day. Residents are unable to meet their own needs for dressing, toileting, eating, an remaining safe. Most often their medical needs are complex, requiring continuous attention.
- Current residents range in age from 26 years to 111 years old, with the average age being 83.1.
- Forty-four of the 77 reporting facilities discharge 2837 residents in the 12-months period ending June 30, 2022.
- North Dakota's discharge to community rate is 52%.
- North Dakota's nurse hours per resident day is 4.66, compared to the US average 3.77.

Gender of Nursing Facility Residents

n=2515



63% of residents in North Dakota NURSING FACILITIES are female

Nursing Facility Facts

Nursing Facility WORKFORCE



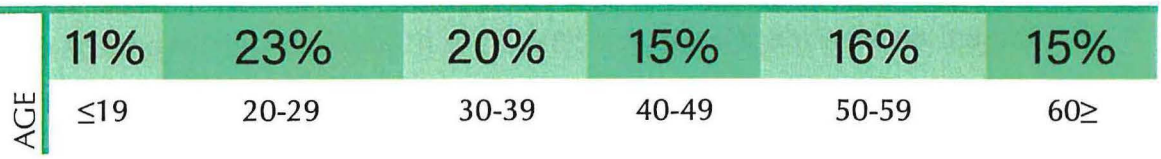


- The top issue facing nursing facilities is workforce.
- In July 2022, the midpoint CNA wage was $19.71.
- 50% of nursing facilities stopped admissions in 2022 because of lack of staff.
- 90% of nursing facilities used contract agency staff in 2022.
- During the pandemic nursing facilities lost 15.3% of their staff and they have not returned.
- In the past year, contract nursing costs have more than doubled from the previous 12 months, spending $63.8 million compared to $28.8 million.
- Thirty-one percent of the workforce is age 50 or older, with the oldest employee being 90.
- During the pandemic, five nursing facilities closed and 60% of those remaining are operating at a loss.

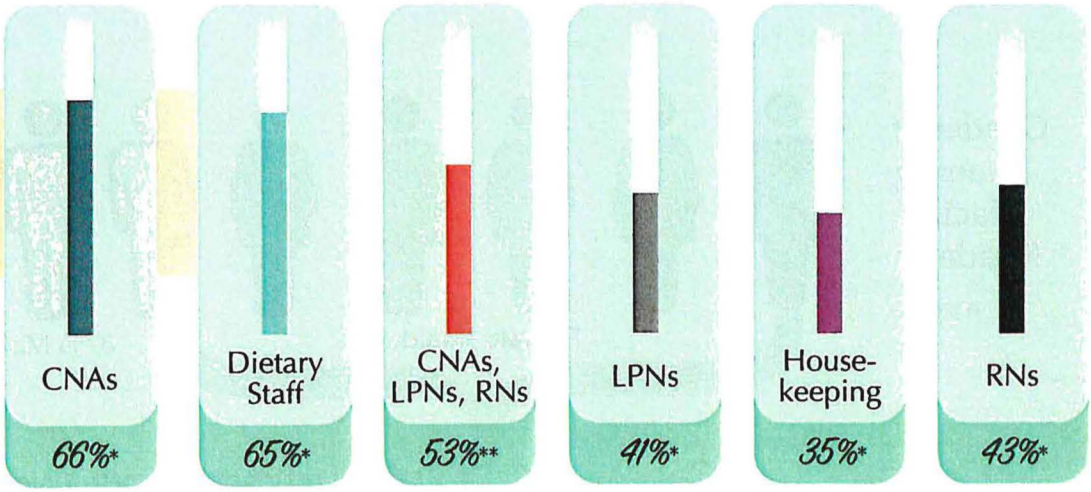


Age of Nursing Facility Workforce

n=5677



2022 Nursing Facility Staff Turnover



*NDLTCA Survey
**CMS PBJ Reporting

Long Term Care Facility Closures
Updated January 2023

City	Facility	NF Beds	BC Beds	Close Date
Bismarck	CHI St. Alexius Health - TCU	19		July 2022 *
Bowman	Southwest Healthcare Services	34		December 2021
Crosby	St. Luke's Sunrise Care Center	35		September 2021
Devils Lake	Eventide Devils Lake (closed 1 of 2 NF)	48		January 2021
Mott	GSS - Mott	42		June 2022
Northwood	Northwood Deaconess health Center	32		2024
Rugby	Heart of America	33		2024
Wilton	Redwood Village		16	July 2022
		243	**16**	

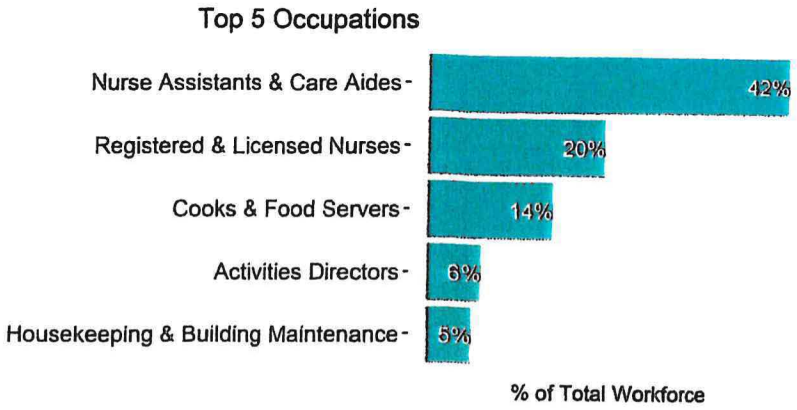
*Temporarily Closed - Has the option to re-open by 04-01-2023

North Dakota

Skilled Nursing Jobs Report

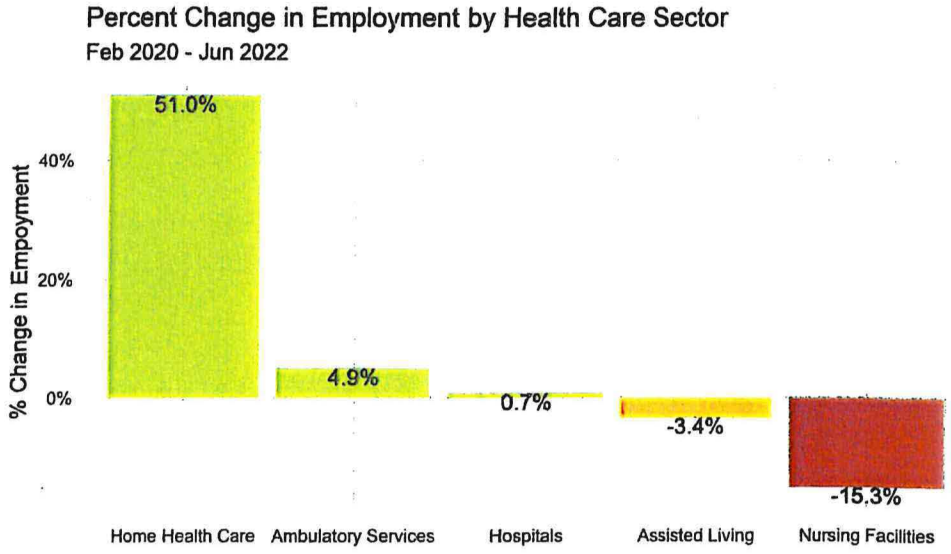
Skilled Nursing Workforce

7,205
Employees



Impact of COVID

While some health care industries have reached or surpassed pre-pandemic staffing levels, long term care facilities are still experiencing substantial job losses alongside rising wage costs and increasing agency staff use.



10.4%
Increase in Average Weekly Wage: Mar'20 - Jun'22

2.1x
Increase in Agency Nurse Staff Hours: Q4'19 - Q2'22

Sources: Bureau of Labor Statistics, Quarterly Census of Employment and Wages (Jun 2022) and Occupational Employment and Wage Statistics (May 2021) for NAICS Industries 623 and 6231. CMS Payroll Based Journal (2019-2022)

AHCA AMERICAN HEALTH CARE ASSOCIATION
NCAL NATIONAL CENTER FOR ASSISTED LIVING

Nursing Facilities

North Dakota is ranking high
Resident Satisfaction

Item	Rating Value	North Dakota	United States
Overall Satisfaction	4 & 5	**89%**	75%
Nursing Care	4 & 5	**92%**	82%
Cleanliness	4 & 5	**96%**	86%
Dignity & Respect	4 & 5	**96%**	89%
Recommend to Others	4 & 5	**93%**	80%
Safety & Security	4 & 5	**97%**	91%
Individual Needs	4 & 5	**92%**	80%

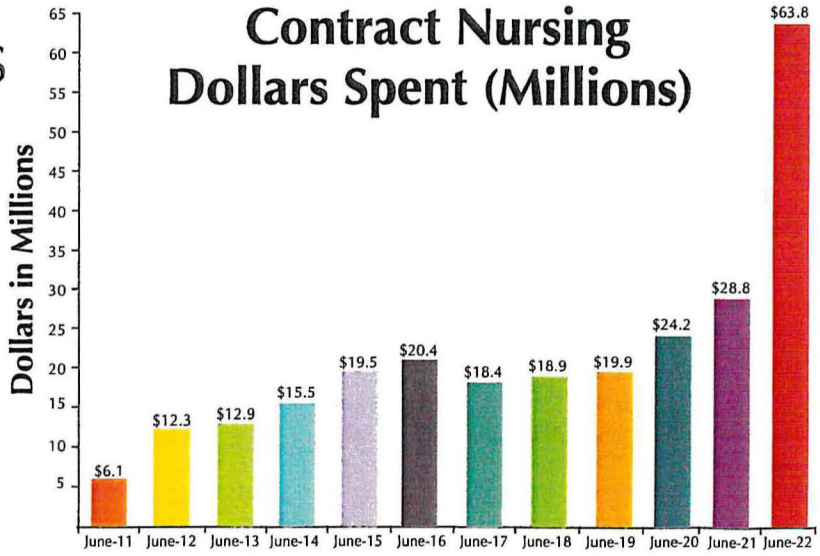


CMS tracks the hours worked by different types of staff in nursing facilities. These hours are used to calculate a ratio of staffing hours per resident per day. Hours per resident per day indicate the average amount of time staff are available to spend with each resident per day.

- **ND Nurse hours per day 4.66**
- **US Nurse hours per day 3.77**

Contract Nursing
IN NURSING FACILITIES

When facilities face staffing shortages, one option is to use contract staff to provide daily resident care. In the past 11 years, the amount spent on contract nursing has increased over 400%.



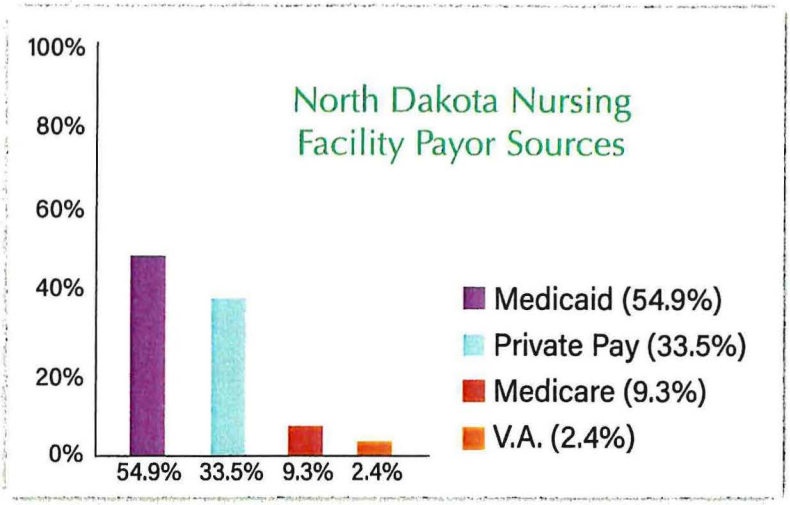
Nursing Facility Facts

Nursing Facility COST

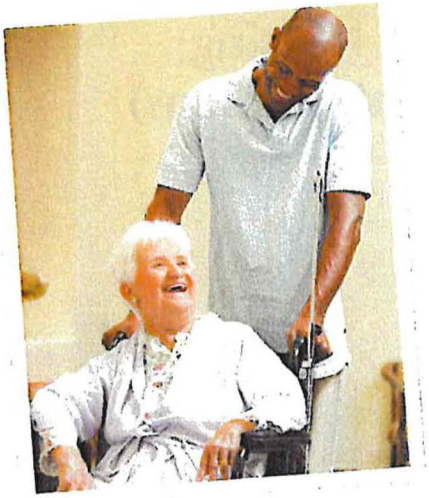
In 2022, **16%** of residents had a long term care insurance policy paying for a portion of their care.

In 2022,
the average cost for
ONE DAY of
nursing facility care is
$352.42









Why do individuals move into a nursing facility?

The top three reasons for nursing facility admission:

1) Assistance with daily care
2) Complex Medical needs
3) Needs continuous supervision

When residents are discharged from a skilled nursing facility, where do they go?

52% of ND nursing home residents are **discharged back home** or to a lower level of care.

NDLTCA Member Survey on Workforce Shortage Crisis & The Impact of COVID-19 In Long Term Care Facilities

North Dakota's long term care facilities have been in the epicenter of the COVID-19 pandemic, which exacerbated an already serious workforce shortage. The North Dakota Long Term Care Association recently surveyed its members and received concerning responses showing just how seriously workforce shortages are crippling the ability of long term care facilities to meet the needs of residents.

Eighty-Nine percent of facilities are reporting a **shortage** of staff members to fill a shift. Virtually all facilities, (96%), are asking staff to work overtime or take extra shifts.

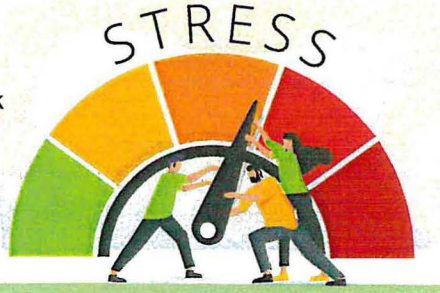
The **costs to fight the pandemic** have left the majority of **long term care facilities struggling**, with **57% operating at a loss today.**

THE SURVEY RESULTS

74% of **long term care** facilities say their **workforce** situation **has gotten worse** since 2020.

How North Dakota Long Term Care Association members are trying to address these workforce challenges

- **79%** working to hire new staff
- **70%** increasing pay to staff
- **56%** offering bonuses to staff who work overtime/double shifts
- **54%** hiring contract staff



In the Past 60 Days

- **96%** have asked staff to work overtime or take extra shifts
- **89%** do not have sufficient staff to fill shifts
- **57%** have turned to agency staff to fill shifts





When asked about their current staffing situation, North Dakota Long Term Care Members responded:

- **79%** ranked it concerning to crisis
- ***34%** concerning, beginning to have numerous open shifts
- ***24%** disconcerting, few applicants and we need more staff
- ***21%** crisis, numerous open shifts and few qualified applicants or no applicants

Members indicated the following positions that are vacant or are recruiting to fill:

- **88%** CNA or direct caregiver
- **70%** Dietary Staff
- **52%** RN
- **51%** LPN
- **49%** Housekeeping
- **24%** Activities
- **24%** Other support staff (e.g., maintenance, office)
- **10%** Director of Nursing
- **6%** Rehab Staff
- **6%** Social Workers
- **4%** Infection Preventionist
- **2%** Administrators

In 2020, what was the primary reason staff members left their job?

- **#1** Quit
- **#2** Burn out/Stress of job
- **#3** Retirement

78% felt directly or indirectly the reason related to staff losses was **due to COVID-19**





When asked to rank steps that would **help them improve** their ability to **recruit and retain staff**, over three quarters of members cited higher **reimbursement** as the **BEST** way to retain staff.

They ranked measures as follows:

#1	Higher reimbursement to offer better pay and benefits
#2	Less regulations and/or paperwork
#3	Improved perception of working in the profession
#4	Improving the workplace culture/environment
#5	Reinstatement of the temporary nurse aid program
#6	More training programs at local schools and higher institutions
#7	Career ladder programs

We need your help! Get vaccinated and apply for a job in a long term care facility – You will make a difference!

North Dakota Long Term Care Association
1900 N 11th Street, Bismarck, ND 58501
701-222-0660 | www.ndltca.org

What I understand is in the budget is funding to continue the new pricing model and fair rental system. One of the most important features of the system will be rebasing of our rates on 1-1-24, which will be based on our June 20, 2023 cost report. Without that important feature, the payment system would fail. When you come back in2025, that will undoubtedly be a top priority for us. Thank goodness it is in the budget and I hope you will continue to support it.

For our basic care members, they need some extra help this session. The past two years have been very difficult for them. Although only one facility has closed, another last week indicated closure is probably inevitable.

SB 2283 relating to the basic care payment system was heard in Senate Human Services yesterday. Based on the recommendations on a DHHS and North Dakota Long Term Care Association study on basic care, we are requesting an additional $6 million dollars to improve the payment system, (SB 2283 is intertwined with SB 2012). Of the $6 million, $3.9 million is one-time funding. I will provide greater details on that legislation and the needs in basic care hopefully when that bill is re-referred to you. Besides the one-time funding of $3.9 million paid directly to basic care facilities, we are asking for inflationary adjustment of 6% and 4%, the same amount the Governor is proposing for state employees. I don't understand why anyone would give less to our Medicaid providers, those who are caring for our most vulnerable population. Not only does our inflator cover salary costs, which is 80% of our costs, but it is supposed to cover everything else, our health insurance, medical supplies, food, insurance, etc.

In 2022 Medicaid providers got an inflator of .25%, a period when we had record inflation of 9%. I urge you to consider inflationary adjustment of 6% and 4%.

This money is necessary to help stabilize our workforce which is in shambles. If a sufficient inflator is not provided, we don't have a prayer of getting out of the crisis we are experiencing. See attached handout on basic care costs.

One final word on behalf of our residents in nursing facilities and basic care facilities. SB 2012 provides for an increase in the personal needs allowance for residents. This money is used for such items as a cellphone, to stay in communication with family members, cable TV, which was considered a luxury when the payment system was built in 1989 and DHHS rules require residents pay for, special hair care, including perms and color, clothing, shoes, and small gifts you still want to give grandchildren.

SB 2012 provides an increase of $35 per month, which would give nursing facility residents $100 per month and basic care residents $135 per month. The personal needs allowance for nursing facility residents has not been increased for 10 years and we are asking that you keep that intact in SB 2012.

In summary, thank you for your support and continued hard work. You have a monumental task ahead of you and we know you will do what is best for our vulnerable at risk residents depending on this support.

I would be happy to answer any questions.

Shelly Peterson, President
North Dakota Long Term Care Association

Basic Care Facts

Basic Care COST

Almost half of the residents living in basic care need assistance to pay for their care. The average basic care assistance rate on July 1, 2022 was $137.56 per day. The average cost for providing care is $146.25, so for each resident served, the facility is losing almost $9.00 per day.

Almost half of all basic care facilities are operating at a loss, with 35% indicating they get few applicants for numerous open positions and feel they are in a continuing workforce crisis.



Does LTC Insurance pay in Basic Care Facilities? **11% of residents have LTC insurance that helps pay for their care.* n=798

Continued losses of the *past 7 years* are making it almost impossible to care for the residents with B-Cap (state assistance) as a payment source.

Basic Care Average Costs and State Reimbursement Rates

$	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
Average Cost	$116.12	$117.26	$121.64	$130.52	$124.52	$133.92	$146.25
Average Rate	$107.88	$111.60	$117.13	$123.80	$122.83	$129.12	$137.56
Difference	-$8.24	-$5.66	-$4.51	-$6.72	-$1.69	-$4.80	-$8.69

Basic Care Satisfaction Survey Results

Satisfaction	1-Poor	2-Average	3-Good	4-Very Good	5-Excellent
Overall Satisfaction (n=558)	<1%	7%	12%	42%	39%
Quality of Staff (n=558)	<1%	5%	14%	39%	42%
Quality of Care (n=558)	1%	4%	15%	39%	41%
Quality of Food (n=558)	4%	12%	17%	40%	26%

Anne Carlsen
CENTER
Nurturing abilities. Changing lives.

SB 2012
Senate Appropriations – Human Resources Division
Wednesday, January 25th, 2023

Chair Dever and members of the Senate Appropriations – Human Resources Division, my name is Patrick Kellam. I am a Board Certified Behavior Analyst (BCBA) and the Behavioral Health Clinical Manager at Anne Carlsen and oversee our behavioral health services program where we provide Applied Behavior Analysis within (5) of our (8) clinic locations in North Dakota. I am providing this testimony to advocate for Medicaid reimbursement of CPT code 97156, Parent/Caregiver training. Currently, ND Medicaid (EPSDT) programs require regular parent training meetings with the Board Certified Behavior Analyst (BCBA) present, however do not provide reimbursement for the service.

The services provided by our outpatient behavioral health occur primarily in the clinic setting. These individuals work with Registered Behavior Technicians and Board-Certified Behavior Analysts on increasing skills that help them to achieve greater independence in their daily lives and access to social environments and interactions.

Our goal in clinic-based ABA therapy is to be able to transition out of services. Ideally the skills we can help clients learn and functionally display will need to transition to their natural environments. This requires a transition from being served in-clinic to having these skills and

processes trained to others who are important in the learner's life. Often this includes parents, grandparents, or even siblings.

While it is beneficial to complete these skills to some respect with family within the clinic, in-situ or natural environment training is often the most successful in transitioning skills gained in one environment to another. This is like many other forms of learning where classroom skills are eventually put in practice in the actual environments or situations in which the skills are required. For the individuals receiving outpatient ABA this is often in the home or community environments in which they naturally participate.

Once the therapy is moving to natural environments it becomes even more important for families and caregivers to be knowledgeable and proficient in the processes of the therapy to help clients generalize the skills they have learned in the clinic setting. This is important as individuals grow and mature over time there will always be new concerns and challenges that arise. A child who was seen in outpatient therapy at the age of 8 may have much different needs when they reach the age of 13.

If we are unable to provide adequate training and some foundational knowledge inevitably, the child will need services again as these new concerns and challenges arise. If proper parent or caregiver training is completed there is a better chance of the caregiver being able to apply strategies taught to new issues that may arise.

Parent training is often the bridge from clinic-based therapy to naturalistic environment training. This provides the opportunity for the behavior analyst and the parents to continue to complete training and regular appointments after the individual is no longer attending appointments within the clinic. This support is vital to the continued success after discharge from outpatient therapy

and the support is also key for parents. Parent training through Applied Behavior Analysis is an evidence-based strategy and this is not only covered but required from Commercial Insurances. This is due to the high level of importance of including this as part of applied behavior analysis therapy.

Providing funding for parent training also would enable an option for providing training and support to individuals and their families who are currently unable to be seen in clinic. There is a need in most areas of North Dakota for clinic-based ABA therapy for individuals. The lack of both BCBAs and RBTs inhibits the ability for clinics to take provide services to more clients, resulting in long wait lists for services. Also, the ruralness of the state inhibits the ability for all families to receive services that are accessible due to lack of staffing and available providers. This has resulted in some families in North Dakota traveling great distances to receive services. Currently in one of our clinics we have a client who travels 2 hours each way to attend therapy. While allowing for parent training, as part of clinic-based therapy, would not solve all of these problems it would provide another outlet for professionals to help individuals and their families.

From my perspective, not protecting the investments that the kids, families, and the State of ND are making, by allowing for good transitions and generalization of skills is a major flaw. The state of ND is making a considerable monetary investment in kids receiving ABA therapy and to not ensure that this treatment is sustained and effective following the completion of clinic based therapy seems illogical.

In summation I would like to include my support for not only including parent training as a service for recipients of Medicaid in North Dakota, but also all of the recommendations for

increased and expanded coverage for applied behavior analysis therapy in the State of North Dakota.

Thank you for your consideration of my written testimony.

Patrick Kellam
Clinical Manager
Anne Carlsen Center
Email: patrick.kellam@annecenter.org
Office: 701-364-2663 x4050

Senate Appropriations – Human Resources Division

Senator Dick Dever, Chairman

January 25, 2023

Testimony of: Clete Winkelmann Executive Director | Nexus-PATH Family Healing

cwinkelmann@nexuspath.org | Direct: (701) 551-6341 | Mobile: (701) 850-9089

Responding to the Children's Behavioral Health Crisis: Request for Increased Reimbursement for Tier 2 & Tier 3 Mental Health Professionals

---

Chairman Dever and members of the Senate Appropriations Committee – Human Resources Division. My name is Clete Winkelman, Executive Director Nexus Path Family Healing. I am representing a coalition of North Dakota organizations who meet the mental health needs of North Dakotans, **The Village Family Service Center, Anne Carlsen Center, Nexus-PATH, and Essentia Health.**

Our nation's leading pediatric health experts recently declared the children's behavioral health crisis so dire that it warrants a national emergency. In 2021 over 35% of ND high school students, grades 9-12, reported feeling persistent sadness or hopelessness and nearly 1 in 5 reported seriously considering dying by suicide within the past 12-months (Youth Risk Behavior Survey, 2021), equating to approximately 6,818 youth across the state. The pandemic has only increased the need for timely access to high-quality mental health services.

To put this number into perspective, this equates to the entire student enrollment of Bismarck State College, Dickinson State University, University of Jamestown, and Williston State College is experiencing suicidal ideation.

Failure to ensure that mental health services are available when and where people need them has dire consequences for individuals, families and communities throughout North Dakota. In the current system, only four counties have the mental health resources their population requires. Only if you live in one of these more densely populated counties can adequate services be found.

Severely restricting access is the current payment structure. Licensed mental health providers who fall into the Tier 2 and Tier 3 categories only receive 75% of the full rate set by the ND Medical Services Professional Fee Scale. This prevents either mental health organizations or private practitioners from providing sufficient services to meet the need in North Dakota.

The fix is to change the reimbursement rate for licensed Tier 2 and Tier 3 mental health professionals to be reimbursed at 100% of the rate. This same kind of reimbursement changes were made by this legislature in 2019 for Occupational and Physical Therapy professionals to ensure access to those services. Expanding the rate change to mental health professionals will increase access in the critical area of mental health.

DAKOTA™ BOYS AND GIRLS RANCH
Dakota Boys and Girls Ranch Foundation
7151 15th Street South | Fargo, ND 58104
701.237.3123 | 800.344.0957

January 23, 2023

To Whom It May Concern,

I am writing to offer my strongest support of the increase of ND Medicaid reimbursement rates for Tier 2 and Tier 3 behavioral health providers. The need for a more comprehensive continuum of outpatient services for children is at an all-time high. An increase in these rates will drastically improve three key areas critical in providing services to some of our most vulnerable children. First, it will improve accessibility. Waitlists for services continue to be very long and higher reimbursement rates will help private practice and community mental health agencies big and small maintain financial viability and increase the likelihood of expanding services. Secondly, it will help increase the quality of services. Many providers in private practice limit their ND Medicaid caseload due to low reimbursement rates which leaves many non-profit community mental health agencies to take on the responsibility of serving those clients. Lastly, an increase to the Medicaid reimbursement will help address the workforce shortage by allowing agencies to offer more competitive salaries.

Dakota Family Services is a non-profit mental health care clinic with physical locations in Fargo and Minot, North Dakota. Our team of compassionate mental health professionals helps children, adolescents, and adults improve their overall mental health and well-being through their personalized approach, trusted expertise, and unconditional presence. Last year we provided in-person or virtual care to approximately two thousand patients and eleven thousand visits.

Dakota Family Services provides mental health therapy, medication management, and psychological assessments to individuals across the state of ND, in the fiscal year 2021, we served individuals in 49 of North Dakota's 53 counties. Two-thirds of the providers employed by Dakota Family Services are Tier 2 and 3 behavioral health providers and approximately 20 percent of those we serve are insured by North Dakota Medicaid. Increasing ND Medicaid reimbursement rates for Tier 2 and Tier 3 behavioral health providers will greatly impact the care we are able to provide individuals across the state would allow us to continue this work, expand our services to care for more Medicaid covered individuals, and allow us to work toward financial sustainability. Increased reimbursement would help us maintain our current

Tier 2 and Tier 3 behavioral health providers through competitive salaries and it supports recruiting providers to support our communities' increasing needs.

We are at a critical time for improved children's behavioral health and deserve timely and accessible services. Please feel free to contact me directly at 701-551-6821 if you have any questions or concerns.

In His love,

Joy Ryan
President/CEO

Northern Cass School District No. 97
Home of the Jaguars

Northern Cass School District 97
16021 18th St. SE
Hunter, ND 58048-9730
Phone: (701) 874-2322 Fax: (701) 874-2422
Web Site: www.northerncassschool.org

Dr. Cory Steiner, Superintendent
Doug Margerum, Secondary Principal
Crysta Schenck, Elementary Principal
Bryce Laxdal, Activities Director
Sam Johnson, Dean of Learners
Paige Carlson, Business Manager

January 23rd, 2022

To Whom It May Concern,

My name is Dr. Cory Steiner and I'm the Superintendent of the Northern Cass School District in Hunter, North Dakota. I'm writing this letter of support for full reimbursement for midlevel mental health providers. As a leader of a rural school district, the importance of coordinated services in our setting is paramount. Although we are only 25 miles from Fargo, this distance is a barrier for our families. It is not possible for families to take leave from work to coordinate the various services their learner needs to be successful. By providing these services at the district level, we are better able to support our families in a place which is safe for them.

We have a licensed therapist from The Village Family Service Center in our building three days per week. This remarkable partnership has proven successful. Learners who receive services have seen an increase in their attendance rate, a decrease in discipline referrals, and more success in graduating choice ready. These services have allowed our learner to receive services free of charge on-site while not burdening families with costs for service or time to travel to the metro area. It has also eliminated the 'wait time' to get an appointment with a licensed therapist. In my years of education, this has simply been the most powerful and positive initiative and partnership I have ever been a part of.

I am writing to offer my strongest support for the increase of ND Medicaid reimbursement rates for Tier 2 and Tier 3 behavioral health providers. The need for a more comprehensive continuum of outpatient services for children is at an all-time high. An increase in these rates will drastically improve three key areas critical in providing services to some of our most vulnerable children. First, it will improve accessibility. Waitlists for services continue to be exceptionally long and higher reimbursement rates will help private practice and community mental health agencies big and small maintain financial viability and increase the likelihood of expanding services. Secondly, it will help increase the quality of services. Many providers in private practice limit their ND Medicaid caseload due to low reimbursement rates which leaves many non-profit community mental health agencies to take on the responsibility of serving those clients. Lastly, an increase to the Medicaid reimbursement will help address the workforce shortage by allowing agencies to offer more competitive salaries.

As we continue to learn more about the importance of health and its impact on academic outcomes, it makes it necessary for districts to provide more services which better meet their individual needs. We know healthy learners are successful both in and out of school. The research is compelling. Healthy learners live happier and more productive lives in adulthood. By providing more services in our district, we are ensuring learning the opportunity to be successful both in their future careers and personal lives. It is our belief that a 'community in schools' approach will best serve our learners and communities. It is with great excitement that our district begins to move in this direction.

However, education has continued to grow more complex, and schools have continually been asked to provide more services to meet the growing needs of our learners. Currently, our special education unit (Rural Cass) takes advantage of reimbursement. By providing full reimbursement for midlevel health providers, this could assist schools in offsetting general expenditures. We pay an assessment to the unit for special education services. If we received a higher reimbursement, it would allow us to reduce the special assessment which would allow our general fund to extend in other areas. Since 2014-15, our special

education assessments have increased by 90% at Northern Cass while educational funding has failed to increase at anything close to a similar rate. By reducing the assessments, it allows us to use our general fund in other areas which we would 'route' to our Full-Service Community Schools commitment. This commitment is in partnership with Essentia Health of Fargo. The increased funding would allow us to continue providing current mental health services while adding essential services in other key areas which are lacking in our district and communities.

We are at a critical time for improved children's behavioral health and deserve timely and accessible services. Please feel free to email me at Cory.Steiner@northerncassschool.com or call 701-874-2322 if you have any questions or concerns.

Sincerely,

Dr. Cory J. Steiner
Superintendent of Schools

The Northern Cass School District does not discriminate on the basis of race, color, natural origin, sexual orientation, gender, or disability

Behavioral Health Tiered System

The tiered system of behavioral health is defined in North Dakota Century Code and administrative rules

Tier 1	• 1a - Psychiatrist, psychologist • 1b - Physician, physician assistant, advanced practice registered nurse
Tier 2	• 2a - Licensed independent clinical social worker, licensed professional clinical counselor, licensed marriage and family therapist • 2b - Licensed addiction counselor, registered nurse
Tier 3	• Licensed professional counselor, licensed associate professional counselor, licensed certified social worker, licensed associate marriage and family therapist, occupational therapist, licensed practical nurse, behavior analyst, vocational rehabilitation counselor, school psychologist, human relations counselor
Tier 4	• Direct care associates, technicians

PRAIRIE HARVEST
MENTAL HEALTH
930 North Third Street * Grand Forks, ND 58203-2408

Date: January 24, 2023

Presentation to: Senator Dick Dever, Chair and Members of the Senate Appropriations - Human Resources Committee

Presenter: Debra Johnson, CEO of Prairie Harvest Mental Health, Grand Forks, ND
In support of SB2012

Prairie Harvest Mental Health has been providing permanent supportive housing and recovery-based mental health programs for adults with mental health concerns since 1992.

Prior to the last Legislative Session, Prairie Harvest Mental Health worked with Northeast Human Service Center in a public/private partnership funded by State Contracts totaling $2.7 million per biennium. Today we are asking you to consider an additional appropriation of $400,000 for Prairie Harvest Mental Health for funding gaps in community-based recovery services that are only partially funded by Medicaid.

During the 21/23 biennium, State Contracts with the Behavioral Health Division total just over $1 million. The remaining $1.7 million was expected to be funded primarily by Medicaid reimbursements, grants, and private donations. The result was a complete transformation of the entire agency. Every aspect of Prairie Harvest Mental Health was analyzed resulting in refocusing efforts to align our housing and services with the ND Behavioral Health Division's re-design. After realigning programs, the remaining net loss for fiscal year 2022 alone was $587,000.

Grand Forks and the surrounding areas much like the rest of the country has experienced a rise in increased behavioral health concerns including mental health due to the pandemic and other economic and political challenges. Homelessness, suicides, and trauma such as domestic violence all add to the need to focus social service programs on areas that will improve the mental health system in North Dakota. According to the April 28, 2021 Renee Schulte Report, a SAMHSA study in 2018/2020 indicated that North Dakota had a general satisfaction rating of mental health consumers of 53.3%. The ND Behavioral Health Division and the State Legislature, narrowed their scope of mental health services to include citizens who are identified with acute behavioral health conditions. The result is that consumers who are in the moderate level continue to need housing and services so they can recover and maintain their mental health well-being.

Professionals from Northeast Human Service Center have indicated there are estimated to be over 3,000 people with mental health concerns who are not receiving the housing and supportive services they need. During the Prairie Harvest Mental Health development stage several challenges arose that have affected projected revenues.

Workforce challenges include:

- Turnover
- Shortage of qualified licensed professionals
- Training requirements (Medicaid, 1915(i))

- Lack of referrals from NE Human Service Center (expected over 200 with only a few received to date)

Prairie Harvest Mental Health is focusing on the development and expansion of Care Coordination, Peer Support, Housing Support, Non-medical Transportation and Benefits funded by the new ND Medicaid 1915(i) Amendment. Other services added include Rehabilitative Services such as Behavioral Intervention Services; Crisis Intervention; Skills Restoration and Skills Integration; maintaining a permanent supportive housing component; Life Skills/Job Development, Medication Education and Guidance all which will ensure a variety of choices available to help the participants succeed in their recovery.

Future plans are to add other behavioral health services such as substance use counseling and expansion to serve infants through elderly. In the next year, Prairie Harvest Mental Health will begin plans to become a Certified Behavioral Health Clinic. This model will enable expansion into other sources of revenue such as private pay.

The potential for Prairie Harvest Mental Health to grow and thrive is apparent. Greater emphasis can be placed upon community partnerships with other providers. In the past, referrals to Prairie Harvest Mental Health were made solely by Northeast Human Service Center. Currently we are expanding that to include open referrals from self-referral, family referral or from others such as hospitals, clinics, and other providers.

The standards we set are designed around the needs of the people we serve. To better serve people with mental health concerns, Prairie Harvest Mental Health is an active partner with a number of agencies. Efforts are made to stress the importance of client choice in housing and service providers.

Primary Partners:

- ND Behavioral Health Division – Support includes trainings and grant revenue.
- Northeast Human Service Center – Support includes services to clients such as psychiatry and nursing as well as assessments. Also currently working with the Regional Director as Northeast Human Service Center refocuses community provider referrals.
- Other Providers – Support includes housing, support services, homeless efforts (Continuum of Care and ND Homeless Coalition).
- Social Service Zones – Support includes 1915(i) Assessments, food stamps, heating assistance, and support services.

Prairie Harvest Mental Health has been working closely with teams of professionals from the ND Behavior Health Division as well as Northeast Human Service Center to ensure that clients are given the opportunity to live and succeed in the community. The State is serving people who have the highest needs which they determine to be a score of over 50 on the World Health Organization Disability Assessment Schedule. Prairie Harvest Mental Health and other providers serve the remaining individuals in need of behavioral health services.

Other changes that have occurred and are continuing include implementing an Electronic Health Records System, purchased/up-graded IT (Information Technology) equipment with

support, providing on-going testing and training for staff, and hiring professional positions to comply with Medicaid and other program requirements. Examples of professional positions required include a Licensed Clinical Professional and Registered Nurse.

We see great opportunities for growth. Behavioral health services are needed across all aspects of life. Currently we offer services to clients with mental health concerns. The mission of Prairie Harvest Mental Health is to promote recovery and an enhanced quality of life for adults with mental health concerns. As we grow this mission, we will expand to include other behavioral health services and will expand into services across the life cycle.

Thank you for considering our request.

Debra Johnson, CEO

DAKOTA™ BOYS AND GIRLS RANCH

1227 35th Street N. | Bismarck, ND 58501
701.224.1789 | 800.593.3098

January 26th, 2023

Chair Dever and members of the Senate Appropriations - Human Resources Division:

I am Jim Vetter, Vice President of Treatment Services and Government Relations at Dakota Boys and Girls Ranch. I would like to express Dakota Boys and Girls Ranch's support of SB 2012, specifically for the Behavioral Health Division in relation to Psychiatric Residential Treatment Facility (PRTF) programs.

Dakota Boys and Girls Ranch is a Christ-centered residential treatment and educational center for children and their families. The Ranch gives children a safe place to live, learn, and heal. We provide exceptional and innovative trauma-informed care to kids and their families through Residential Treatment Facilities, Outpatient Psychiatric and Psychological Services, and Spiritual Life activities in Fargo, Bismarck, and Minot. In addition, Dakota Memorial School provides personalized education for kids who have psychiatric, behavioral, and trauma issues.

PRTF services for youth have a vital role in the continuum of care in North Dakota. The Ranch believes adding aftercare services will provide positive outcomes for North Dakota's youth. The Ranch plans to continue to work with Behavioral Health Division to provide aftercare services as well as provide our current treatment services in the upcoming biennium.

Dakota Boys and Girls Ranch encourages the committee to support an increased Behavioral Health budget to best serve North Dakota youth. Thank you so much for your time. I greatly appreciate your service to all the citizens of North Dakota. This concludes my testimony. I would be happy to answer any questions from the committee.

The mission of Dakota Boys and Girls Ranch is to help at-risk children and their families succeed in the name of Christ.

Senate Appropriations-Human Resources Division

January 26, 2023

Chairman Dever and members of the Committee. My name is Nan Kennelly, and I am a Speech-Language Pathologist in Fargo, ND. I am both owner and treating clinician at Onword Therapy, a private practice that specializes in the treatment of cognitive-communication impairments related to brain injury. I am also the current chair of the governor appointed North Dakota Brain Injury Advisory Council. I am unable to be present in person today, so am submitting my written testimony today is in support of all individuals and families in North Dakota who are living with brain injury.

I support the funding for brain injury services in Senate Bill 2012. These services benefit the individuals I serve and all North Dakotans with brain injury. Currently, the Brain Injury Advisory Council is working on a strategic plan for North Dakota. An identified priority in this plan is the need to expand the services currently offered by the North Dakota brain Injury Network. I would appreciate your support of expanding the funding for brain injury in Senate Bill 2012 so we can better serve North Dakota residents and families who are living with brain injury.

Thank you for your time and consideration.

Respectfully submitted,

Nan Kennelly, MS CCC-SLP, CBIST
Licensed Speech-Language Pathologist
Certified Brain Injury Specialist and Trainer
Onword Therapy, Fargo ND

NATIVE INC.
Community Development Corporation

Native American Development Center
2403 East Thayer Avenue
Bismarck ND 58501
Tel: (701) 595-5181
Website: www.ndnadc.org

Fargo Downtown Engagement Center
222 4th Street North
Fargo, ND 58102
Tel: (701) 412-2735
Website: www.ndnadc.org

January 25, 2023

NATIVE, Inc.
SB 2012
Senate Appropriations Committee
Human Resources Division

Mr. Chairman Dever and Members of the Committee,

My name is Lorraine Davis, Founder and CEO of NATIVE, Inc. serving Native Americans and other marginalized populations in the Bismarck and Fargo metropolitan areas of North Dakota. I am also a council member of the Governor appointed ND Behavioral Health Planning Council. I am here today in **support** of Senate Bill 2012 as it relates to Behavioral Health Services.

NATIVE, Inc. has been providing behavioral health prevention and prison recidivism programs since 2017. We currently have 17 employees (i.e., 14 in Bismarck and 3 in Fargo). We provide the Free through Recovery Program, Community Connect Program and 1915(i) Program. We are currently developing a formal partnership with the Children and Family Services division for the Kinship Program and the Title VI-E Prevention Program.

Free Through Recovery Program

Due to the funding allocated every biennium since 2017, NATIVE, Inc. has been able to serve an average of 55 clients at any given month.

Community Connect Program

Due to the funding allocated every biennium since 2019, NATIVE, Inc. has been able to serve an average of 115 clients at any given month.

1915(i) Program

Due to the passing of Medicaid Expansion, NATIVE, Inc. has been able to become a provider of the 1915(i) program. We just received our final Care Coordination Training for this program. As of today, we will be able to provide 1915(i) care coordination services to up to 40 clients for starters.

Opioid Settlement Funds

NATIVE, Inc. encourage legislatures involved in the designation of use of these funds to consider expanding the need for intervention, recovery and prevention including innovative ways that have not been implemented to-date.

NATIVE, Inc. recommends an increase to the ND Behavioral Health budget and the continued support for Medicaid Expansion. This will continue to foster equitable services in behavioral health to best meet the unique needs of people and families impacted by mental health and addiction but also to alleviate the ongoing need for institutionalization.

Thank you for your time and commitment toward addressing behavioral health in our state. I would like to invite you to come to our center to learn more about our unique approaches toward addressing behavioral health. I stand for any questions.

Support for SB 2012 and IMD Waiver Omission

Dave Marion- Prairie Recovery Center

1-26-2023

Chairman Dever and Members of the Committee,

My name is Dave Marion and work for the Prairie Recovery Center located southwest of Mandan near Raleigh ND. The Prairie Recovery Center serves men and women throughout ND that suffer with addiction and dual diagnosis mental health conditions in a short-term residential setting in rural ND. The Prairie Recovery Center, as a committed ND resource, has made it its mission to answer the call of the severe crisis that ND is facing with its growing needs in substance use disorders and mental health. First, we want to offer up support for the majority of SB 2012. Resources like the continuation of Medicaid Expansion and potential inflationary increases are a critical tool to a functioning Behavioral Health system. I wanted to bring to your attention the omission of an IMD Waiver for SUD and Mental Health in the executive and DHS – Medical Services budget. Behavioral Health might be the number one public health talking point in America. Incidence rates are up, acuity is up, and drug overdoses are up. The omission of an IMD Waiver is not only bad fiscal policy but will cost even more in human life. As providers, we are working diligently on HB 1261 to push for an IMD Waiver on the house side. However, we respectfully request that if the need arises the Senate Appropriations – Human Resources Division consider amending SB 2012 to ensure the passage of an IMD Waiver. In-patient behavioral health is delivered in the community in short-term, acute care settings, this is apparent for persons with mental health and substance use disorders. It would not be in the best interest of the people that need the lifesaving services to limit services or resources when the state can take positive steps to address the needs clearly outlined by the Dept of Human Services, Behavioral Health Division and Shulte Report. Taking the steps for this change that has been talked about or many years is in the best interests of people and families, which serves as the cornerstone to our ND communities. You have providers that want to do the work, so let them roll up their sleeves and do the work. Thank you for your time and consideration and if you have a question please do not hesitate to ask.

Dave Marion

Supporting Individuals with Brain Injury

www.ndbin.org • 1 (855) 866-1884 • info@ndbin.org

NORTH DAKOTA BRAIN INJURY NETWORK

Recent Feedback

"You continue to do amazing work."

"Providing a much-needed service to people."

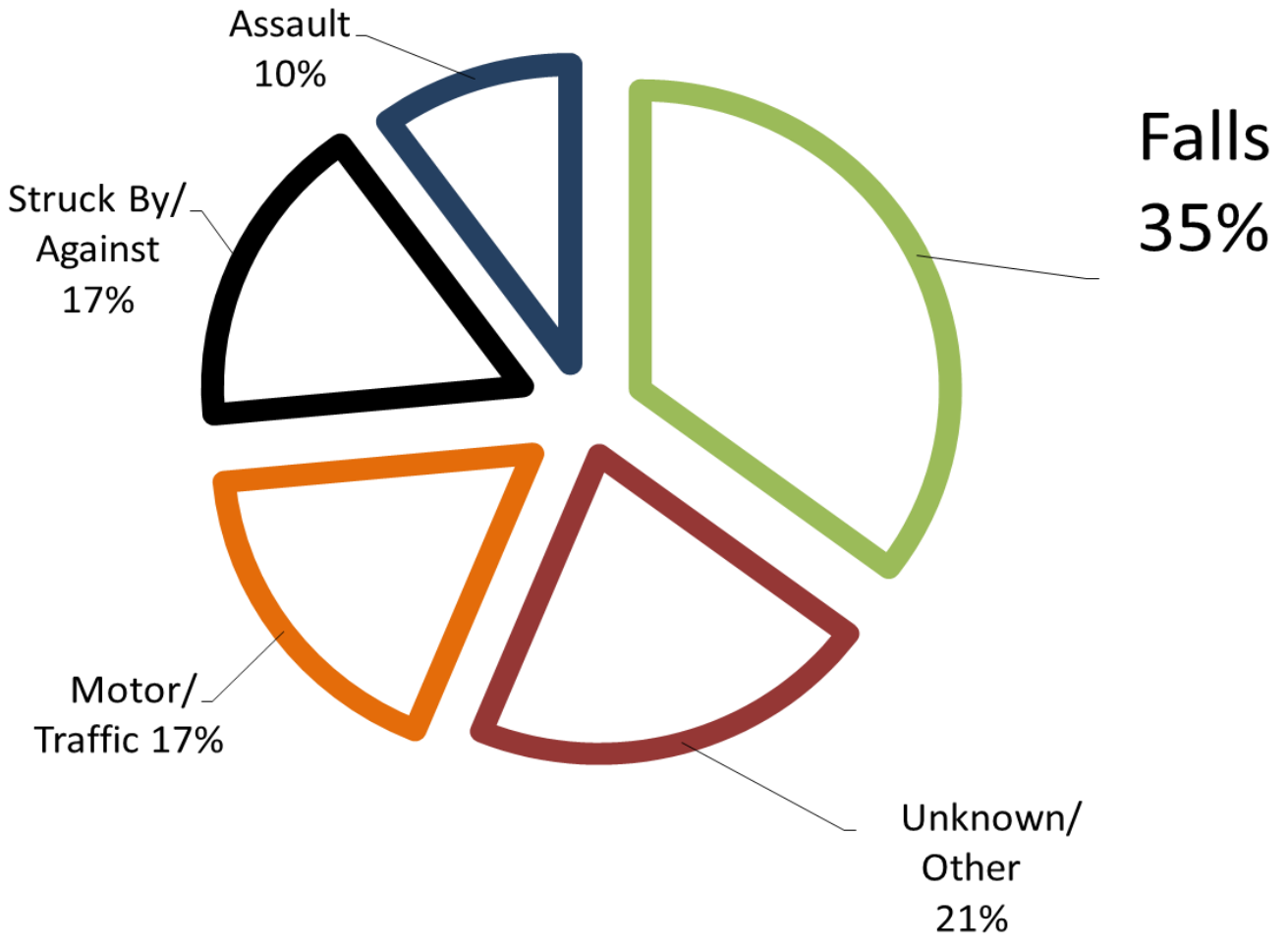
Thank you so much for doing what you do. You are incredibly appreciated.

Brain Injury Defined

Acquired Brain Injury (ABI

Traumatic Brain Injury (TBI)	Non-Traumatic Brain Injury
External Events: assault, fall, blast injury, motor vehicle crash	Internal Events: stroke, tumor, anoxia, aneurysm, infection

Leading Causes of TBI



Severity Continuum

Mild

- 75-90% cases
  LOC less 30min
  Up to 15% have long term impairments

Moderate

- 10-30% cases
  LOC between 30min-24hrs
  Up to 30-50% have long term impairments

Severe

- 5-10% cases
  LOC greater 24hrs
  Up to 80% have long term impairments

Impact of Brain Injury

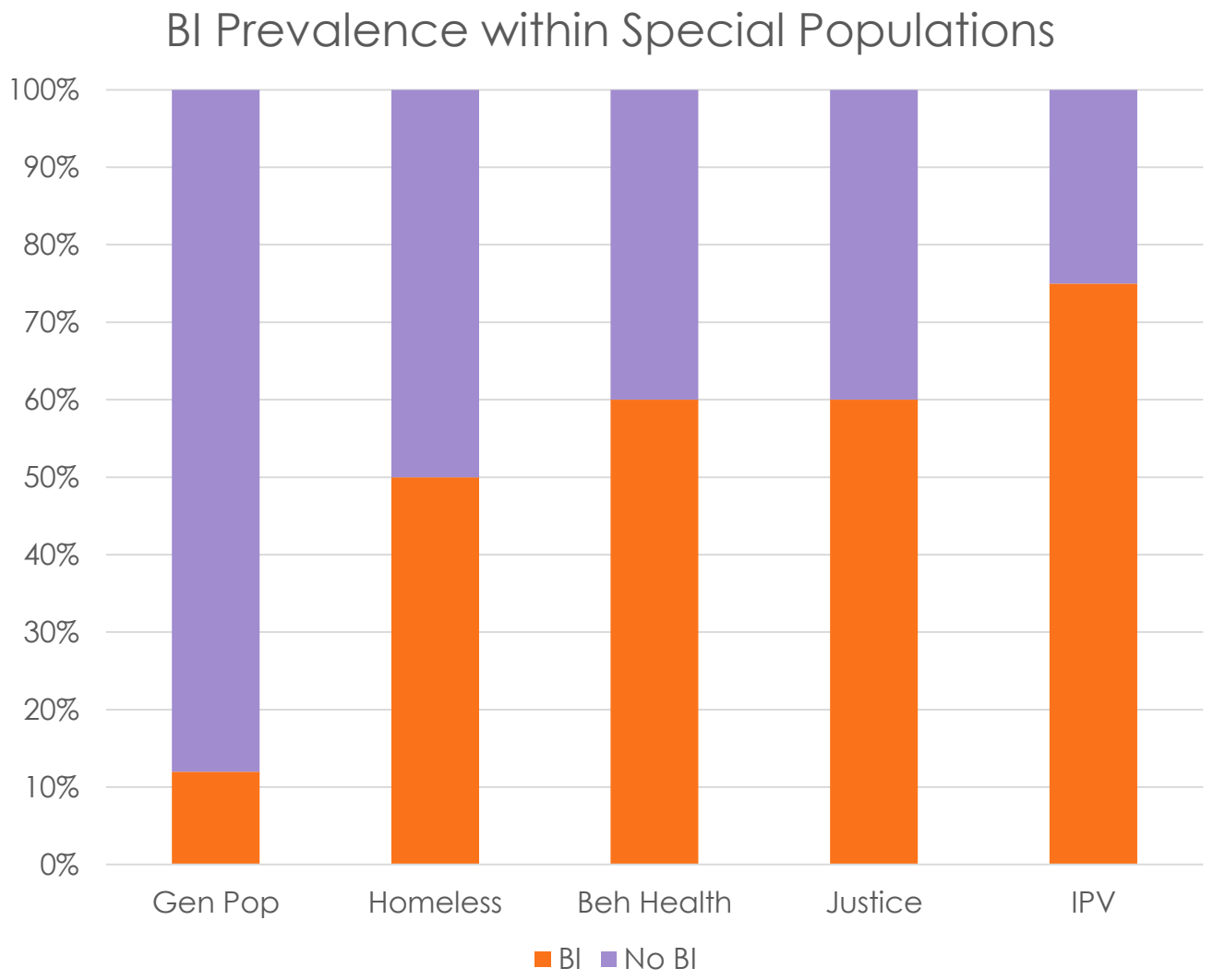
Common cognitive impairments include:

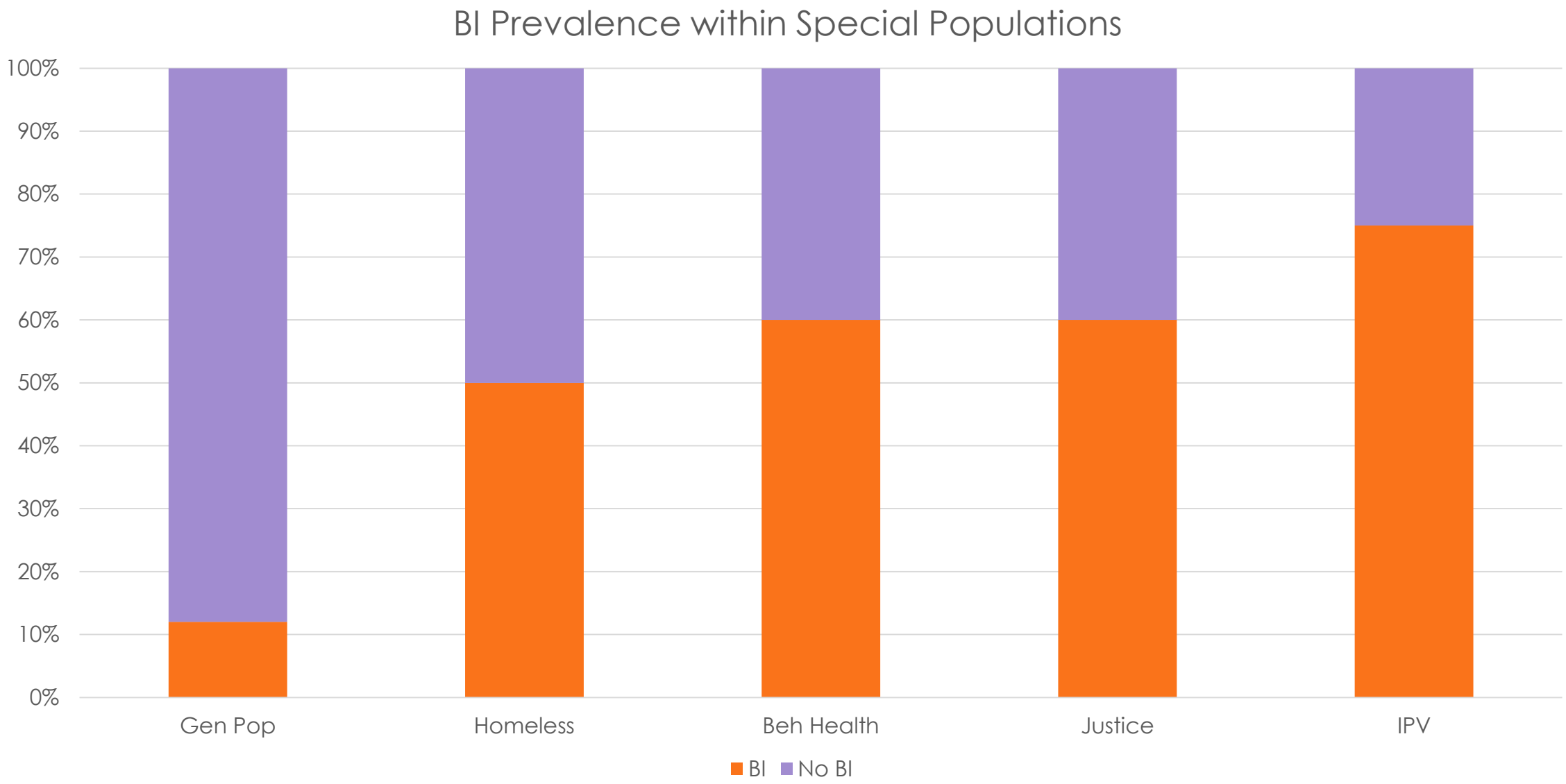
- Poor concentration
- Decreased attention
- Memory difficulties
- Impaired judgment
- Reduced ability to follow instructions

These cognitive deficits are consistently associated with poor functional outcomes in:

- Social interaction
- Problem solving
- Skill acquisition
- Occupational performance
- Independent living




BI Prevalence within Special Populations
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Gen Pop
Homeless
Beh Health
Justice
IPV
BI
No BI


BI Prevalence within Special Populations
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Gen Pop
Homeless
Beh Health
Justice
IPV
BI
No BI

NORTH DAKOTA BRAIN INJURY NETWORK

Contact us today!

855.866.1884

www.ndbin.org

Funded by:

NORTH Dakota | Human Services
Be Legendary.™

North Dakota Senate Appropriations Committee - Human Resources Division
In Support of SB 2012 - DHHS Budget - Behavioral Health

January 26, 2023

Good morning, Chairman Dever and members of the committee,

My name is Katie Jo Armbrust and I work for the Grand Forks Housing Authority. I'm here to support the Behavioral Health Division budget within SB 2012, specifically the Permanent Supportive Housing (PSH) Grant.

As the primary provider of affordable housing in Region 4, the Grand Forks Housing Authority (GFHA) is all too familiar with the need for services to support tenants in many areas of their lives, including housing. With community collaboration and support, our organization was a co-developer of LaGrave on First which opened in August of 2018, and today we manage the property, the voucher administration, and services on-site. LaGrave on First is a 42 unit apartment complex in Grand Forks for individuals who were experiencing chronic homelessness. The one-bed/one-bath apartments are on the second through fourth floors with the entire first floor designated for resident amenities including office space for services provided on-site, community room, free laundry, kitchen and dining, computer room, exercise room, and even an incentive closet. LaGrave on First utilizes Housing First, an approach endorsed by the federal government to end homelessness by reducing barriers such as requiring tenants to be sober prior to moving in or having a good credit score, and uses the Coordinated Entry System to receive referrals when a unit opens up, which ensures we are serving the most vulnerable population of individuals experiencing chronic homelessness. LaGrave on First offers Permanent Supportive Housing: permanent meaning there are no restrictions on the length of tenancy, we utilize standard 12-month leases that you and I would have; supportive meaning there are voluntary services offered on-site and coordinated for off-site to help tenants meet their goals and keep them housed; rents are affordable to each tenant through Federally funded Project-Based Vouchers, each tenant pays approximately 30% of their monthly income towards rent.

The Behavioral Health Division's PSH Grant was created during the last session and has been instrumental in helping provide the best support for the people who live at LaGrave on First. The PSH Grant has supported our Housing Support Specialists, the 24/7 staff that are key for tenants: they provide a wide variety of services from reading and helping tenants understanding letters from the landlord, to providing de-escalation and intervention when situations arise, to simply listening to tenants that need help when it's 3:00am and suggesting additional services. When acquiring or creating services that meet the needs of our tenants, it can be difficult to begin with due to the later hours that some tenants are more active. This grant has enabled us to secure LACs coming during off-hours, outside of Monday to Friday 8-5, and it has been wonderful to watch the process of tenants slowly becoming engaged, building trust with professionals who don't judge and are there to meet our tenants where they are at - both in a physical sense and in the sense of where they're at in relation to their behavioral health

condition. We did our research in the very beginning, and continue to do so by reflecting on what is or is not working for the tenants. In recent months we partnered with the UND Occupational Therapy (OT) department to have their students intern on-site; the notable improvements have demonstrated the benefit of OT for tenants in many ways; we're currently in the process of hiring a full time Occupational Therapist.

In closing, we've done our best to secure funds to provide fully comprehensive services that meet tenants needs, this grant is exactly what we needed. The Behavioral Health Division has been doing things the right way over the last several years by encouraging the use of evidence-based practices and demonstrating the need for resources to cover the full continuum of care from prevention to recovery, and the PSH Grant is a great example of a program to be supported within that continuum.

Thank you for the opportunity to be here, I'll stand for any questions.

Respectfully submitted,

Katie Jo Armbrust



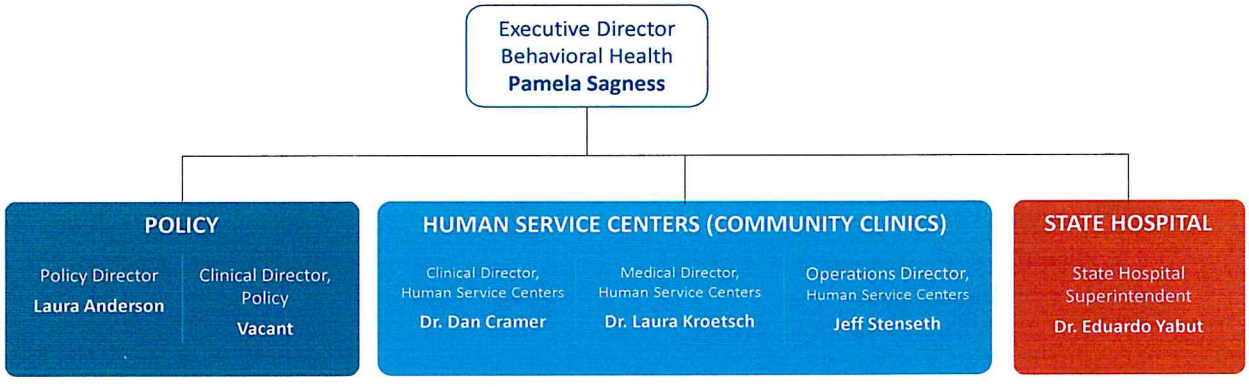
SB 2012
Senate Appropriations – Human Resources Division Committee
Senator Dever, Chairman

NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health Division | January 26, 2023

1

Behavioral Health Division



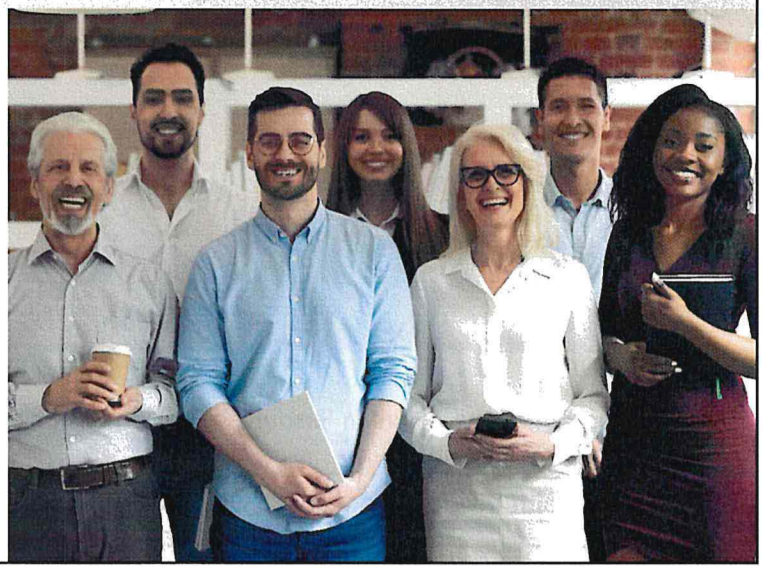
NORTH Dakota Be Legendary. | Health & Human Services

2

Policy

Workforce

Inflation



NORTH Dakota | Health & Human Services

3

Policy

Executive budget request to sustain service level

Free Through Recovery

- **4,973** participants since **February 2017**
- **1,311** active participants
- **38** providers

Community Connect

- **4,025** participants since **February 2021**
- **1,899** active participants
- **46** providers

NORTH Dakota | Health & Human Services

4

Policy

Substance Use Disorder (SUD) Voucher



Since its inception in July 2016 approximately 5,800 individuals have received services through the SUD Voucher.

Since July 1, 2021, the SUD Voucher Program has approved **2,162 new applications**.

As of December 31, 2022, **1,207 clients** are actively being served.

- Rates increased as of January 15, 2023
- Grant awarded to Heartview (16-bed facility in Dickinson)

NORTH Dakota | Health & Human Services
Be Legendary

5

Policy

Behavioral Health and Education Initiatives

B-HERO

NDCC 50-06-05.1 Section 23

Provide resources on mental health awareness and suicide prevention to the behavioral health resource coordinator at each school.

Kognito

NDCC 50-06-05.1 Section 23

"Resources... must include an evidence-based, online virtual mental health and suicide prevention simulation-based training program that incorporates hands-on practice, contextual learning, and personalized feedback through interactive role-playing."

Behavioral Health School Grants

Purpose: provide behavioral health services and support grants to school districts to address student behavioral health needs.

Prevention and Early Intervention Pilot

Goal: learn with schools on how a fully integrated continuum of support could look in various schools throughout North Dakota.

NORTH Dakota | Health & Human Services
Be Legendary

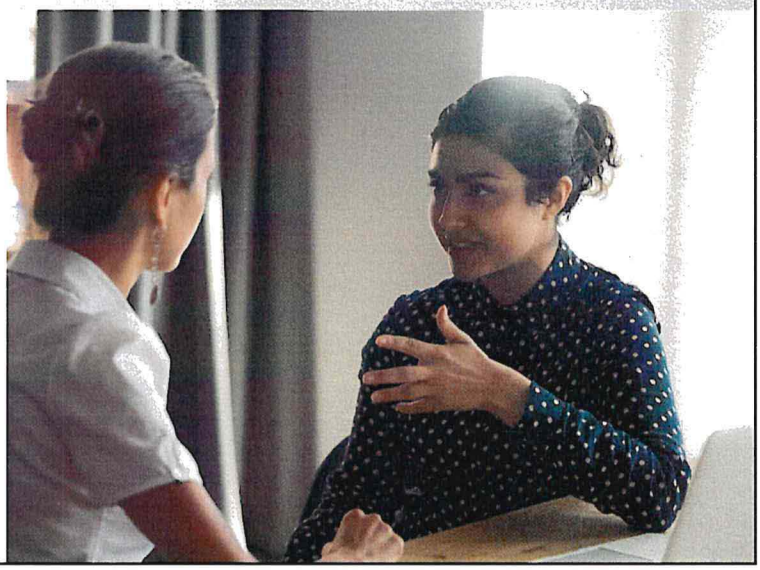
6

Human Service Centers

Community Clinics

Workforce

Inflation



NORTH Dakota | Health & Human Services

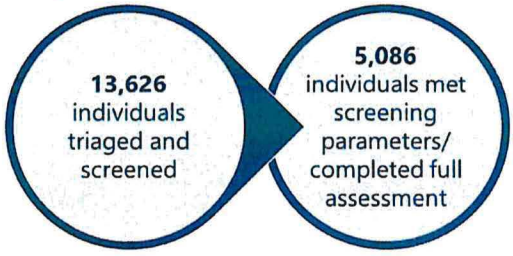
7

Human Service Centers

Community Clinics

Assessments - Walk-In

July 2021 - December 2022



Behavioral Health Crisis Care

Core Services & Best Practices



- Enhance community-based behavioral health services
- Crisis support enhancements

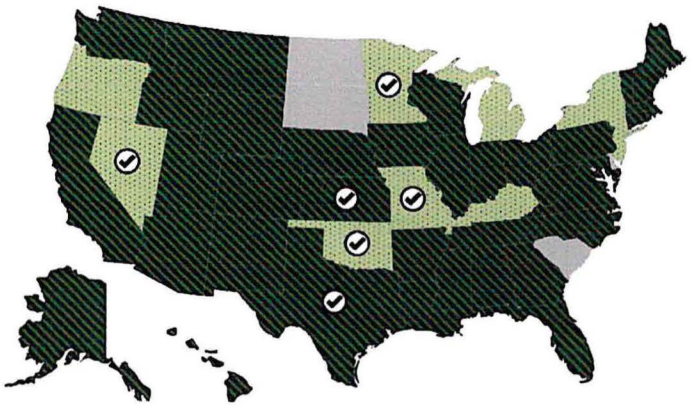
NORTH Dakota | Health & Human Services

8

Human Service Centers

Certified Community Behavioral Health Clinics (CCBHCs)

Currently, there are over 450 CCBHCs operating across the country, as either CCBHC-E grantees or clinics participating in their states' Medicaid demonstration.



NORTH Dakota | Health & Human Services

Be Legendary

No CCBHCs

Federal CCBHC Medicaid Demonstration (and SAMHSA Expansion Grants)

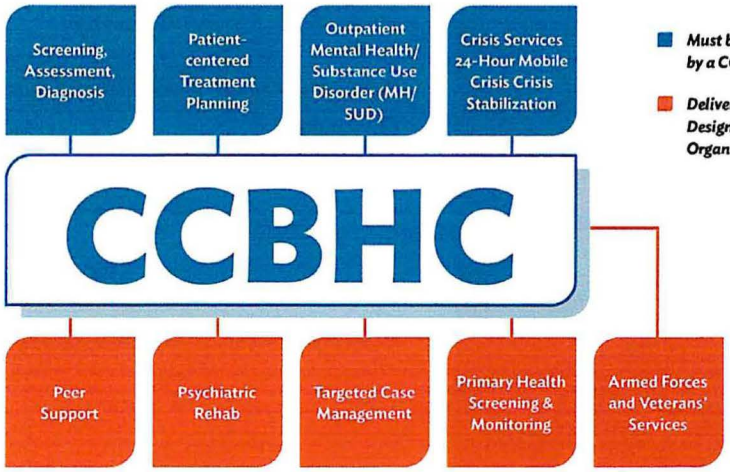
States with at least one local CCBHC grantee

CMS approved payment method for CCBHCs via a SPA or 1115 waiver

9

Human Service Centers

Certified Community Behavioral Health Clinics (CCBHCs)



Must be delivered directly by a CCBHC

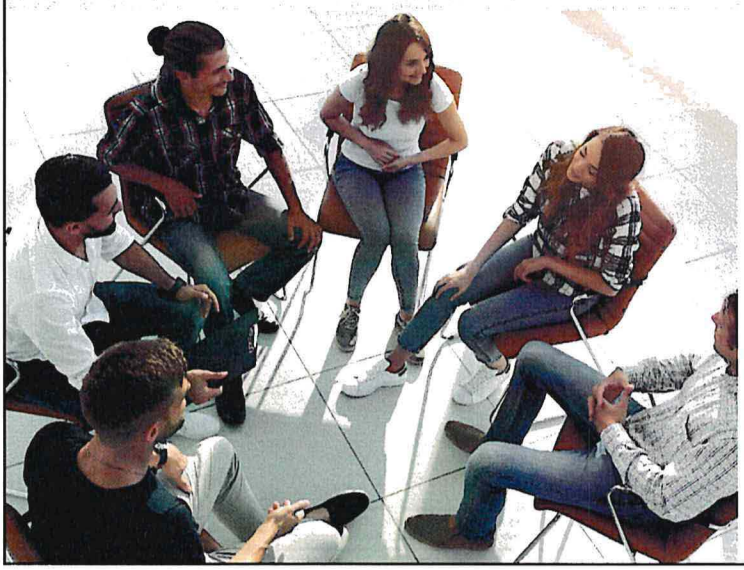
Delivered by a CCBHC or a Designated Collaborating Organization (DCO)

NORTH Dakota | Health & Human Services

Be Legendary

10

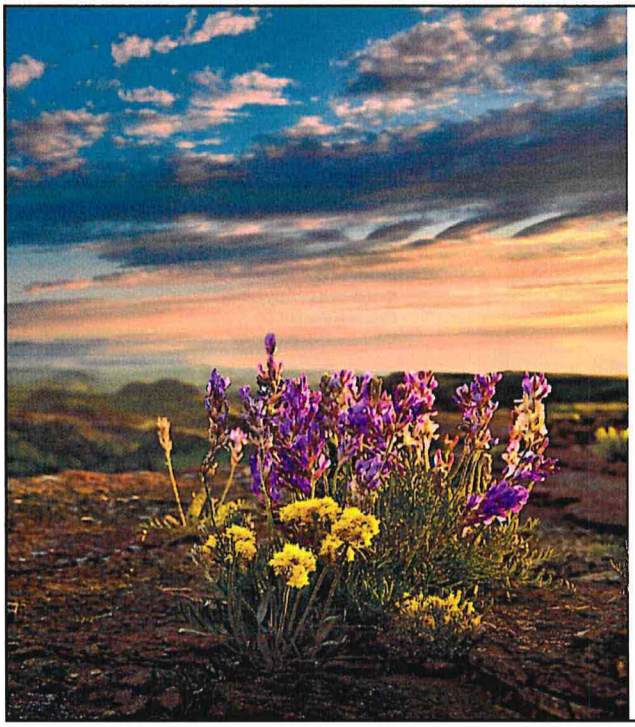
State Hospital



- Workforce
- Inflation
- New State Hospital

NORTH Dakota Be Legendary | Health & Human Services

11



Contact Information

Behavioral Health Executive Director

- Pamela Sagness
- psagness@nd.gov

www.behavioralhealth.nd.gov

NORTH Dakota Be Legendary | Health & Human Services

12

Mental Health Advocacy Network

Consumer & Family Network
Mental Health America of ND
Youth Move Beyond
The Arc of Bismarck
Fraser, Ltd.
Federation of Families for Children's Mental Health
Protection & Advocacy Project
ND Association of Community Providers
Individual Consumers & Families

Senate Appropriations-Human Resources Committee
SB 2012 Testimony
January 26, 2022
Senator Dever, Chair

Good morning, Chairman Dever and Members of the Senate Appropriations- Human Resources Committee. I am Carlotta McCleary, Executive Director of Mental Health America of North Dakota and Executive Director of the North Dakota Federation of Families for Children's Mental Health. Today I speak on behalf of the Mental Health Advocacy Network (MHAN). MHAN advocates for a consumer/family driven mental health system of care that provides an array of service choices that are timely, responsive and effective. Our vision is for every North Dakotan to have access to the right service—whether it be preventative, treatment, or recovery; at the right time—when the service is needed; and at the right place—as near his or her home as possible.

MHAN is testifying in support of SB 2012. First, let me acknowledge the last legislative session. North Dakota, like much of the nation, was experiencing budget shortfalls and the (then) Department of Human Services was tasked with the unenviable position of making substantial budget cuts in order for the state to balance its budget as required. Today we look forward to North Dakota's positive budgetary environment by encouraging the continuation of the hard work of reforming our mental health system of care.

Interim Activities

Outside the activities of the frantic legislative session, North Dakota has continued to enact needed reforms and pursue funding opportunities. The rollout of the 1915(i) State Plan Amendment happened as the session was underway. We know that the results are not where we

want them to be, but DHHS staff, including Monica Haugen (the 1915(i) Program administrator), have demonstrated inexhaustible passion in increasing the number of enrolled providers and service recipients. The 1915(i) team has provided incredibly detailed information to the public and stakeholders about where we stand on both the provider and client fronts and where we can hope to continue to make improvements in this wonderful service array. It is not an exaggeration to say that North Dakota's 1915(i) plan has among the best service delivery options in the nation.

We have also seen the continued expansion of peer support service reimbursement in North Dakota. Over the last year, Blue Cross Blue Shield of ND has included peer support in its insurance policies and peer support reimbursement is now in North Dakota Medicaid Expansion policies.

This past year, ND DHHS applied for and received federal funding for 5 years that will provide $3 million per year toward community-based services for our children. This is not a one-time opportunity. States who are not current awardees can apply for this funding opportunity every year. This grant will fund activities in the Devils Lake and Bismarck regions. This is a significant boon to North Dakota. Back in the early 1990s, this was the grant program that helped us create the children's mental health system in North Dakota.

Let us also mention 988. Yes, the creation of a national behavioral health crisis hotline was a national activity required by federal law, but North Dakota can take credit for the quality of the implementation thus far, because from what we have been hearing from our national partners, North Dakota's experience is running comparatively smooth. We think this from FirstLink's extensive experience with call centers and 211.

North Dakota has also made great strides in their mobile crisis teams, with teams in all 8 regions of the state, physically serving members of the public within a 45-mile radius of each regional Human Service Center. Those outside the 45-mile radius receive telehealth services. Both Dr. Etherington and Dr. Cramer have provided information to the public that finetuning the implementation of mobile crisis units will be an ongoing issue. Dr. Cramer has said that community feedback on how well the handoffs between each system partner are going is important, and they are also striving to improve data collection procedures.

MHAN Priorities For 68th Legislative Assembly

Our priorities and recommendations rely on implementing best practice models of service delivery. Best practices understand that we first need to ensure our citizens receive assistance before they have emergencies. We must have a robust community mental health system of care so that we can reduce the reliance on our costly, intensive institutional care settings. We must have substantial and multifaceted mental health workforce, which includes utilizing those with lived experience to help people navigate services and embark on their recovery.

SAMHSA's best practices models also include crisis response systems. When a crisis emerges, we must rely on three pillars of crisis response. Those pillars are: 1) a place to call (988), 2) someone to respond (mobile crisis teams), 3) a place to go (crisis stabilization beds/safe beds).

Peer Support: MHAN's number one priority has been increasing the prominence of peer support services in North Dakota. MHAN supports the transition of the existing

temporary peer support specialist positions at the Human Service Centers into full time FTEs. MHAN also believes that these peer support specialist positions should have benefits. MHAN is also looking forward to reports that DHHS will be implementing reimbursement for peer support services to Medicaid recipients by 2024. The legislature has previously authorized resources to this effort for multiple biennia, and we are hopeful that that work will continue and that by 2024 CMS will have approved North Dakota's plan to provide peer support reimbursement for those in Medicaid.

Family Support Organizations: Family organizations such as North Dakota Federation of Families for Children's Mental Health, Family Voices of ND, and the Experienced Parent Program do great work will small budgets, serving children with disabilities and their families throughout the state of North Dakota. Those organizations and programs should continue to be supported and funded, so that children with mental health needs, children with special healthcare needs, and children in early intervention and their families can receive assistance. Families would be lost without them.

IMD Exclusion: MHAN stands opposed to any attempts to move forward with an IMD Exclusion Waiver for behavioral health services. An IMD Exclusion Waiver would require North Dakota to be "budget neutral" to the federal government, which means that, during the project federal Medicaid expenditures will not be more than federal spending without the demonstration. As institutional facilities are far more expensive than community-based programs, funding that goes to institutional placements is ultimately funding that inhibits the creation and maintenance of a functioning community-based service delivery system. As a result, community-based mental health services, or the expansion of community-based mental health services as recommended over the last

decade, could be in jeopardy. After the release of the most recent Schulte report, Renee Schulte addressed the omission of this topic in her report by stating that North Dakota had a lot of work to do to build up its community services that consideration of an IMD Exclusion Waiver was too premature.

988 Funding: MHAN supports the need to provide FirstLink additional funding for 988, as outlined in SB 2149. 988 is a critical piece to our crisis response system. But, it desperately needs to be funded.

Mobile Crisis Teams: MHAN strongly supports the expansion of mobile crisis teams statewide. MHAN notes that the Governor's budget has a recommendation of 4 FTE. MHAN recommends that that be increased to a total of 9 FTE.

Crisis Stabilization Beds & Safe Beds: MHAN has been monitoring the situation regarding the third pillar of North Dakota's crisis response system: a place to go. In the past couple of years, North Dakota's crisis stabilization bed programs for adults experiencing a mental health crisis were largely in good shape. It is with regret that we are learning that there have been struggles acquiring or maintaining providers to provide this needed service in different regions. Among the reported challenges are staff turnover, technology issues, and the need for standardization. Whereas the adult crisis stabilization bed program is struggling, the safe bed programs for children and youth are practically nonexistent. DHHS has said this is a priority of theirs and we ask that the legislature also support safe beds across the state for North Dakota children and youth.

Children's Mental Health Services: MHAN urges the state of North Dakota to make a substantial investment in community-based mental health services for children and youth

with Serious Emotional Disturbance (SED). One in ten children in North Dakota has a SED, which is over 18,000 children. According to recent data from DHHS, during the 2021-2022 fiscal year, 1,101 children with SED have received services from the regional Human Service Centers, but only 135 children receive case management services. These are not simply children who have any mental illness, they are those with the most significant mental health challenges. The HSRI implementation team knows that we have plenty of work to do on this front, and we hope to see significant progress over the course of the biennium with support from the legislature.

Autism Voucher/Waiver: MHAN understands the desire to maximize federal dollars by eliminating the Autism voucher. However, we do have concerns that some of the children currently utilizing the voucher would not be eligible for the autism waiver. What MHAN would like to see is the formation of a cross-disability waiver, as suggested by the Alvarez and Marsal Study, and to begin work this biennium to have it for children up to the age of 5. We believe that this would be a good first step, because for those children at or below the age of five, a lot of these children are falling off of services and will have no services, as they are not yet in school.

New State Hospital: MHAN supports the establishment of a new State Hospital that is both therapeutic and separated from any prison complex. In previous reports and in an extensive interview with MHAN for its podcast, Dr. Etherington stated that the physical conditions at the existing State Hospital are as such that North Dakota has a significant risk of a catastrophic systems failure at any time. The expenses of repairing those facilities are so extensive that building a new facility became necessary. The current backup plan to a system failure is a temporary plan for a handful of days, in which

everyone (including the sex offender wing) will be relocated to the Jamestown Civic Center. MHAN urges the legislature to build a new State Hospital.

This concludes my testimony, and I will be happy to answer any questions you may have.

Carlotta McCleary
Mental Health Advocacy Network, Spokesperson
E-Mail: cmccleary@mhand.org
Phone: (701) 222-3310

SB 2012 Testimony
Senate Appropriations-Human Resources Committee
Senator Dever, Chairman
January 26, 2023

Chairman Dever and Members of the Committee, I am Carlotta McCleary, the Executive Director of the ND Federation of Families for Children's Mental Health (NDFFCMH), which is a parent run organization that focuses on the needs of children and youth with emotional, behavioral, or mental health needs and their families. I am also the Executive Director for Mental Health America of ND (MHAND) which is a consumer-run organization whose mission is to promote mental health through education, advocacy, understanding, and access to quality care for all individuals. Today I am testifying as the Chairman of the Behavioral Health Planning Council (BHPC). Members of the BHPC are appointed by the Governor. BHPC's objective is to monitor, review, and evaluate the allocation and adequacy of mental health and substance abuse services in North Dakota. The BHPC has a focus and vision on wellness and recovery that is consumer and family driven.

The ND Behavioral Health Planning Council (BHPC) is testifying in support of SB 2012. The ND Behavioral Health Planning Council has been closely working with the Human Services Research Institute (HSRI) and the North Dakota Department of Health and Human Services on the HSRI Study Implementation Plan. Out of that work, the BHPC has seen meaningful progress, but the one recommendation that stands out as needing the most assistance is AIM 5: "Enhance and streamline system of care for children and youth." In that aim, North Dakota has accomplished one objective out of three with the successful application of the SAMHSA System of Care grant. The remaining tasks for AIM 5 are: "AIM 5.2-Expand culturally responsive, evidence-based, trauma-informed wraparound services for children and families," "AIM 5.3. Expand in-home community supports for children, youth, and families—including family skills training and family peers." AIMs 5.2 and 5.3 have six objectives that have yet to be completed. The behavioral health system for children and youth needs a lot of work and effort.

The BHPC has released a resolution in favor of the construction of a new State Hospital in North Dakota. I am attaching that resolution for your consideration.

The BHPC has also reviewed IMD Exclusion policy over the last biennium. The BHPC has issued its position on whether to pursue an IMD Exclusion Waiver. After deliberations, the BHPC is opposed to pursuing an IMD Exclusion Waiver. The IMD exclusion serves an important purpose, a waiver would risk undermining that purpose. We believe there are numerous ways to improve Medicaid funded behavioral health services without pursuing a waiver. I am attaching BHPC's summary of findings on IMD Exclusion.

Thank you for your time I'd be happy to answer any questions that you may have.

Carlotta McCleary, Chairman ND BHPC
PO Box 3061
Bismarck, ND 58502
cmccleary@ndffcmh.com
(701) 222-3310

Resolution of Recognition of Evident Need and Support for the Advancement of a New State Hospital Within the State's System of Care

January 4, 2022

WHEREAS, the North Dakota Behavioral Health Planning Council assumes its duties as the state's principal advisory body established under Public Law 102-321 (42 U.S.C 300X-4), to monitor, review, and evaluate the allocation and adequacy of behavioral health services in North Dakota and to meet federally mandated requirements, and whose members are duly appointed by the Governor of North Dakota to advise the Governor regarding the administration of the state's behavioral health practices and policies; and

WHEREAS, the membership of the Council represents the diverse voices and interests of the people of North Dakota, bringing forth vast strengths and perspectives from consumers of mental health and substance abuse services, family members, advocates, referral sources, schools, institutional and community-based service providers, the general disability community, and the criminal justice system, and covering an expanse of expertise including a shared knowledge of individual and general consumer situations, Medicaid, service delivery systems, reimbursement issues, housing and community development, legal issues, community resources, recovery, peer mentoring, service delivery, children's issues, and advocacy for mental health and substance abuse issues; and

WHEREAS, the Council has endorsed and guided the development and implementation of the state's current behavioral health strategic plan, covering the breadth of state behavioral health needs, and in so doing, has adopted a Statement of Vision that recognizes *With full regard for the value of each person, appropriate behavioral health services, encompassing the full continuum of care, are readily available at the right time, in the right place and manner, and by the right people, offering every North Dakotan their best opportunity to live a full, productive, healthy and happy life—free of stigma or shame, within caring and supportive communities;* and

WHEREAS, the Council recognizes the inherent value and necessity for a properly sized and situated State Hospital as a critical component of the state's comprehensive system of care, providing specialized care and highly trained staff and ensuring the capacity of the state to provide for its citizens the full expanse of services demanded of a balanced, efficient, and modern continuum of care, documented by multiple studies; and

WHEREAS, the current State Hospital facilities, having served the state for multiple generations, now exhibit profound deterioration, documented by structural, mechanical, electrical, and plumbing deficiencies or failures approximating 76%, significantly evidencing that these facilities have long outlived their expected lifespans; and

WHEREAS, any measured, deferred maintenance budget cannot sustain the volume and cost of needed repairs and systems replacement, and where the current, antiquated facilities lack adequate natural light, healing green space, and pose safety risks for patients and staff, outright failing to provide for an

appropriate setting that will speed recovery, improve patient and staff safety, and improve overall satisfaction of patients and staff; and

WHEREAS, the co-location of the current State Hospital facility with an adjoining prison facility contributes to the stigma, prejudice, and discrimination of individuals with mental illness, denying patients and residents served at the State Hospital the right to receive appropriate and respectful care in a safe and healing environment.

THEREFORE, LET IT BE RESOLVED, that the North Dakota Behavioral Health Planning Council, acting within its assigned charge to provide studied advice to the state on critical issues of care regarding behavioral health services within North Dakota, does endorse

- Adopting and advancing, through policy and funding across all appropriate agencies, the full implementation of all program goals specified within the statewide behavioral health strategic plan; and

- Securing and sustaining a statewide behavioral health system that facilitates an integrated continuum of care across all services, directed to the unique needs of every person served; and

- Building a new, modern State Hospital central facility, located in Jamestown, ND, and providing readily accessible specialized psychiatric care services statewide, securing for all state residents reasonable and ready access to appropriate and specialized behavioral health services.

FURTHERMORE, LET IT BE RESOLVED, that the North Dakota Behavioral Health Planning Council petitions the North Dakota Department of Human Services, the Office of the Governor, the Acute Psychiatric Care Committee, and the full North Dakota 68th Legislative Assembly to authorize and secure sufficient and sustainable financial resources and supporting policies that accomplish each of these stated aims.

North Dakota Behavioral Health Planning Council's
Summary of Findings on IMD Exclusion

The BHPC has been reviewing IMD exclusion over the last biennium. We have had presentations from ND Medicaid, Karen Kimsey and Tom Betlach from Speire Healthcare Strategies, and finally a presentation from Jennifer Lav, from National Health Law Program and Elizabeth Priaulx, from National Disability Rights Network.

Under Section 1905(a) of the Social Security Act, there is a general prohibition on Medicaid payment for any services provided to any individual who is under 65 and who is residing in an institution for Mental Diseases (IMD). "The term 'institution for mental diseases' means a hospital, nursing facility, or other institution of more that 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services." Under this definition, can have more than 16 beds dedicated to mental health treatment in a general hospital. The purpose of the IMD Exclusion was to clarify it as the states responsibility and to encourage community-based services.

The IMD Exclusion is limited:

- Does not apply to individuals 65 and over
- Does not prevent children under 21 from getting services in the following settings (even if more than 16 beds) psychiatric hospital, psychiatric unit of general hospital, and psychiatric residential treatment facility
- Does not stop managed care enrollees from getting services in an IMD for up to 15 days per calendar month (ND Medicaid Expansion)
- Does not prevent states from asking for a state plan option to allow people to get services for SUD in IMDs (expires 9/30/2023)
- Does not prevent States from getting federal funds for impatient psychiatric care in general hospitals
- Does not prevent federal funding for adult settings that are 16 beds or less.

What do IMD Waivers let states do? IMD waivers allow states to collect federal dollars for services provided to residents of IMDs.

There are certain services, resources, and infrastructure elements that should be in place prior to applying for and implementing a IMD waiver.

- Budget Neutrality Strategy: CMS requires states to have a strategy to offset the costs of the additional services provided so that projects do not result in Medicaid costs to the federal government that are greater than what the federal government's Medicaid cost would have likely been absent the demonstration.
- State Plan Services: Meeting CMS milestone requirements might require the provision of serves not currently covered in the state plan.
- Infrastructure Development: New services could require developing adequate provider networks, utilization management protocols, and care management infrastructure to support the access to and the appropriate use of new services.
- Integrating Services: Integrating new services and improving the overall system of care for behavioral health services could require a significant investment of time and resources along with internal and external stakeholder input.
- Management Staff: Additional staff could be needed to assist with planning, execution, and management of the IMD Waiver.

Steps Prior to applying for a waiver:

- Conduct a gap analysis of current to future delivery system
- Determine FTE and resource needs for IMD
- Determine stakeholder demand/appetite and political climate
- Develop a phased implementation plan to address the gaps

We must also consider:

- Discriminatory impact & adverse impact on community-based integration
- Administrative burden
- Opportunity costs

What are the alternatives, North Dakota's 1915(i). Give the 1915(i) time to meet its promise. The service package within the 1915(i) are some of the best within the country. Mobile Crisis Response and Stabilization Services, under American Rescue Plan Act (ARPA), states may apply for and receive an 85% federal match for qualified mobile crisis services, for up to 3 years during a 5-year period, starting April 1, 2022, and increasing access for Assertive Community Treatment.

Through our deliberations, we concluded that we needed to keep the end user and their families at the forefront of our recommendations. The response to the pursuit of an IMD waiver was negative. Consumers and family members have been adamant that the work the council has embarked on to support the HSRI recommendations needs to continue. That work concentrated on the development of community services for people with behavioral health needs, not increasing our reliance on institutional care and large institutional settings. We also heard from providers that the pursuit of an IMD waiver sends the message to existing providers that their work to play by the rules and build their facilities around smaller bed counts across the state are not rewarded for that work. Instead, bigger providers are going to reap the benefits of such a change.

The IMD waiver does nothing for community-based services that cannot be done by directly improving community-based services. If anything, the IMD waiver jeopardizes the work that we have done over the last few years and the work that remains to be done.

68th North Dakota Legislature
Senate Appropriations Sub-Committee
January 26, 2023

Good afternoon, Chairman Dever and members of the Committee. My name is Trina Gress, I am a Vice President Community Options. We support SB 2012 Behavioral Health budget.

A bit of history, the 2017 and 2019 North Dakota legislative body passed funding and legislation which created a new sections in ND Century Code and provided funding to implement Free through Recovery (FTR) and Community Connect. This has been one of the best things for the citizens of ND. These two programs have impacted thousands of clients lives over the last few years.

Community Options is one of many providers which serve Free through Recovery and Community Connect clients. These two programs change lives. Let me share a few stories.

> *Client A – A Community Connect client suffered two strokes, went through a divorce, and was struggling with his mental health. His Care Coordinator listened without judgement and assisted him is organizing appointments. He now has an apartment and a part time job and is doing well.*
>
> *Client B was pending revocation, but because of the FTR program and his Care Coordinator assisted him in securing a fulltime job and his 1 year of sobriety the judge decided to dismiss it. While in the FTR program this client learned how to stop pushing off his responsibilities and talk to people without getting nervous.*

In conclusion, Community Options supports SB 2012 for the Behavioral Health Budget. Thank you for your time, are there any questions?

Sincerely Submitted,

Trina Gress
701.319.8871
trinag@coresinc.org

SENATE APPROPRIATIONS COMMITTEE

JANUARY 26, 2023

Chairman Dever, Members of the Committee, my name is Doreen Eichele, Chief Operations Officer for the Dacotah Foundation. I am here today in support of SB 2012.

We have been a provider of behavioral health services in North Dakota since 1970. Our agency exists to provide quality services that enhances lives and provides hope to individuals in the communities we serve who are experiencing mental health and/or substance use challenges. Dacotah Foundation provides services in the Bismarck-Mandan and Fargo communities. We contract with the ND Department of Health and Human Services to provide and fund a major portion of our services.

Some of the committee members may already know about our agency and services but for those that are new, we would like to share a brief description of some of the services we provide so you can understand how we fit into the provision of care and collaborate with DHHS. Many of the services we provide are residential based with an augmentation of some community-based services.

The residential services we provide in coordination with the Regional Human Service Centers and their team members are:

Crisis Stabilization- We operate units in both Fargo (15) and Bismarck (12) communities. This is our most intensive service we provide for mental health crisis stabilization and substance withdrawal management. This service provides options we refer to as Sit, Stand, or Stay. This program helps reduce the need for emergency services, more appropriate use of local Emergency room visits, and jail or incarceration. The Regional Human Services Mobile Crisis Response Team and local law enforcement provide the initial response to the crisis in the community and assess for level of care. If appropriate, individuals can be brought for psychiatric stabilization, withdrawal management, monitoring of symptoms and supportive services. They may stay for 24 hours for Sit, Stand, or be evaluated for longer stays depending on the level of need and crisis. They are also connected and/or reconnected to services at the Regional Human Service Center and community providers.

Transitional Residential- These services are a step-down service from crisis stabilization for individuals needing more observation and skill building while continuing services with their Regional Human Service Center teams. Stays vary from 3-16 months with the goal of returning to independent living. There are three facilities in Fargo (31) and two facilities in Bismarck (20).

Medication Monitoring programs are provided in both Bismarck (50) and Fargo (35-40). This service provides monitoring of medications for individuals to support and increase their success with medication compliance. This also gives us a daily

opportunity to observe their well-being and report and address concerns with their treatment team early.

These programs and staff support 32 residential beds in Bismarck and 46 residential beds in Fargo.

Dacotah Foundation also provide support staff for Edwinton Place in Bismarck which is a permanent supportive residential setting for 40 individuals. This program is provided in collaboration with Burleigh County Housing Authority and DHHS. Staff help identify needs; monitor for safety and assist to connect tenants to community resources.

Our agency operates the Dacotah Recovery Center located in Bismarck which provides recovery-based services to persons who self-identify with a mental illness and are needing support and assistance navigating the system for care. The center provides peer-to-peer group options for members to share their recovery journey, success, and resources. The staff are available to help assist and provide education and activities that help develop skills in the four major dimensions of recovery which are health, home, community, and purpose (self-worth).

Other community services we provide with other sources of funding are:

Representative Payees are in both Bismarck and Fargo to provide money management and bill payment supports to approximately 350 individuals struggling to manage their financial resources. They focus on shelter, food and clothing needs and work with local vendors and apartment managers. This program is funded by client funds received either from their Social Security or employment income.

Dacotah Foundation also provides affordable apartments and group living options for individuals that have had difficulty finding and maintaining local housing due to their financial backgrounds or rental histories. There are both individual and group living options for persons in multiple stages of recovery. There are five sites in the Bismarck area which can house 37 individuals and one in Fargo which can service 7 individuals. Tenants pay for their rent from their own financial resources, with supports from vouchers or more recently ND Rent Help. Individuals benefit from the peers they live with and from supportive services that are provided within each setting.

These residential services would not be possible without the funding you provide to DHHS and their Regional Human Services. These funds provide a very vital community service and supports members of our community who are struggling. It provides for support staff, facility management and program need. It makes these core programs possible.

I stand before you today to say we are struggling as an agency to continue to provide these residential services with the current workforce market and impact of inflation under our current contracts. This has never been more evident than in this most current biennium where

our contract rates increased 1-2% while inflation rates reached 9% and now more recently down to 6.5% for the previous twelve months. The cost of food, utilities and repairs have increased by 13.5% and higher. Our cost of medical insurance premiums for our staff have increased by 15%.

To provide the level of care needed and quality of care expected, our industry needs to be able to be competitive with our salaries and benefits. These positions are high demand, high energy jobs that require individuals to have good, specialized training and an understanding in areas of behavioral health and medications. Our agency competes for good quality employees with other industries that require less specialized training and skills. Many of the competing jobs openings outpace our current starting salaries by more than $2/hour. This difference in pay makes it extremely hard to recruit and retain staff. Our turnover rates have continually increased from 33% to 80% primarily due to better paying jobs with less intense work environments. We are in constant recruitment and training mode. As a provider, we will be unable to keep, attract, and retain well qualified individuals to meet the needs of the programs if reimbursements are not increased to providers.

Staffing shortages also requires more overtime to fill the void and impacts expenditures in a budget that is already impacted by inflation. Our residential homes require 24/7, weekend, holiday, and blizzard coverage. If increased funding is not made available now and for the future, providers like Dacotah Foundation will be forced to leave the industry and/or reduce services. In an environment where we are hearing more mental health services are needed, less services and providers would be detrimental.

We serve a population that has reoccurring and intense mental health needs which has contributed to a higher level of burnout among our current staff members. This burnout is only intensified by the current staffing shortages. Staff are being asked to continually do more, fill in open shifts and work longer hours. Supervisors and administration are being asked to provide help covering these needs pulling them away from other essential duties. We are currently operating at 75% of our current staffing needs. This raises other concerns for staff safety, maintaining adequate client to staff ratios, at times impacts our ability to have open and available beds, and the ability to provide ongoing services in the future. Current funding for mental health providers, without the requested increases, jeopardizes our capacity to provide ongoing services in the future.

We are here today to advocate for increased budget spending for the DHHS budget that would allow providers to be competitive in the current workforce market; reflective of the level of training required and needed; and reflective of the rate of inflation we are all currently experiencing.

Mr. Chairman and Committee members,

My name is Dustin Eddy, I currently reside in District 7 and I am testifying on behalf of my support for Senate Bill No. 2012. I'm a community member in recovery from mental health and the consequences of substance use disorders.. I'm thankful to be newly employed by the West Central Human Service Center as a Certified Peer Support Specialist since July of last year. As peer support I can use my lived experience to help our clients stay engaged and inspire hope until they find their own paths to recovery, which in turn has strengthened my own recovery.

I find it coincidental that this BILL is No. 2012 because it was in the year 2012, I found myself facing an uncertain future with felony charges resulting from a DEA controlled sting operation in Ward County for delivering and conspiring to deliver a controlled substance, marijuana. Having never really been a drug dealer, but rather a drug addict, I was not prepared to navigate a future being locked up in the system. It was during my 7-month jail stay that The North Central Human Service Center sent a Psychiatric team to visit us in jail, so I requested an appointment to be seen. It was during that appointment I was told they couldn't help me because they were only there to prescribe medication and all I wanted was someone to talk to. I eventually realized I was fortunate to be in a jailhouse full of experts that I was able to confide in after my prejudices had faded. I was also grateful for a few local church groups that visited us twice a week for fellowship. I used what little bit of commissary I was gifted to buy pencils, paper, envelopes and stamps to keep in touch with my family members across the country since I was not a native of North Dakota and had nobody that could afford to call or visit me.

My point to that story is that had there been a peer support specialist on North Central's treatment team, then they would have had another tool besides medication to offer me. Someone to listen with empathy and compassion might have helped me get through my anxiety, depression and fear of the unknown. As a Certified Peer Support Specialist on West Central Human Services team, I am that guy, but unfortunately I am the only one so far. And I get it, not everybody has the drive and passion for peer support to maintain 3 other jobs and are fortunate to have a spouse with a sufficient income to provide a roof over their head and health insurance. A Certified Peer Support Specialist is still just a temporary position at West Central that comes with no benefits and an hourly compensation of $16.85. This winter I've felt hardships with snow days and holidays forcing me to take time off without pay. I have used every trick in the book I could think of to compensate, from taking advantage of being allowed to come into work a ½ hour early, taking ½ hour lunches and staying a ½ hour later as allowed by the center I still come up short of 40 hours a week. My family life suffers while I work an additional 3-4 nights a week, and weekends just to make ends meet.

I'm lead to believe that if this BILL passes, then the Department of Health and Human Services will be able to afford to make Peer Support Specialist a permanent position with benefits and a competitive wage that will attract others with a passion to help those who are still suffering in our communities with mental health and substance use disorders. I believe it's our peers that we truly learn from, they can understand us and how we think and are willing to communicate and reach us no matter what level we are on in our lives. Inspiring us to use or abstain from substance use and holding us accountable unlike the professionals who have higher standards and set boundaries to protect themselves. We can recover and I stand before you as proof, thank you for lending me your ears.



SB2012

Senate Appropriations Committee
Senator Brad Bekkedahl, Chairman

HHS Introduction to Detailed Budget Reviews | Jan. 26, 2023
HHS Commissioner Chris Jones

NORTH Dakota | Health & Human Services
Be Legendary.

#1

Cite the North Dakota Century Code chapter(s) associated with the agency and list its major statutory responsibilities

NORTH Dakota Be Legendary. | Health & Human Services

North Dakota Century Code chapter(s) and major statutory responsibilities

- Public Health
- Behavioral Health
- Medical Services
- Human Services
- Finance
- Human Resources
- Communications
- Legal
- Operations (Deputy Commissioner)

- Chapter 19-24.1: Medical Marijuana
- Various chapters in Title 23: Health and Safety
- Various chapters in Title 25: Mental and Physical Illness of Disability
- Various chapters in Title 50: Public Welfare
- ND Food and Cosmetic Act 19-02.1: Food and Lodging unit

#2

Purpose of agency divisions, including organizational chart

NORTH Dakota Be Legendary. | Health & Human Services

HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the **FOUNDATIONS** of well-being

- Economic Health
- Behavioral Health
- Physical Health

Ensure everyone has the opportunity to realize their **POTENTIAL**

- Strong, Stable Families
- Services Closer to Home
- Early Childhood Experiences

Give everyone the **OPPORTUNITY** to decide to:

- Be Healthy
- Be Active
- Find & Prevent Disease Early

Efficiency Through Redesign

High-Performing Team

NORTH Dakota Be Legendary. | Health & Human Services

EFFECTIVE NOVEMBER 2022

North Dakota Department of Health & Human Services

Core Functions of the SHO

1. Governor's Cabinet Member
2. Lead Tribal Health Engagement
3. Health Liaison to the Legislature
4. External Stakeholder Engagement
5. Advisor to specific DHHS focus areas, including:
   a. Community Engagement
   b. Health Care Workforce Development
   c. Emergency Preparedness & Response
6. Developer of Wellness Strategies for North Dakota

Core Functions of the DC

1. **Day-to-Day Operations**
   a. Constituent Services/Appeals Review
   b. Facilities Planning/Operations Management
   c. Criminal Background Check Services
   d. Document Management
   e. Contact Center Operations Coordination
   f. Refugee Support Services
   g. DD Council
2. **Transformation Centers**
   a. Portfolio and Project Management
   b. Process Improvement & Quality Management
   c. Change Management
   d. Customer Experience Management
   e. IT and Data Governance

Governor's Office
Doug Burgum

State Health Officer
Dr. Nizar Wehbi

DHHS Commissioner
Chris Jones

Deputy Commissioner
Sara Stolt

Executive Director Public Health
Dirk Wilke
- Disease Control and Forensic Pathology
- Healthy & Safe Communities
- Health Response and Licensure
- Laboratory Services
- Health Statistics and Performance

Executive Director Medical Services
Krista Fremming, Interim
- Medicaid

Executive Director Behavioral Health
Pamela Sagness
- Human Service Centers
- State Hospital
- Behavioral Health Policy

Executive Director Human Services
Jessica Thomasson
- Disability Determination Srvc
- Human Service Zone Operations
- Economic Asst
- Vocational Rehabilitation
- Children & Family Services
- Child Support
- Early Childhood
- Life Skills and Transition Center
- Aging Services
- Developmental Disabilities

Chief Financial Officer
Arnold Strebe
- Assistant CFOs for each Division
- Budget Management
- Audit Management
- Procurement and Contracts
- Logistics Management
- Performance and Data Management
- Supply Chain Operations

Chief Human Resources Officer
Marcie Wuitschick
- HR Business Partners for each Division
- Operations and Digital
- Talent Acquisition
- Talent Management and Development
- Total Rewards
- Risk Management/ Employee Health
- Safety/Disaster Preparedness

Chief Communications Officer
Lynn Bargmann
- Communications Managers for each Division
- Internal Communications
- External Communications
- Marketing, Outreach, and Education
- Multi-Media Support

Chief Legal Officer
Jon Alm
- Legal Advisory
- Attorney General Office Coordination regarding the Public Health Division and Litigation

#3

Financial audit findings and actions

SFY21 Audit of DHS
Findings and Programmatic Recommendations

CHILD CARE

- Child Care Correction Orders Not Resolved. Improve procedures to ensure child care correction orders are resolved at the end of each allowed correction period. *New database was implemented August 2022, notifies when a reinspection is needed and escalates if not performed*

CHILD PROTECTION SERVICES

- Failure to timely contact suspected victims of child abuse and neglect. Ensure timely face-to-face contact with suspected victims of child abuse and neglect. *Requesting additional FTE in legislative session*

BEHAVIORAL HEALTH

- SUD Voucher Income Verification. Obtain acceptable documentation to verify income and expenses. *New system implemented that requires specific income verifications.*
- SUD Voucher Recipients also Approved for Medicaid. Implement procedures to verify and track individuals approved for SUD Vouchers that are also approved for Medicaid. *Hired an FTE to track and updated process was implemented in July 2021*

OTHER RESULTS

- Financial errors. Strengthen procedures surrounding the CAFR reporting process to ensure accurate amounts are reported to the Office of Management and Budget. *Continued collaboration with OMB and SAO.*
- Medicaid drug rebate system errors. Strengthen controls surrounding the Drug Rebate and Analysis Management System (DRAMS) to ensure receivables balances are properly calculated and interest is properly calculated for overdue drug rebate balances. *System updates in process*

SFY21 Audit of DHS
Findings and Programmatic Recommendations

OTHER RESULTS CONTINUED:

- Nonexempt Employee Payroll. Ensure proper payment and accurate and detailed compensation policies. *DHS disagreed with the recommendation that payments were incorrectly made, Policy document was modified to reflect actual practice.*

- Performance Bonus Noncompliance. Ensure compliance with performance bonus program requirements outlined in NDCC. *DHS disagreed with the recommendation. Bonuses were offered to employees working excessive hours in our two 24-hour facilities and the Department needed to compensate that work.*

#4

- Current biennium accomplishments and challenges
- Next biennium goals and plans will be covered in section's budget detail testimony to follow

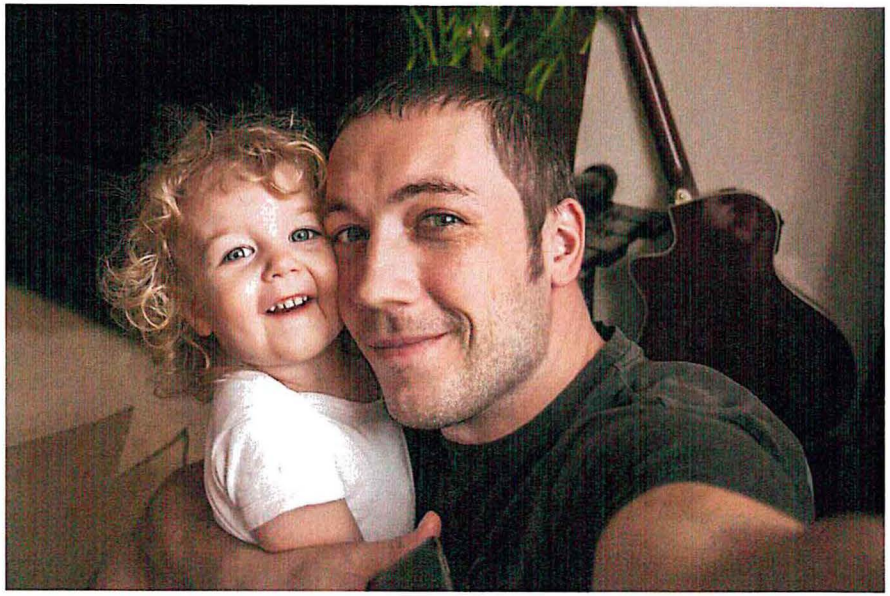
HHS key accomplishments

Supported state's workforce with investments in child care infrastructure and increased qualifying income levels for Child Care Assistance Program.

Partnered with the Great Plains Tribal Leaders Health Board (GPTLHB) to implement the Cappa Health 360 platform, which provides individualized and culturally adapted chronic disease management and prevention programs.

Launched a mental health program directory to help North Dakotans better locate and access mental health resources was launched by HHS.

Launched new Children in Need of Services Team to divert children and youth from juvenile justice system and foster care, and connect children and families to support in communities.



NORTH Dakota | Health & Human Services
Be Legendary.

HHS key accomplishments

Launched workforce incentive grants for agency and individual direct care professionals to expand access to in-home and community care services for people with disabilities.

Launched the Help for Homeowners program to support financial stability of homeowners who are struggling to pay their mortgage and other related housing costs.

Helped over 100 North Dakotans with disabilities move from institutions to homes in the community with support exceeding the two-year transition benchmark required in a settlement agreement with the Department of Justice.



NORTH Dakota | Health & Human Services
Be Legendary.

HHS key accomplishments

Worked to expand Medicaid health care coverage from 60 days to 12 months for new moms after pregnancy.

Continued to support quality early learning experiences and school readiness by funding multiple rounds of "Best in Class" grants to programs serving children the year before kindergarten.

Collaborated with Governor Burgum and First Lady Kathryn Burgum who hosted the **sixth Recovery Reinvented event.**

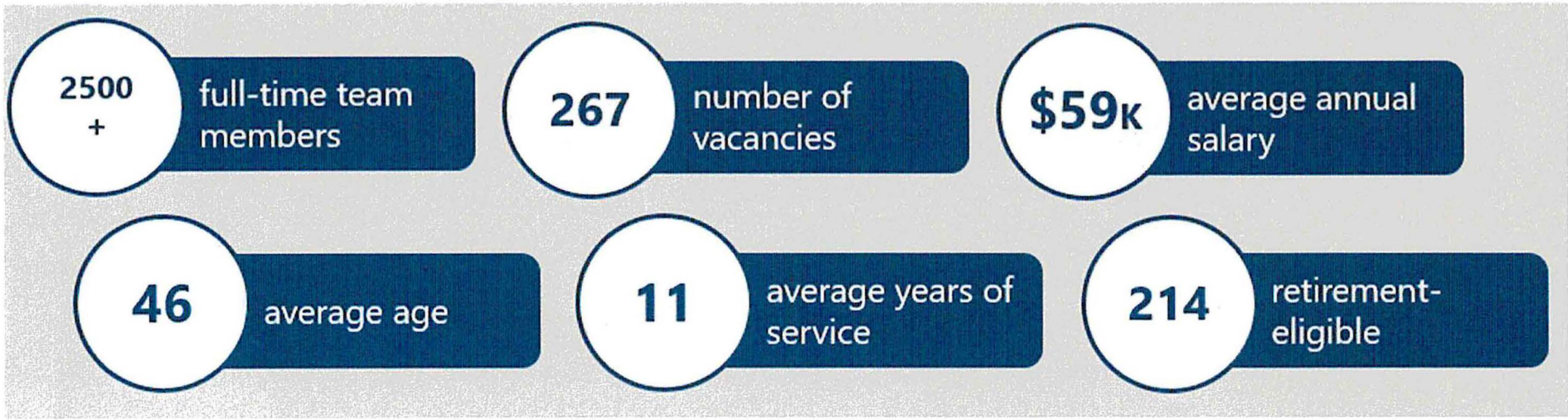


NORTH Dakota | Health & Human Services
Be Legendary.

#5

Compare the agency's request / recommendation totals, including full-time equivalent (FTE) positions, for the next biennium compared to the current biennium

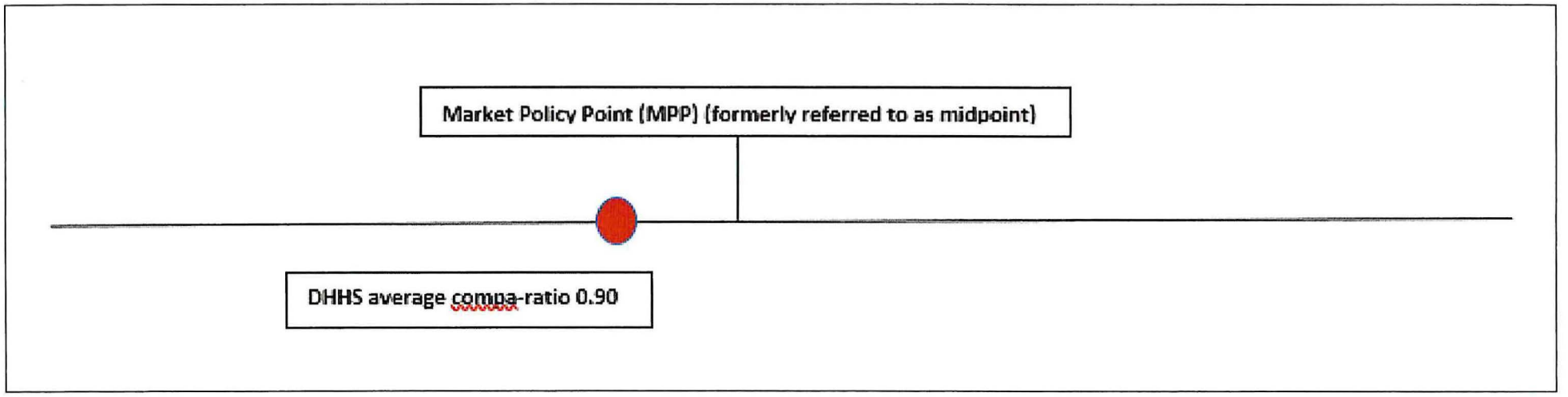
Agency team member statistics



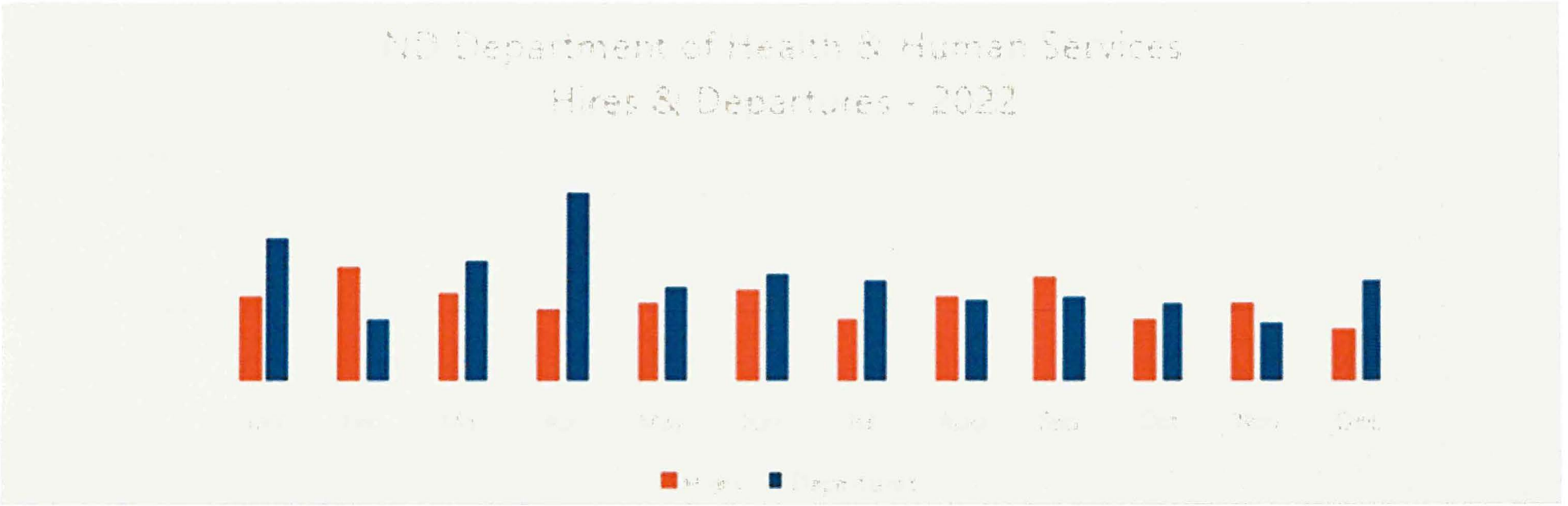
Five-year turnover history



Compensation overall is below market



Vacancy rates



#9

Agency collections that are deposited in the general fund or a special fund, and any anticipated changes from 2021 legislative session estimates during the 2021-23 biennium and estimated changes for the 2023-25 biennium

Human Service Center collections

2021-2023
$26.7M

2023-2025
$14.8M

NORTH Dakota | Health & Human Services
Be Legendary.

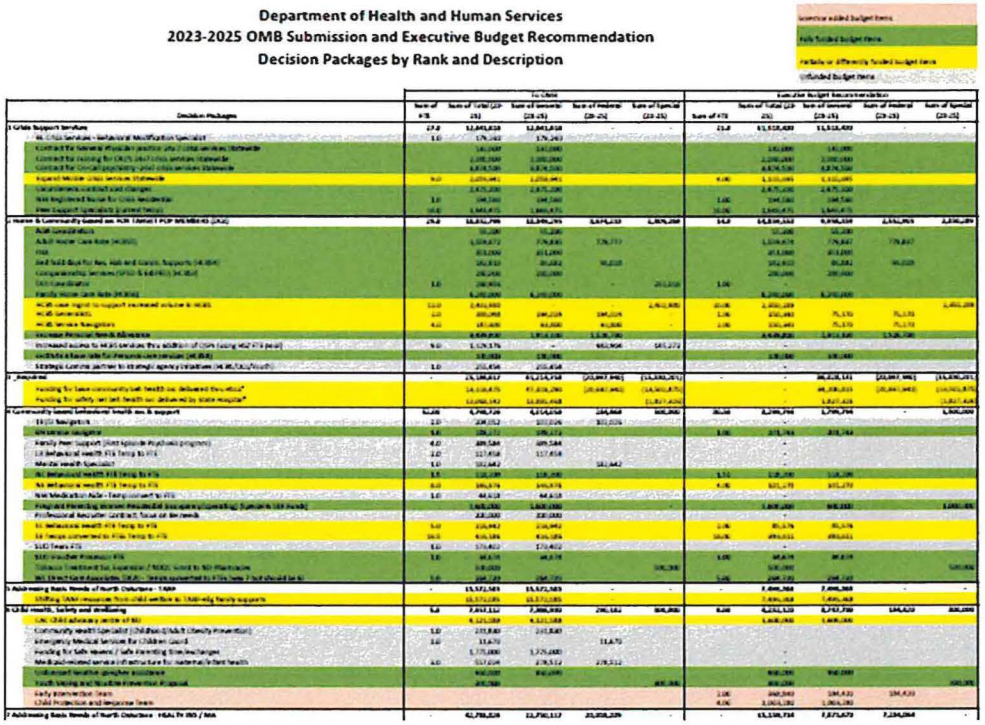
#13

Comparison of agency major requests to those recommended in the executive budget

NORTH Dakota Be Legendary. | Health & Human Services

HHS decision packages

See HHS decision packages (handout) submitted to OMB as Executive Budget Recommendation



Department of Health and Human Services
2023-2025 OMB Submission and Executive Budget Recommendation
Decision Packages by Rank and Description

#14

Identify the purpose and amount of federal state fiscal recovery funding appropriated to the agency during the November 2021 special legislative session, the amount of funds spent to date, the timeline for obligating and spending the remaining funds and any amounts that will not be obligated by Dec. 2024.

NORTH Dakota | Health & Human Services
Be Legendary.

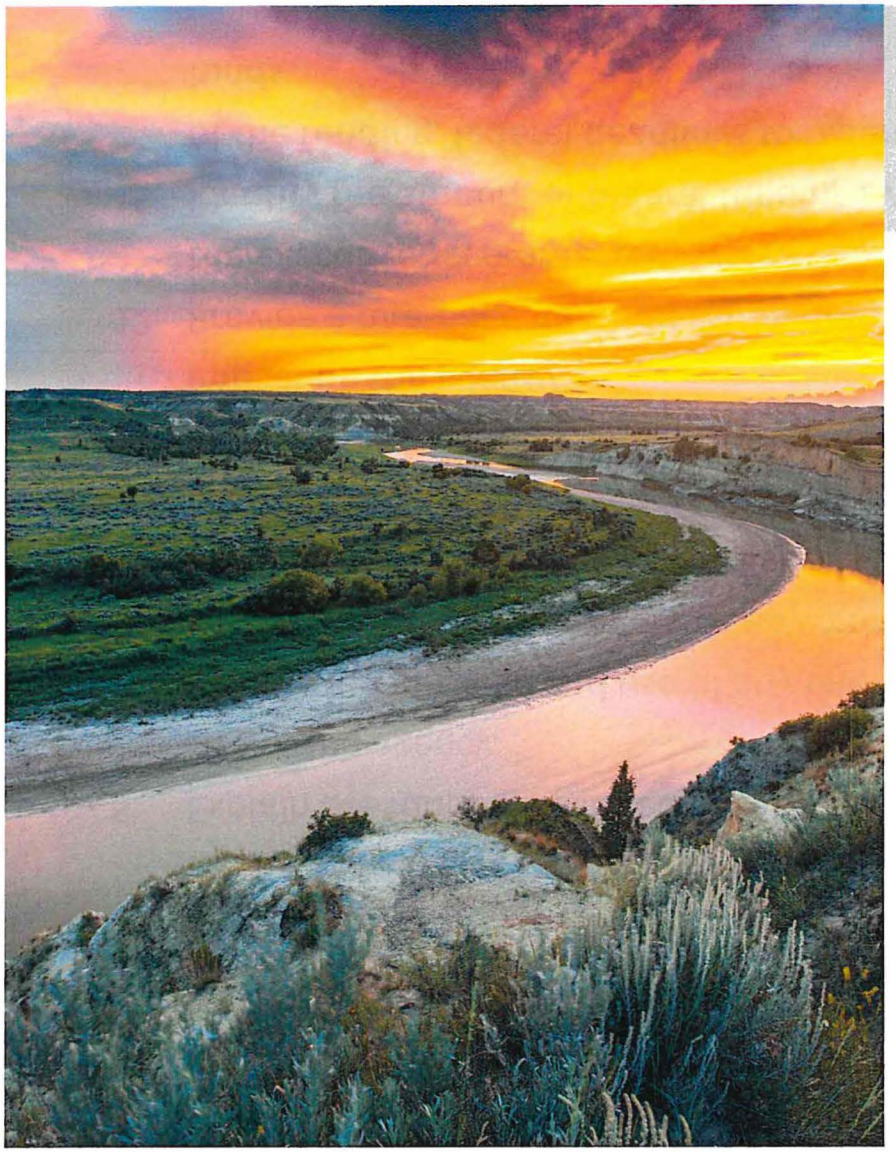
State fiscal relief funding

STATE FISCAL RELIEF FUNDING (AUTHORIZED BY THE AMERICAN RESCUE PLAN ACT)

	Budget Amount	Spent as of Dec. 2022	Remaining
SB 2345 Recruitment and Retention Grants	$ 2,500,000	$ 891,000	$ 1,609,000
SB 2345 Long Term Care lost revenue grants	25,000,000	25,000,000	-
SB 2345 State Hospital Nursing Staff Retention	350,000	350,000	-
SB 2345 PHE Unwinding	5,000,000	264,000	4,736,000
SB 2345 Child Care Assistance Programs	17,000,000	1,871,000	15,129,000
SB 2345 Community Behavioral Health - Free Through Recovery and Community Connect	4,000,000	257,000	3,743,000
SB 2345 Additional Funding for SUD Voucher Grant	3,000,000	-	3,000,000
SB 2345 Alternative to Abortion Grants	1,500,000	948,000	552,000
	$ 58,350,000	**$ 29,581,000**	**$ 28,769,000**

These questions will be answered as part of each section's detailed budget testimony

6. Explain the funding included in each program/line item either in total or by division depending on the size of the agency.
7. Discuss the purpose and use of any one-time funding items for the current biennium.
8. Identify and justify the need for any one-time funding being requested/recommended.
10. Discuss the need for any other sections that are included or are requested/recommended to be included in the agency appropriation bill.
11. Discuss any other bills being considered by the Legislative Assembly and their potential budgetary impact on the agency.
12. Provide a one-page itemized listing of the changes your agency is requesting the committee to make to the executive recommendation.
15. Identify the amount of federal funding available to your agency for the 2023-25 biennium, the purpose of the funding, federal deadlines for spending the funds, and your agency's plan for spending the funds.



Contact information

Chris Jones
HHS Commissioner
cdjones@nd.gov

www.hhs@nd.gov

NORTH Dakota | Health & Human Services
Be Legendary.



Senate Bill 2012

Senate Appropriations Committee | HR Section

Senator Dever, Chairman

Child Support Section | Jim Fleming, Director | January 27, 2023

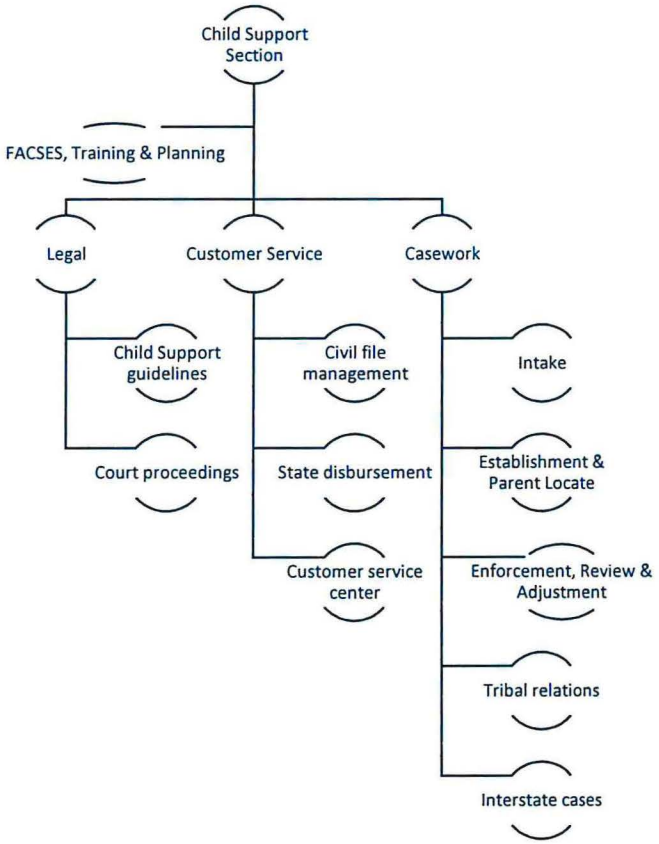
NORTH Dakota | Health & Human Services

Be Legendary.

Child Support: Staffing and Team Structure

The purpose of the Child Support program is to help parents meet the needs of their children by securing appropriate and sustainable child support.

Child Support			
21-23 Authorized FTE Base		**23-25 Executive Budget FTE**	**12-31-22 Vacancies (from base)**
161.2		161.2	6.00
Avg Age	Avg Yrs of Service	Turnover 2021	Turnover 2022
49	**14**	**6.5%**	**9.6%**

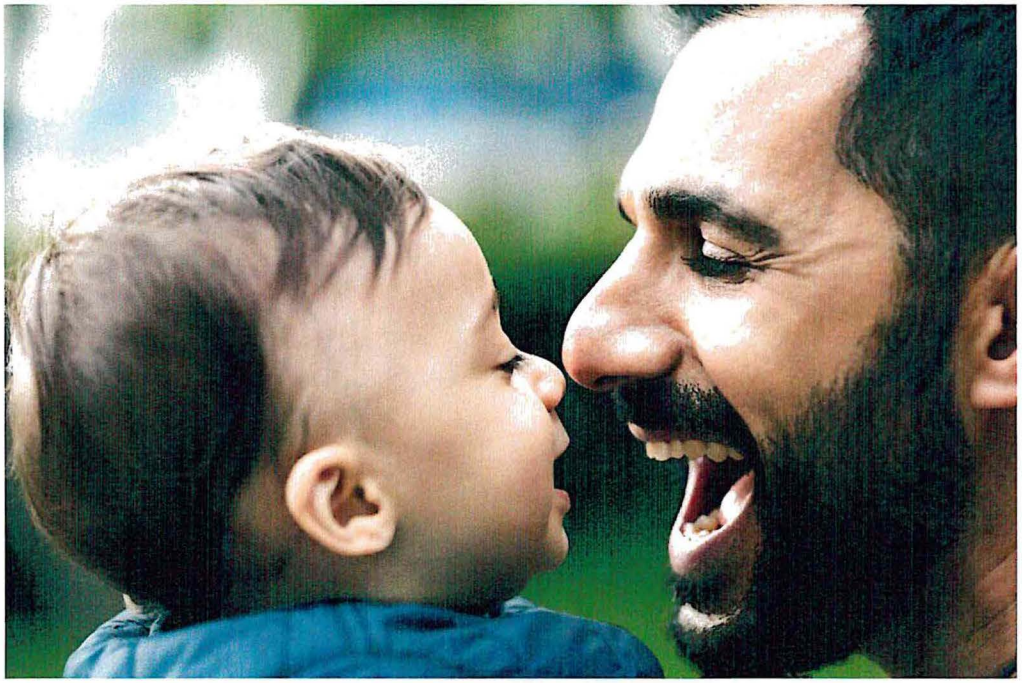


NORTH Dakota Be Legendary. | Health & Human Services

Who we serve

As of 2022, the Child Support section delivers programs and services to:

- 67,136 children
- 86,050 parents
- 53,318 cases
  - Full service. – 32,797
  - Limited service – 20,521
- Employers 79,176



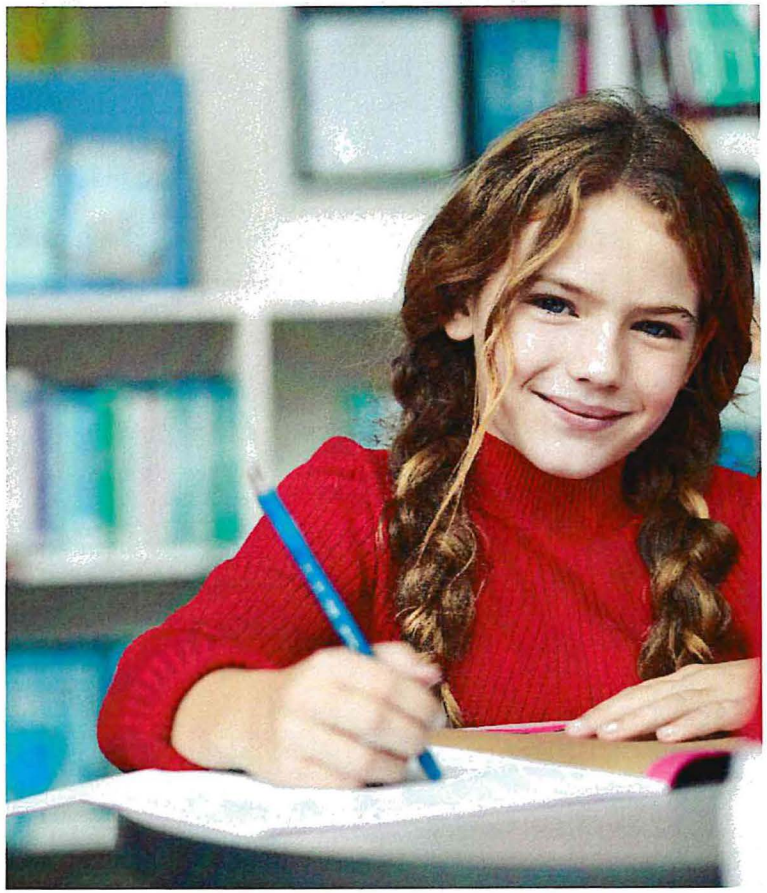
Child Support
What we do – Full Service and Limited Service

All Cases

- Customer service
- Income withholding
- Account management

Full-Service Cases

- Establishment of paternity
- Establishment of a child support and medical support order
- Other enforcement actions such as tax refund offset and license suspension
- Employment services
- Periodic review and modification of child support obligation



NORTH Dakota | Health & Human Services
Be Legendary.

How we measure success
Collection of payments owed

When child support is received, the child is able to grow up in a more secure and stable environment.

Studies have shown that for every $1 a family receives in child support, $0.19 is saved in reduced need for TANF, SNAP, Medicaid and other programs.

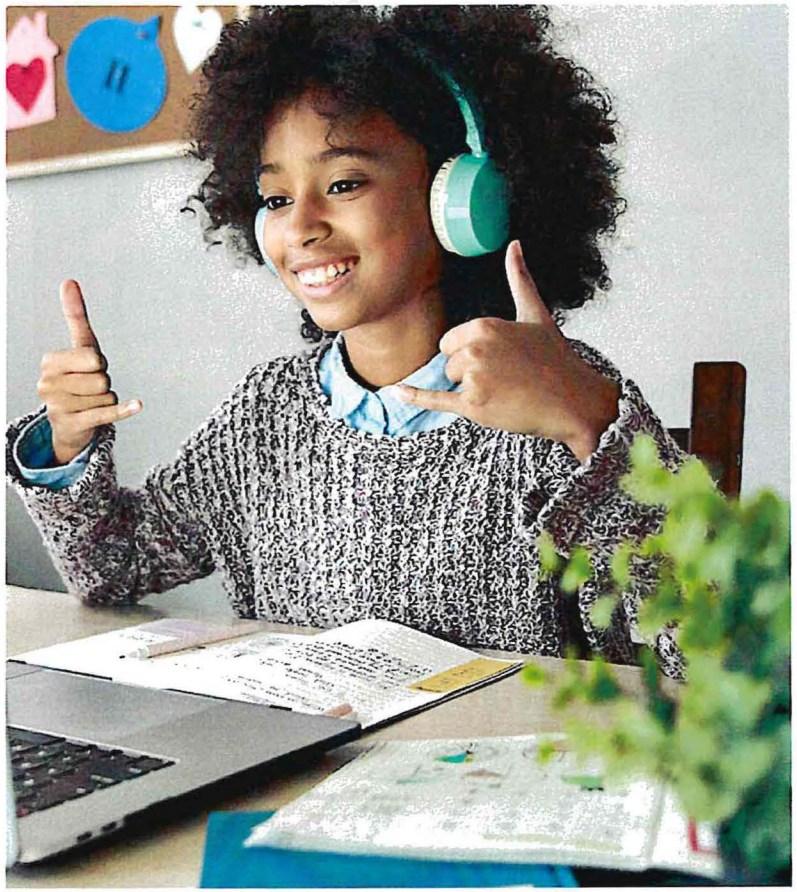


NORTH Dakota | Health & Human Services
Be Legendary.

Child Support Return on Investment

- Every **$1.00 spent** on Child Support generated **$6.31 for family recipients**

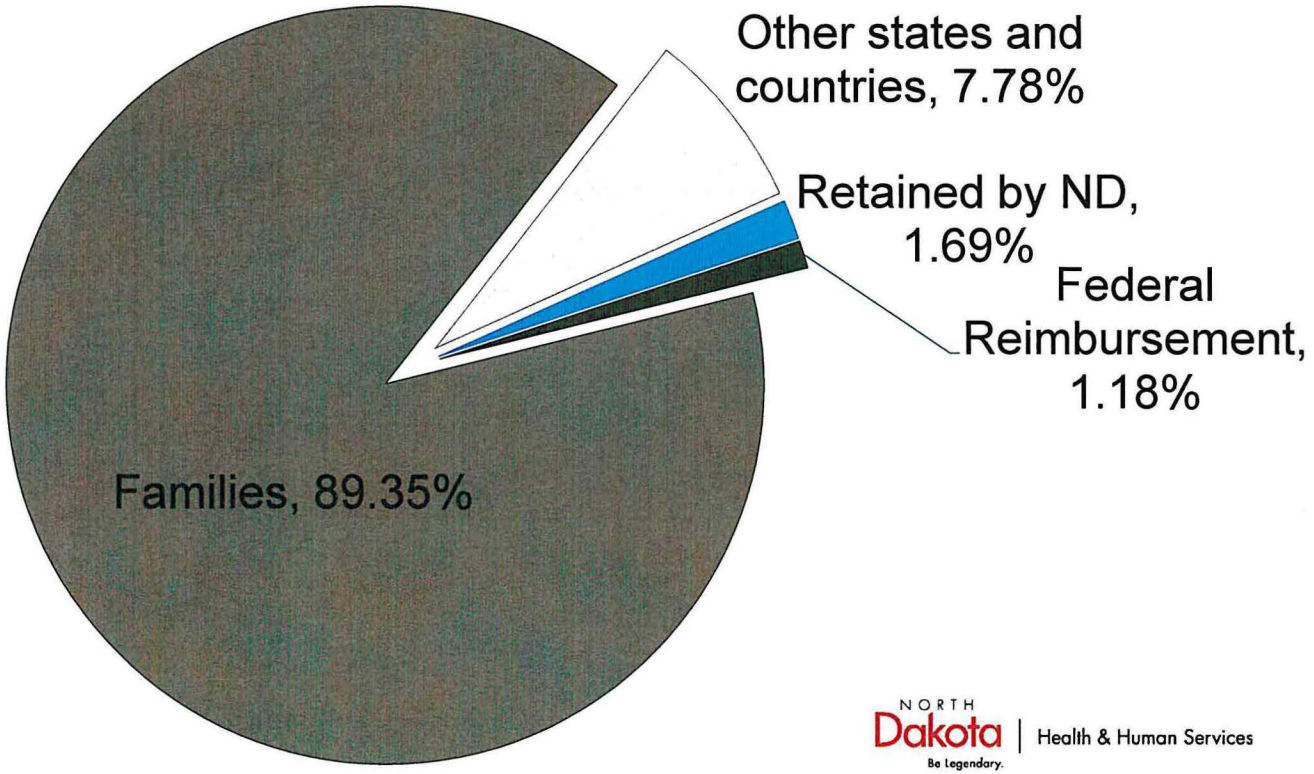
- Every **$1.00 in state General Funds spent** on Child Support generates **$18.55 in support for family** recipients



NORTH Dakota | Health & Human Services
Be Legendary.

Collections - Where the $183 million goes

Child support agencies work collaboratively, across state lines, to ensure that families receive the child support they are owed regardless of where they live.



NORTH Dakota Be Legendary. | Health & Human Services

HHS Child Support: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 27,413,957	$ 2,733,526	$ 30,147,483
Operating	3,461,249	(917,645)	2,543,604
IT Services	99,555	27,600	127,155
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	-	-	-
Total	$ 30,974,761	$ 1,843,481	$ 32,818,242

General Fund	**$ 8,486,110**	**$ 980,259**	**$ 9,466,369**
Federal Funds	**18,465,044**	**973,254**	**19,438,298**
Other Funds	**4,023,607**	**(110,032)**	**3,913,575**
Total Funds	**$ 30,974,761**	**$ 1,843,481**	**$ 32,818,242**

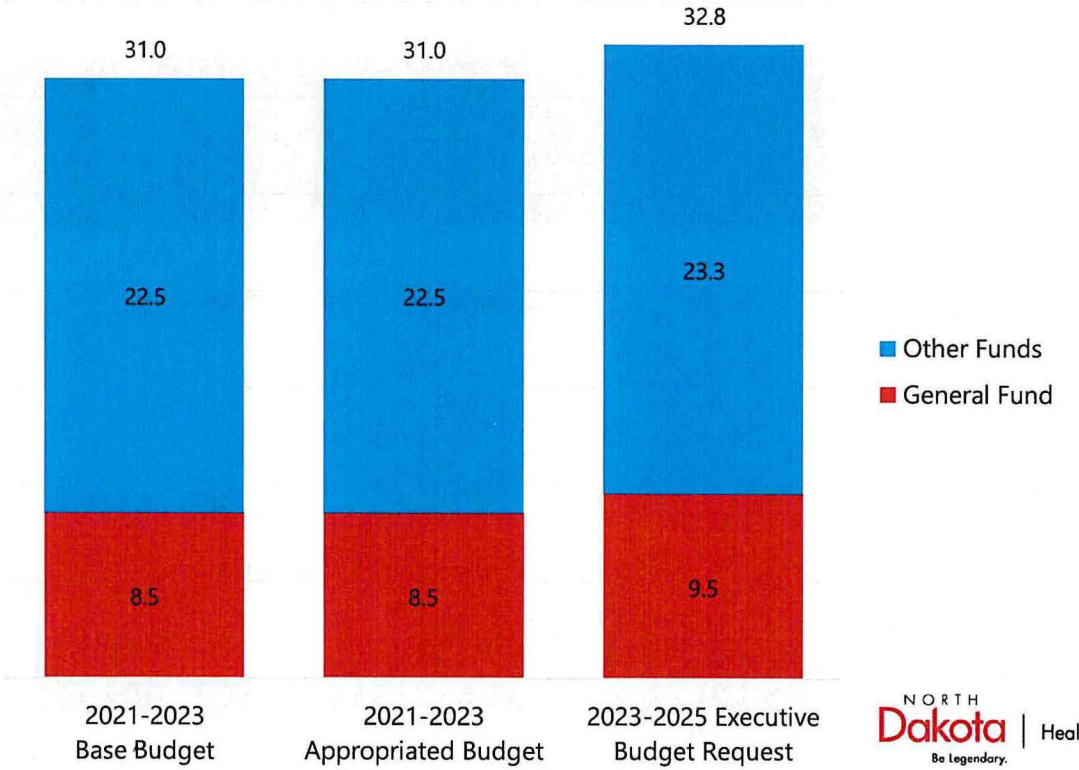
Full Time Equivalent (FTE)	161.20	-	161.20

NORTH Dakota Be Legendary. | Health & Human Services

Child Support: Overview of budget changes (IN MILLIONS)

INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION
$1.8 MILLION

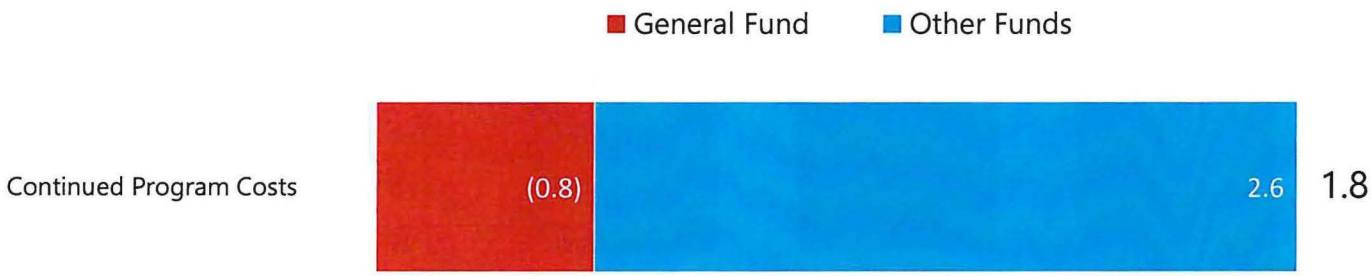
Highlights:
- Remote customer service
- Transition to Telework
- IT request for new case management system



NORTH Dakota | Health & Human Services
Be Legendary.

NORTH Dakota | Health & Human Services
Be Legendary.

Child Support: Overview of budget changes (IN MILLIONS)



NORTH Dakota Be Legendary. | Health & Human Services

About Child Support Contracts

- $800,000 Supreme Court (all federal)
- $618,646 Rent ($1.3 million for 2019-2021)
- $389,090 Data matching and Locate
- $200,000 Access and Visitation (all federal)
- $96,000 Service of legal documents



NORTH Dakota | Health & Human Services
Be Legendary.

Child Support

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	$ 18,319,787	$ 1,397,819	$ 19,717,606
512x Salaries - Other	-	-	-
513x Salaries Temp	81,920	8,192	90,112
514x Salaries Overtime	-	-	-
516x Salaries Benefits	9,012,249	1,327,516	10,339,765
Total Salaries & Benefits	$ 27,413,957	$ 2,733,526	$ 30,147,483
52x Travel	34,840	5,057	39,897
53x Supply	31,789	(6,495)	25,294
54x Postage & Printing	294,202	(133,732)	160,470
55x Equipment under $5,000	9,000	(1,750)	7,250
56x Utilities	-	-	-
57x Insurance	1,000	(350)	650
58x Rent/Leases - Bldg/Equip	906,674	(253,225)	653,449
59x Repairs	69,688	(23,747)	45,941
61x Professional Development	19,110	2,670	21,780
62x Fees - Operating & Professional	2,094,946	(506,073)	1,588,873
67x Expenses	-	-	-
53x Supplies	58,000	42,000	100,000
60x IT Expenses	41,555	(14,400)	27,155
68x Land, Building, Other Capital	-	-	-
69x Over	-	-	-
69x Equipment Over $5,000	-	-	-
71x Grants, Benefits, & Claims	-	-	-
72x Transfers	-	-	-
Total Operating	$ 3,560,804	$ (890,045)	$ 2,670,759
Total	$ 30,974,761	$ 1,843,481	$ 32,818,242

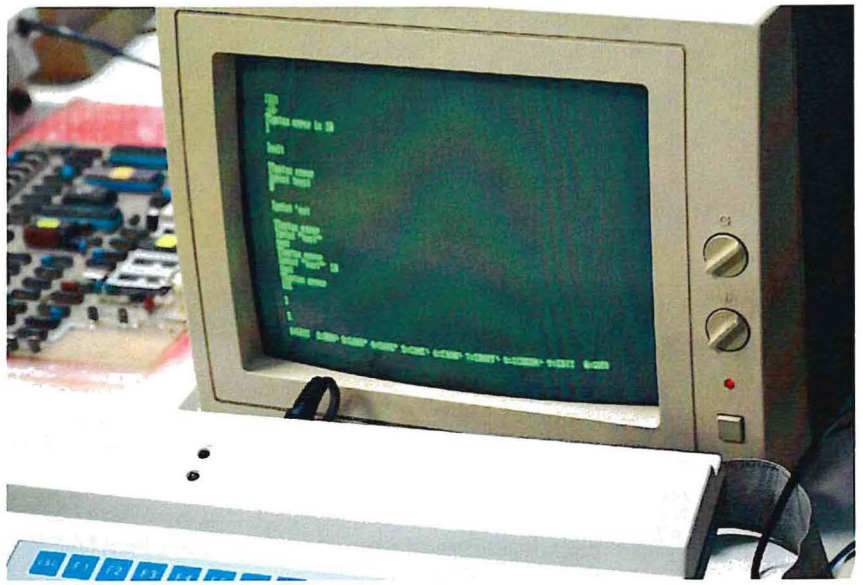
Child Support: Overview of budget changes (IN MILLIONS)

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	$ 8,486,110	$ 980,259	$ 9,466,369
Federal Funds	18,465,044	973,254	19,438,298
Other Funds	4,023,607	(110,032)	3,913,575
Total Funds	$ 30,974,761	$ 1,843,481	$ 32,818,242

NORTH Dakota Be Legendary. | Health & Human Services

SB 2012 Section 2: One-Time Expenditures
Child Support System Replacement

- Fully Automated Child Support Enforcement System (FACSES)
- $60 million estimate, covers:
  - Project Management
  - Design, Development, and Implementation
  - Independent Verification and Validation
  - Quality Assurance
  - User Acceptance Testing
- Integrated case management, electronic case records, and customer interface



NORTH Dakota | Health & Human Services
Be Legendary.

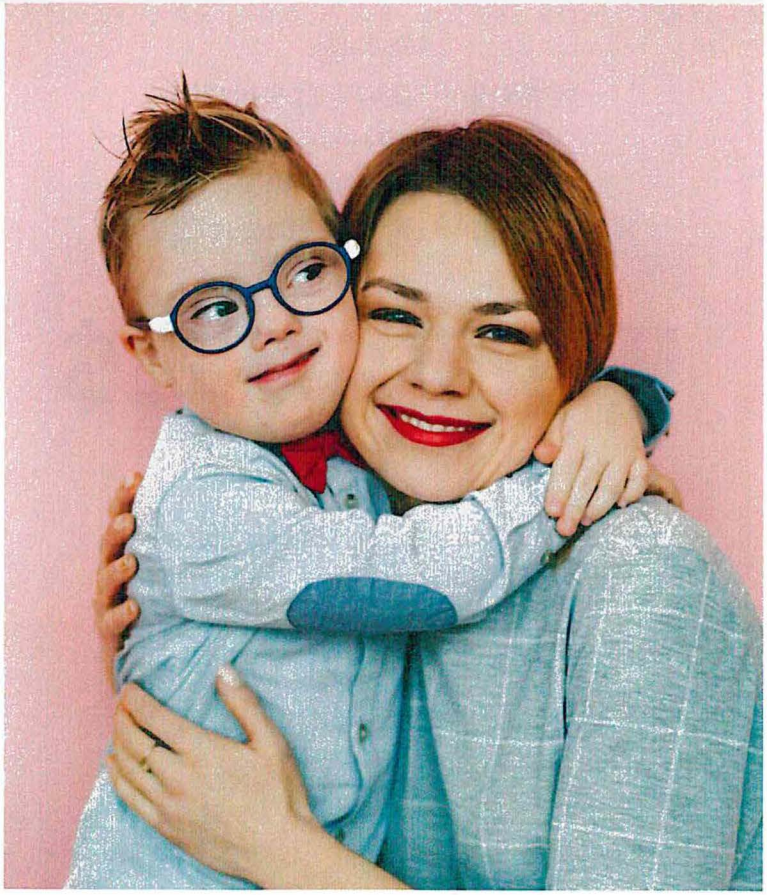
SB 2012 Section 6
Estimated Income – Community Health Trust Fund

SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
CHILD SUPPORT SECTION

SECTION 2 (SECTION 2 of Governor's Recommendation). ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-NINTH LEGISLATIVE ASSEMBLY.

One-Time Funding Description	2021-23	2023-25
Child Support System Replacement	0	60,000,000

SECTION 6 (SECTION 7 of Governor's Recommendation). ESTIMATED INCOME - COMMUNITY HEALTH TRUST FUND. The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of ~~$31,500,000~~20,400,000 from the community health trust fund for defraying expenses ~~in the medical services division~~ for the replacement of the child support system.



NORTH Dakota | Health & Human Services
Be Legendary.

On the Horizon
Supporting Family Stability & Economic Health

20,000

Over 20,000 families who are owed child support are not receiving the program's full services

$27 million

More than $27 million in child support per year is not received in the month when it is due

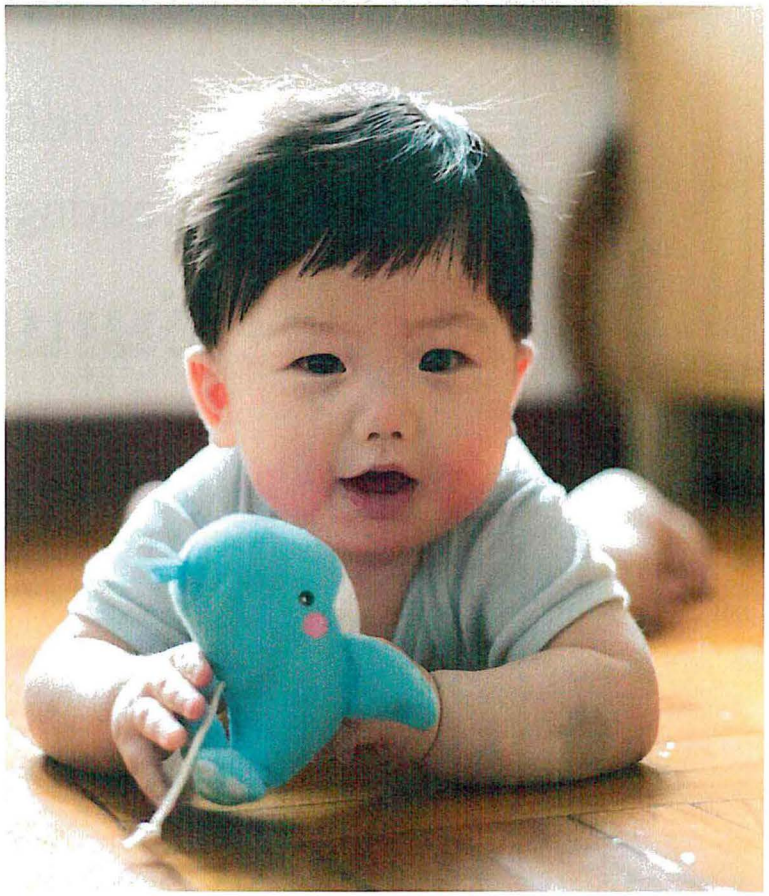
$250 million

More than $250 million is owed in past-due support in full-service cases and nearly $414 million total in all cases

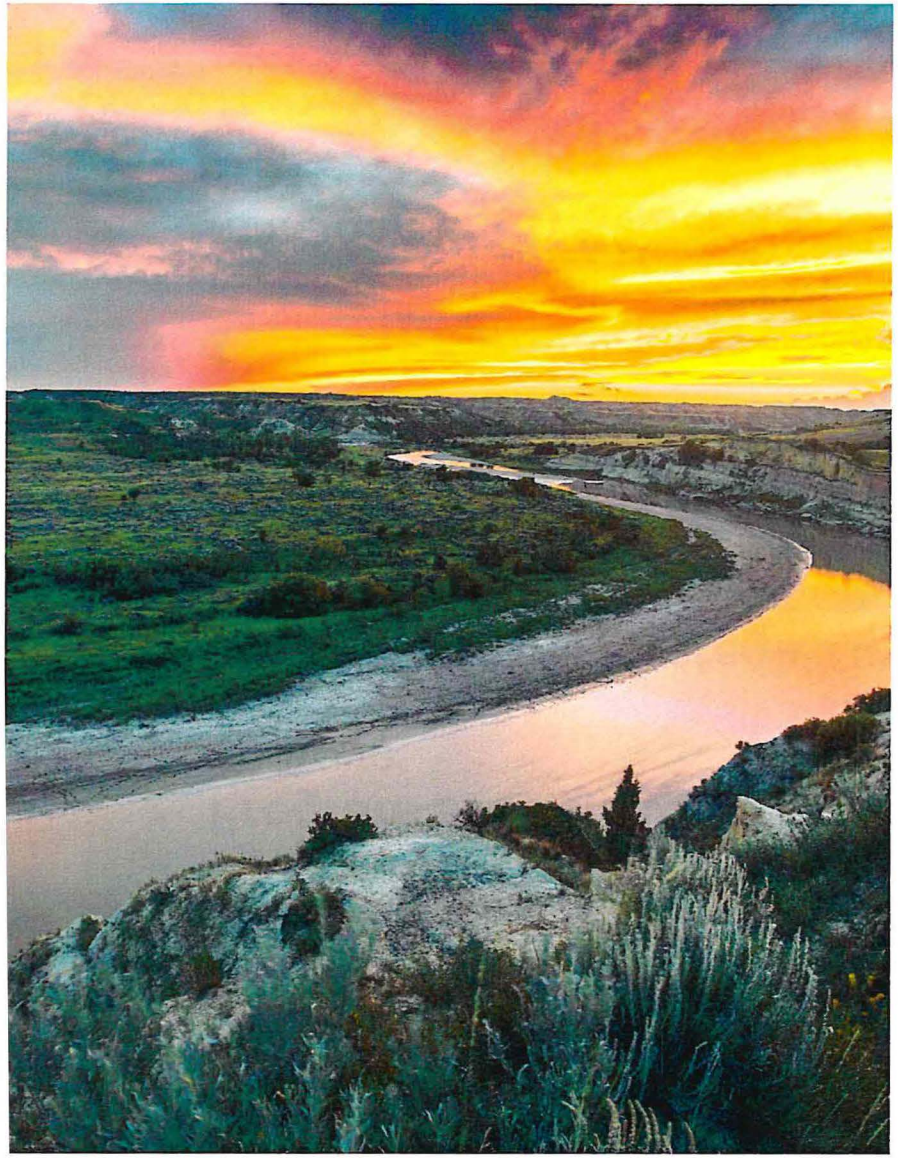
NORTH Dakota | Health & Human Services
Be Legendary.

Summary and key takeaways

- **Program efficiency** continues to improve
- **Revised referral strategies** will further improve program integration
- **Program performance** is strong but has further room for improvement
- **Service improvements** depend on legislative support for a modern case management system



NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Jim Fleming

Director, Child Support Section

jfleming@nd.gov

https://www.childsupport.dhs.nd.gov/

NORTH Dakota Be Legendary. | Health & Human Services

ND CHILD SUPPORT DIVISION
PO BOX 7190
BISMARCK ND 58507-7190

TELEPHONE: (701) 328-5440 TTY: 711
CHILDSUPPORT@ND.GOV--TEST S
CHILDSUPPORTND.GOV

APRIL 5, 2016

COCOA PUFFS
INMATE #804795
123 9TH STREET SUITE 310
PO BOX 987
BISMARCK ND 58502 0987

RE: RESPONSE REQUIRED
CIVIL FILE NUMBER: 08-2021DD804805
FACSES CASE NUMBER: 80480501
PERSON IDENTIFICATION NUMBER: 804795

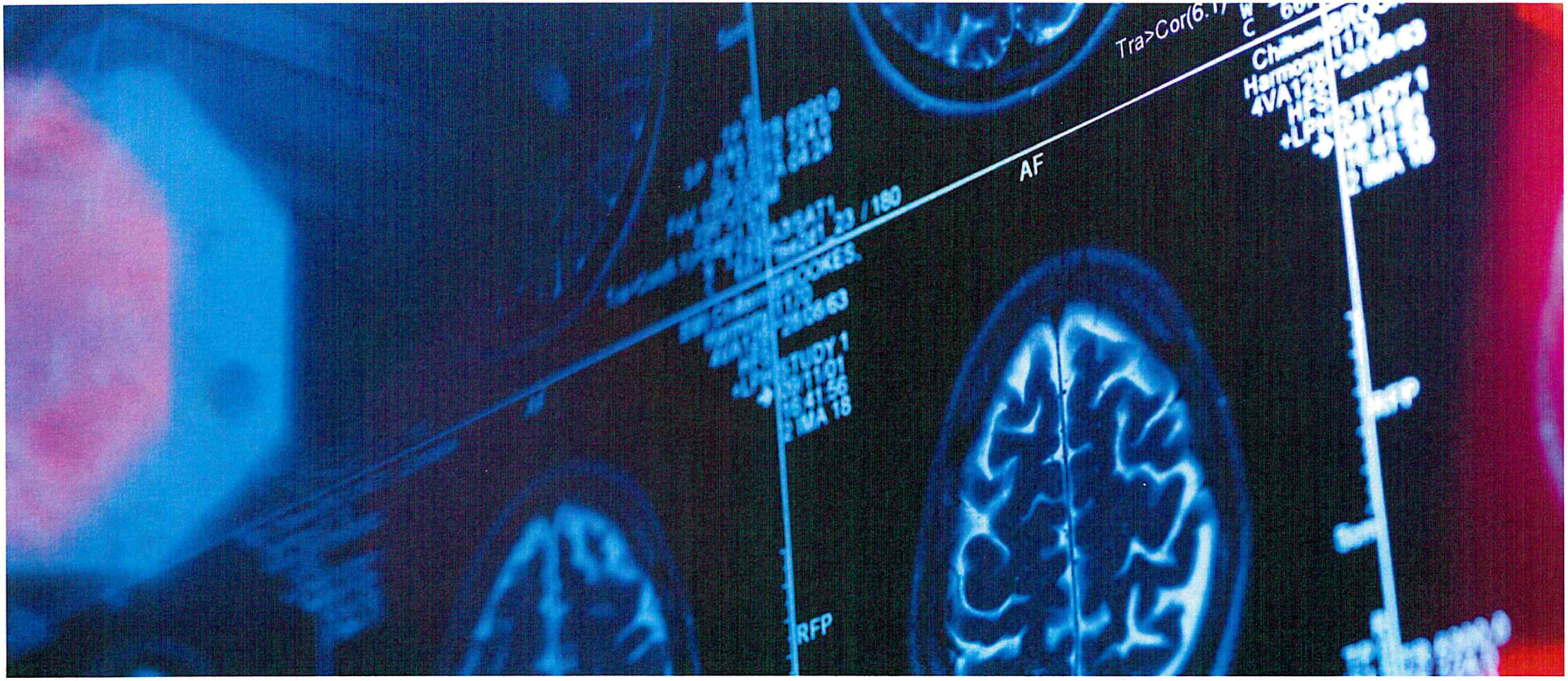
ACCORDING TO OUR RECORDS, YOU ARE NOT MAKING PAYMENTS AS REQUIRED BY YOUR CHILD SUPPORT ORDER IN THIS CASE. WE WANT TO WORK WITH YOU TO HELP YOU MAKE TIMELY PAYMENTS. PLEASE CONTACT ME TO DISCUSS YOUR CURRENT EMPLOYMENT STATUS. IF YOU ARE WORKING, BE PREPARED TO PROVIDE YOUR EMPLOYER'S CONTACT INFORMATION. IF YOU ARE UNEMPLOYED OR LOOKING FOR ADDITIONAL EMPLOYMENT, ASK ABOUT THE PRIDE PROGRAM. THIS FREE PROGRAM PROVIDES A VARIETY OF SERVICES TO PARENTS WHO ARE TRYING TO FIND EMPLOYMENT IN ORDER TO MEET THEIR CHILD SUPPORT OBLIGATION.

IF YOU ARE UNEMPLOYED OR SELF-EMPLOYED, YOU ARE STILL REQUIRED TO MAKE YOUR CHILD SUPPORT PAYMENT AS ORDERED. PAYMENTS MUST BE MADE TO THE STATE DISBURSEMENT UNIT, P.O. BOX 7280, BISMARCK, NORTH DAKOTA 58507-7280. PLEASE INCLUDE YOUR PERSON IDENTIFICATION NUMBER, LISTED ABOVE. YOU MAY ACCESS CURRENT PAYMENT INFORMATION THROUGH OUR SECURE WEBSITE AT CHILDSUPPORTND.GOV OR THROUGH OUR AUTOMATED PHONE SYSTEM AT 1-800-231-4255.

IF YOU ARE UNABLE TO WORK OR HAVE WORK RESTRICTIONS, YOU MAY NEED TO PROVIDE MEDICAL RECORDS WHICH SHOW THAT YOU ARE UNABLE TO WORK OR HAVE A LIMITED ABILITY TO WORK, OR COMPLETE A DOCUMENT THAT GIVES US PERMISSION TO OBTAIN SUCH RECORDS FROM YOUR MEDICAL PROVIDER.

IF WE DO NOT HEAR FROM YOU WITHIN SEVEN (7) DAYS OF THE DATE OF THIS LETTER, WE MAY REQUEST THE COURT SCHEDULE A HEARING TO DETERMINE WHETHER YOU ARE IN CONTEMPT OF COURT FOR FAILING TO MAKE CHILD SUPPORT PAYMENTS AS ORDERED.

NICHOLE MORRIS
CASE MANAGER



Senate Bill 2012

Senate Appropriations Committee | HR Section

Senator Dever, Chairman

NORTH Dakota | Health & Human Services

Be Legendary.

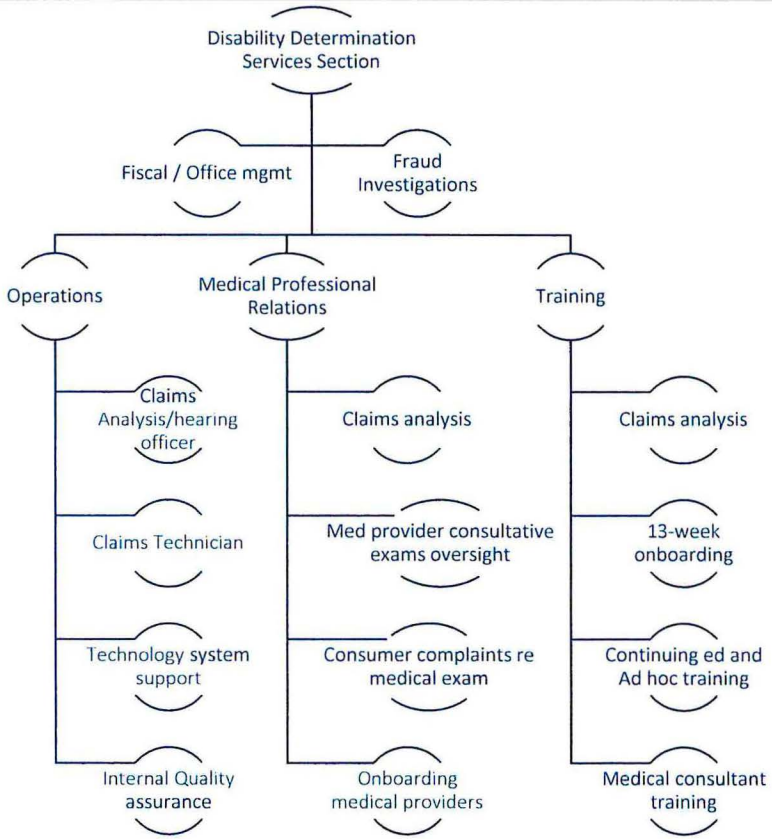
Disability Determination Services | Sheri Seil, Director | January 27, 2023

Disability Determination Services: Staffing and Team Structure

The Disability Determination Section delivers disability determinations to those applying for Social Security Disability Benefits.

Disability Determination Services		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**12-31-22 Vacancies (from base)**
23.0	23.0	3.0

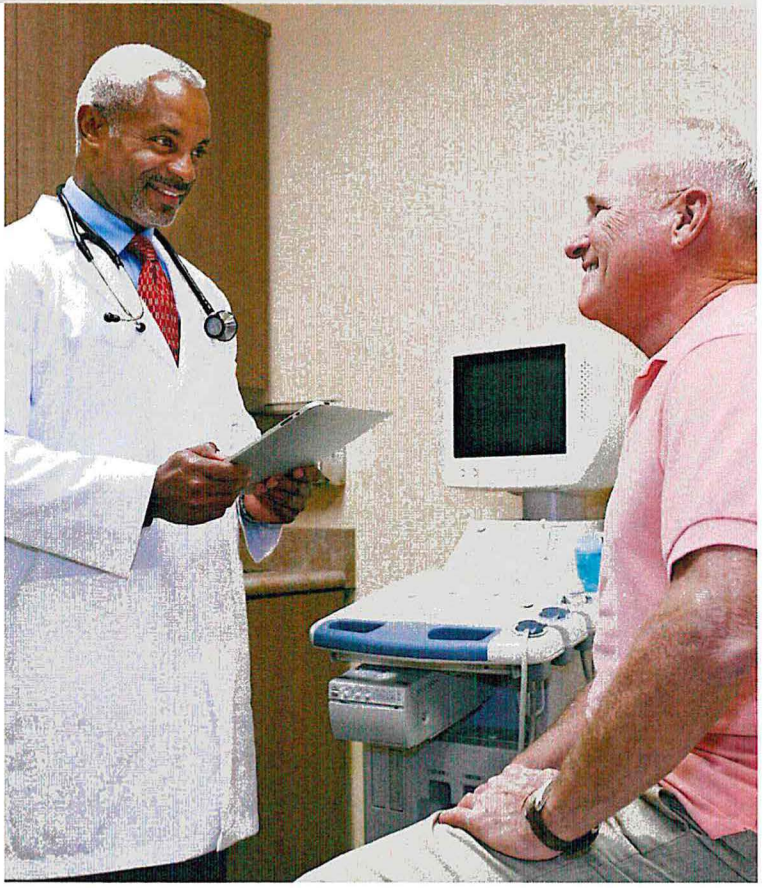
Avg Age	Avg Yrs of Service	Turnover 2021	Turnover 2022
47	**12**	**10%**	**15%**



NORTH Dakota Be Legendary. | Health & Human Services

About DDS Contracts

- DDS currently holds 6 contracts with medical consultants
- Most are retired from private practice
- Key part of the determination process by providing medical expertise to the DDS team members on claims



DDS: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$4,111,333	$471,085	$4,582,418
Operating	1,364,526	171,112	1,535,638
IT Services	3,500	-	3,500
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	1,650,000	-	1,650,000
Total	$7,129,359	$642,197	$7,771,556

General Fund	**$-**	**$-**	**$-**
Federal Funds	**7,129,359**	**642,197**	**7,771,556**
Other Funds	**-**	**-**	**-**
Total Funds	**$7,129,359**	**$642,197**	**$7,771,556**

Full Time Equivalent (FTE)	23.00	-	23.00

DDS: Overview of budget changes (IN MILLIONS)

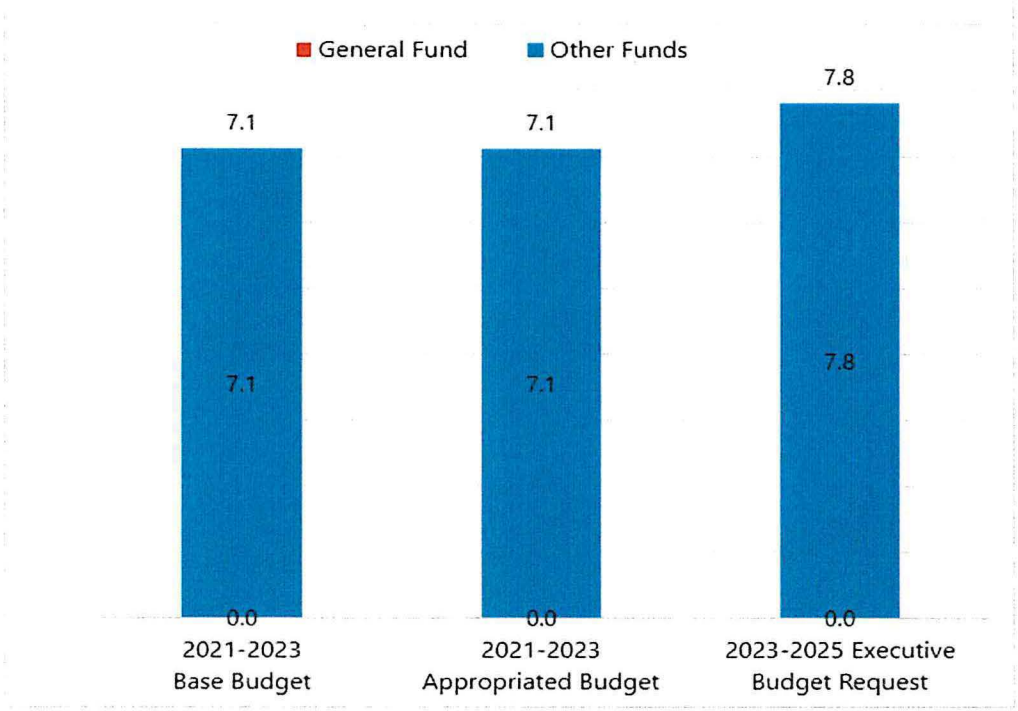
Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	$ -	$ -	$ -
Federal Funds	7,129,359	642,197	7,771,556
Other Funds	-	-	-
Total Funds	$ 7,129,359	$ 642,197	$ 7,771,556

NORTH Dakota Be Legendary. | Health & Human Services

DDS: Overview of budget changes (IN MILLIONS)

INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION $.6 MILLION

- $471k for Salaries and Wages
- $171k for Operating costs

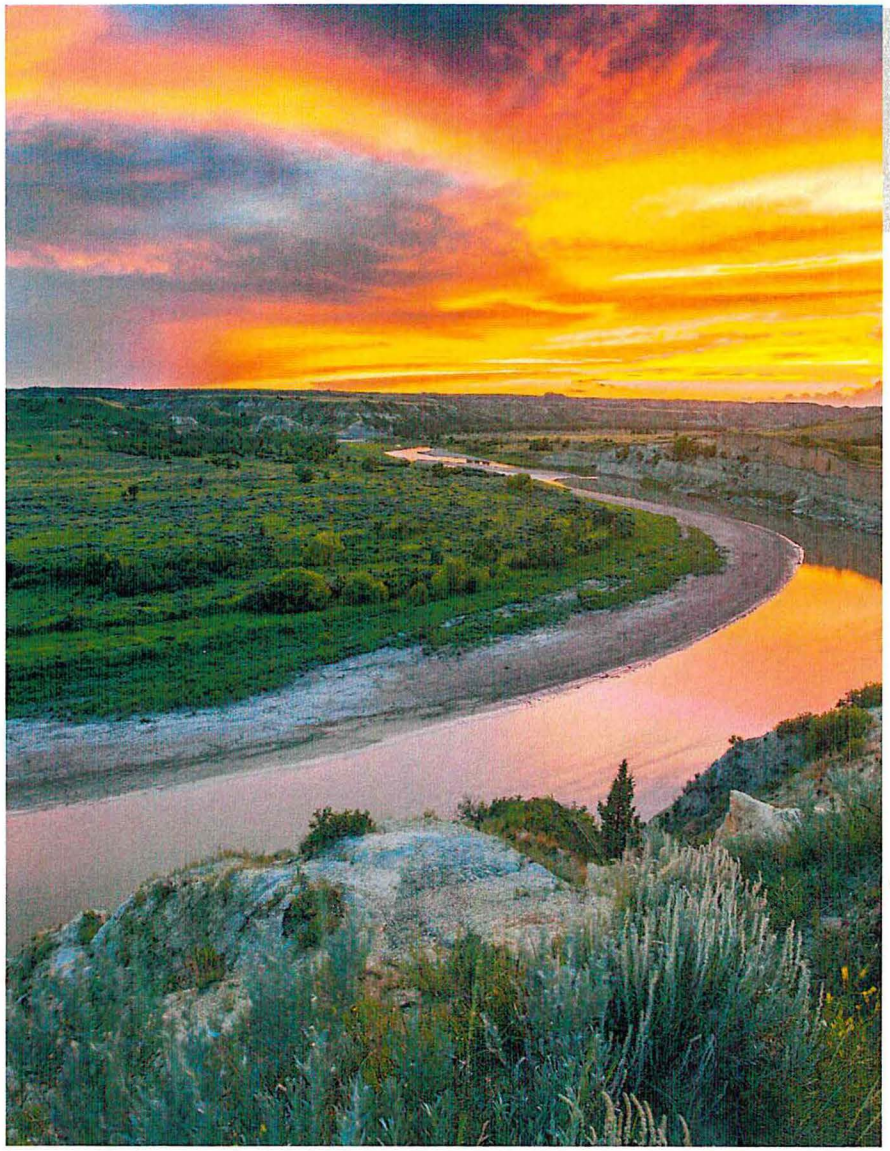


Disability Determination Services: Overview of budget changes

Budget detail by account

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	$ 2,762,429	$ 186,447	$ 2,948,876
513x Salaries Temp	-	90,816	90,816
514x Salaries Overtime	-	64,590	64,590
516x Salaries Benefits	1,348,905	129,231	1,478,136
Total Salaries & Benefits	$ 4,111,333	$ 471,085	$ 4,582,418
52x Travel	28,000	-	28,000
53x Supply	8,380	-	8,380
54x Postage & Printing	70,000	10,000	80,000
55x Equipment under $5,000	17,000	-	17,000
58x Rent/Leases - Bldg/Equip	352,872	11,982	364,853
59x Repairs	600	-	600
61x Professional Development	900	-	900
62x Fees - Operating & Professional	886,774	149,131	1,035,905
53x Supplies	3,500	-	3,500
71x Grants, Benefits, & Claims	1,650,000	-	1,650,000
Total Operating	$ 3,018,026	$ 171,113	$ 3,189,138
Total	$ 7,129,359	$ 642,197	$ 7,771,556

NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Sheri Seil

Director, Disability Determination Services

sseil@nd.gov

www.hhs.nd.gov

NORTH Dakota | Health & Human Services
Be Legendary.

SB 2012 – Behavioral Health & State Hospital

Chairman Dever & Members of the Committee,

My name is Ty Hegland and I serve as President/CEO of ShareHouse in Fargo and Grand Forks. ShareHouse serves as one the largest SUD provider in North Dakota, operating three residential facilities, four clinics, transitional housing program, permanent supportive housing program, and subsidiary foundation. In 2022, we assessed nearly 2,000 individuals and conducted over 120,000+ patient interactions. Today I will speak not only the behalf of ShareHouse and those we serve, but additional Acute Psych and Residential SUD providers.

As a sector of healthcare, SUD providers operate very similar to Skilled Nursing Facilities and Critical Access Hospitals. We deal with very complex patients and clinical issues. We employ Medical Directors, Nurses, Nurse Practitioners, Licensed Mental Health Counselors, numerous Nurse Aides, and at the core of our sector Licensed Addiction Counselors. We quite often admit patients directly from ER's, Med Surg Units, and Jails and are tasked with serving very complex patients with chronic diseases. Such diseases require highly intensive efforts, as well as a complex continuum of care.

As an industry, there are some themes from the past two years that I want to make sure we highlight; 1) Patient demand has increased. 2) Acuity has increased. 3) Drug overdoses have increased. 4) Overall workforce totals are flat. Anecdotally as providers, we are seeing an increase in Synthetic Opioids nationally resulting in a 15% increase in overdose deaths nationally in 2021 (Overdose deaths were up 30% in 2020).

As the look to SB 2012 and today's hearing, there are three points we would like to highlight:

1. Continued support for the SUD Voucher is critical. When you think of a continuum of care, High Intensity Residential SUD Providers are on the front lines of some of the most difficult issues in our society. We need the SUD Voucher in to serve the sickest patients in North Dakota and need to encourage enrollment of additional providers like Prairie Recovery Center. We also support the additional FTE laid out in the budget to optimize the program. Providers want to have a highly functioning system and be the best patron of state dollars.

2. There is no doubt the State Hospital needs facility upgrades, but we would ask for caution on cost, scale, and offering. Recently we read a quote about the potential cost of a new State Hospital being $100 million or more. Meanwhile Prairie St. Johns built a 120 bed hospital for $40 million. To have such a disparity 90 miles away means we need to spend more time planning and studying what the actual scale and offering needs to be based upon clinical care, workforce, and costs. The State Hospital is the largest IMD provider in the state and any offering should not compete with private providers who have invested millions of their own dollars into our state.

3. Finally, I was not planning on saying anything in regards to the IMD Waiver, but the previous comments from lobbyists were offensive to the providers who do the hard work of treating patients each day. This constant attempt by lobbyists to pit community-based providers against institutionalized providers is not only offensive, but shortsighted. Organizations like

SHAREHOUSE
Recovery is possible.

ShareHouse are not only community governed and receive community-based rates, they provided countless community-based services prior to them ever becoming insurance reimbursable. Additionally, comments about the Behavioral Health Planning Council not supporting the IMD Waiver comes as no shock to IMD Providers, as there literally IMD Providers on the council. Ultimately the issue is about providing access to intensive services during an Opioid and Mental Health Crises, while fully utilizing existing resources during a time of inflation and workforce shortage. Thirty nine states have passed a waiver and it is time we join the rest of the nation.

Senate Appropriations – Human Resources Division Committee has a difficult task and we respectfully ask for consideration on these issues throughout the 2023 legislative session.

Respectfully submitted,



Ty Hegland
President/CEO
ShareHouse Inc.

SHAREHOUSE
Recovery is possible.



SB2012

Senate Appropriations- HR Division
Senator Dick Dever, Chairman

Julianne Horntvedt, North Dakota State Council on Developmental Disabilities – HHS

NORTH Dakota | Health & Human Services
Be Legendary.

DD Council
Program Purpose and ND Century Code Reference(s)

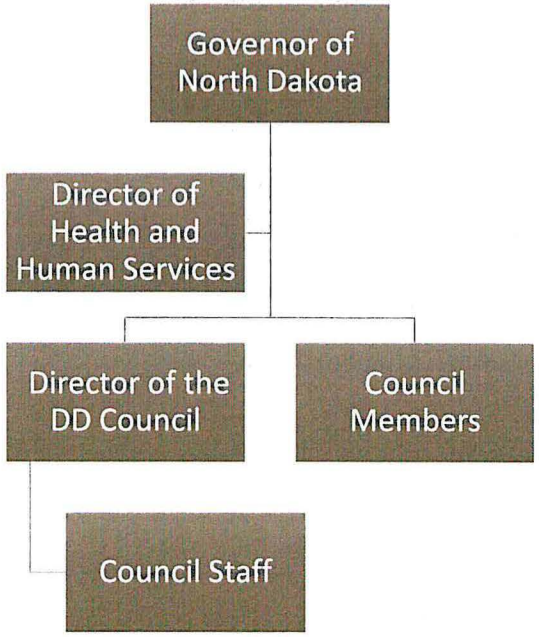
The Council advocates for policy changes that promote choice, independence, productivity and inclusion for all North Dakotans with developmental disabilities. The Council provides funding for and supports projects and activities that maximize opportunities in these areas for consumers and families.

Chapter	Chapter Name
25-01-01.1	State council on developmental disabilities



NORTH Dakota | Health & Human Services
Be Legendary.

DD Council Structure



NORTH Dakota Be Legendary. | Health & Human Services

DD Council Members

- Jon Fettig - Consumer
- Dr. Lori Garnes - University Center of Excellence
- Brittany Hanson - Parent (Chair)
- Sheryl Beard - Consumer
- Tammy DeSautel - Job Service
- Heather Jenkins - State Transition Center
- Jeff Jacobson - Community Rehab Provider
- Kristle Kjemhus - Parent
- Kimberly Hruby - Division Director for Special Health Services in the North Dakota Department of Health
- Roxane Romanick - Parent
- Sara Stolt - HHS
- Nathan Leier - Consumer
- OPEN - Parent
- Jacqueline Frost-Hodny - Parent
- Mary McCarvel-Oconnor - North Dakota Department of Public Instruction
- Trevor Vannett - Consumer
- Veronica Zietz - Director of Protection and Advocacy
- Darrell Wahl - Consumer
- Sam Peterson - Parent
- Susan Karpayak - Parent
- *Executive Director*
  - Julie Horntvedt
- *Program Assistants-Self Advocacy*
  - Carrie Varner and Chasity Brobst

NORTH Dakota | Health & Human Services
Be Legendary.

DD Council

DD Council		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**# of Vacancies 12-31-22** *(from base)*
1.0	1.0	0.0

Overview of budget changes (IN MILLIONS)

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	$ 146,681	$ 21,935	$ 168,616
512x Salaries - Other	-	-	-
513x Salaries Temp	5,600	52,040	57,640
514x Salaries Overtime	-	-	-
516x Salaries Benefits	64,428	9,013	73,441
Total Salaries & Benefits	$ 216,709	$ 82,988	$ 299,697
52x Travel	65,000	(25,000)	40,000
53x Supply	700	4,800	5,500
54x Postage & Printing	900	4,100	5,000
55x Equipment under $5,000	-	-	-
56x Utilities	-	-	-
57x Insurance	-	-	-
58x Rent/Leases - Bldg/Equip	5,160	(2,660)	2,500
59x Repairs	800	(20)	780
61x Professional Development	19,000	11,000	30,000
62x Fees - Operating & Professional	150,384	616	151,000
67x Expenses	-	-	-
53x Supplies	-	-	-
60x IT Expenses	-	-	-
68x Land, Building, Other Capital	-	-	-
69x Over	-	-	-
69x Equipment Over $5,000	-	-	-
71x Grants, Benefits, & Claims	588,172	15,479	603,651
72x Transfers	-	-	-
Total Operating	$ 830,116	$ 8,315	$ 838,431
Total	$ 1,046,825	$ 91,303	$ 1,138,128

NORTH Dakota Be Legendary. | Health & Human Services

Overview of budget changes (IN MILLIONS)

	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	$ -	$ -	$ -
Federal Funds	1,046,825	91,303	1,138,128
Other Funds	-	-	-
Total Funds	$ 1,046,825	$ 91,303	$ 1,138,128

NORTH Dakota Be Legendary. | Health & Human Services

About DD Council Contracts & Grants

- Peer to Peer Program at Bismarck State College
- National Core Indicators (NCI)
- Advocates Leading their Lives (ALL) Statewide Self-Advocacy Group
- Inclusion Specialist Positions at Uspire
- Olmstead Commission Study
- Partners in Policymaking

NORTH Dakota | Health & Human Services
Be Legendary.

About DD Audit Findings

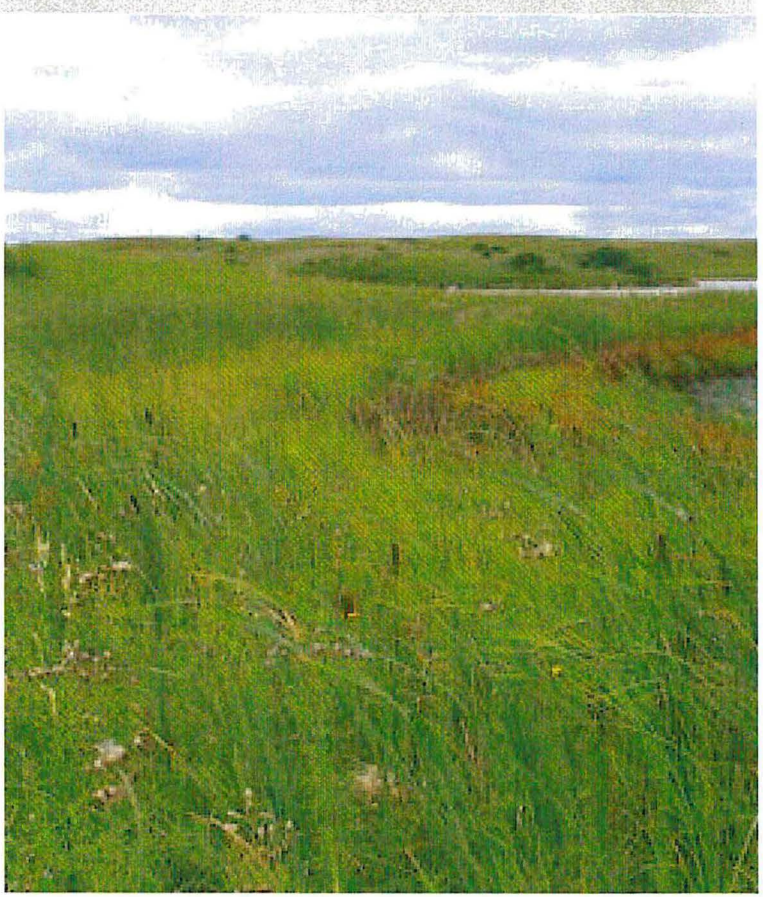
- Monitoring and Technical Assistance Review System (MTARS) Report, conducted for the North Dakota Developmental Disabilities Network on May 11-14, 2009.
- No State Audit findings.

Policy Bills to Impact DD Council Work

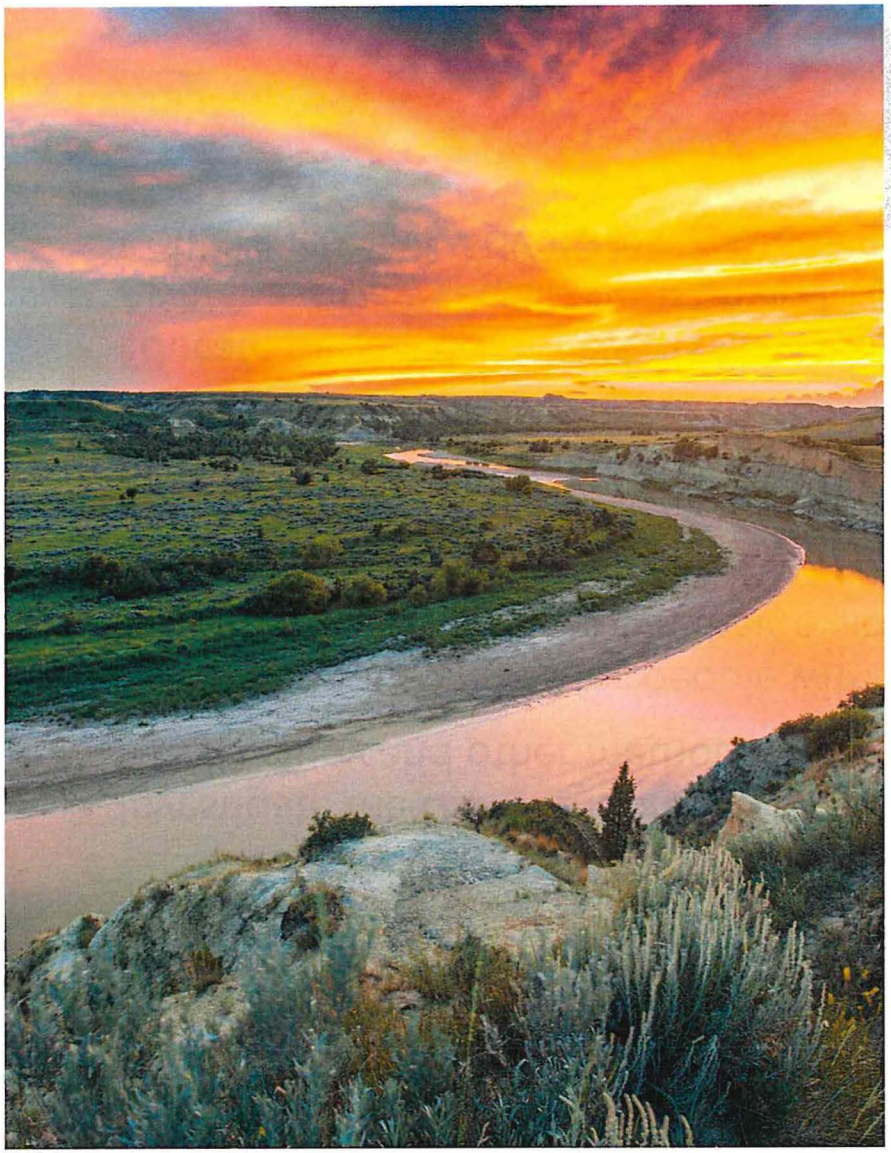
- SB2276-Families as paid Service Providers
- SCR4004-Accessible Transportation
- SB2063-Requires measures on election ballots to be plain language
- HB1035-Cross Disability Advisory Council
- SB2079-DHHS a facility staff training system for providers of community-based care
- SB2335-FASD training and screening and creating a FASD Council

DD Council: What's on the horizon?

- Investigate the DSP workforce shortage crisis through a UND study and other methods
- Invest in opportunities for people with disabilities to become their own boss/own their own business
- Education on Supported Decision Making
- Increase the opportunity for accessible, inclusive, and affordable housing
- Educate people during events like Disability Awareness Day, Legislative Training Institute, Health Conference, Self-Advocacy Conference



NORTH Dakota | Health & Human Services
Be Legendary



Contact information

Julianne Horntvedt

Director, DD Council

jhorntvedt@nd.gov

www.hhs.nd.gov

NORTH Dakota Be Legendary. | Health & Human Services



Senate Bill 2012

Senate Appropriations Committee | HR Section
Senator Dever, Chairman

Children and Family Services, Cory Pedersen, Director
January 31, 2023

NORTH Dakota | Health & Human Services
Be Legendary.

CFS Program Purpose and ND Century Code Reference(s)

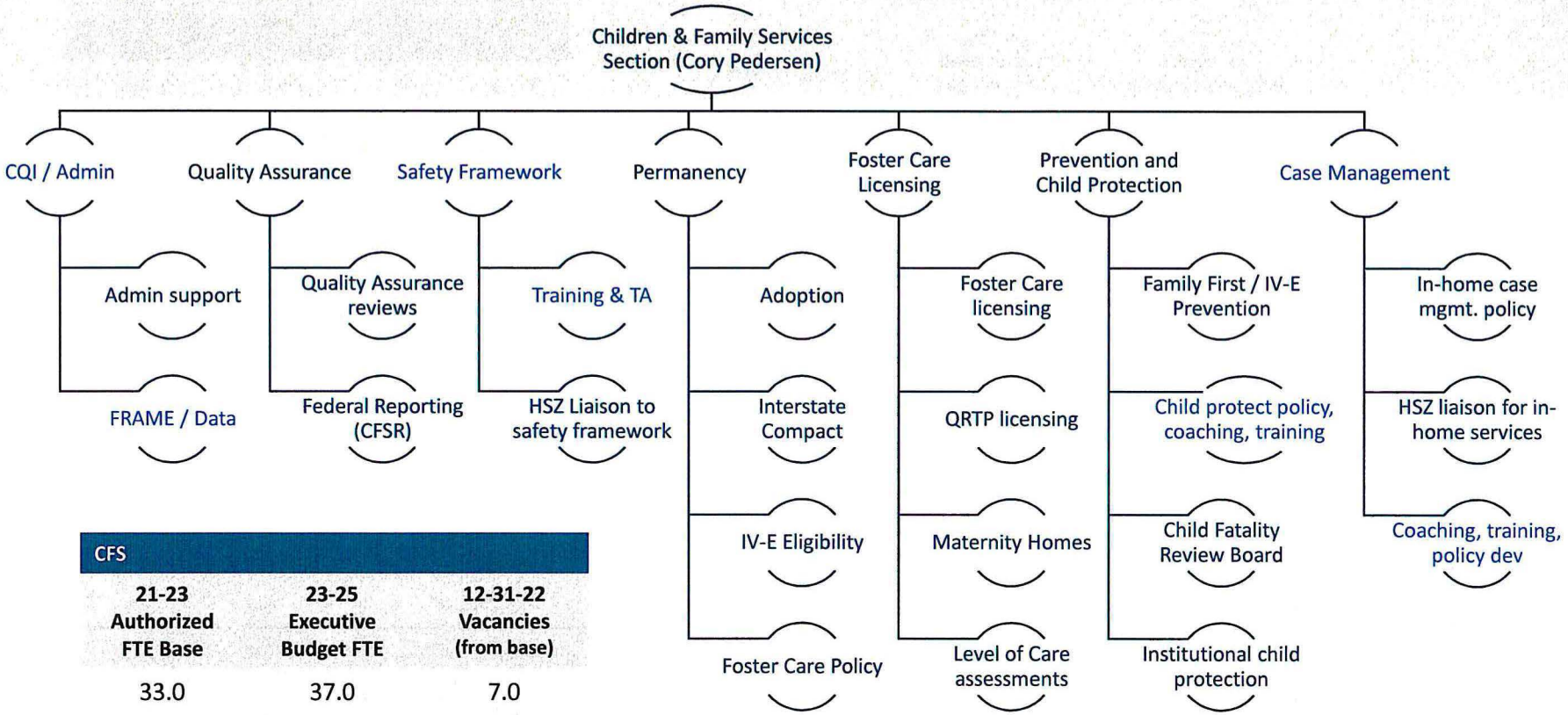
Facilitate delivery of services that support child safety, child permanency, and well-being, which together are designed to prevent and reduce the incidence of child abuse and neglect and support family reunification and stability whenever possible.

Chapter	Chapter Name
50-25.1	Child Abuse and Neglect
50-11	Foster Care
14-15	Adoption for Children



NORTH Dakota | Health & Human Services
Be Legendary.

Children & Family Services: Staffing and Team Structure

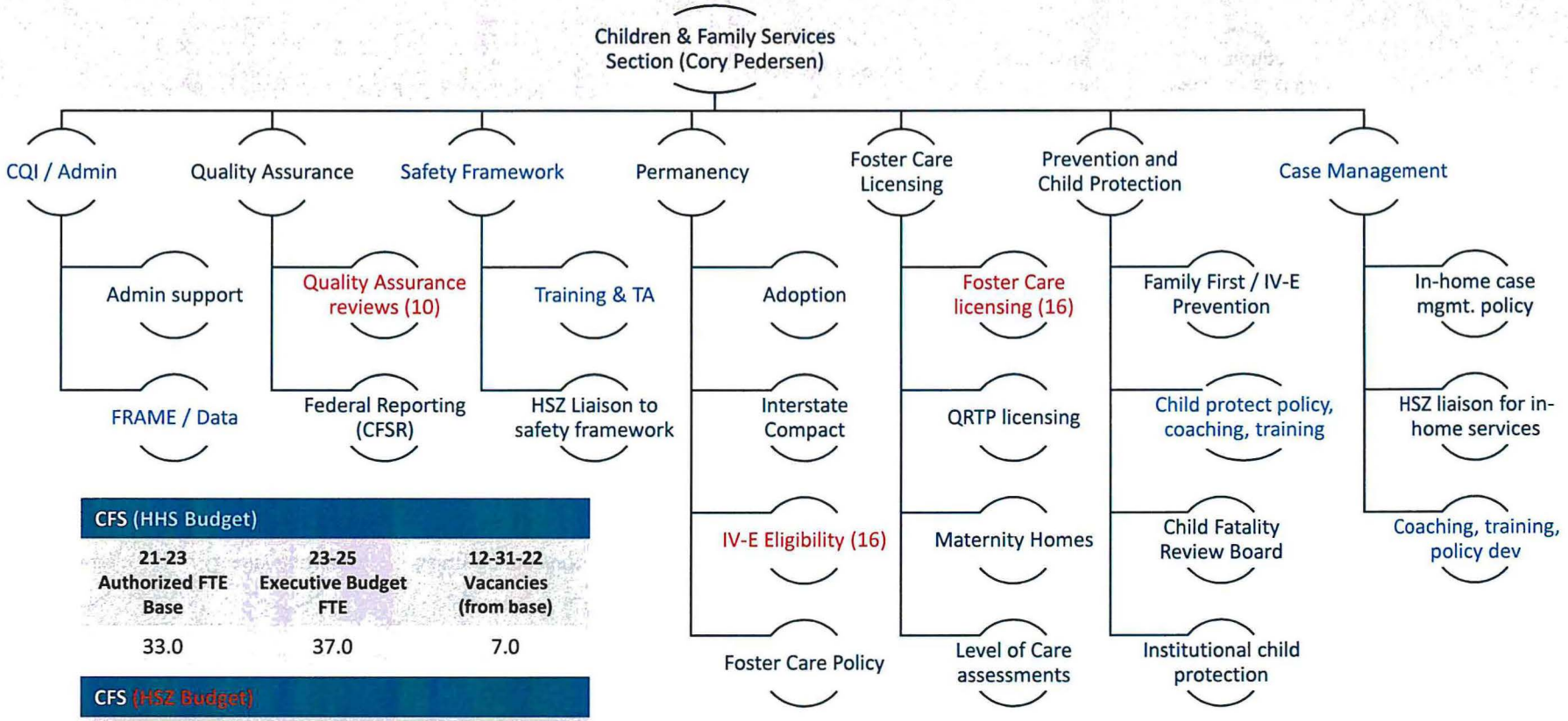


CFS		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**12-31-22 Vacancies (from base)**
33.0	37.0	7.0

Avg Age	Avg Yrs of Service	Turnover 2021	Turnover 2022
44	**12**	**6.0%**	**5.3%**

NORTH Dakota Be Legendary. | Health & Human Services

Children & Family Services: Staffing and Team Structure

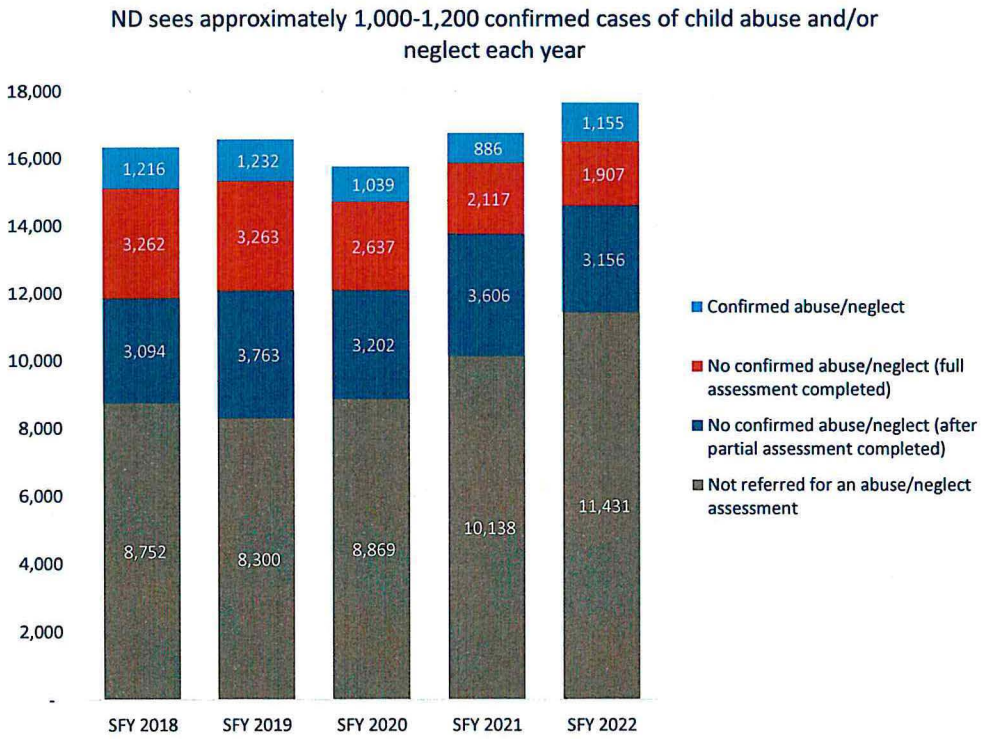


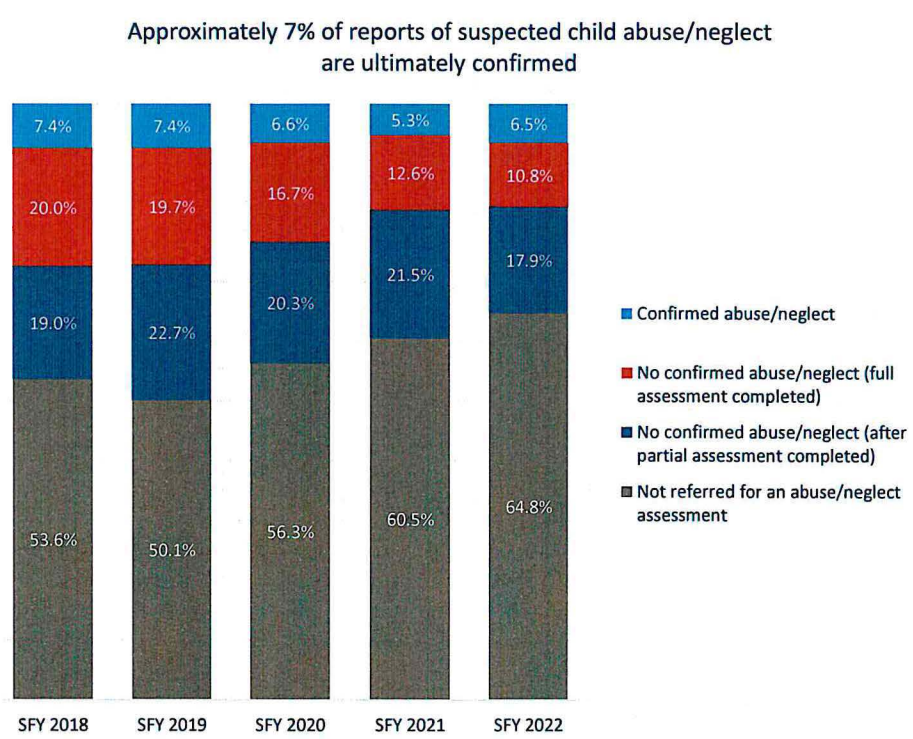
CFS (HHS Budget)		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**12-31-22 Vacancies (from base)**
33.0	37.0	7.0

CFS (HSZ Budget)		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**12-31-22 Vacancies (from base)**
42.0	42.0	2.0

NORTH Dakota Be Legendary. | Health & Human Services

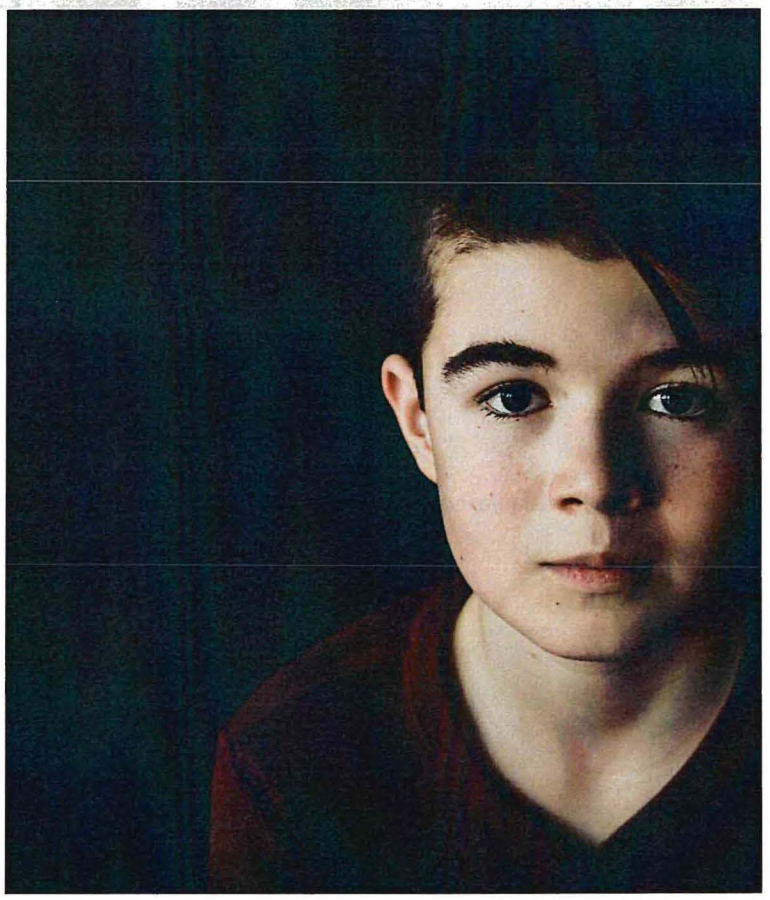
ND sees approximately 1,000 – 1,200 confirmed cases of child abuse or neglect each year





About CFS Audit Findings

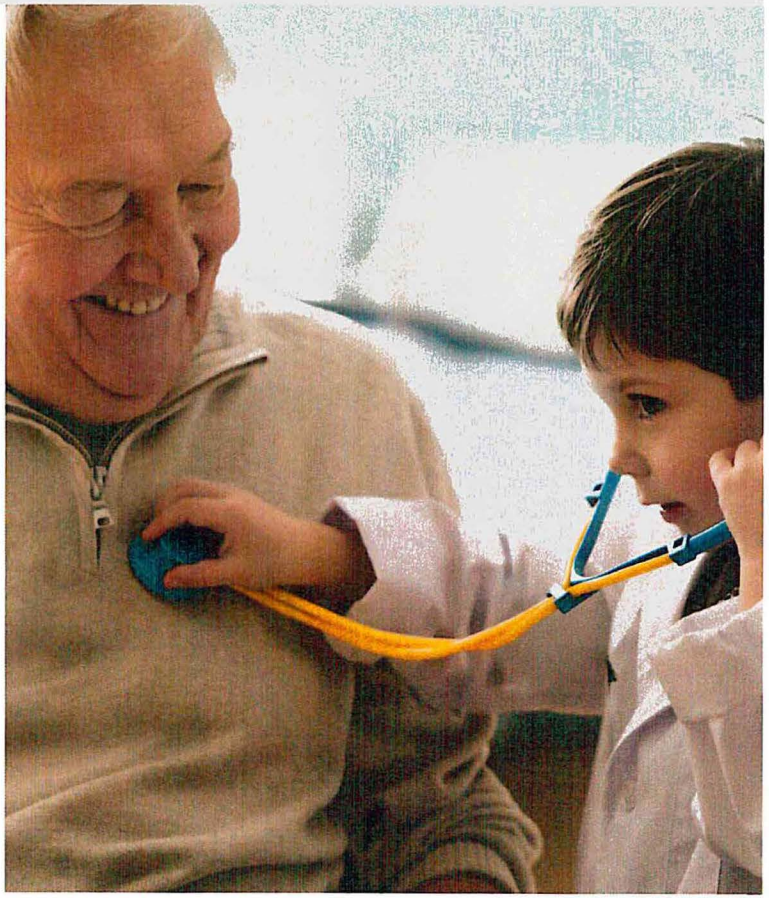
- State Audit
  - Child Safety – Failure to timely contact suspected victim of child abuse and neglect
- Federal
  - Child and Family Service Review
    - PIP Program Improvement Plan
  - Safety , Permanency, Well Being
    - Child Protection Timely Response
    - Permanency Goals reached timely for a child
  - Face to Face monthly contact



Included in 2023-25 Executive Budget Request

- Child Safety Response Team to support Zones with temporary barriers to timeliness (4 FTE)
- Support for Kin Caregivers via maintenance payments (150 families,6 months max)

Total	General	Federal
$2 million	$1.5 million	$500,000



NORTH Dakota | Health & Human Services
Be Legendary.

About CFS Contracts

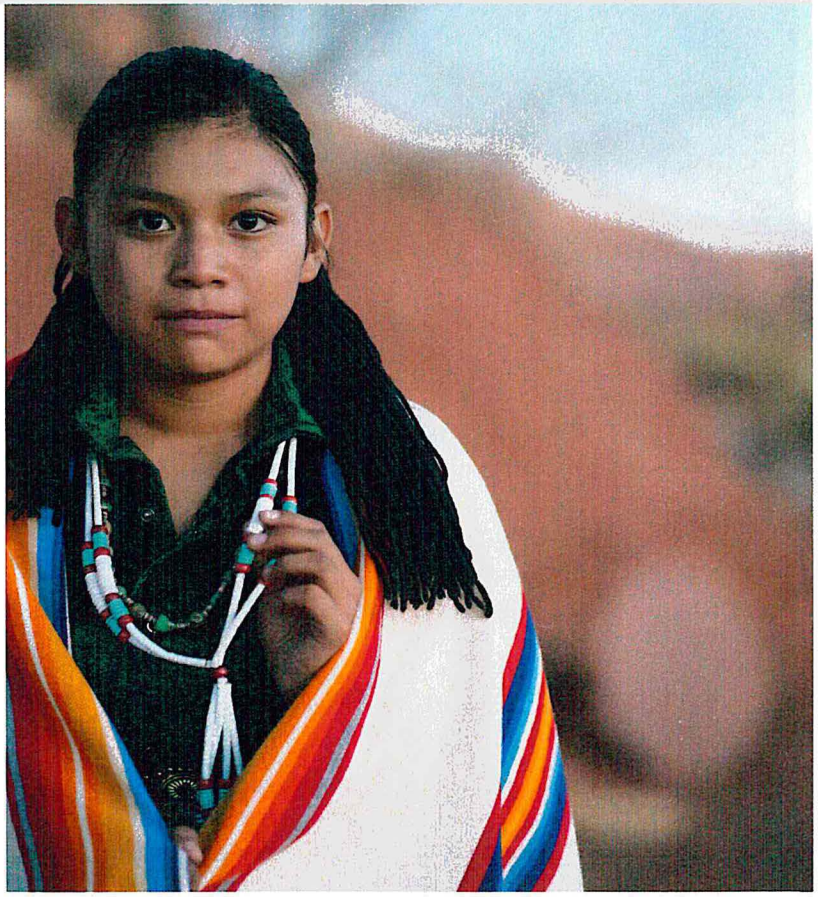
- Prevention/Preservation
  - IV-E Evidence Based Services
  - Certified Shelter Care
  - Village Family Services –Family Center Engagement
- Protection/Safety/Preservation
  - Children Advocacy Centers (increase in EBR)
  - NDSU –Regional Parent and Family Resource Centers
  - Nurturing Parenting Program
  - Tribal Preservation Services Grant Contracts



NORTH Dakota | Health & Human Services
Be Legendary.

About CFS Contracts

- Tribal Nation Collaboration
  - IV-E Agreements, FMAP funding contracts
- Training
  - UND Training Child Welfare Certification
  - NATI
- Nexus-PATH
- Catholic Charities
- Village Family Services



NORTH Dakota | Health & Human Services
Be Legendary.

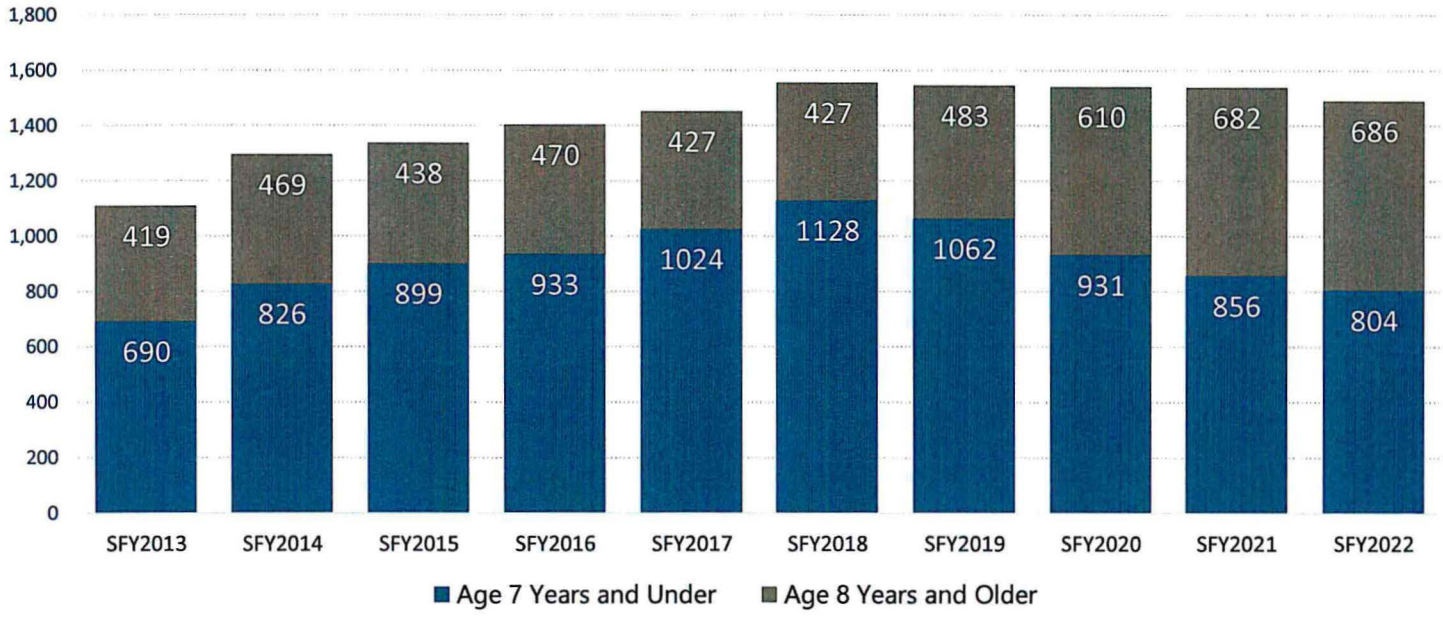
CFS Contracts expiring

- Village In Home Services
- Family Voices
- Youth Works Uncertified Shelter Care



NORTH Dakota | Health & Human Services
Be Legendary.

In FY22 54% of the 1,490 children in foster care are younger than age 7



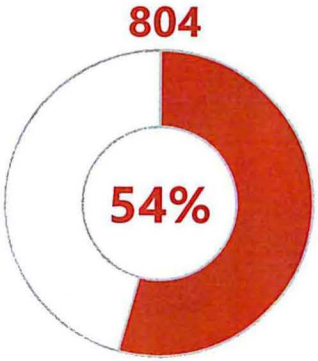
Point-in-Time Average of ND Foster Care census and those age 7 years and under, FFY 2013-2022

Rethink child welfare

Early interventions with young families are key to reducing foster care placement for the youngest children.

NORTH Dakota Be Legendary. | Health & Human Services

Children & Family Services
Foster Care in North Dakota – 2022 Snapshot



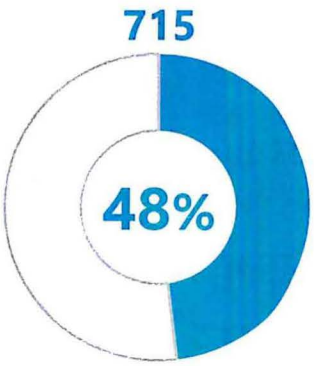
1 in 2 age 0-7

Half of the 1,490 children in foster care in North Dakota are age 7 or younger. (2022)

42%

Intense level of care

Of the **192** kids receiving treatment foster care in SFY2022, 81 (42%) were age 7 or younger.



5x more likely

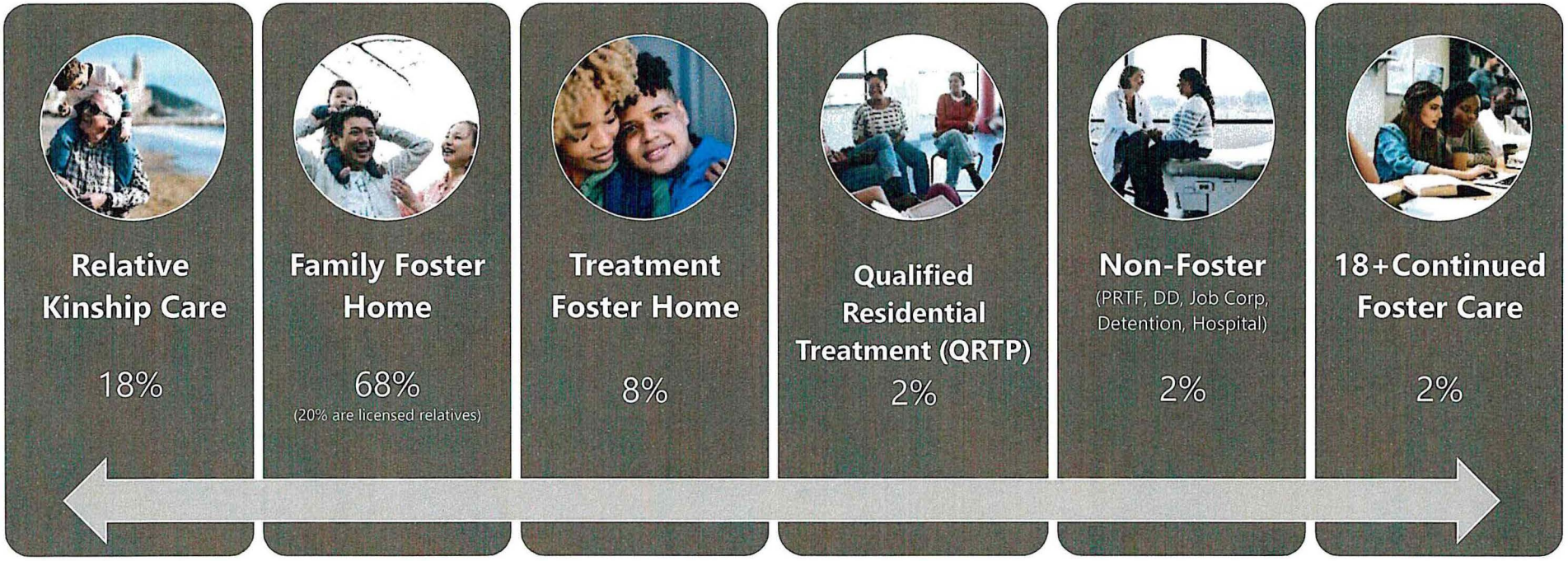
Native American children make up **48%** of the total number of children in foster care in ND (715 of 1,490).

Native American children make up **9%** of kids under age 18 in ND.

NORTH Dakota | Health & Human Services
Be Legendary.

Family foster homes provide care for 68% of children affected by an out-of-home placement

North Dakota Child Welfare System Continuum of Care



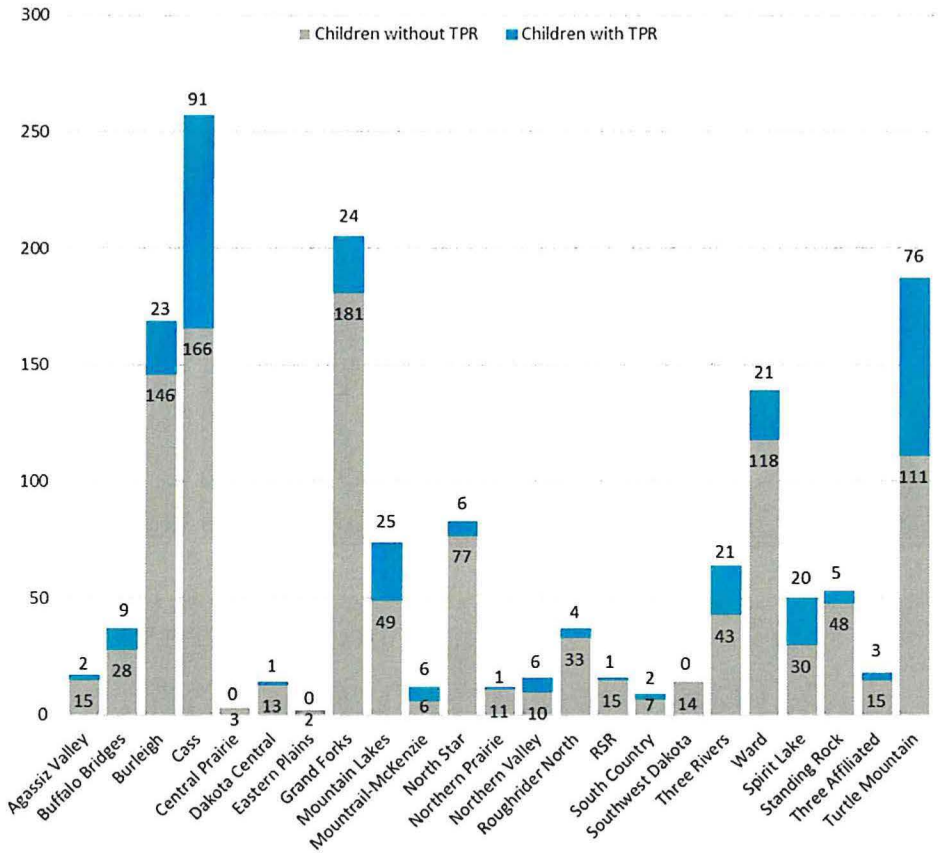
NORTH Dakota | Health & Human Services
Be Legendary.

Children who are orphaned as a result of TPR (termination of parental rights) comprise 23% of all children in ND's foster care system in FY22

23%

Parental Rights Terminated

Of the **1,490** kids in foster care in SFY2022, 347 (23%) have no legal connection to their biological parents due to Termination of Parental Rights (TPR).



Rethink child welfare

There are both positive and negative consequences associated with terminating parental rights – the balance is different for every child

NORTH Dakota | Health & Human Services
Be Legendary.

Children & Family Services: COVID funding (HHS/ACF)

HB 1394 (67th Legislative Assembly)

- Promoting Safe & Stable Families Program ($90,342)
- Chafee Foster Care / Successful Transition to Adulthood ($1,146,203)
- Chafee Education and Training vouchers ($160,756)
- Child Welfare Services State Grant ($76,858)

HB 1395 (67th Legislative Assembly)

- Child Abuse State Grants ($284,363)
- Community based child abuse prevention ($592,780)

Enhanced FMAP – IV-E Foster Care / Adoption

- $6,089,517



NORTH Dakota | Health & Human Services
Be Legendary.

Children & Family Services: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$6,798,097	$2,196,557	$8,994,654
Operating	6,172,806	115,268	6,288,074
IT Services	1,814	(1,814)	-
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	141,499,313	20,179,075	161,678,388
Total	$154,472,030	$22,489,086	$176,961,116

General Fund	**$67,590,033**	**$23,425,640**	**$91,015,673**
Federal Funds	**83,010,867**	**94,231**	**83,105,098**
Other Funds	**3,871,129**	**(1,030,784)**	**2,840,345**
Total Funds	**$154,472,029**	**$22,489,087**	**$176,961,116**

Full Time Equivalent (FTE)	33.00	4.00	37.00

NORTH Dakota | Health & Human Services
Be Legendary.

CFS: Overview of budget changes

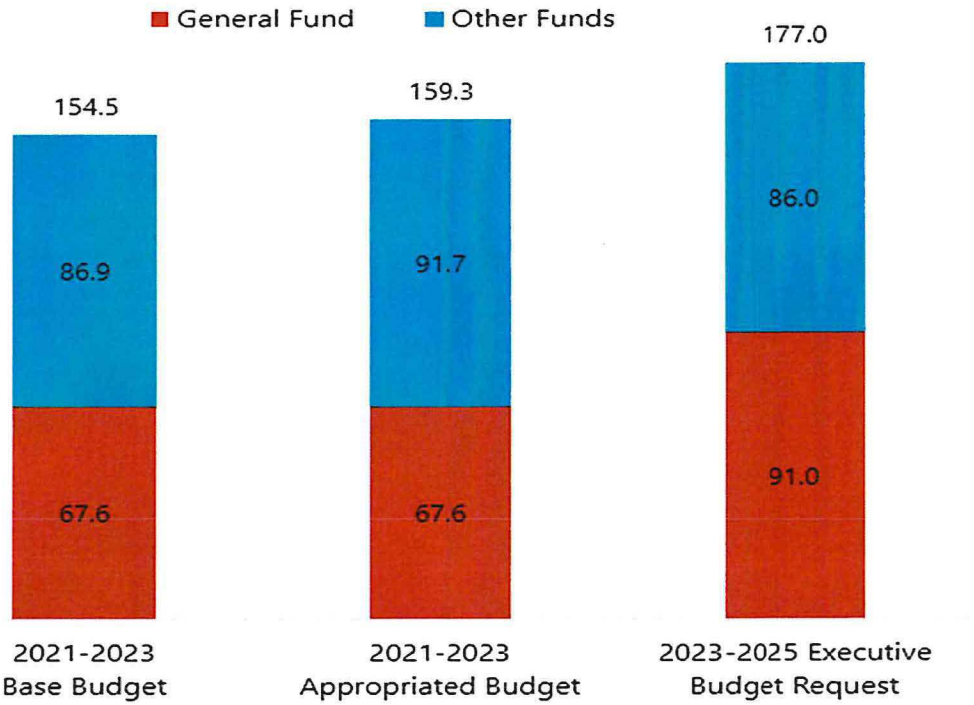
Budget detail by account

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	$4,606,829	$1,249,322	$5,856,151
513x Salaries Temp	170,893	337,912	508,805
516x Salaries Benefits	2,001,858	627,840	2,629,698
Total Salaries & Benefits	$6,798,097	$2,196,557	$8,994,654
52x Travel	144,683	73,962	218,645
53x Supply	26,603	1,288	27,891
54x Postage & Printing	21,430	912	22,342
57x Insurance	10,000	14,000	24,000
58x Rent/Leases - Bldg/Equip	33,366	(750)	32,616
61x Professional Development	85,939	(9,089)	76,850
62x Fees - Operating & Professional	5,849,835	35,895	5,885,730
71x Grants, Benefits, & Claims	141,499,313	20,179,075	161,678,388
Total Operating	$147,673,933	$20,292,529	$167,966,462
Total	$154,472,029	$22,489,087	$176,961,116

Children & Family Services: Overview of budget changes
(IN MILLIONS)

INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION
$ 22.5 MILLION

- FMAP changes related to IV-E
- Provider Inflation
- TANF funding shift
- Cost to continue and expand services
  - Kinship care
  - Evidence base Prevention services
  - Prevention Shelter Care Services
  - Safety Deployment Team
  - Enhanced Case management Team



NORTH Dakota | Health & Human Services
Be Legendary.

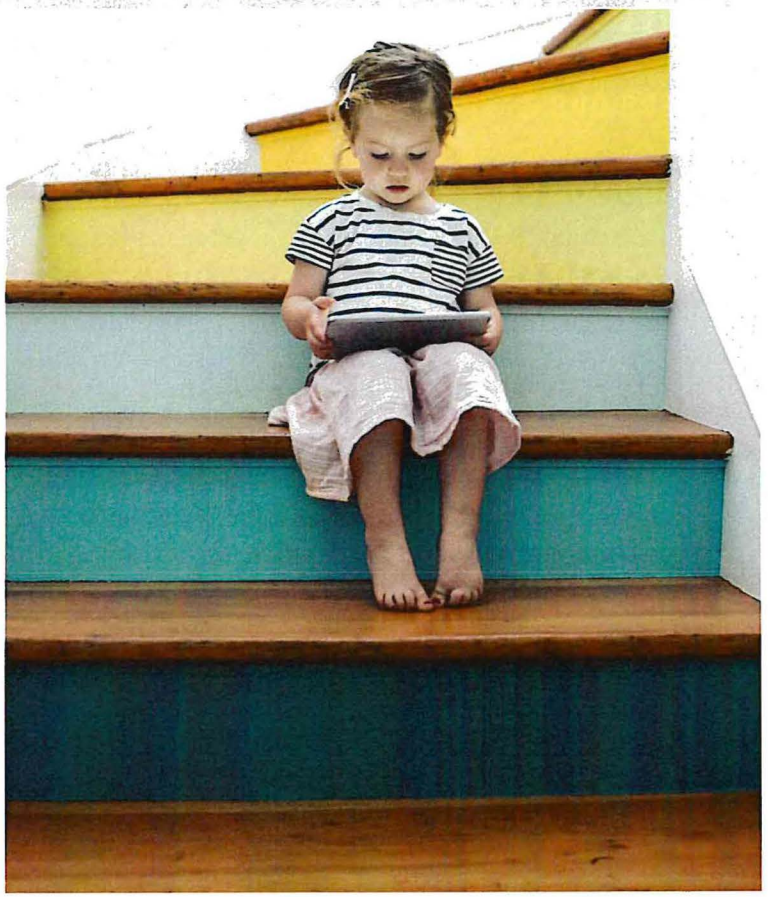
CFS: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	$67,590,033	$23,425,640	$91,015,673
Federal Funds	83,010,867	94,231	83,105,098
Other Funds	3,871,129	(1,030,784)	2,840,345
Total Funds	$154,472,029	$22,489,087	$176,961,116

CFS-Related Policy Bills with Budget Impact

- HB 1091 – Kinship
  - Fiscal note referenced $960,000 **(incl in EBR)**
- HB1375 & SB 2230 Adoption Funding - $512,000
- SB 2235 –Fetal Alcohol Syndrome Disorder - $10,000
- SB 2327 – Father Registry - $165,000
- SB 2268– At-Risk Youth Shelter - $2,000,000

Total	General	Federal
$2.7 million	$2.7 million	$0

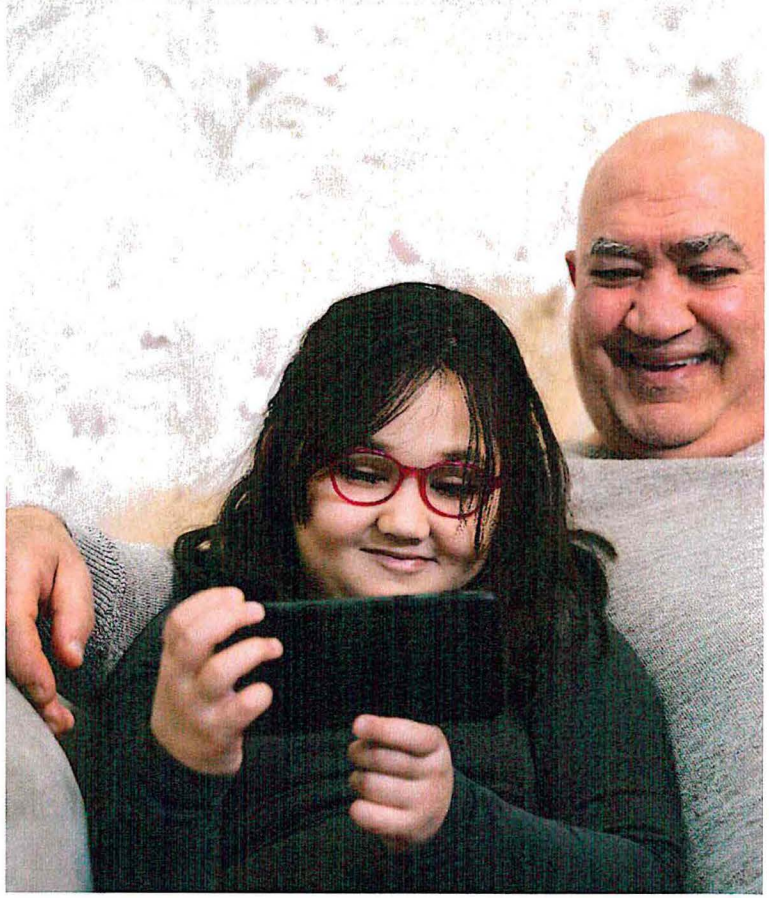


NORTH Dakota | Health & Human Services
Be Legendary.

SB 2012 Section 24
EXEMPTION – CFS Transition Program

SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
CHILD AND FAMILY SERVICES SECTION

SECTION 24 (Governor's Recommendation). EXEMPTION. The amount appropriated for the purpose of children and family services transition program in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the children and family services transition program during the biennium beginning July 1, 2023, and ending June 30, 2025.

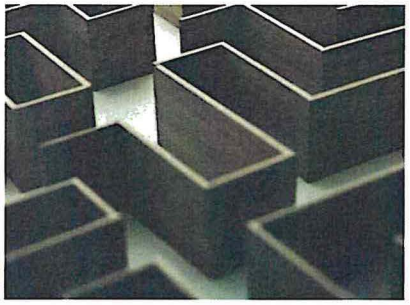


NORTH Dakota | Health & Human Services
Be Legendary.

Continued progress includes an enhanced focus on prevention and right services at the right time







Evidence-based Prevention Services

Provide opportunity for families to access services to keep families together

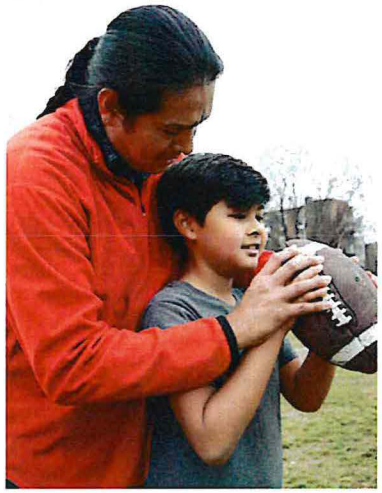
Certified Shelter Care/Foster Homes

Use safe housing for children as a prevention strategy to keep children close to home and in home communities

Enhanced Case Management Team

Build a team to work with Human Service Zones to provide service to children with the most complex needs





Child Protection Team

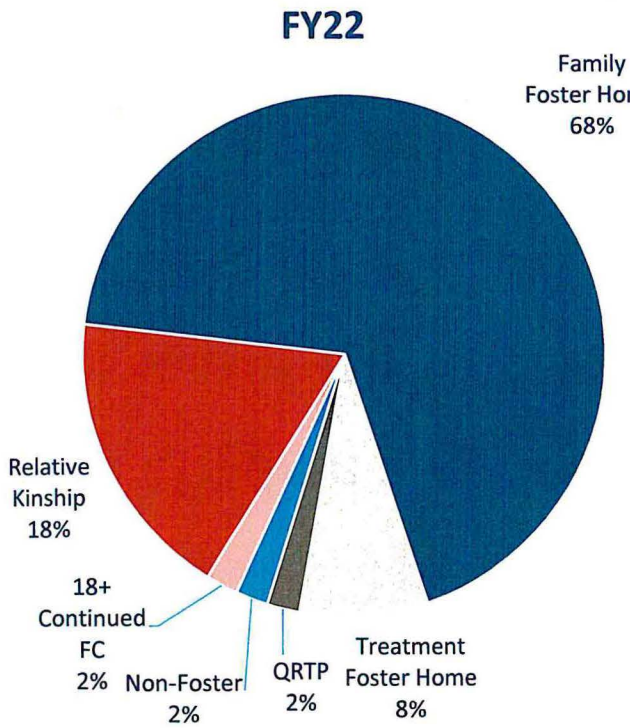
Build a deployment team to support child protection work in Zones with highest needs

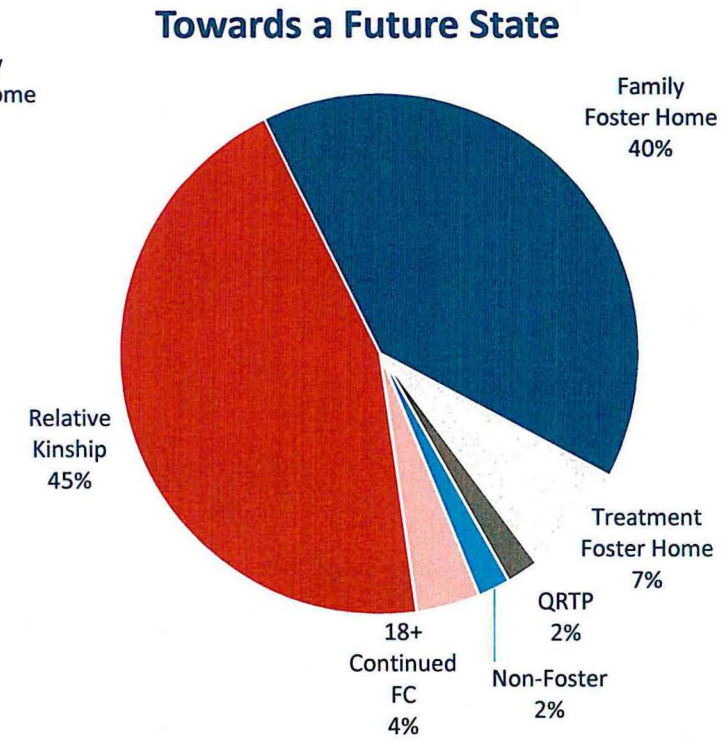
Safely keep children with family

Continue to redesign how child protective and wellbeing services are delivered to improve lives of families and children in North Dakota

NORTH Dakota | Health & Human Services
Be Legendary.

Increasing the prevalence of Relative / Kinship Care in North Dakota should support more positive outcomes for kids





Rethink child welfare

Finding ways for kids to be cared for by relatives or other adults with whom they have existing, significant relationships creates better outcomes

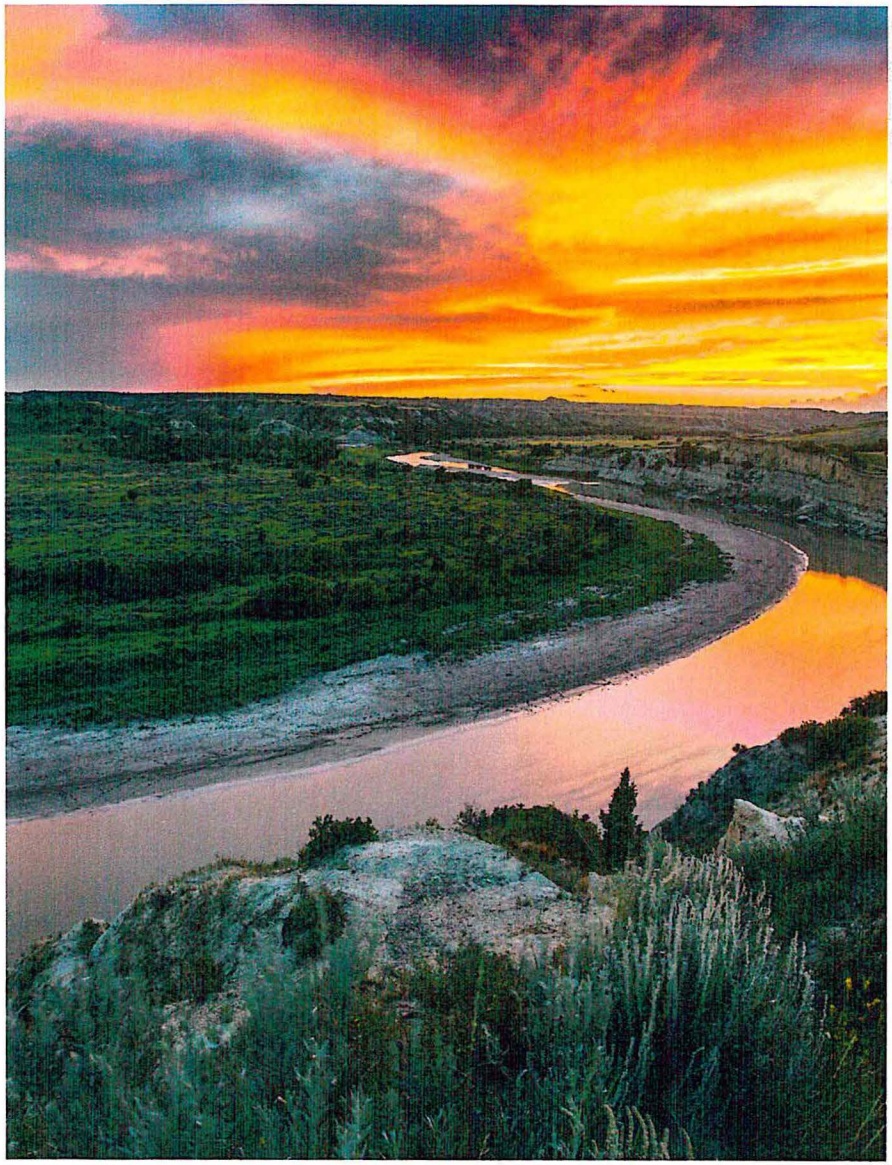
NORTH Dakota Be Legendary. | Health & Human Services

CFS: What's on the horizon?

- Safe Children and Healthy Families
- Improve timely response
- Engagement of stakeholders to improve practice
- Safely Reduce Foster Care
  - Prevention services
  - Kinship program



NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Cory Pedersen

Director, Children & Family Services

ctpedersen@nd.gov

www.hhs.nd.gov

NORTH Dakota | Health & Human Services
Be Legendary.



Senate Bill 2012

Senate Appropriations Committee | HR Section

Senator Dever, Chairman

Human Service Zone Operations, Kristen Hasbargen, Director

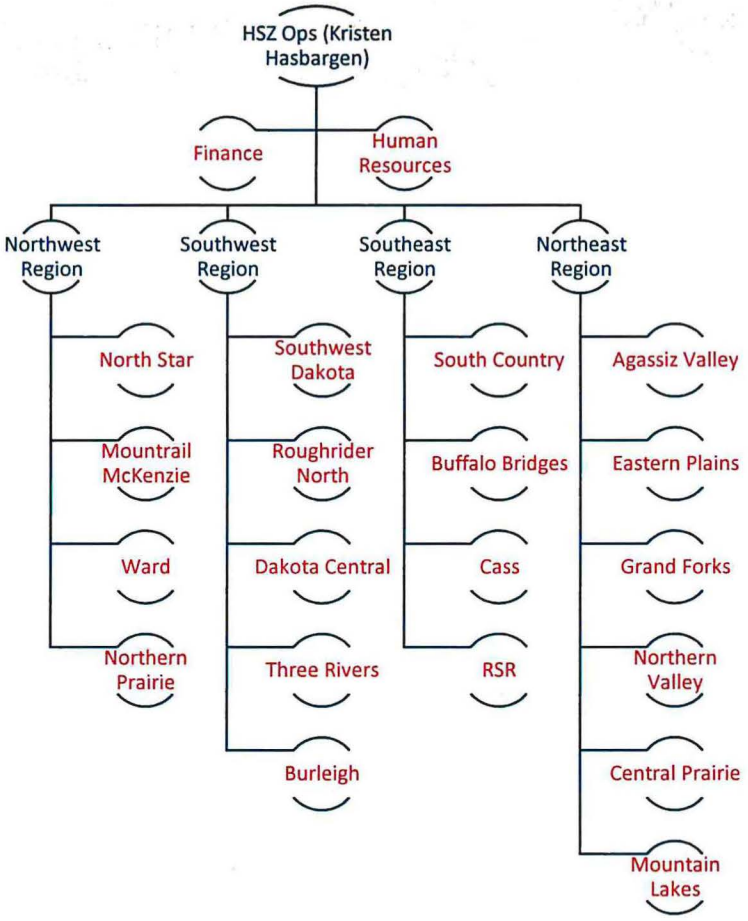
January 31, 2023

NORTH Dakota | Health & Human Services

Be Legendary.

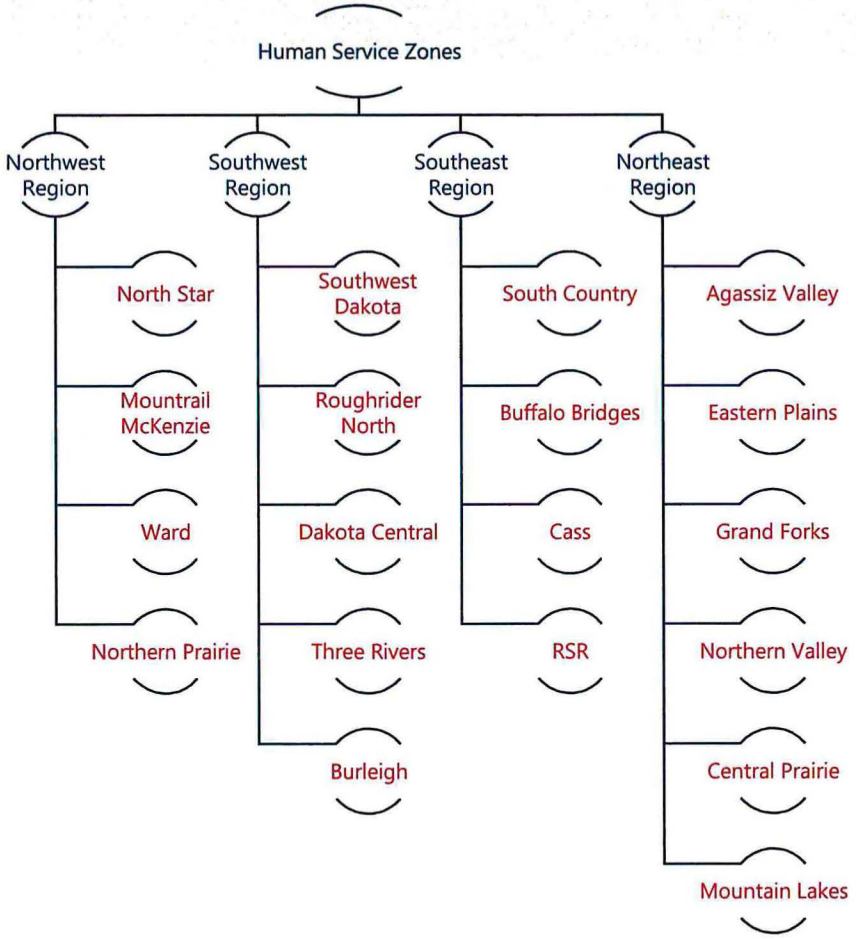
Human Service Zone: Staffing and Team Structure

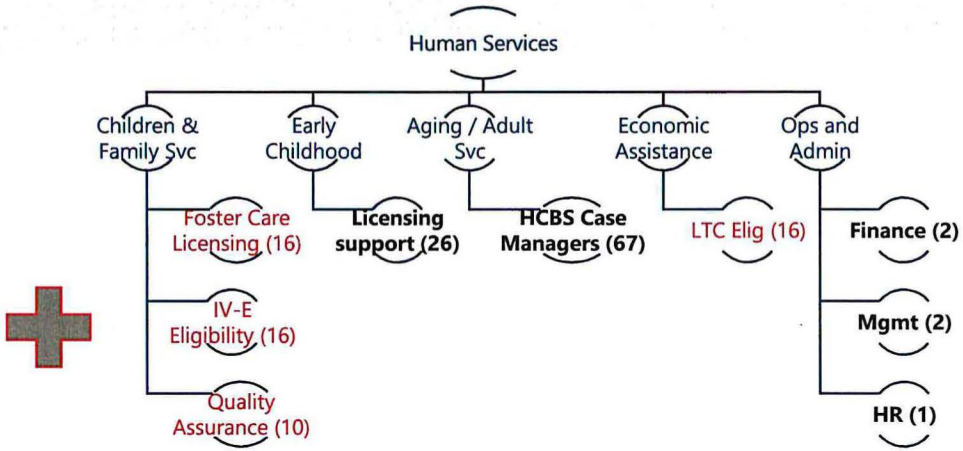
The purpose of the HSZ Ops team is to support the work of the HSZs and HSZ Boards, including review of HSZ Plans, as well as infrastructure support related to various HR and budget functions.



NORTH Dakota Be Legendary. | Health & Human Services

Human Service Zone: Staffing and Team Structure

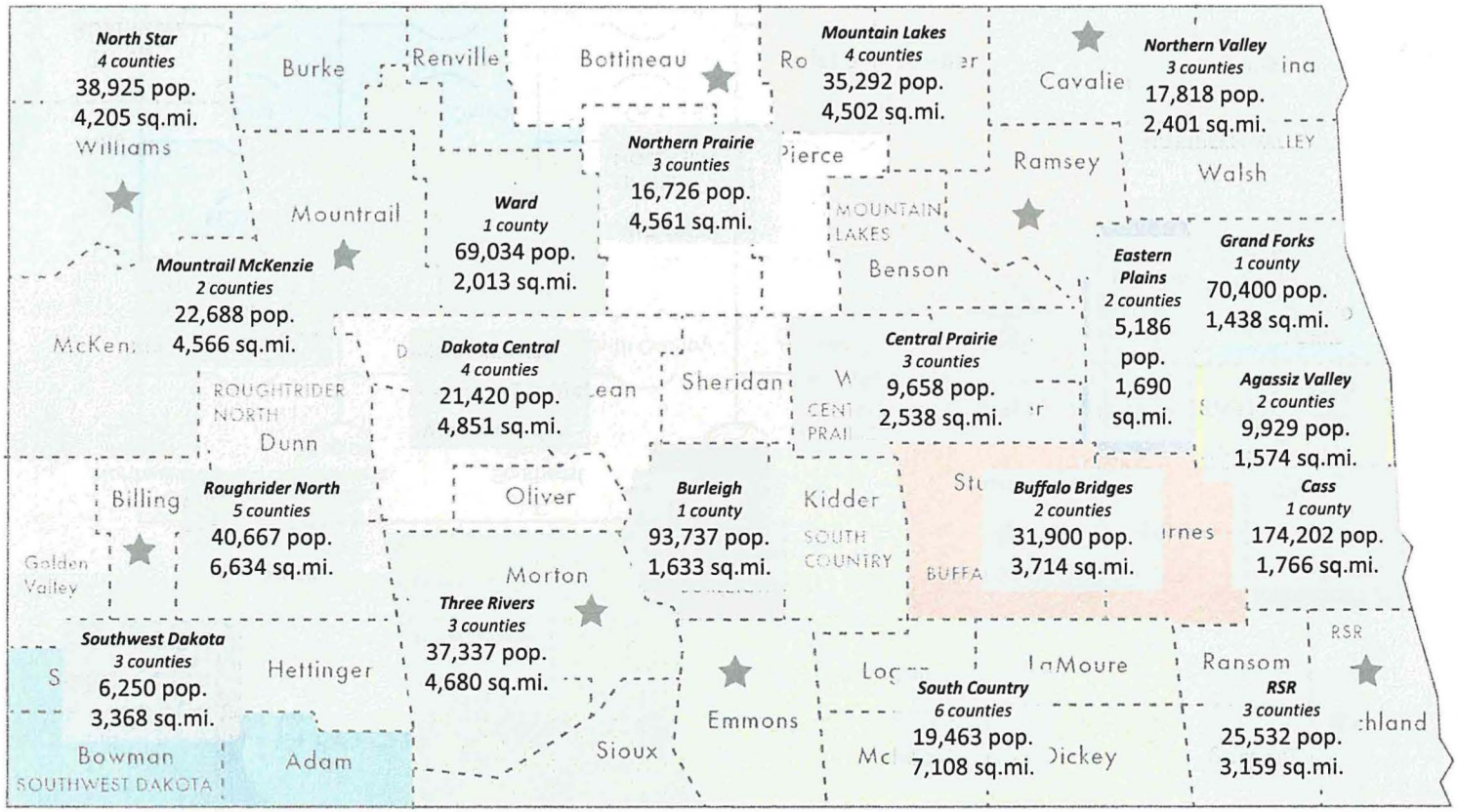




HSZ - State-Delivered Services / Supports				
21-23 Authorized FTE Base			23-25 Executive Budget FTE	12-31-22 Vacancies (from base)
156	-98	=	58	2

NORTH Dakota | Health & Human Services
Be Legendary.

19 unique Human Service Zones work together to serve every corner of ND



Population:
5,186 to 174,202

County collaborations:
1 to 6

Square miles of geography covered:
1,438 to 7,108

NORTH Dakota | Health & Human Services
Be Legendary.

Social Service Redesign set the stage for Counties and the State to work together to serve North Dakotans through the Human Service Zone structure

- Standardization
- Consistency
- Shared services + workload
- Increased access and resources for clients
- Decreased multi-function jobs and allowed for specialization/expertise – reduced # of hats
- Clear program performance measurements
- Increased state collaboration + oversight
- Property Tax Relief

	Host Zone	Zone	HHS
Employer	✖		
Benefits	✖		
HR Policy Manual		✖	✖
HP Policy Addendums - Submitted by Zone/ DHS Approval		✖	
Merit System Requirements			✖
Office Closure	✖	✖	
Supervision of Staff		✖	
Mileage/Reimbursement	✖		
Bonuses (Performance, Retention, etc,...)		✖	✖
Programmatic Policy			✖

NORTH Dakota | Health & Human Services
Be Legendary.

What does it mean to work together?

What it means to be a Zone Employee



HR Policies

- The Zone HR Policy Manual was created in July of 2020 with HHS and Zone representation
- All of the policies are based on Admin Code, Best Practice or State/Federal Laws
- The Zones must follow the established Zone HR Policy Manual, but each Zone has the ability to create addendums (changes) to certain areas of the policy manual
- Example: Dress Code, Weather Related Closures, Benefits
- The Host County determines office closures related to weather or other incidents
- Telecommute workers are required to work when the office is closed due to weather related or other closures

What does it mean to work together?

FTE Committee (HR)



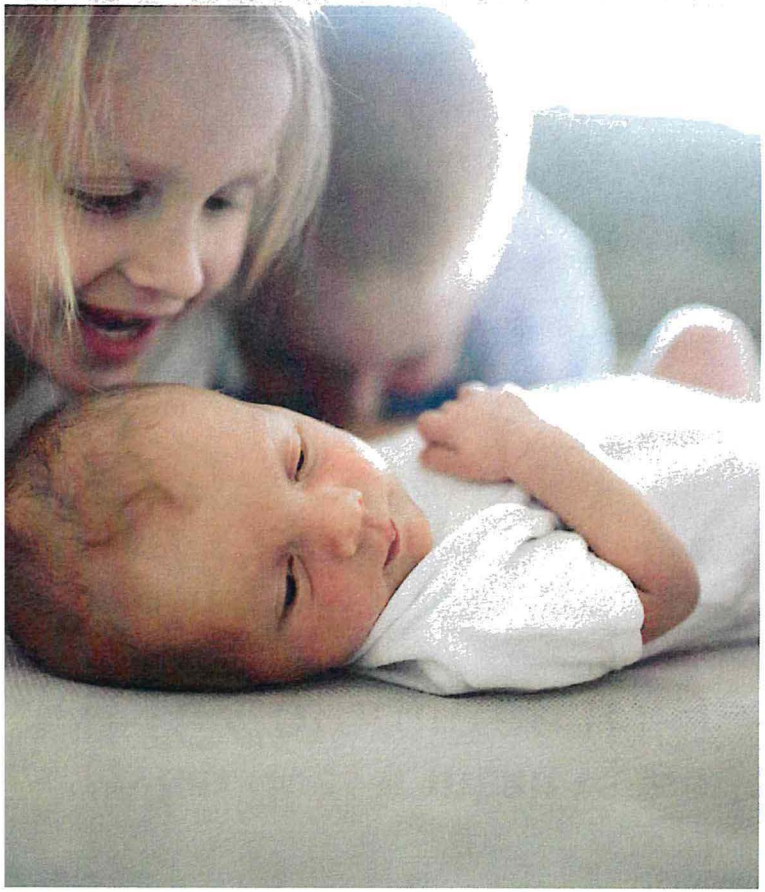
Hiring

- SB 2124 directed: "The department of health and human services shall develop a process to review a request from a human service zone for any proposed increase in staff."
- Zones assisted in development of both process and group composition. The committee consists of 4 Zone Directors and 4 members of the HHS Zone Team.
- Salary offers need approval from FTE committee only if above midpoint of salary range.
- Committee meets twice per week.
- This group reviews salary increases, bonuses, and temporary hires.

NORTH Dakota | Health & Human Services
Be Legendary.

What does it mean to work together?

HHS/State Role



- Establish policy and procedure for programs based on law and administrative rule
- Support programs teams in the zones with technical assistance, hands on training and reviews, including quality reviews
- Administer and adhere to the state merit system for human resource management
- Provide HR technical assistance and support as needed
- Provide official posting and ranking of Zone candidates for interview

New state responsibilities since SB2124

- Funder of all direct costs for delivery of human services
- Provide fiscal support for budgeting and purchasing
- Partner with the zone board on zone director performance management, hiring and terminations

NORTH Dakota Be Legendary. | Health & Human Services

What does it mean to work together?

Host County Role

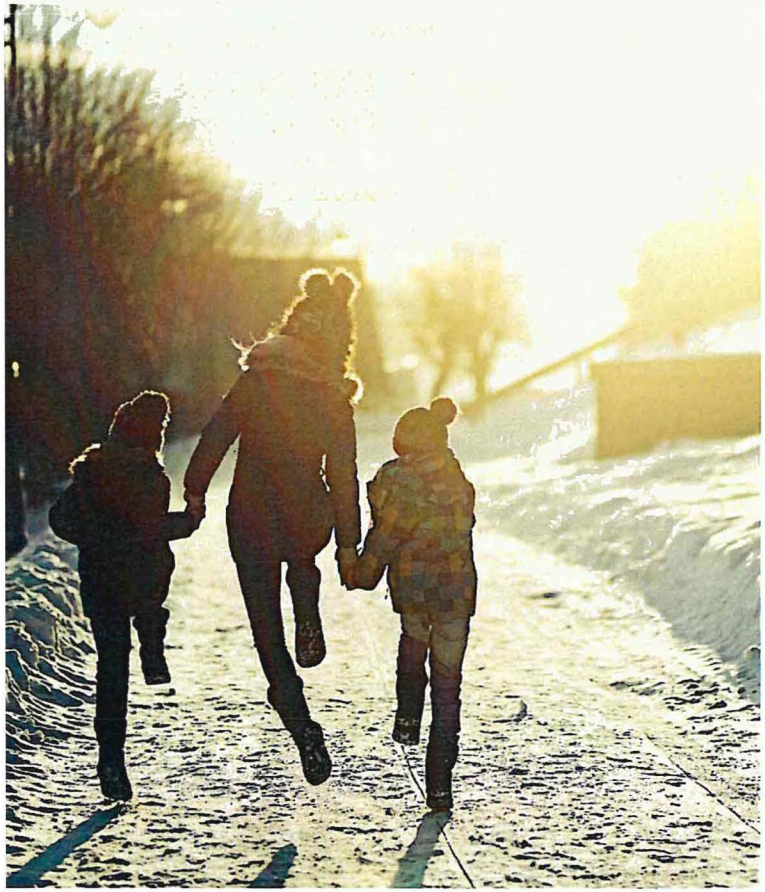


- State's Attorney (employee issues, child welfare, contracts)
- Host County Employer
- Host County Auditor
- Payroll + Benefit administration
- Retirement Provider
- Physical Space
- HR Support (varies by Zone)
- EAP Provider (if offered)

NORTH Dakota | Health & Human Services
Be Legendary.

What does it mean to work together?

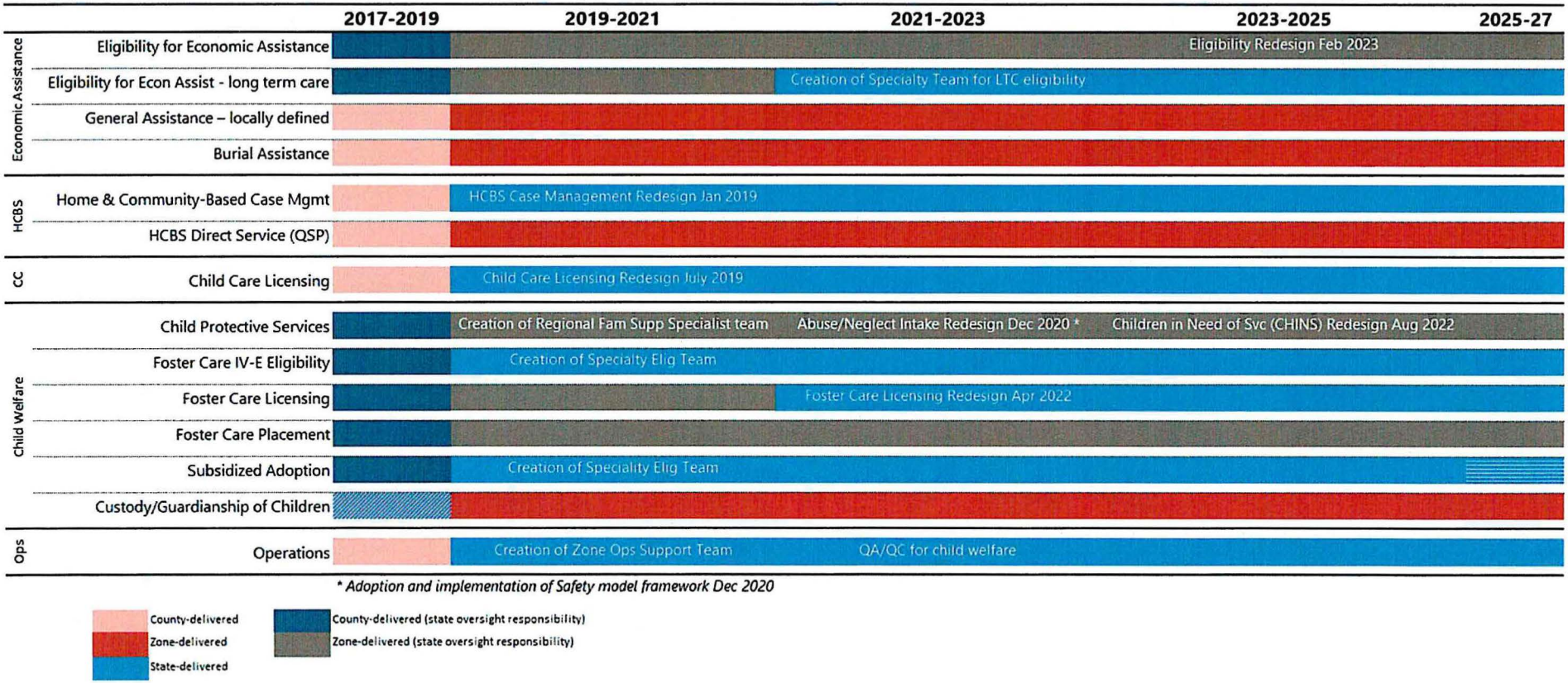
Human Service Zone Board Role



- Serve as an Advisory Board
- Representative of those served by the Zones
- Co-manage Zone Director Performance, Hiring and Termination

NORTH Dakota | Health & Human Services
Be Legendary.

North Dakota's model of human service delivery is characterized by shared roles and responsibilities



Human Service Zones: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 26,977,885	$ (16,296,846)	$ 10,681,039
Operating	4,171,761	(3,719,725)	452,036
IT Services	17,128	(355)	16,773
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	158,750,611	32,322,796	191,073,407
Total	$ 189,917,385	$ 12,305,870	$ 202,223,255
General Fund	**$ 1,240,391**	**$ (1,240,391)**	**$ -**
Federal Funds	**1,176,874**	**1,046,383**	**2,223,257**
Other Funds	**187,500,121**	**12,499,879**	**200,000,000**
Total Funds	**$ 189,917,386**	**$ 12,305,871**	**$ 202,223,257**
Full Time Equivalent (FTE)	156.00	(98.00)	58.00

Costs for State-delivered svc

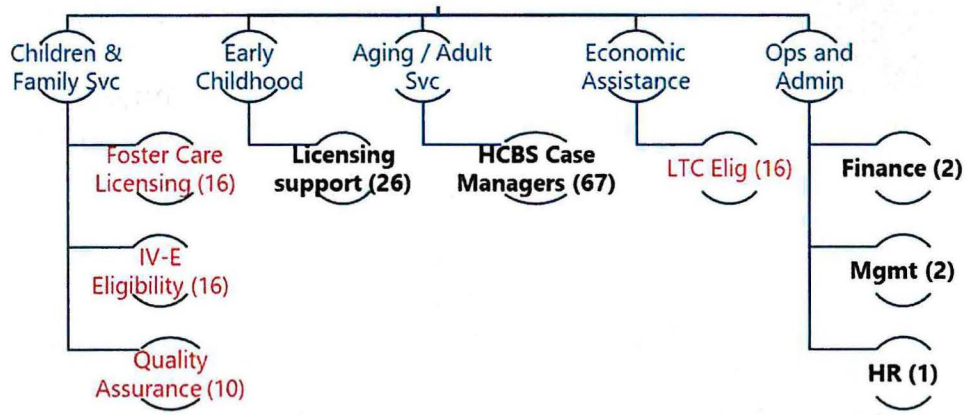
Costs for Zone-delivered svc

FTE associated with State-delivered svc

NORTH Dakota Be Legendary. | Health & Human Services

Summary of 457 Fund decrease related to state-delivered services and supports

Description		2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	Costs for State-delivered svc	$ 26,977,885	$ (16,296,846)	$ 10,681,039
Operating		4,171,761	(3,719,725)	452,036
IT Services		17,128	(355)	16,773
Capital Asset Expense		-	-	-
Capital Assets	Costs for Zone-delivered svc	-	-	-
Grants		158,750,611	32,322,796	191,073,407
Total		$ 189,917,385	$ 12,305,870	$ 202,223,255



TOTAL obligation to transfer from 457 to HHS: $20,833,563 and 98 FTE

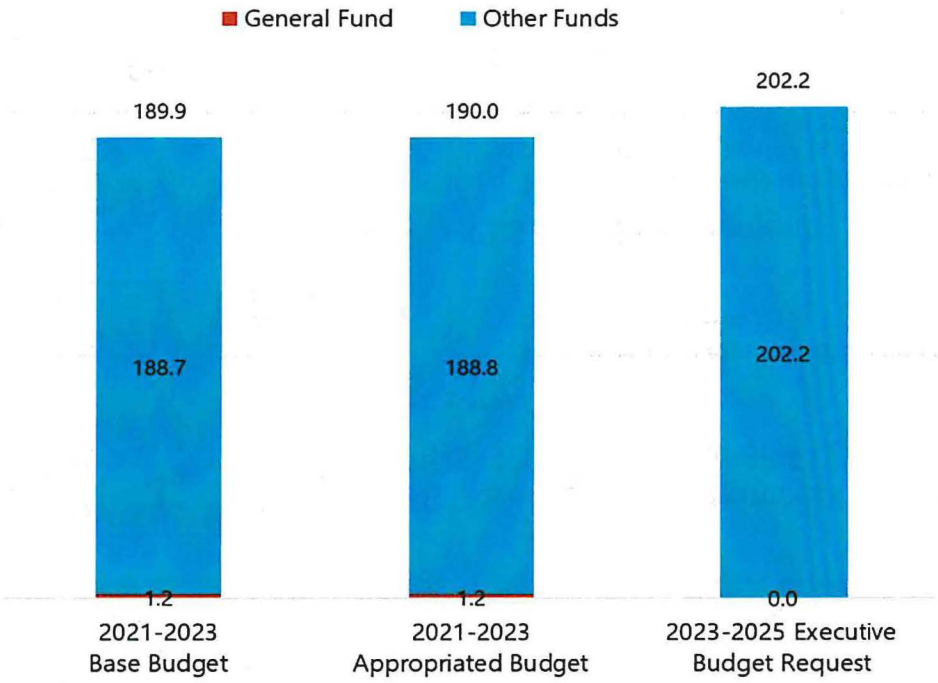
- Early Childhood
  - $4,659,684 total expenses attributed to this cost pool (staffing, travel, IT)
  - 26 FTE
- HCBS Case Management
  - $13,326,329 total expenses attributed to this cost pool (staffing, travel, IT)
  - 67 FTE
- Ops and Admin
  - $2,847,550 total expenses attributed to this cost pool (staffing, contracts (incl indirect cost), public notices, travel, IT)
  - 5 FTE

NORTH Dakota | Health & Human Services
Be Legendary.

Human Service Zones: Overview of budget changes
(IN MILLIONS)

INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION
$ 12.2 MILLION

- 6%/4% proposed salary increase
- 5% annual increase in base HSZ budgets
- Additional Zone-delivered supports in child welfare and in-home care
- Minus the costs associated with transferring a portion of state-delivered services from 457 / Prop Tax Relief fund to HHS budget



NORTH Dakota | Health & Human Services
Be Legendary.

Human Service Zones: Overview of budget changes

Budget detail by account

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	$ 19,058,733	$ (12,046,743)	$ 7,011,990
512x Salaries - Other	-	-	-
513x Salaries Temp	-	-	-
514x Salaries Overtime	-	0	0
516x Salaries Benefits	7,919,152	(4,250,104)	3,669,048
Total Salaries & Benefits	$ 26,977,885	$ (16,296,846)	$ 10,681,039
52x Travel	326,985	(261,594)	65,391
53x Supply	4,205	(3,205)	1,000
54x Postage & Printing	745	(500)	245
55x Equipment under $5,000	-	-	-
56x Utilities	-	-	-
57x Insurance	-	-	-
58x Rent/Leases - Bldg/Equip	3,242	(3,242)	0
59x Repairs	-	-	-
61x Professional Development	25,600	(18,100)	7,500
62x Fees - Operating & Professional	3,810,984	(3,433,084)	377,900
67x Expenses	-	-	-
53x Supplies	-	-	-
60x IT Expenses	17,128	(355)	16,773
68x Land, Building, Other Capital	-	-	-
69x Over	-	-	-
69x Equipment Over $5,000	-	-	-
71x Grants, Benefits, & Claims	158,750,611	32,322,796	191,073,407
72x Transfers	-	-	-
Total Operating	$ 162,939,501	$ 28,602,716	$ 191,542,217
Total	$ 189,917,386	$ 12,305,870	$ 202,223,256

NORTH Dakota Be Legendary. | Health & Human Services

Human Service Zones: Overview of budget changes

Funding Source Summary

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	$ 1,240,391	$ (1,240,391)	$ -
Federal Funds	1,176,874	1,046,383	2,223,257
Other Funds	187,500,121	12,499,879	200,000,000
Total Funds	$ 189,917,386	$ 12,305,871	$ 202,223,257

NORTH Dakota Be Legendary. | Health & Human Services

Included in 2023-25 Executive Budget Request

Budget Transition for State-Delivered Services

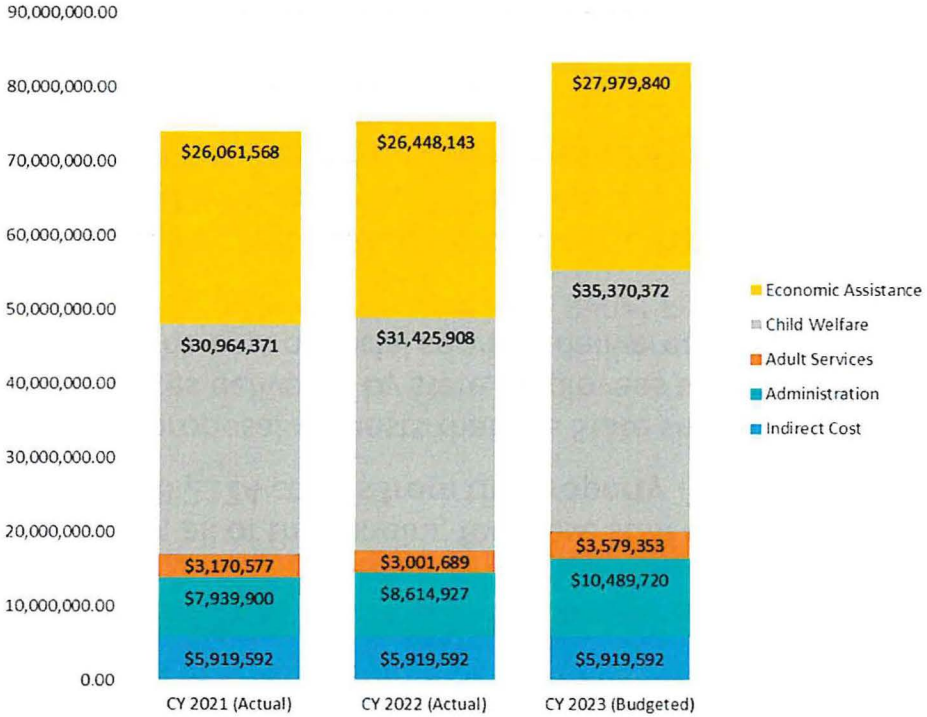
- Today, all of the funding for these staff who deliver human services as per SB 2124 comes from the Property Tax Relief Fund.
- This proposal requests that the State shift the cost of funding social services delivered by state employees to the state HHS budget, and that the cost of social services delivered by HSZ employees continue to come from the Property Tax Relief Fund.
- Removing the costs associated with HSZ-to-State transferred teams from the Property Tax Relief Fund and aligning them with their respective programs would offer greater transparency into total cost to operate each program.

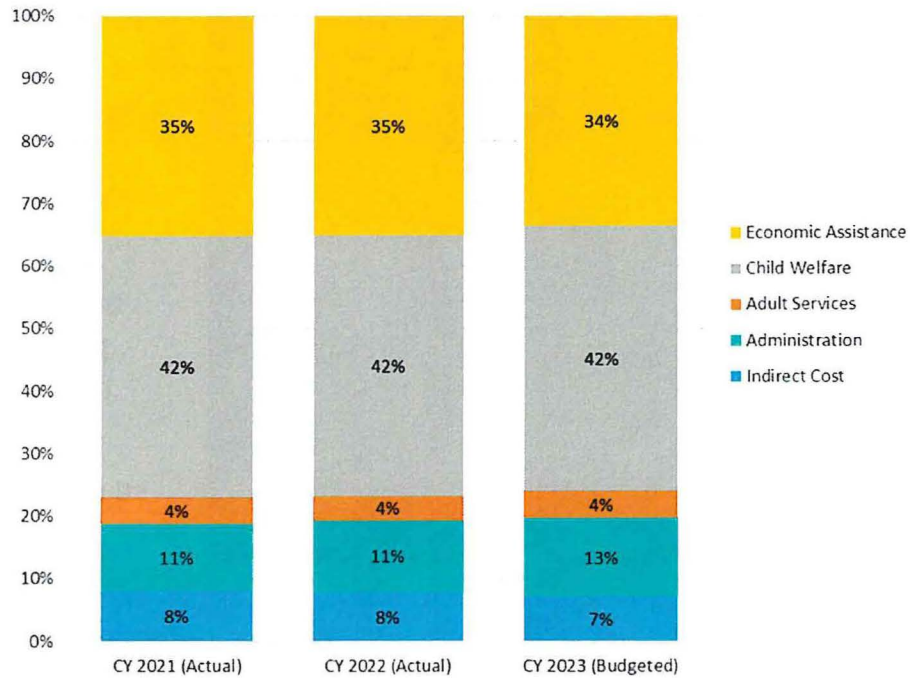
Total	General	Other
$0	$19,816,722	($19,816,722)



NORTH Dakota | Health & Human Services
Be Legendary.

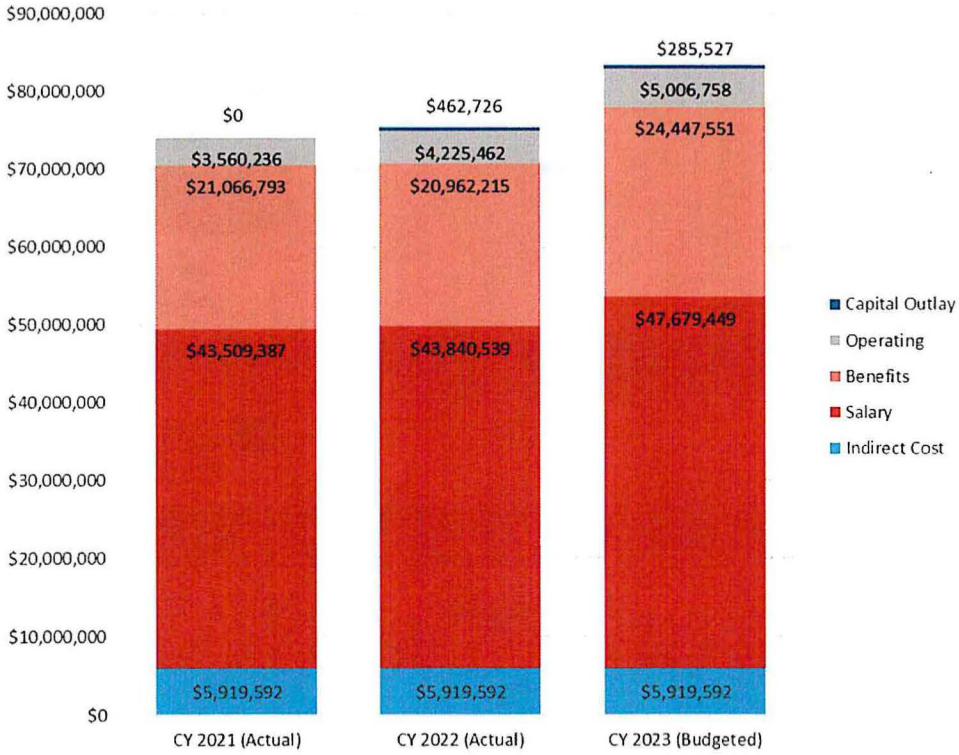
86% of state dollars invested in Human Service Zones goes to deliver services in 3 core areas

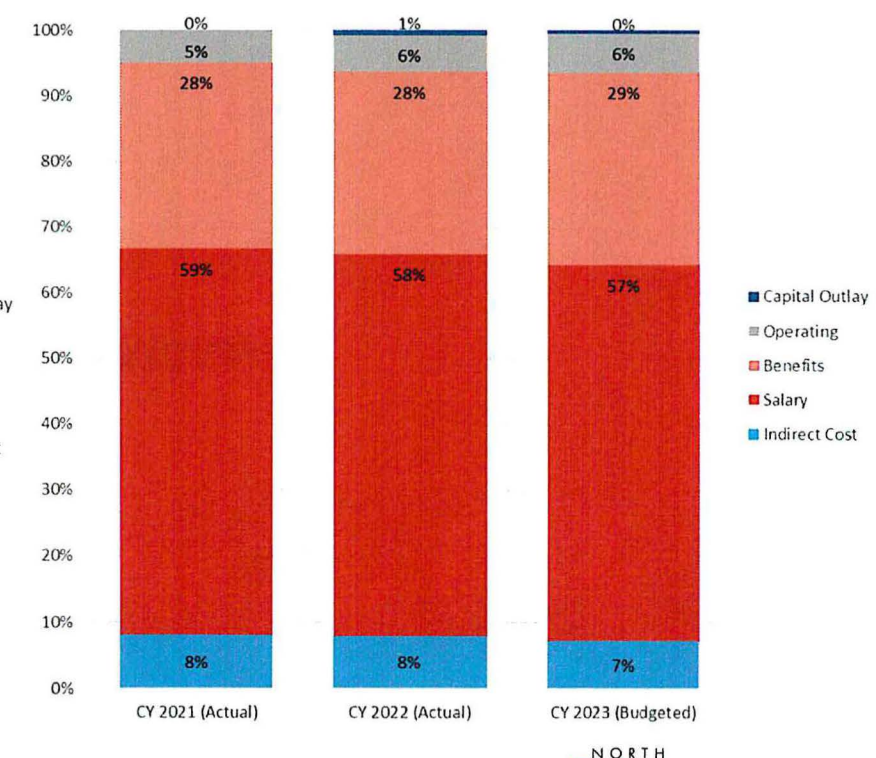




NORTH Dakota | Health & Human Services
Be Legendary.

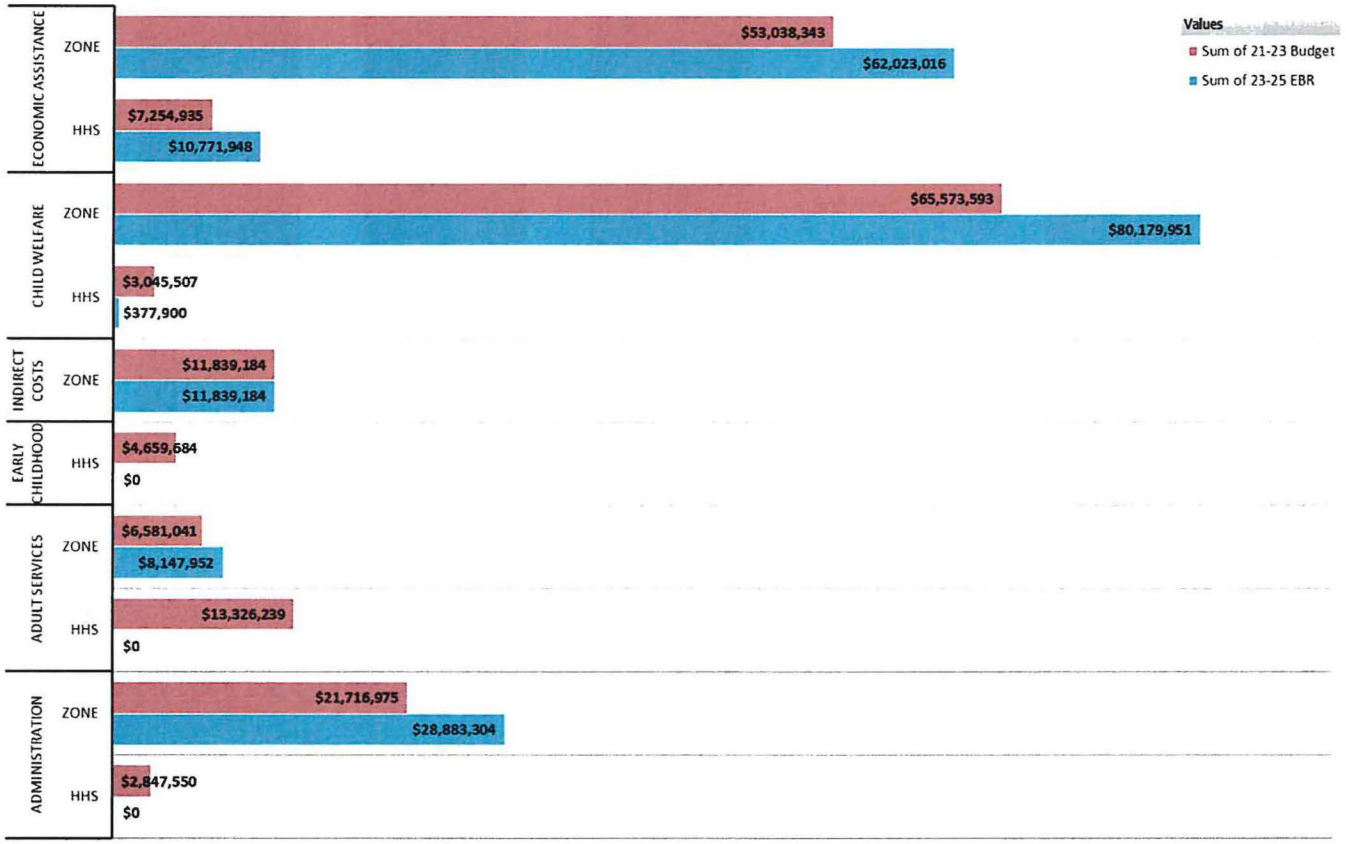
Staff compensation accounts for 86% of HSZ Expenses that are reimbursed by the ND Property Tax Relief Fund





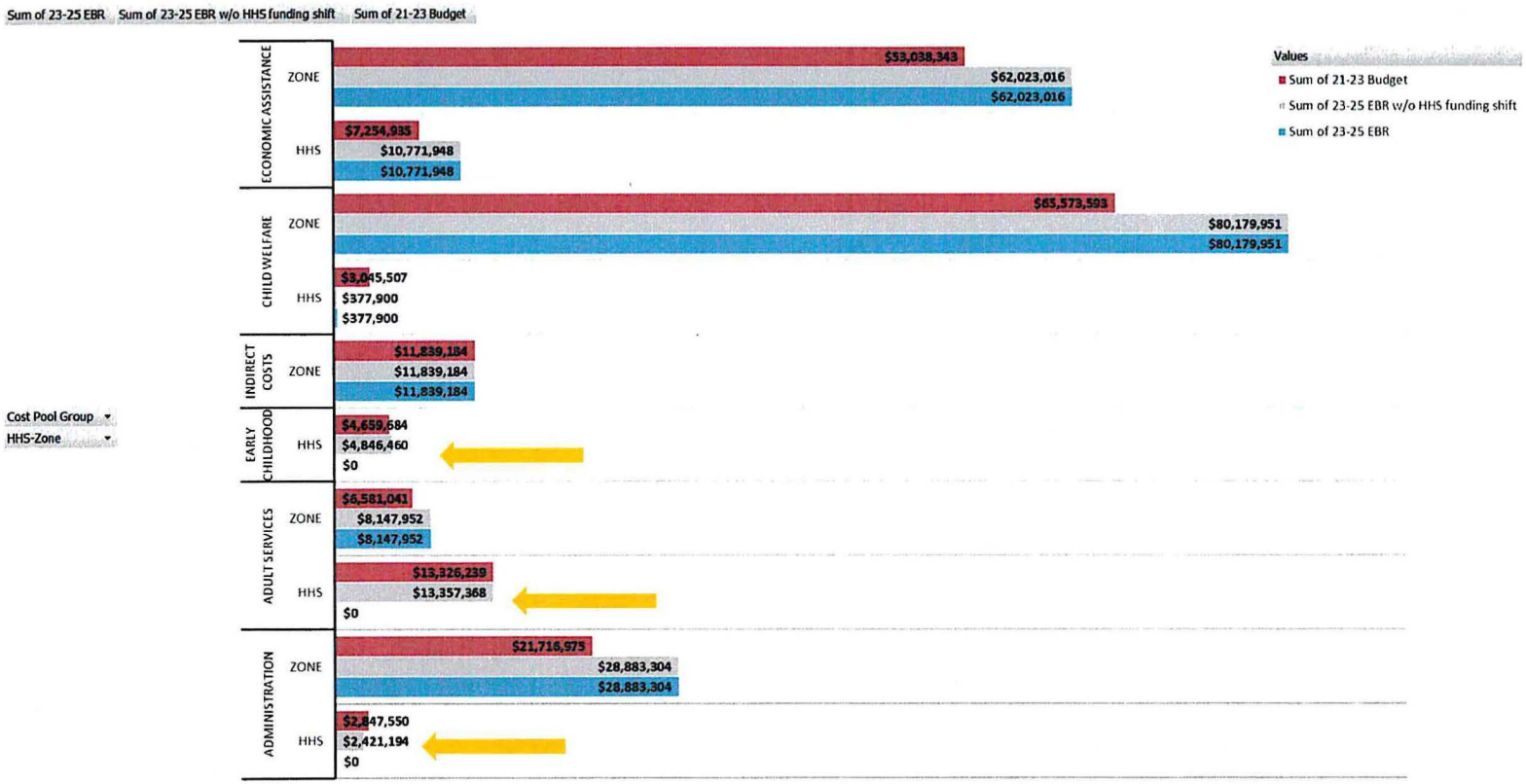
NORTH Dakota Be Legendary. | Health & Human Services

The majority of increases in the 23-25 EBR represent additional investment in staffing (both compensation and roles)



NORTH Dakota | Health & Human Services
Be Legendary.

The funding shift from the Property Tax Relief Fund to the HHS budget does not change budgeted funding proposed for HSZs



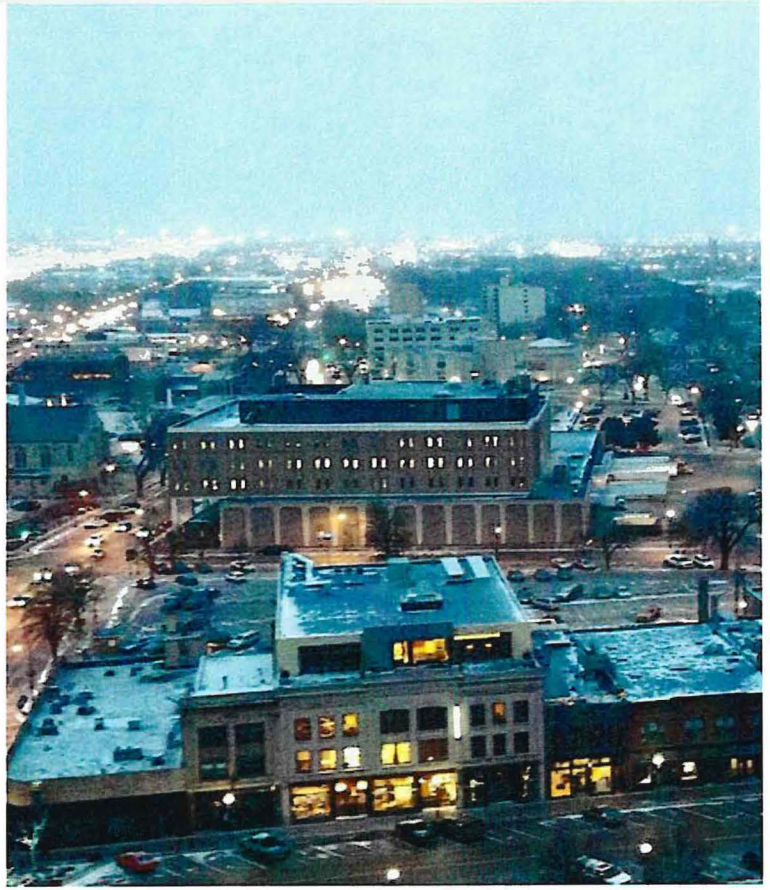
NORTH Dakota | Health & Human Services
Be Legendary.

Policy Bills with Budget Impact

SB 2139 - Burial Assistance

- Bill proposes final dispositions (cremation or burial) are reimbursed at $3,500 for all Zones.

Total	General	Special
$612,000	$0	$612,000



NORTH Dakota | Health & Human Services
Be Legendary.

SB 2012 Section 5
Estimated Income – Human Service Finance Fund

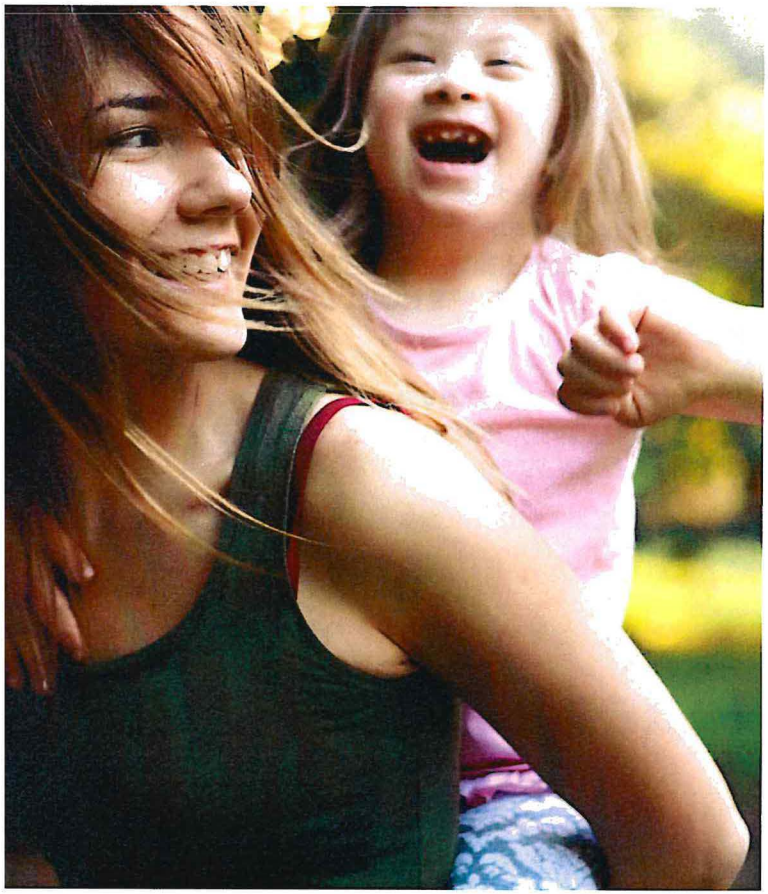
SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
HUMAN SERVICE ZONE OPERATIONS SECTION

SECTION 5 (SECTION 8 of Governor's Recommendation) ESTIMATED INCOME - HUMAN SERVICE FINANCE FUND. The estimated income line item in subdivision 4 of section 1 of this Act includes the sum of ~~$187,223,092~~200,000,000 from the human service finance fund for state-paid economic assistance and social and human services.



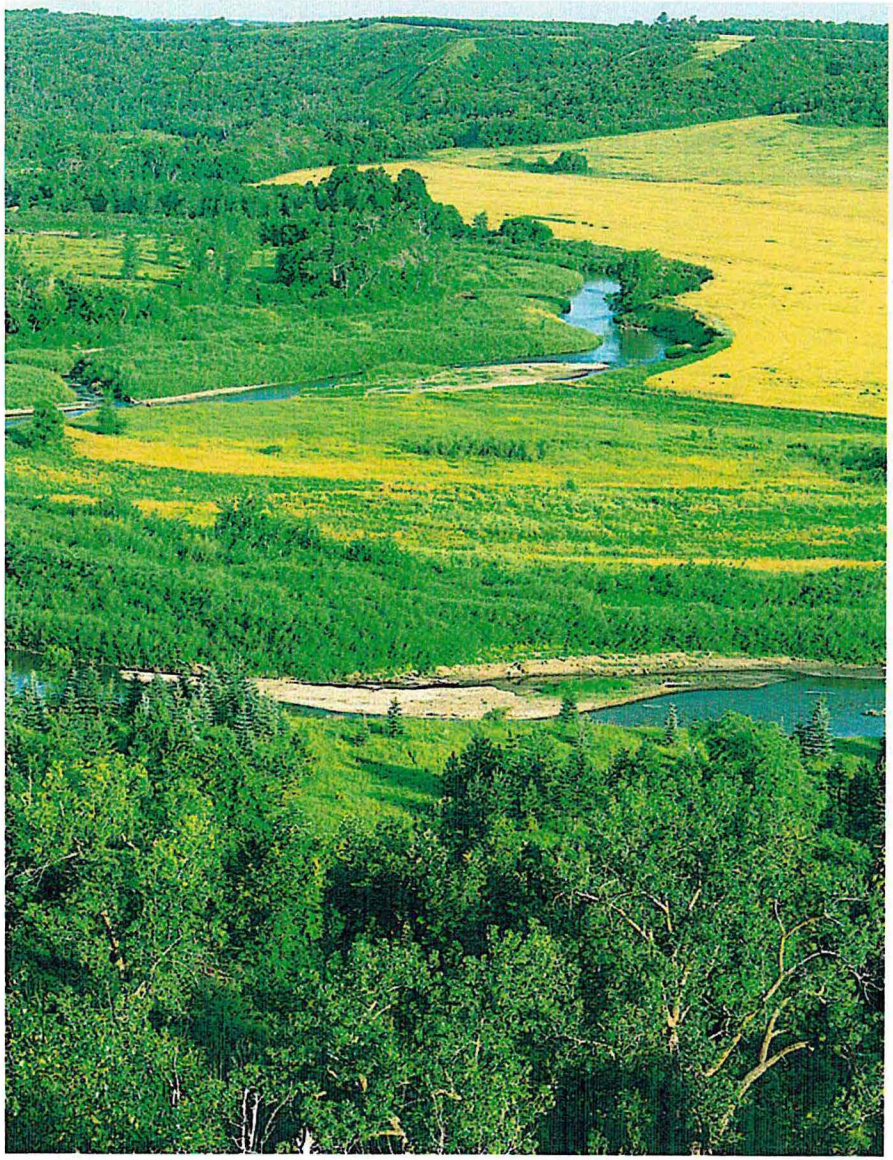
NORTH Dakota | Health & Human Services
Be Legendary.

On the horizon for Human Service Zones and HHS



- Embracing a regional processing approach for SNAP, CCAP, LIHEAP, TANF, and Medicaid eligibility
  - Eligibility "redesign" goes live in February 2023
- Solidifying the work of new statewide teams
  - CHINS (children in need of service)
  - Child Abuse and Neglect Hotline
  - Foster care licensing and eligibility
  - Cross Zonal Continuous Quality Improvement peer groups
- Creating HSZ Data Snapshots – key program measures of effectiveness and impact
- Working together to problem solve
  - Guardianship | HCBS services | Case mgmt for children with complex needs | Timeliness of child protection visits| 1915(i)

NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Kristen Hasbargen

Director of Zone Operations, HHS

krhasbargen@nd.gov

https://www.hhs.nd.gov/human-service/zones

NORTH Dakota Be Legendary. | Health & Human Services



Senate Bill 2012

Senate Appropriations Committee | HR Section
Senator Dever, Chairman

Office of Refugee Services, Holly Triska-Dally

January 31, 2023

NORTH Dakota | Health & Human Services
Be Legendary.

Refugee Services Purpose and ND Century Code Reference

Building a life in a new community is challenging.

Imagine losing everything and then having to rebuild in a new country with limited community connections, resources, and acceptance.

Our programs develop community collaborations to strengthen and guide newcomers as they become welcomed neighbors and valued contributors to the economy.

Chapter	Chapter Name
50-06-01.4	Structure of the Department a. Administration of programs for children and families, including refugee services

NORTH Dakota | Health & Human Services
Be Legendary.

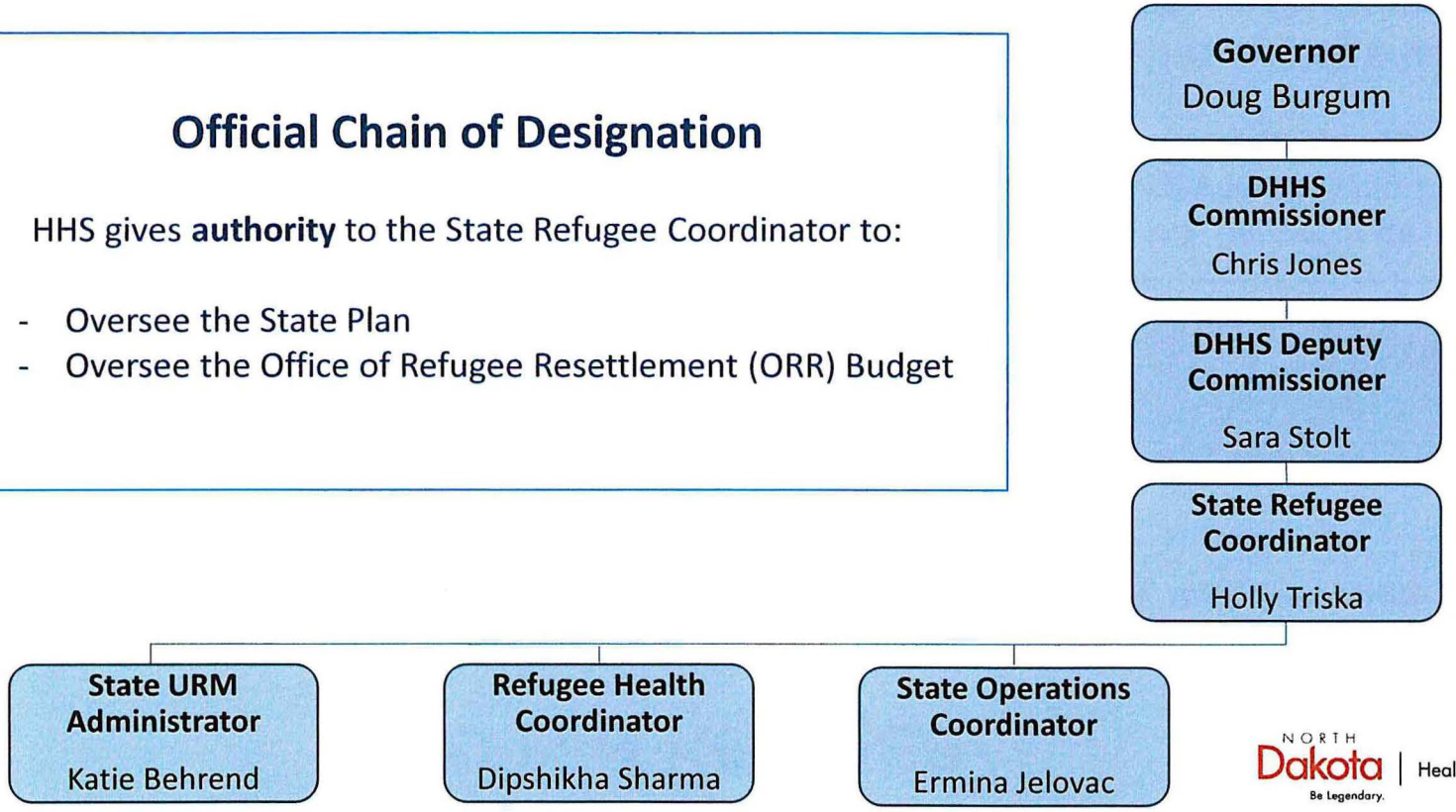


Refugee Services Section

Official Chain of Designation

HHS gives **authority** to the State Refugee Coordinator to:

- Oversee the State Plan
- Oversee the Office of Refugee Resettlement (ORR) Budget



NORTH Dakota Be Legendary. | Health & Human Services

Who is a Refugee?

Refugee: A person forced to flee their home country to escape persecution, war, or violence.

UN Refugee Agency: Confers Refugee Status

- 32.5 million refugees globally
- *Less than 1%* of refugees are referred for resettlement
- UN begins screening by collecting biographic and biometric data

U.S. Government: Solely decides admission

- 8 Government agencies
- 5 Background checks
- 6 Security Databases
- 3 In-person interviews

Resettlement Agencies: Assigned accepted cases

- U.S. Dept of State coordinates with 10 national Resettlement Agencies (RA)
- LIRS and CWS in ND

Office of Refugee Resettlement (ORR) Additional Eligible Populations



Special Immigrant Visa Holders



Afghan Humanitarian Parolees



Ukrainian Humanitarian Parolees



Cuban or Haitian Parolees

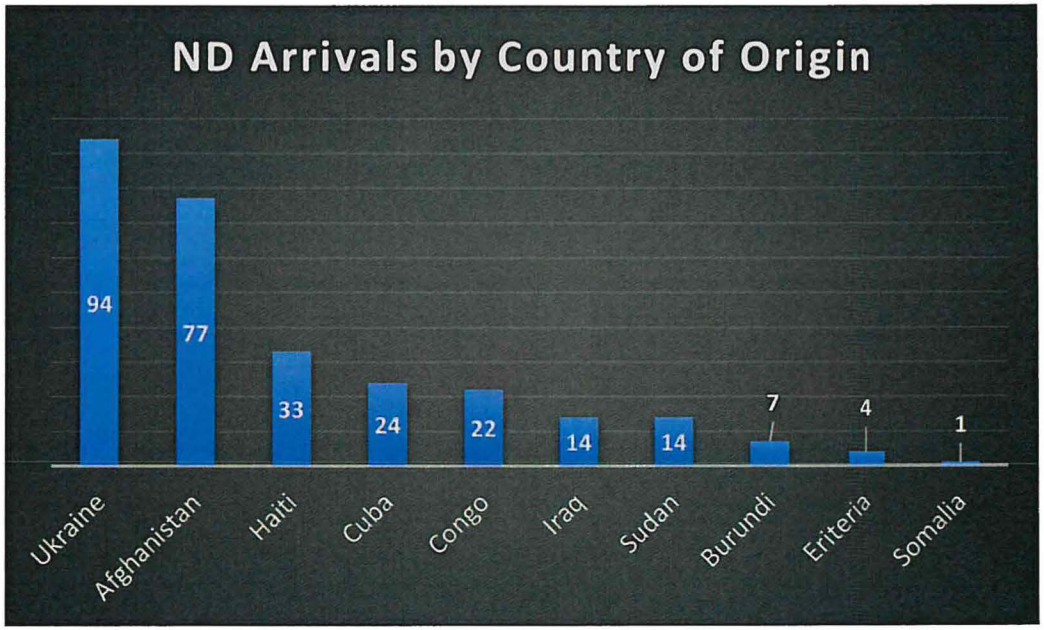
NORTH Dakota | Health & Human Services
Be Legendary.

Who we serve

- All populations meeting Office of Refugee Resettlement eligibility criteria

- Neary 60% of arrivals are from Ukraine and Afghanistan

  (July 2021 – December 2022)



NORTH Dakota | Health & Human Services
Be Legendary.

Office of Refugee Services

Refugee Services		
2021-2023 Authorized FTE Base	**2023-2025 Executive Budget FTE**	**# of vacancies 12-31-22** *(from base)*
4.0	4.0	0.0

Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$1,416,485	$(567,965)	$848,520
Operating	442,363	129,668	572,031
Grants	6,605,621	4,603,355	11,208,976
Total	$8,464,469	$4,165,058	$12,629,527

General Fund	**$-**	**$-**	**$-**
Federal Funds	**8,464,469**	**4,165,058**	**12,629,527**
Other Funds	**-**	**-**	**-**
Total Funds	**$8,464,469**	**$4,165,058**	**$12,629,527**

Full Time Equivalent (FTE)	4.00	0.00	4.00

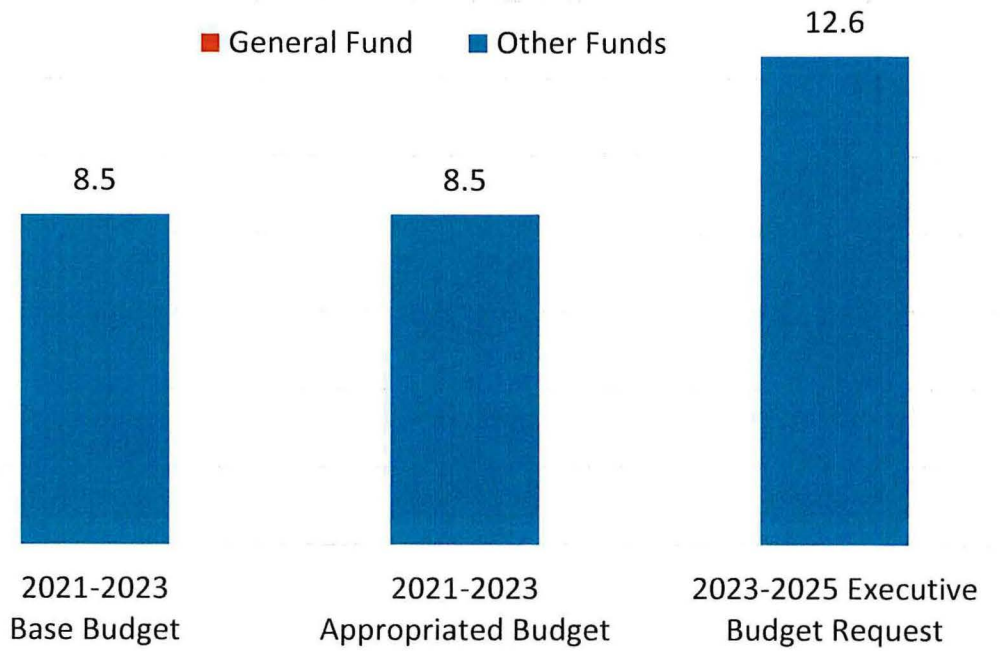
NORTH Dakota | Health & Human Services
Be Legendary.

Overview of budget changes (IN MILLIONS)

INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION $ 4.1 MILLION

Increases Driven by:

- Afghanistan Supplemental Appropriations Act
- Additional Ukraine Supplemental Appropriations Act
- Data Management System
- Increased Focus on Refugee Behavioral Health



NORTH Dakota | Health & Human Services
Be Legendary.

Overview of budget changes (IN MILLIONS)

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	$ 1,416,485	$ (837,568)	$ 578,917
516x Salaries Benefits	-	269,603	269,603
Total Salaries & Benefits	$ 1,416,485	$ (567,965)	$ 848,520
52x Travel	2,650	55,775	58,425
53x Supply	-	5,000	5,000
54x Postage & Printing	-	200	200
58x Rent/Leases - Bldg/Equip	-	7,801	7,801
61x Professional Development	411	14,554	14,965
62x Fees - Operating & Professional	439,302	40,038	479,340
53x Supplies	-	6,300	6,300
71x Grants, Benefits, & Claims	6,605,621	4,603,355	11,208,976
Total Operating	$ 7,047,984	$ 4,733,023	$ 11,781,007
Total	$ 8,464,469	$ 4,165,058	$ 12,629,527

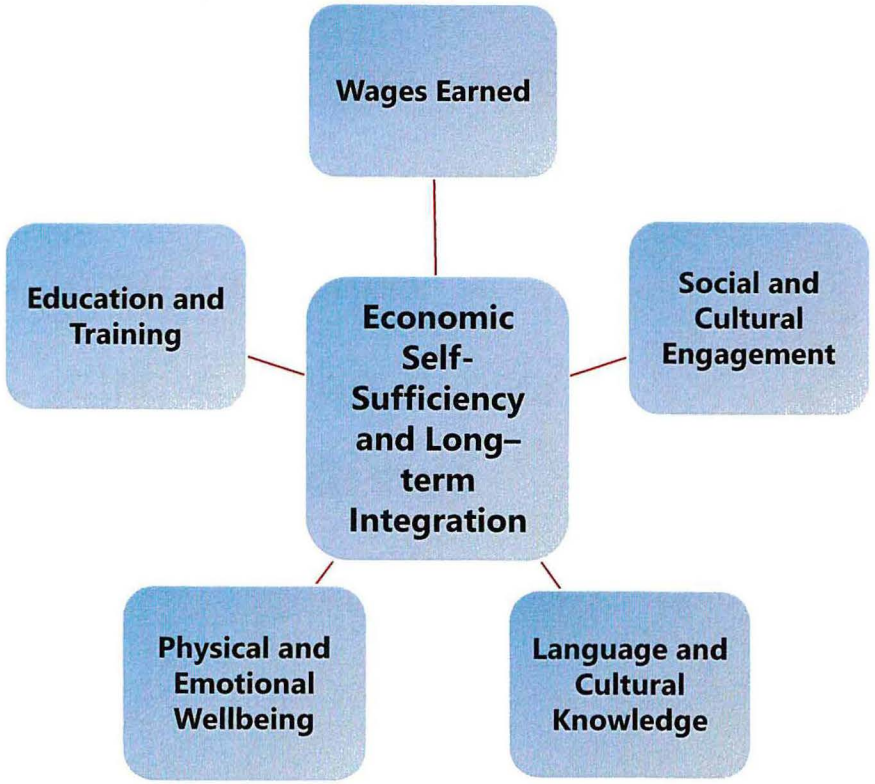
One-Time Expenditures

Data Management System: $1.1M

- Tracks progress of individuals and programs overtime

- Facilitates referrals to Refugee Support Service providers

- Produces ORR and State reports



About State Refugee Grants and Contracts

Refugee Support Services

- Local Case Management
- English Language Learning
- Employment Support
- Immigration Services

Refugee Cash Assistance

Set-Aside Programs

- Refugee School Impact
- Youth Mentoring
- Refugee Health Promotion
- Services to Older Refugees

Unaccompanied Refugee Minor

Policy Bills with Impact to Refugee Services Work

- SB 2151 – Office of Immigration
- SB 2142 – Office of Immigration
- HB 1503 – Property Ownership
- HB 1421 – New American Workforce Development Training



NORTH Dakota | Health & Human Services
Be Legendary.

Refugee Services: What's on the horizon?

- Improved assessments and outcome measurement
- Improved access to English Language Learning
- Expanded community-based and employment sector relationships
- Enhanced focus on behavioral health services


PARTLY SUNNY 61 • 42 FORECAST, C8 | SATURDAY, OCTOBER 22, 2022 | bismarcktribune.com

MIKE MCCLEARY, TRIBUNE

WELCOME NEIGHBORS

NORTH Dakota | Health & Human Services
Be Legendary.

From Struggle to Resilience: Examining 3.4M U.S. refugee arrivals since 1975

Median Annual Income

< 5 years = $22,000

> 25 years = $67,000

Economic Benefits Outweigh Costs

Year 1: Estimated Cost of resettlement = $15k
Year 8: Taxes paid exceed investment
Year 20: $21k more in taxes than initial investment

40% of Fortune 500 companies founded by immigrants or their children

13% of refugees are entrepreneurs ($4.6B in business income annually)

* Data derived from the U.S. Census Bureau's American Community Survey

NORTH Dakota | Health & Human Services
Be Legendary.

Welcoming as a Workforce Strategy



Immigration is Our History:

100 years ago, 80% of North Dakotans were immigrants or the children of immigrants.



Immigration Policy is Federal:

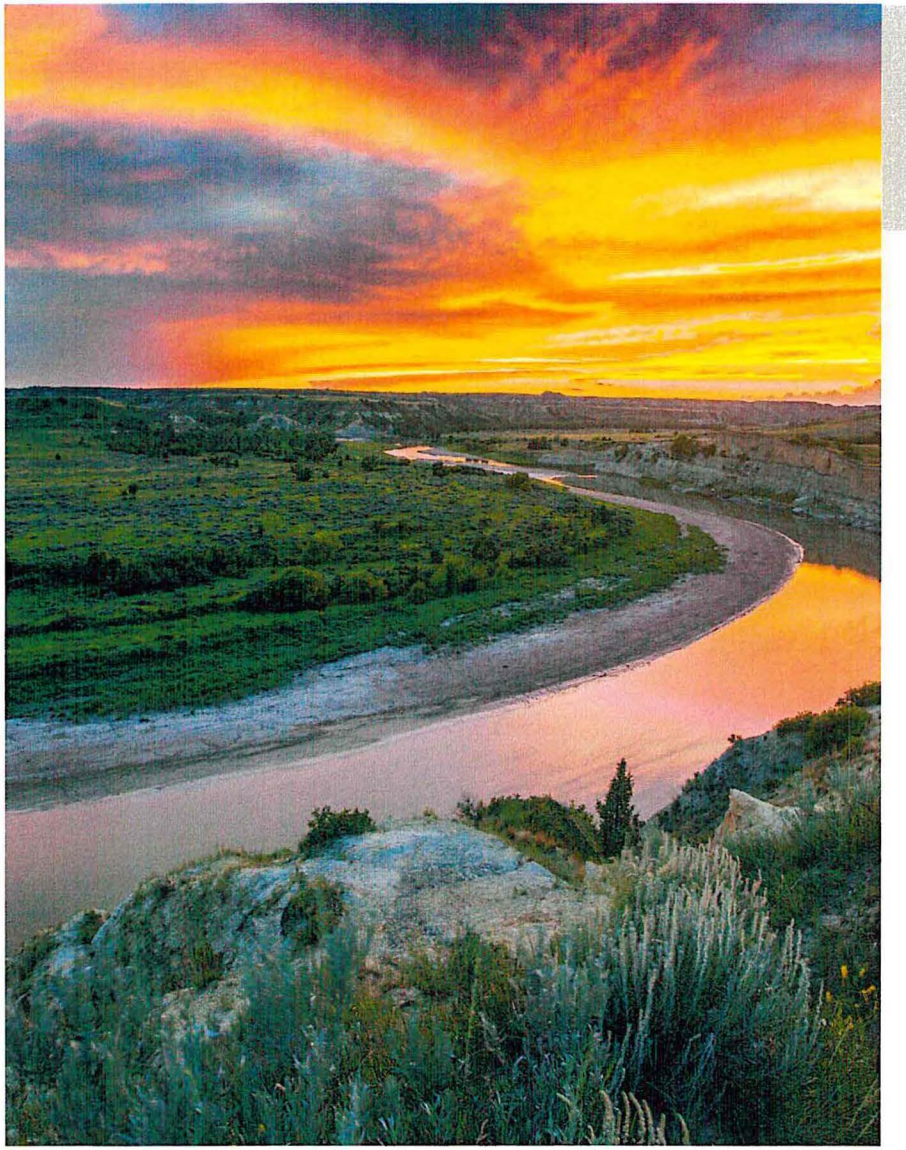
Immigration channels and the caps on participation are set at the federal level.



Newcomer Integration is Local:

Our local approach to helping newcomers thrive situates us for economic success.

NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Holly Triska-Dally

State Refugee Coordinator

htriskadally@nd.gov

www.hhs.nd.gov

NORTH Dakota | Health & Human Services
Be Legendary.



Senate Bill 2012

Senate Appropriations Committee | HR Section

Senator Dever, Chairman

Vocational Rehabilitation, Damian Schlinger, Director

January 31, 2023

NORTH Dakota | Health & Human Services

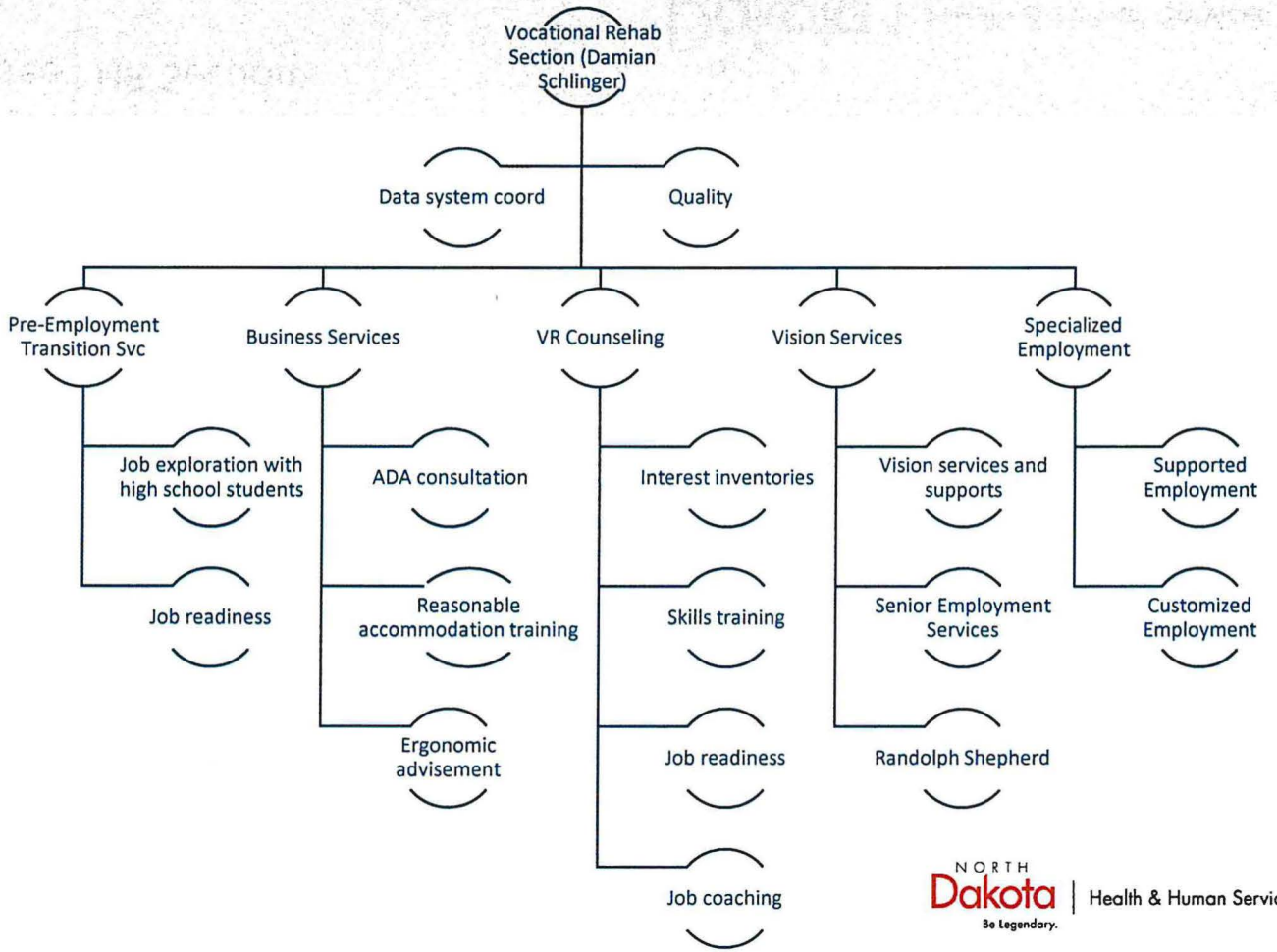
Be Legendary.

Vocational Rehab: Staffing and Team Structure

The purpose of Vocational Rehab is to assist North Dakotans with disabilities to enter or re-enter the workforce through individualized services

Vocational Rehab		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**12-31-22 Vacancies (from base)**
85.0	85.0	2.0

Avg Age	Avg Yrs of Service	Turnover 2021	Turnover 2022
48	**9**	**22.7%**	**18.8%**



NORTH Dakota Be Legendary. | Health & Human Services

Who might choose to seek services from Voc Rehab?

- Individual seeking service can have a congenital or acquired disability
- Services are inclusive of all types of disability – learning, developmental, physical, cognitive, behavioral
- Barrier to seeking, maintaining, or advancing in employment due to disability
- Jobs acquired are from entry-level to professional
- Clients can come back through the process for career progression, change in career goal or job situation

What VR Does

Pre-employment Transition Services (Pre-ETS)

- Students ages 14-21
- Job exploration
- Job readiness training
- VR has contracts w/ 71 school in ND

Services to Business

- Connect to qualified applicants
- Retaining existing employees w/ developed or have a worsening disability
- ADA accommodation consultation
- Education on disability awareness, tax incentives

Supported Employment/ Customized Employment

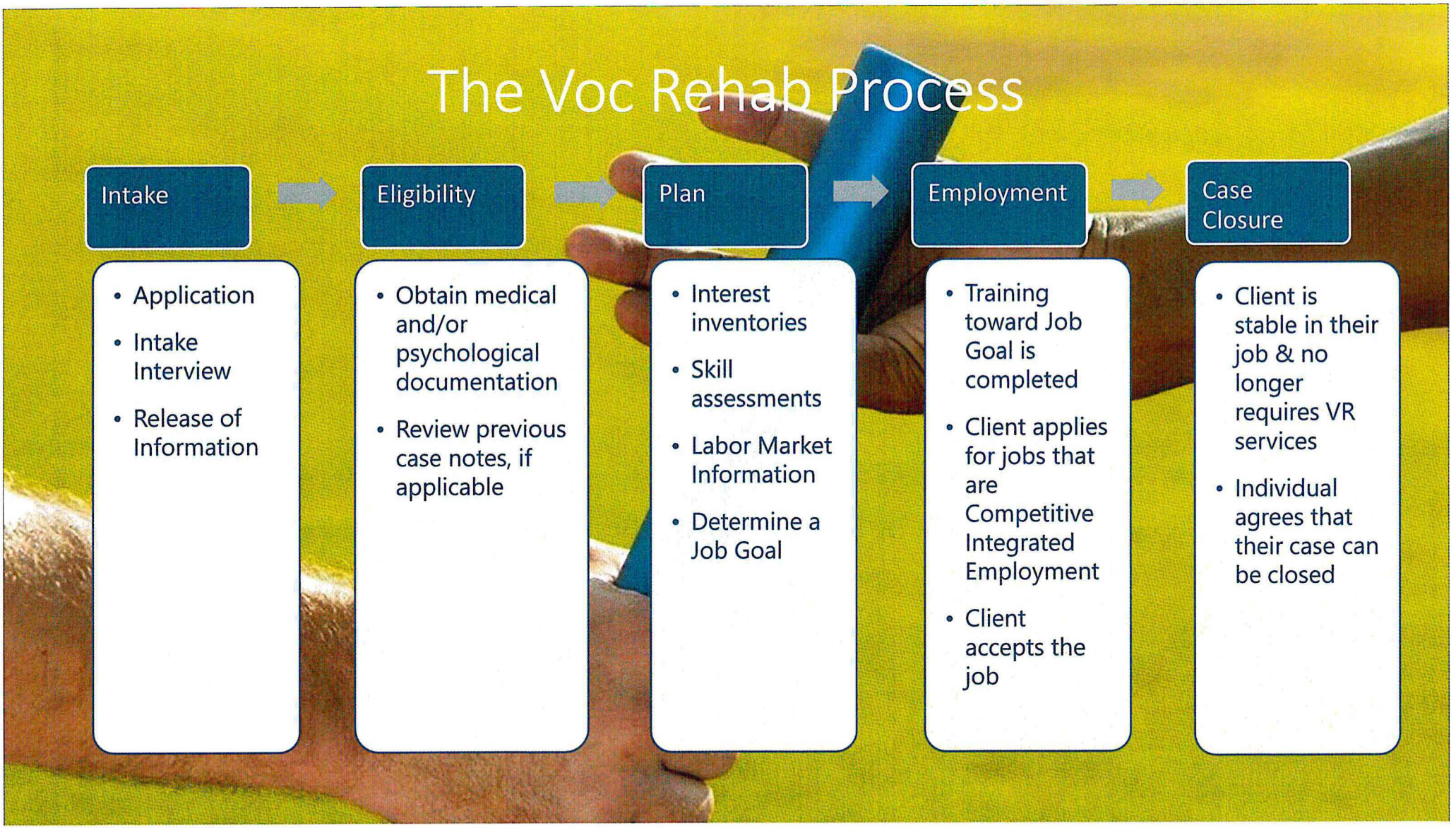
- Additional support during Rehab Process
- Job search, interviewing skills, resume writing, tuition assistance, negotiate job tasks w/employer, on-the-job training, etc.
- Coordinate supports once VR case is closed

Vision Services (OIB-Older Individuals who are Blind)

- Individuals 55+ with a significant visual impairment
- Home or environmental accommodations/ equipment
- Assistive technology – magnifiers, lighting
- Communication skills

Specialized Programs

- Senior Community Service Employment Program (SCSEP) – part of Older Americans Act – 55+, unskilled
- Randolph-Sheppard – blind vendors in cafeteria settings in federal buildings


The Voc Rehab Process
Intake
Application
Intake Interview
Release of Information
Eligibility
Obtain medical and/or psychological documentation
Review previous case notes, if applicable
Plan
Interest inventories
Skill assessments
Labor Market Information
Determine a Job Goal
Employment
Training toward Job Goal is completed
Client applies for jobs that are Competitive Integrated Employment
Client accepts the job
Case Closure
Client is stable in their job & no longer requires VR services
Individual agrees that their case can be closed

Service Delivery Improvements – 21-23

Sound Investments

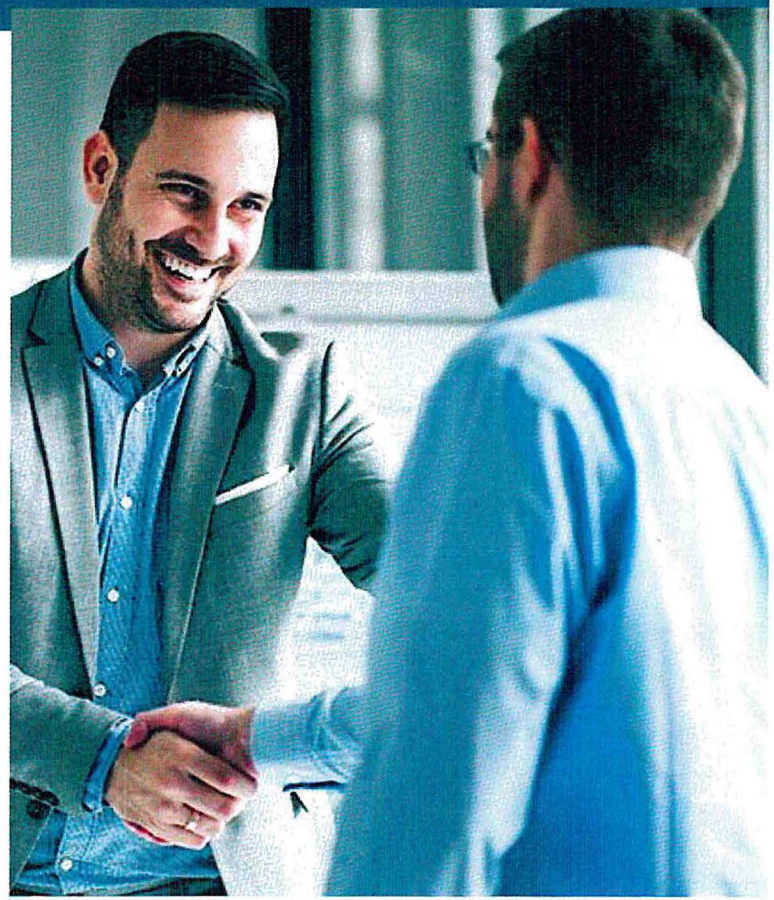
- Doubled Client Financial Participation limits = more working families qualify
- Increased hourly rate to Community Rehab Providers (CRPs) by 15%
- Increased client tuition assistance from $600 to $1,000 per semester

Satisfaction and Engagement

- Client satisfaction – 90% in 2022
- Re-imagined eligibility process – 32% faster engagement

About Voc Rehab Contracts

- Independent Living Centers
- ND Assistive
- Pre-Employment Transition Students
- Market Decisions - satisfaction surveys
- Motivational Interviewing
- Customized Employment – NDCPD
- Benefits Planning – RSI
- Client Assistive Program (CAP)
- VR Development Group – online training
- World of Work Inventory (WOWI)

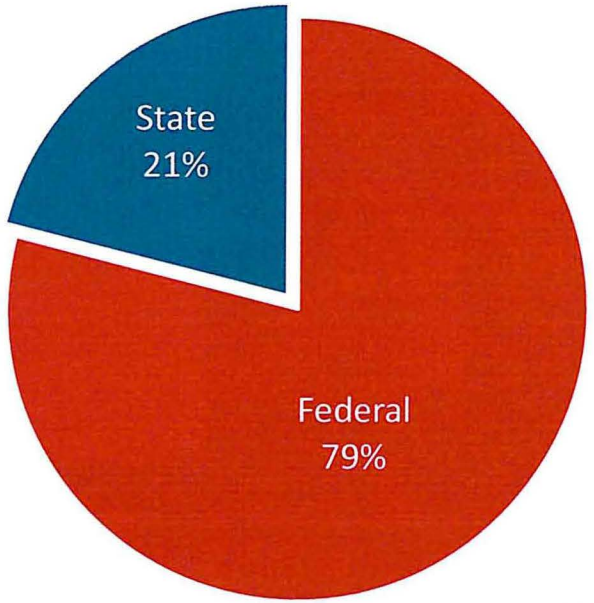


Vocational Rehabilitation Section
Return on Investment

For every **one dollar spent** on Vocational Rehab services Clients **earnings increase by $10.43/hour**

For every **one dollar spent** on Vocational Rehab services Clients **pay $2.09 in taxes**

ND is #1 in employing individuals with disabilities



NORTH Dakota | Health & Human Services
Be Legendary.

Voc Rehab: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 14,756,463	$ 3,022,033	$ 17,778,496
Operating	7,379,680	906,012	8,285,692
IT Services	12,708	(4,708)	8,000
Grants	11,204,626	(404,943)	10,799,683
Total	$ 33,353,477	$ 3,518,394	$ 36,871,871

General Fund	**$ 9,060,209**	**$ 637,033**	**$ 9,697,242**
Federal Funds	**24,098,266**	**2,740,464**	**26,838,730**
Other Funds	**195,002**	**140,897**	**335,899**
Total Funds	**$ 33,353,477**	**$ 3,518,394**	**$ 36,871,871**

Full Time Equivalent (FTE)	85.00	-	85.00

NORTH Dakota | Health & Human Services
Be Legendary.

Voc Rehab: Overview of budget changes (IN MILLIONS)

INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION
$3.5 MILLION

Salaries – $3.0M

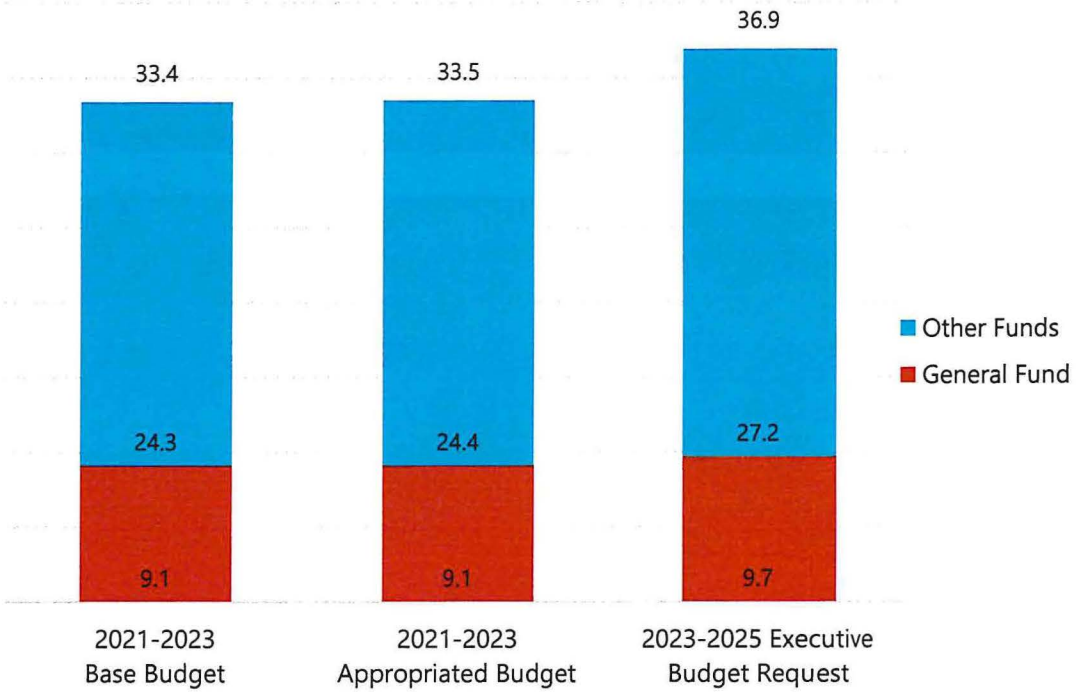
Senior Community Service Employment Program/SCSEP -$900k (transfer from Aging section)

Wage Equity - $2M

Operating Fees and Services – $384k

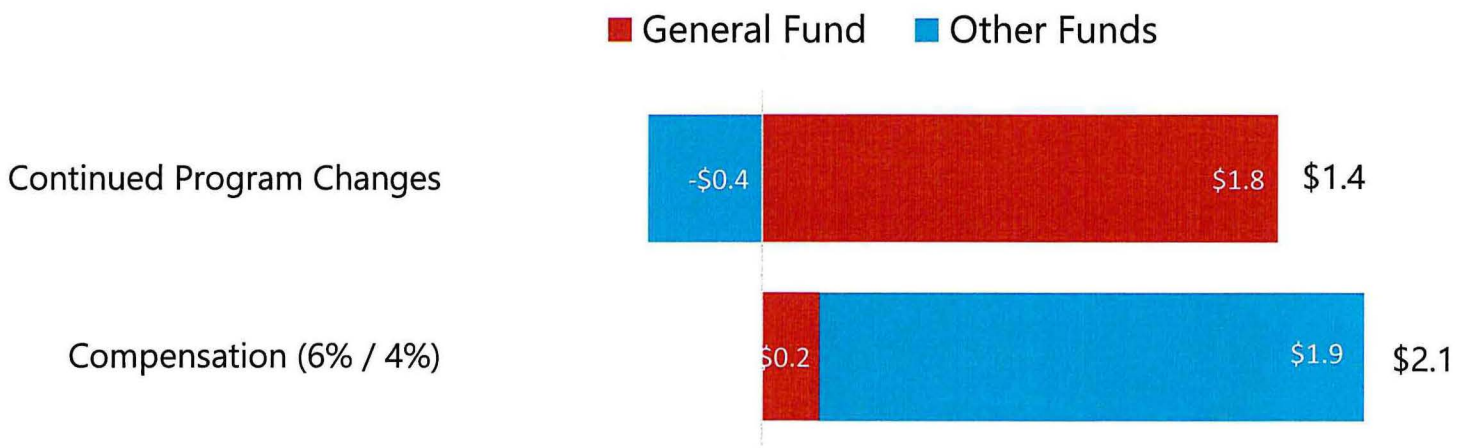
Increased Pre-Employment Transition Service – young adults into workforce; required to provide services statewide

Rents/Leases – $394k increase (shift from HSC budget)



NORTH Dakota Be Legendary. | Health & Human Services

Voc Rehab: Overview of budget changes (IN MILLIONS)



NORTH Dakota Be Legendary. | Health & Human Services

Voc Rehab: Overview of budget changes

Budget detail by account

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	$ 9,809,078	$ 1,230,092	$ 11,039,171
512x Salaries - Other	-	1,371,618	1,371,618
513x Salaries Temp	12,960	130,361	143,321
516x Salaries Benefits	4,934,424	289,962	5,224,386
Total Salaries & Benefits	$ 14,756,463	$ 3,022,033	$ 17,778,496
52x Travel	411,154	61,470	472,624
53x Supply	70,752	12,390	83,142
54x Postage & Printing	39,999	7,001	47,000
55x Equipment under $5,000	9,465	2,535	12,000
56x Utilities	6,900	(1,500)	5,400
58x Rent/Leases - Bldg/Equip	704,631	413,149	1,117,780
59x Repairs	8,774	19,268	28,042
61x Professional Development	403,918	13,047	416,965
62x Fees - Operating & Professional	5,724,087	378,652	6,102,739
53x Supplies	12,020	(4,020)	8,000
60x IT Expenses	688	(688)	-
71x Grants, Benefits, & Claims	11,204,626	(404,943)	10,799,683
Total Operating	$ 18,597,014	$ 496,361	$ 19,093,375
Total	$ 33,353,477	$ 3,518,394	$ 36,871,871

NORTH Dakota Be Legendary. | Health & Human Services

Voc Rehab: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	$ 9,060,209	$ 637,033	$ 9,697,242
Federal Funds	24,098,266	2,740,464	26,838,730
Other Funds	195,002	140,897	335,899
Total Funds	$ 33,353,477	$ 3,518,394	$ 36,871,871

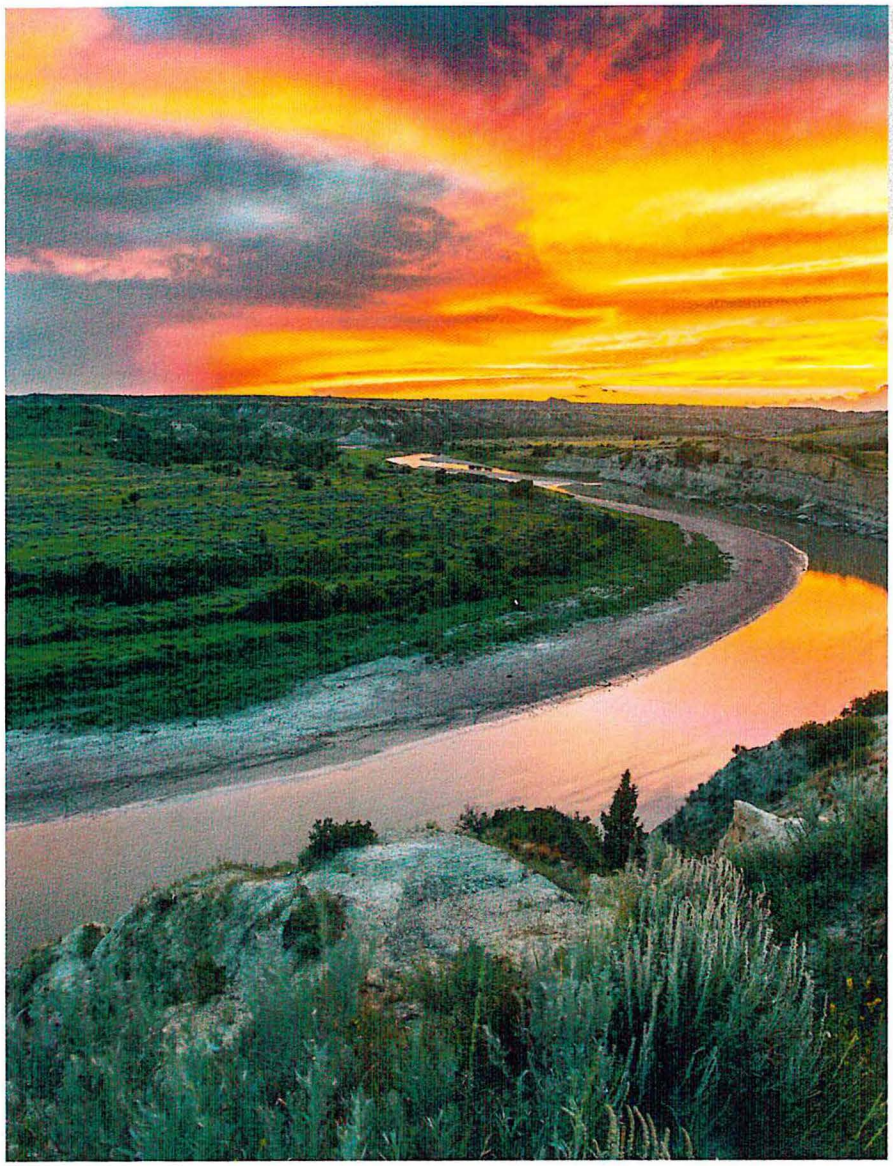
NORTH Dakota Be Legendary. | Health & Human Services

Vocational Rehabilitation: What's on the horizon?

- Continue drive to 1,000 job placements annually
- Expand DOCR pilot to more correctional institutions
- Establish/re-establish connections and outreach w/traditional and non-traditional partners
- Electronic/digital processes for efficiency
- Team member development



NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

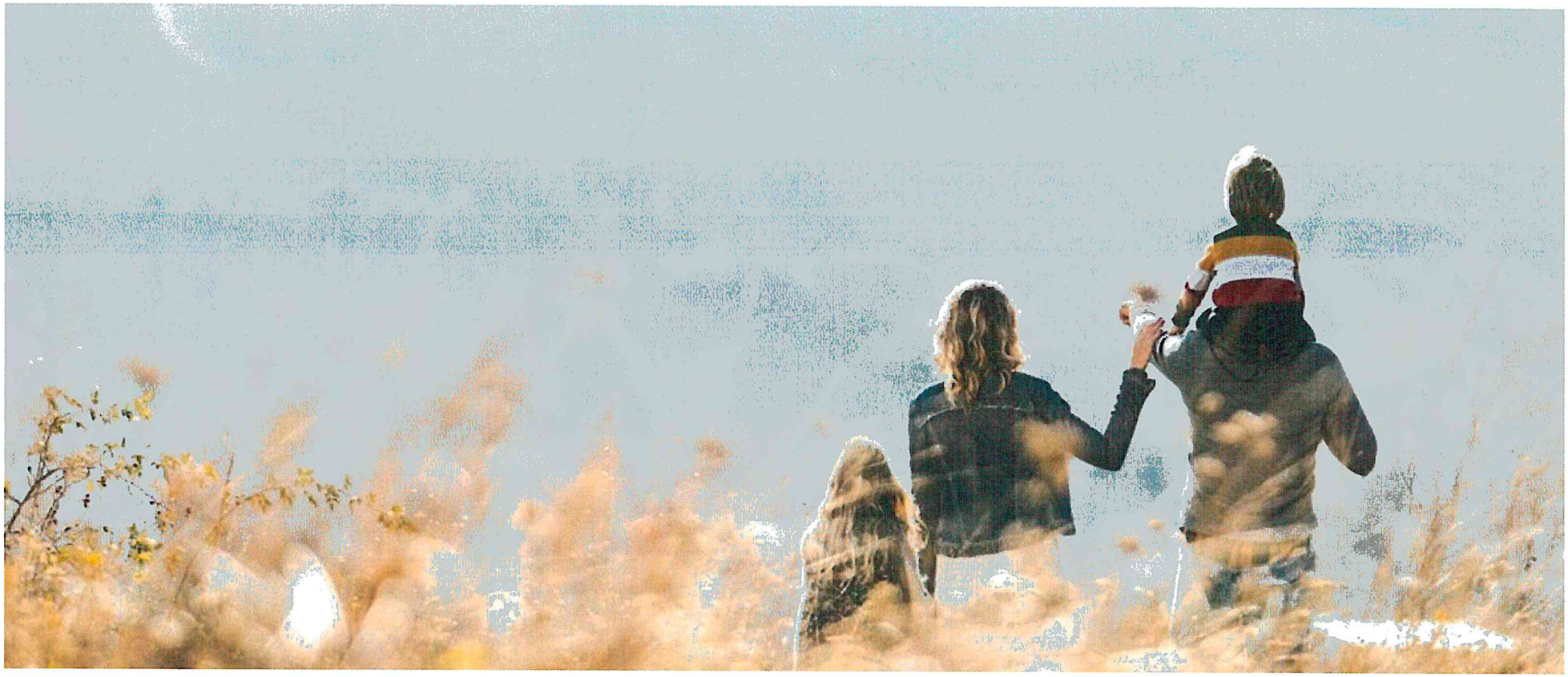
Damian Schlinger

Director, Vocational Rehabilitation

daschlinger@nd.gov

https://www.hhs.nd.gov/vr

NORTH Dakota Be Legendary. | Health & Human Services



Senate Bill 2012

Senate Appropriations Committee | HR Section
Senator Dever, Chairman

Economic Assistance Section, Michele Gee, Director
February 1, 2023

NORTH Dakota | Health & Human Services
Be Legendary.

Economic Assistance Section Purpose and ND Century Code Reference(s)

Economic Assistance Programs help North Dakotans struggling to make ends meet by connecting them to resources that can help meet their basic needs, preventing greater and more damaging crises.

Chapter	Chapter Name
50-33	Child Care Assistance
50-09	Aid to Dependent Children (Includes TANF)



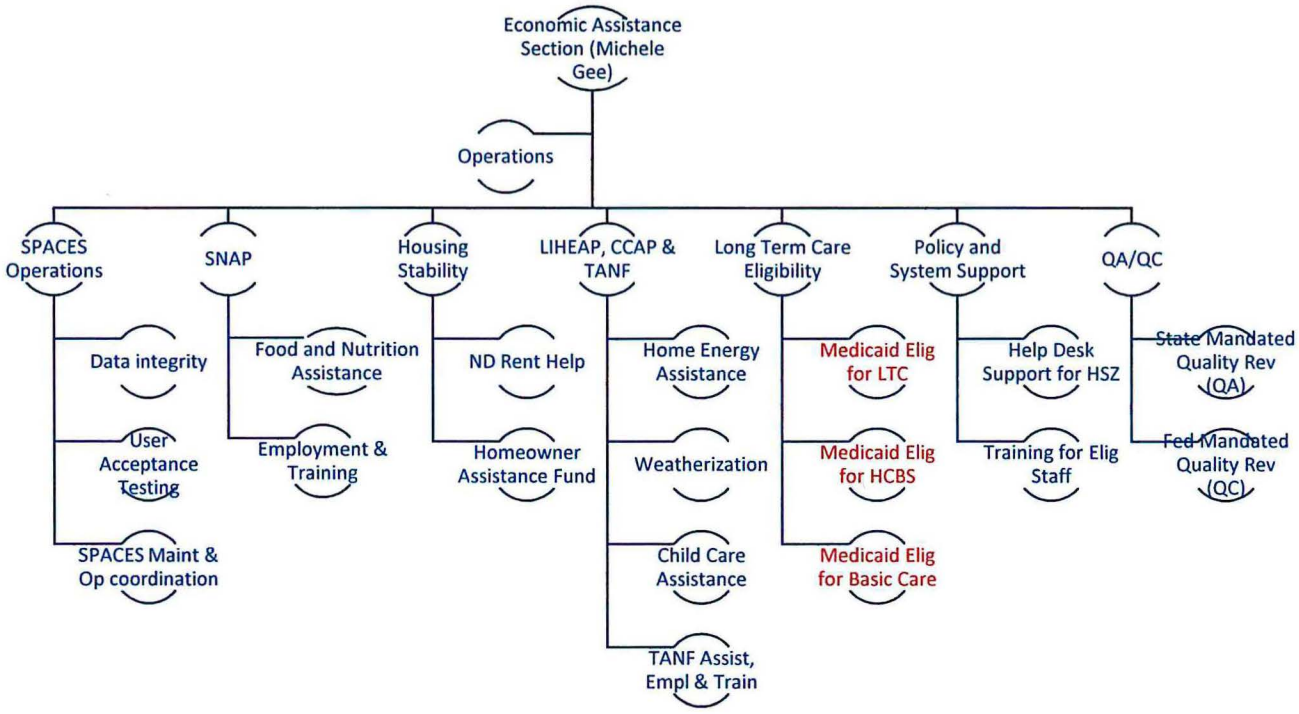
Economic Assistance: Team Structure and Staffing

Economic Assistance (HHS budget)		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**12-31-22 Vacancies (from base)**
49.8	49.8	3.0

Avg Age	Avg Yrs of Service	Turnover 2021	Turnover 2022
47	**8**	**1.9%**	**5.1%**

Economic Assistance (HSZ/457 Budget)		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**12-31-22 Vacancies (from base)**
16.0	16.0	0

Red font = Staff funded via 457/Human Service Fund



NORTH Dakota | Health & Human Services
Be Legendary.

HHS and HSZs connected 1 in 5 NDs to at least one resource designed to support their economic health and wellbeing

154,000

North Dakotans utilized
SPACES to access Economic Assistance and Medicaid
coverage during SFY 2022

74,817 people in
36,076 households

Food Assistance

5,937 children in
3,610 families

Child Care Assistance

4,613 people in
1,729 households

Temporary Assistance

30,408 people in
14,023 households

Home Energy Assistance

141,051 people in
82,180 households

Medicaid Coverage

35,717 people in
19,385 households
(from 01/21 through 12/22)

Housing Stability Assistance

5,585 households experiencing homelessness
(from 09/21 through 12/22)

NORTH Dakota | Health & Human Services
Be Legendary.

Child Care Assistance Program Audits

Eligibility Determination Reviews

$$\text{error rate} = \frac{\text{improper payments for reviews completed}}{\text{total payments of reviews completed}}$$

Quality Assurance and Quality Control Unit (QA/QC) Reviews:

- Federal Reviews
  - Every 3 years based on defined federal criteria.
  - Review of 23 eligibility determinations per month over the Federal Fiscal Year (FFY).
- State Reviews
  - Conducted during non-federal years
  - Review of 30 eligibility determinations per month over the federal fiscal year.
  - Sample from all Human Service Zones

Federal Review FFY 2019
5.85% Overall Error Rate

State Review FFY 2021
4.36% Overall Error Rate

State Review FFY 2022
7.32% Overall Error Rate

National Target is less than 10%

LIHEAP Program Audits

Eligibility Determination Reviews

$$\text{error rate} = \frac{\text{improper payments for reviews completed}}{\text{total payments of reviews completed}}$$

Quality Assurance and Quality Control Unit (QA/QC) Reviews:

- State Reviews
  - Conducted yearly
  - Review of 25 eligibility determinations per month over the federal fiscal year.
  - Sample from all Human Service Zones

State Review FFY 2020
1.00% Overall Error Rate

State Review FFY 2021
1.86% Overall Error Rate

State Review FFY 2022
4.20% Overall Error Rate

TANF Program Audits

Eligibility Determination Reviews

$$\text{error rate} = \frac{\text{improper payments for reviews completed}}{\text{total payments of reviews completed}}$$

Quality Assurance and Quality Control Unit (QA/QC) Reviews:

- State Reviews
  - Conducted yearly
  - Review of 16 eligibility determinations per month over the federal fiscal year.
  - Sample from all Human Service Zones

State Review FFY 2020
1.00% Overall Error Rate

State Review FFY 2021
6.00% Overall Error Rate

State Review FFY 2022
3.55% Overall Error Rate

SNAP Program Audits

Eligibility Determination Reviews

Active Error Rate

$$\text{Error Rate} = \frac{\text{Improper payments for reviews completed}}{\text{Total payments for reviews completed}}$$

Negative Error Rate

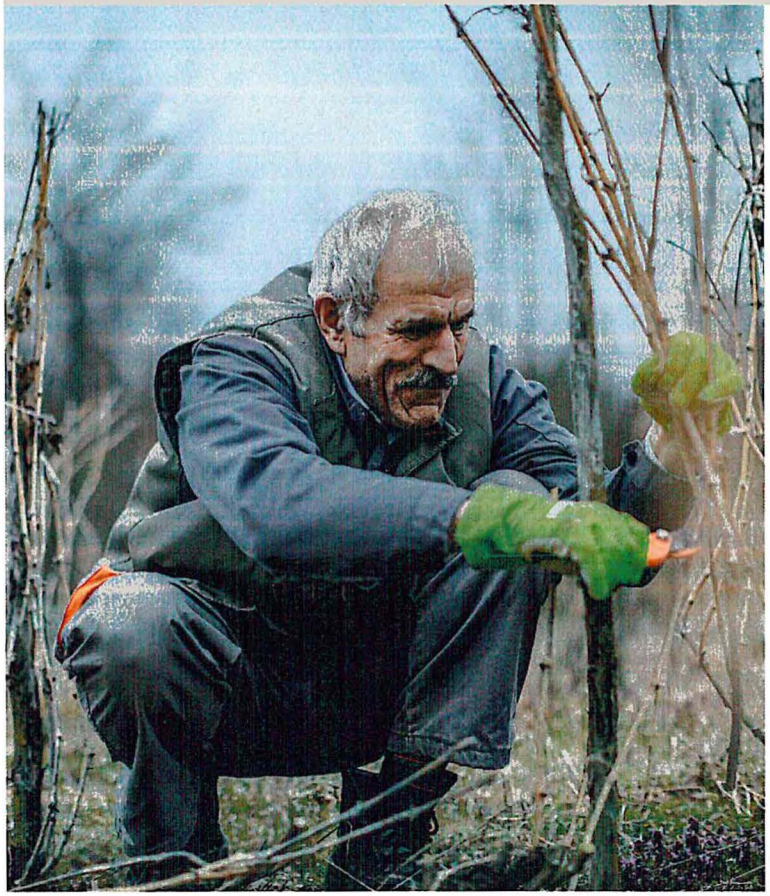
$$\text{Error Rate} = \frac{\text{\# of Cases Denied or Terminated in Error}}{\text{Total \# of reviews completed}}$$

Quality Assurance and Quality Control Unit (QA/QC) Reviews:

- Federal Reviews conducted annually based on defined sample and criteria.
  - Active Reviews – measures accuracy of eligibility and benefit amount. Review of 39 active eligibility determinations per month.
  - Negative Reviews – measures accuracy of denial and closure of eligibility. Review of 28 negative eligibility determinations per month.
  - Timeliness – measures timeliness of eligibility determinations. Review timeliness on the 67 active and negative eligibility determinations per month.

Active Error Rate:	FFY 2020 – 5.96% FFY 2021 – 5.62% FFY 2022 – 9.44%
Negative Error Rate:	FFY 2020 – 29.14% FFY 2021 – 37.31% FFY 2022 – 33.24%
Timeliness Rate (% process timely):	FFY 2020 – 76.54% FFY 2021 – 83.02% FFY 2022 – 78.33%

Eligibility Redesign: Working Better Together



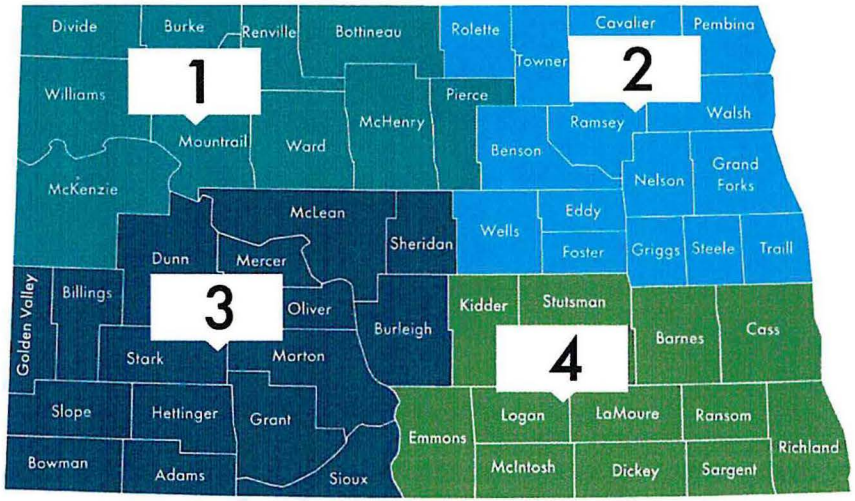
Health and Human Services and Human Service Zones have worked together to redesign the delivery of eligibility determination that supports Economic Assistance and Medicaid coverage.

GOALS OF REDESIGN:

- Level the workload so each worker has the capacity to handle the volume and the complexity.
- Process applications in a timely manner.
- Simplify the process to serve customers efficiently.
- Decrease errors and issue all the benefits a family is eligible to receive at the right time.

NORTH Dakota | Health & Human Services
Be Legendary.

Eligibility Redesign Implementation: February 2023



Four Regions – Each Working as One Team

Human Service Zones in each region will work together as one team.

Local Support

Local offices will remain open for in-person support.

Customer Support Center

One phone number to speak to an expert in eligibility services.

Centralized Mail Unit

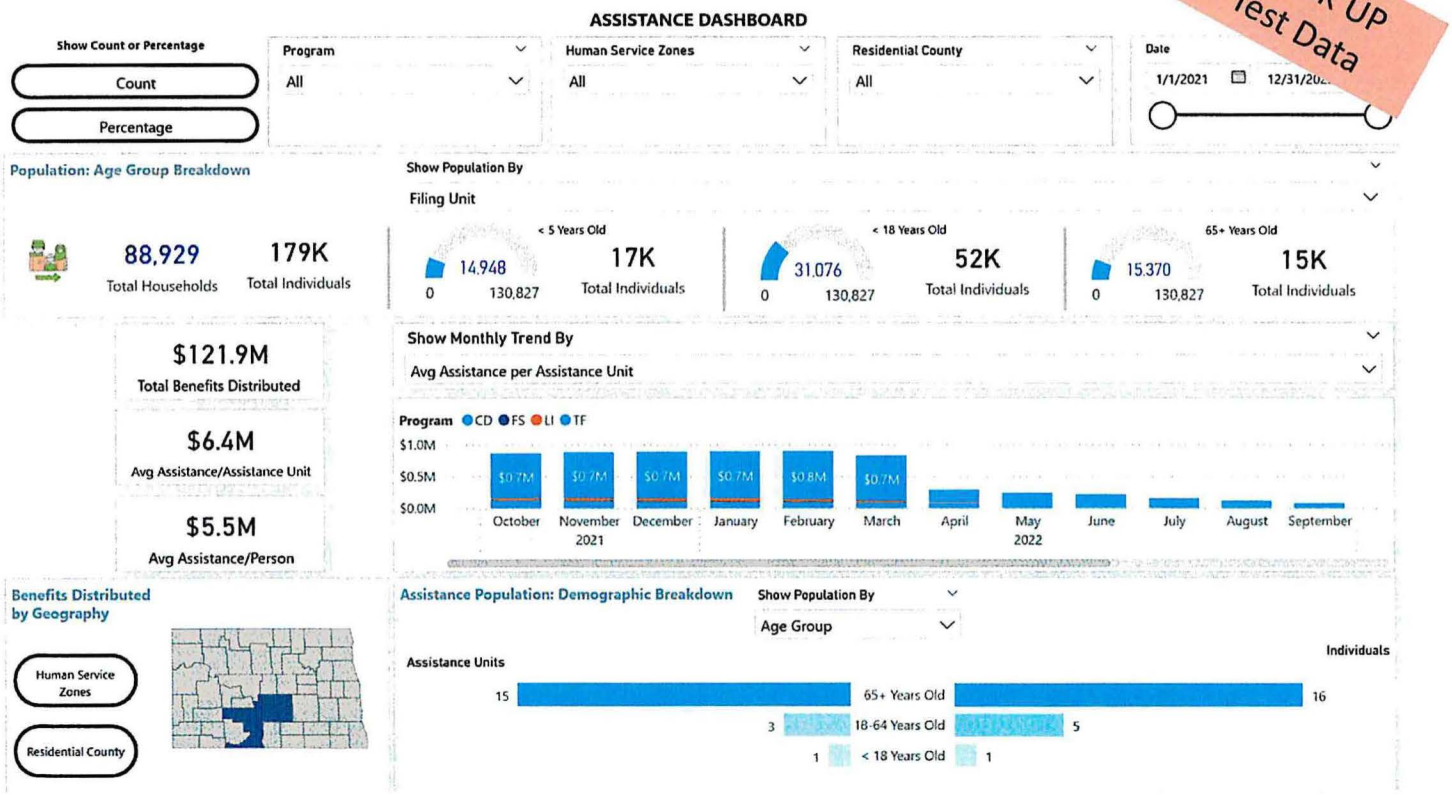
One mail and one email address for document submission.

Self-Service Portal Upgrade

Work has been done on the SSP to make it more user and mobile friendly.

NORTH Dakota | Health & Human Services
Be Legendary.

Eligibility Redesign Implementation: February 2023



Dashboard to provide insight to Human Service Zone and State staff related to program delivery

Rolls out in conjunction with Eligibility Redesign

NORTH Dakota | Health & Human Services
Be Legendary.

Economic Assistance: Overview of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2022 Deadline	Grant Year 2022 Award
Child Care Development Fund (CCDF) *CCDF funds are used in Economic Assistance and Early Childhood*	Primary Federal Program specifically devoted to providing families with child care subsidy and funding supports to states to improve quality.	Discretionary (100% Federal) By end of 3rd Federal Fiscal Year	9/30/2024	$10,950,402
		Mandatory (100% Federal) No specific liquidation date requirement.	N/A	$2,506,022
		Matching – Federal/State Match (based on Federal Medicaid Assistance Percentage) By end of 2nd Federal Fiscal Year	9/30/2023	Federal: $5,621,324 ($4,291,779 + $1,329,545 100% Federal ARPA Increase) State: $2,886,309
		Maintenance of Effort (MOE) By end of 1st Federal Fiscal Year	9/30/2022	$1,017,036
Low Income Home Energy Assistance (LIHEAP) Grant	To assist low income households, particularly those with the lowest incomes that pay a high proportion of household income for home energy, primarily in meeting their immediate home energy needs.	100% Federal By end of 6th Federal Fiscal Year	9/30/2027	$22,293732

Economic Assistance: Overview of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2022 Deadline	Grant Year 2022 Award
Supplemental Nutrition Assistance Program (SNAP)	SNAP is designed to promote the general welfare and to safeguard the health and well being of the Nation's population by raising the levels of nutrition among low-income households.	Benefits are 100% Federal Administration is 50-50 Drawn from a Letter of Credit	N/A	N/A
Temporary Assistance for Needy Families (TANF) Grant *TANF grant is utilizes by Economic Assistance and Children & Family Services*	Four purposes of TANF: • Provide assistance to needy families so that children can be cared for in their own homes or in the homes of relatives • End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage • Prevent and reduce the incidence of out-of-wedlock pregnancies • Encourage the formation and maintenance of two-parent families	No requirement to liquidate by a specific date.	N/A	Federal: $26,300,000 State MOE: $9,069,286

Economic Assistance: COVID Funding 2020-22

Federal Funding Source	Purpose	Appropriated Amount
Child Care Development Funds	Waiver of Family Co-Pays Payment to Providers at State Maximum Rate	$30.7 Million
TANF Pandemic Emergency Assistance	Assisted TANF eligible families with support for back-to-school costs	$1.35 Million
LIHEAP Funds	Assisted LIHEAP eligible families with utility costs Expanded Furnace and Cooling Device Repair and Replacement	$40 Million
SNAP	Increased SNAP benefit to maximum amount 15% increase for all eligible families	$56.4 Million
P-EBT (SNAP)	Provide SNAP benefits to children eligible for free or reduced-price meals who missed those meals due to school closures or virtual learning.	$45.7 Million
Emergency Rent Assistance	Assist renters struggling to pay rent and utilities with financial assistance to support housing costs.	$202.9 Million
Various Food Assistance grants	SNAP Grocer Expansion Grant, FEMA pass through to Great Plains Food Bank, SNAP admin and infrastructure	$2.0 Million
Homeowners Assistance Fund	Assist homeowners at risk of housing instability with financial assistance to support housing costs.	$50 Million
	TOTAL	**$429,050,000**

Economic Assistance: Overview of budget changes

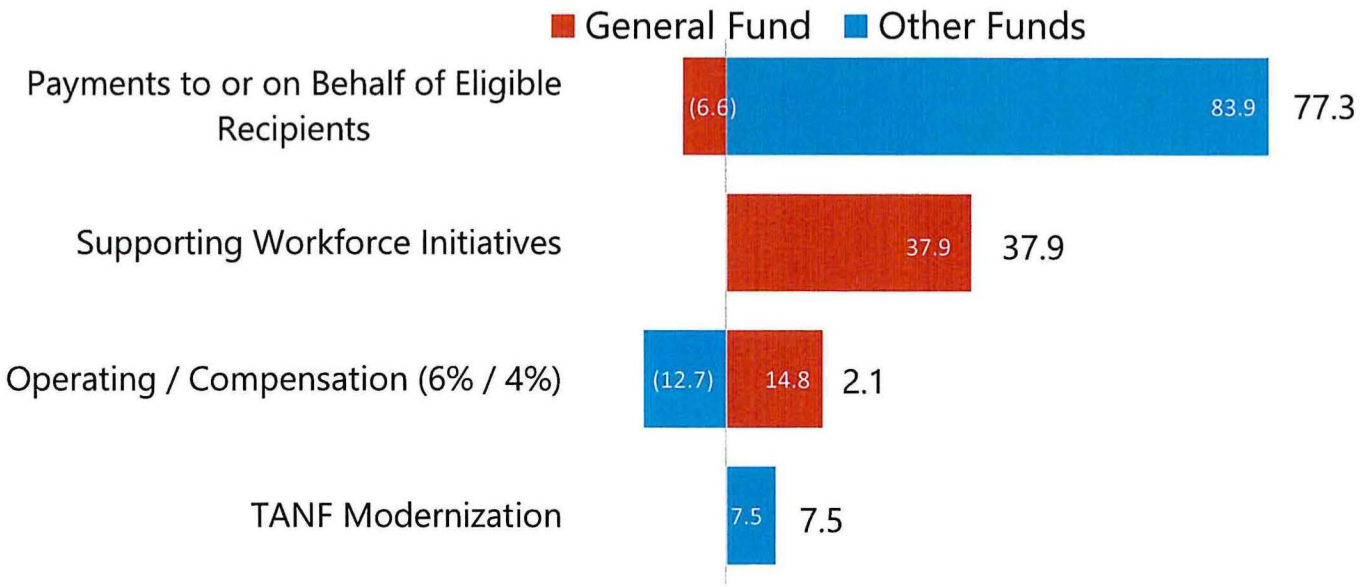
Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 7,655,560	$ 2,461,530	$ 10,117,090
Operating	10,100,523	(328,273)	9,772,250
IT Services	4,389	9,611	14,000
Grants	257,416,610	122,726,053	380,142,663
Total	$ 275,177,082	$ 124,868,921	$ 400,046,003

General Fund	**$ 11,831,644**	**$ 45,625,238**	**$ 57,456,882**
Federal Funds	**243,908,122**	**78,080,319**	**321,988,441**
Other Funds	**19,437,316**	**1,163,364**	**20,600,680**
Total Funds	**$ 275,177,082**	**$ 124,868,921**	**$ 400,046,003**

Full Time Equivalent (FTE)	49.80	-	49.80

NORTH Dakota | Health & Human Services
Be Legendary.

Economic Assistance: Overview of budget changes (IN MILLIONS)



NORTH Dakota Be Legendary. | Health & Human Services

Economic Assistance: Overview of budget changes

Budget detail by account

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	$ 5,240,453	$ 1,380,525	$ 6,620,978
513x Salaries Temp	136,310	184,010	320,320
516x Salaries Benefits	2,278,797	896,995	3,175,792
Total Salaries & Benefits	$ 7,655,560	$ 2,461,530	$ 10,117,090
52x Travel	86,809	131,747	218,556
53x Supply	10,360	(360)	10,000
54x Postage & Printing	175,615	127,585	303,200
55x Equipment under $5,000	5,000	(5,000)	-
56x Utilities	580	(580)	0
58x Rent/Leases - Bldg/Equip	171,000	(1,800)	169,200
59x Repairs	708	(708)	(0)
61x Professional Development	31,646	50,354	82,000
62x Fees - Operating & Professional	9,618,805	(629,511)	8,989,294
53x Supplies	-	8,000	8,000
60x IT Expenses	4,389	1,611	6,000
71x Grants, Benefits, & Claims	257,416,610	112,726,053	370,142,663
72x Transfers	-	10,000,000	10,000,000
Total Operating	$ 267,521,522	$ 122,407,391	$ 389,928,913
Total	$ 275,177,082	$ 124,868,921	$ 400,046,003

Grant Changes

Changes in Economic Assistance Program Grants from 2021-2023 Appropriation to 2023-2025 Executive Budget to Senate

Program Grants	2021-2023 Legislatively Approved Budget	Cost to Continue	2023-2025 Executive Budget Request	Executive Budget Changes: TANF Modernization	Executive Budget Changes: Supporting Workforce Initiatives	2023-2025 Budget to Senate
Low Income Home Energy Assistance Program (LIHEAP)	$ 27,388,155	$ 6,611,013	$ 33,999,168			$ 33,999,168
Temporary Assistance for Needy Families (TANF) Regular	$ 7,549,200	$ (216,827)	$ 7,332,373	$ 7,496,368		$ 14,828,741
Temporary Assistance for Needy Families (TANF) Diversion	$ 66,000	$ (6,000)	$ 60,000			$ 60,000
Child Care Asstance Program (CCAP) Benefits	$ 34,710,875	$ 13,608,951	$ 48,319,826		$ 37,900,000	$ 86,219,826
Kinship Care Benefits	$ 2,989,800	$ (9,000)	$ 2,980,800			$ 2,980,800
Supplemental Nutrition Assistance Program (SNAP) Benefits	$ 168,000,000	$ 55,611,600	$ 223,611,600			$ 223,611,600
Total EA Program	$ 240,704,030	$ 75,599,737	$ 316,303,767	$ 7,496,368	$ 37,900,000	$ 361,700,135
General Fund	$ 8,607,933	$ 6,595,560	$ 15,203,493	$ -	$ 37,900,000	$ 53,103,493
Also included in the grants line are other Economic Assistance Program grants for which cost and caseload data are not computed. These grants include:						
TANF Supportive Services, including Transportation	$ 1,611,230	$ (53,458)	$ 1,557,772	$ -	$ -	$ 1,557,772
SNAP Employment & Training, Outreach, & Nutrition Education	$ 2,873,578	$ 3,011,178	$ 5,884,756	$ -	$ -	$ 5,884,756
LIHEAP Weatherization, Outreach & Case Management	$ 8,727,772	$ 2,272,228	$ 11,000,000	$ -	$ -	$ 11,000,000
Emergency Rent Bridge	$ 3,500,000	$ (3,500,000)	$ -	$ -	$ -	$ -
Total Other Grants	$ 16,712,580	$ 1,729,948	$ 18,442,528	$ -	$ -	$ 18,442,528
General Fund	$ 33,600	$ 666,400	$ 700,000	$ -	$ -	$ 700,000
Total Economic Assistance Grants	$ 257,416,610	$ 77,329,685	$ 334,746,295	$ 7,496,368	$ 37,900,000	$ 380,142,663
Total General Fund	$ 8,641,533	$ 7,261,960	$ 15,903,493	$ -	$ 37,900,000	$ 53,803,493

North Dakota Child Care Assistance Dashboard

https://www.hhs.nd.gov/applyforhelp/ccap

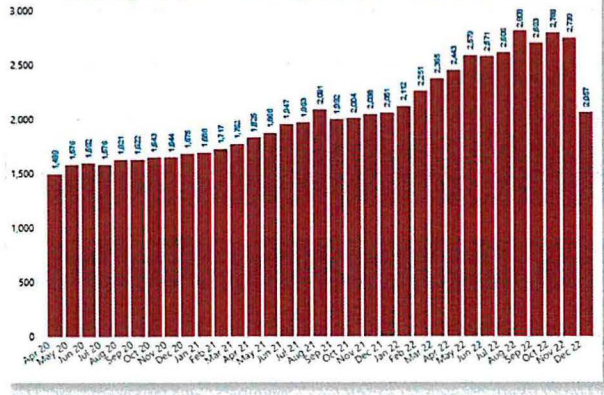
NORTH Dakota | Health & Human Services
Be Legendary.

Families

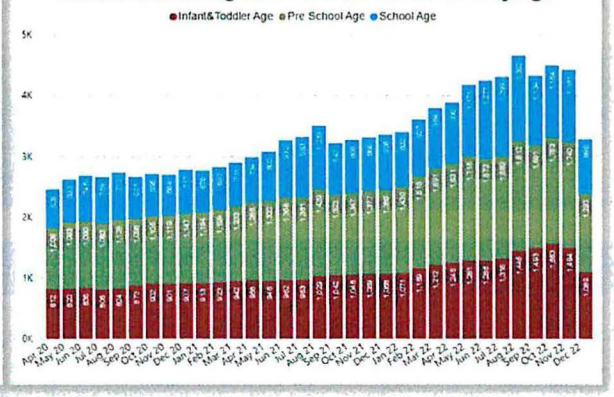
Child Care Assistance Program
SOURCE: ND Integrated Eligibility data system
Date Last refreshed:
1/4/2023 11:14:19 AM

Families | Funding | Applications | Providers | County Investment

Working Families receiving help with Child Care costs



Children Benefitting from Child Care Assistance by Age

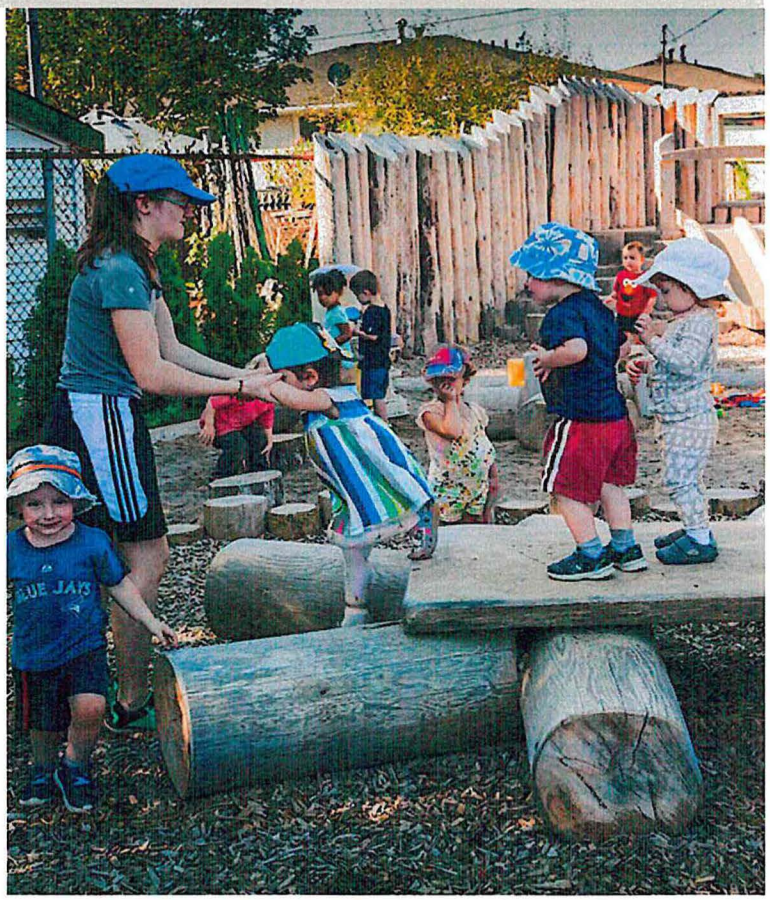


Avg # of Working Families receiving help w/child care costs	Avg # of Children benefitting from child care assistance
2,501	4,044

NOTES:
"Working Families Assisted by Month" shows the total number of families who receive child care assistance in a given month. The term "Working families" includes both families who are working and those who are participating in education or training programs. Both the **"Average number of Working Families "**and **"Average number of Children"** receiving assistance per month are calculated using data from the previous 12 months.
"Children Benefitting from Child Care Assistance by Age" includes any child who is actively enrolled in child care and whose family is receiving some level of assistance with the costs of that child care.

"Infants and Toddlers" includes children age 0-35 months; Pre-school age includes children ages 36-71 months; School Age includes children ages 6 through 12 years.

NORTH Dakota | Health & Human Services
Be Legendary.



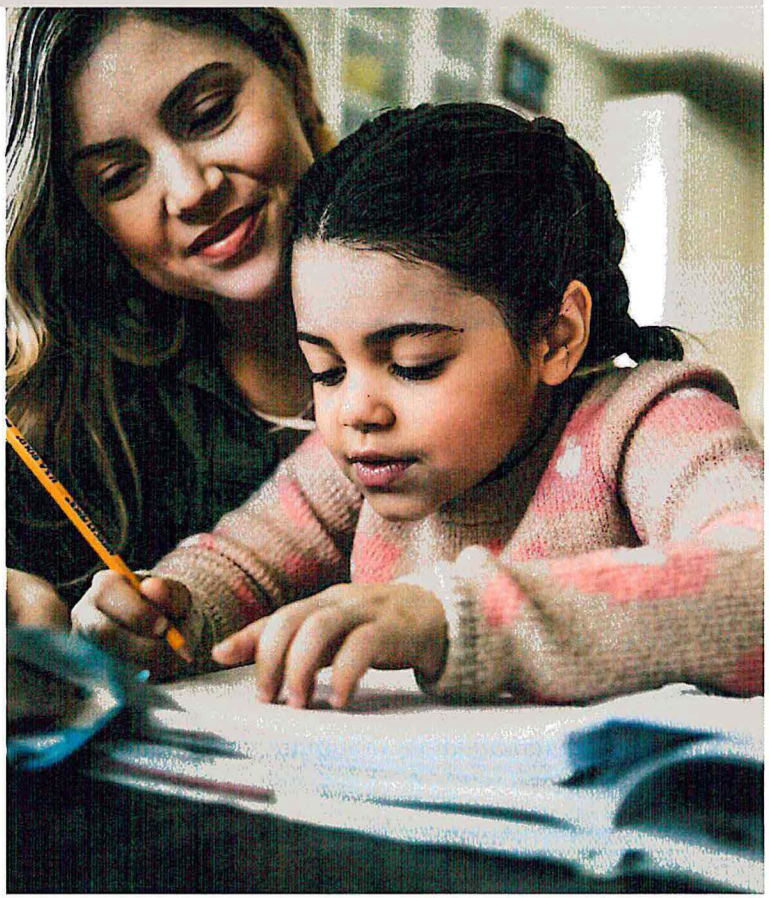
Economic Assistance: Overview of budget changes by Funding Source

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	$ 11,831,644	$ 45,625,238	$ 57,456,882
Federal Funds	243,908,122	78,080,319	321,988,441
Other Funds	19,437,316	1,163,364	20,600,680
Total Funds	$ 275,177,082	$ 124,868,921	$ 400,046,003

NORTH Dakota Be Legendary. | Health & Human Services

About Economic Assistance Contracts

- Service Delivery
  - 66 relationships with vendors to support clients with accessing community resources providing direct support and education and awareness.
- Data Sharing for Benefit Delivery
  - 18 agreements with Federal Agencies like IRS, SSA, CMS, USDA, USCIS, and state agencies (ND Job Service, ND Department of Instruction) for the purpose of exchanging information to determine eligibility for benefits.
- Operational Contracts
  - 12 state contracts and various service level agreements to manage the ongoing operations and support of Economic Assistance services (IT Contractors, Marketing Contracts, etc.)



Economic Assistance: Service Delivery



SNAP Nutrition Education with NDSU Family Nutrition Program.



SNAP & TANF Work Support Programs through ND Job Service, Community Options Inc., and Turtle Mountain Employment & Training.



Home Weatherization & Assistance with Furnace Repair & Maintenance with ND Department of Commerce.

Housing stability including Application Counselors, Mediation Services & Housing Facilitation.



Child Care placement partnerships with Mayville State University and YWCA Cass Clay .



Outreach application assistance for EA Services including SNAP, LIHEAP & Housing Stability Services.



Alternatives to Abortion program through Village Family Services offers counseling and education & awareness services to pregnant women.

NORTH Dakota | Health & Human Services
Be Legendary.

Data Sharing & IT Contracts

Information Technology (IT)	IRS	SSA	Federal Agencies & State Agencies
Both Development and Maintenance/Ops contracts for Self- Service Portal and Combined Eligibility System (SPACES)	Disclosure of Information to Federal, State and Local Agencies (DIFSLA) Computer Matching Agreement which authorizes the IRS to disclose return information with respect to unearned income to state and local agencies administering benefit programs	Computer Matching and Privacy, Protection Act agreement which sets forth the terms and the condition governing disclosures of records, information, or data made by SSA to various State agencies for the purpose of benefit determination	• CMS • USDA • UCIS • ND DPI • ND Job Service • Vital Statistics

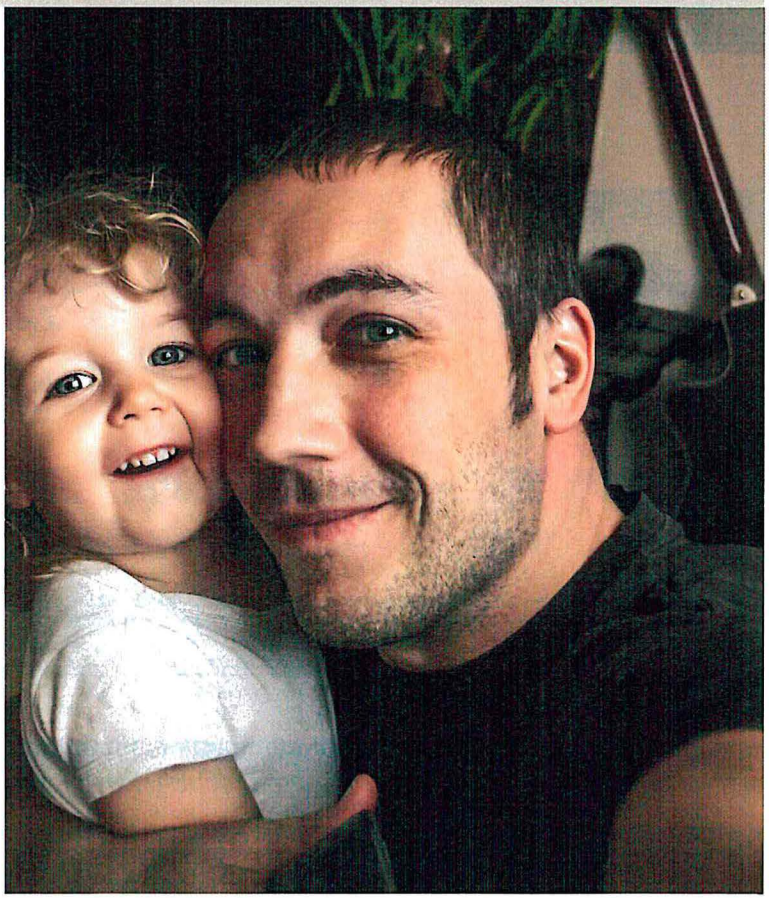
Included in 2023-25 Executive Budget Request:

Supporting Workforce / Child Care Assistance

Supporting Workforce Initiative: Child Care Assistance $37.9 M to improve affordability, availability and quality

- Make child care assistance available to more working families - $22,000,000 (increases by 1,400 families of kids age 0-3)
- Child Care Assistance Infant/Toddler Rate Adjustment - $12,900,000 (increase state max rate for ages 0-3 by 25%)
- Quality Tiers in Child Care Assistance Fee Schedule - $3,000,000 (assumes 1,600 slots would qualify for quality boost)

Total	General	Federal
$37,900,000	$37,900,000	$0



NORTH Dakota | Health & Human Services
Be Legendary.

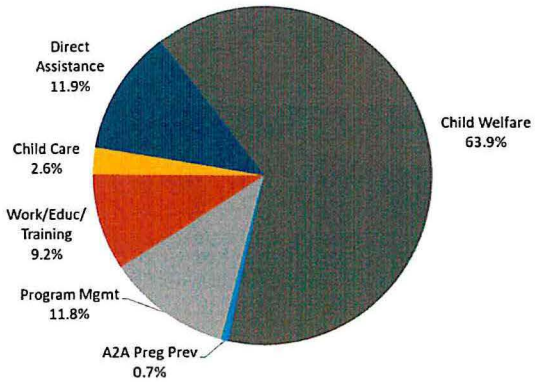
Included in 2023-25 Executive Budget Request:

Investing in Temporary Assistance for Needy Families

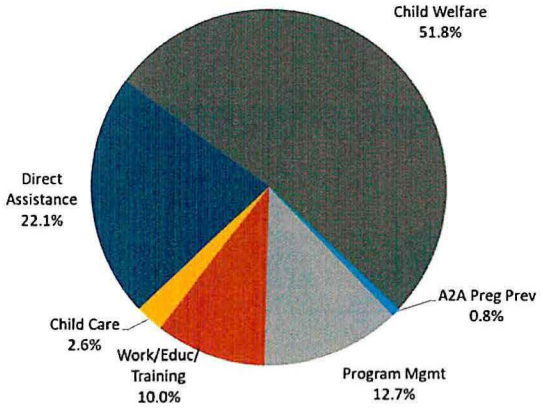
Shift investment of $7.4 million of state TANF grant from Children & Family Services to Economic Assistance to allow for increased support and services to TANF families

HHS Section	Total	General	Federal
Econ Assist	$7,496,368	$0	$7,496,368
CFS	$0	$7,496,368	($7,496,368)

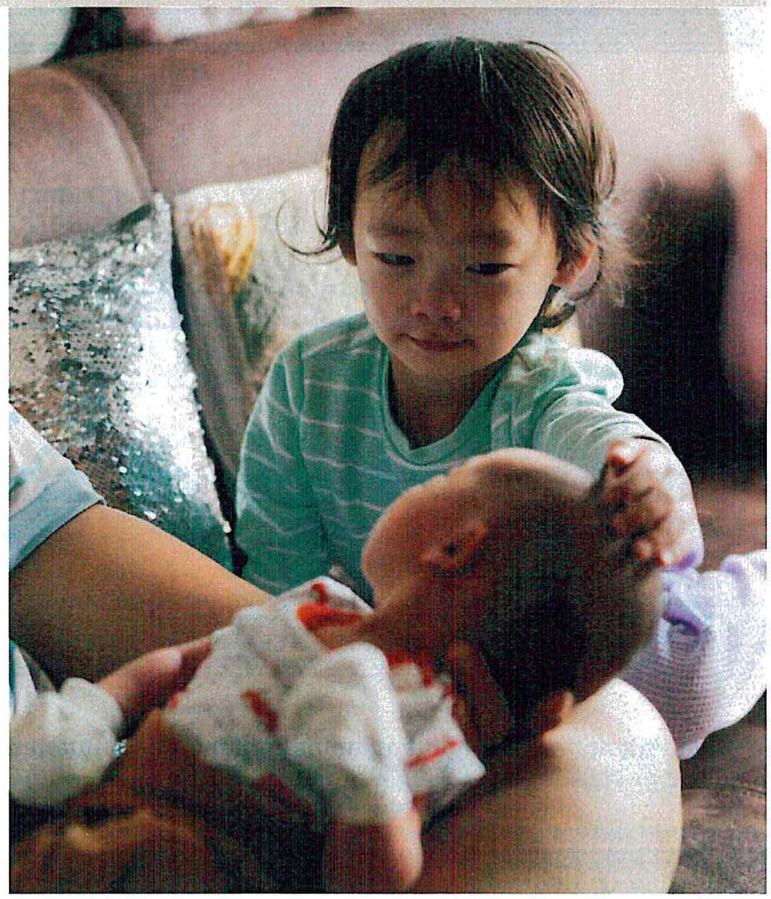
ND Budgeted TANF Expenditures 2021-23



ND TANF Expenditures 2023-25 EBR

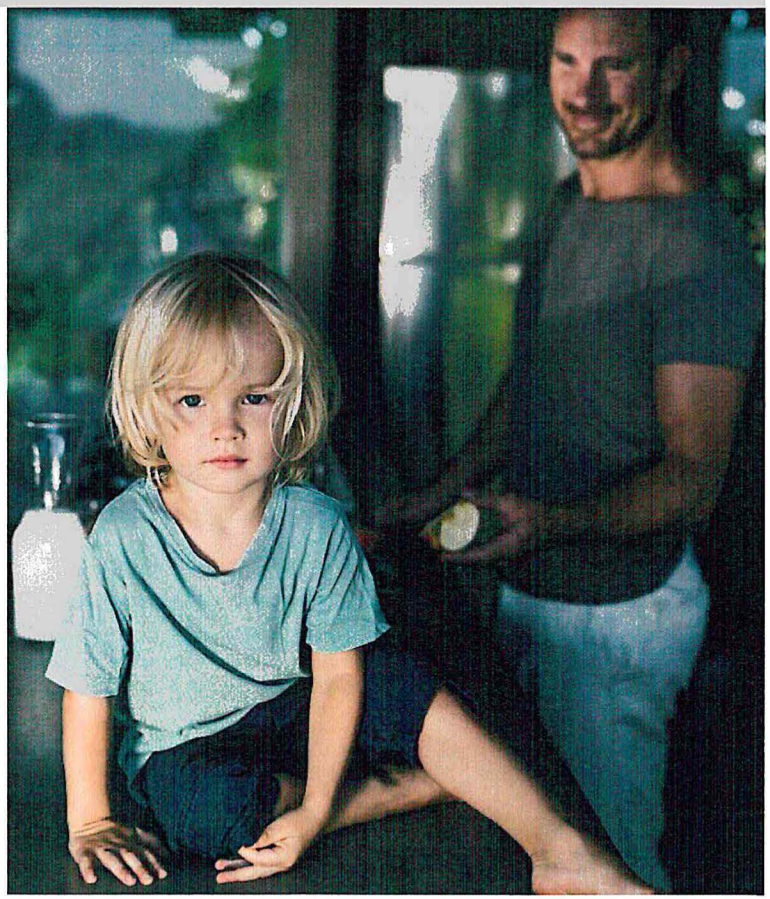


NORTH Dakota | Health & Human Services
Be Legendary.



Policy Bills with Budget Impact
Senate Bills

		Federal	General	Status
SB2087 *(TANF)*	Removes **"benefit cap"**; allows additional months of earned **income disregard** in determining eligibility and benefit level	$137,490		Pass (Senate Floor)
SB2181 *(TANF)*	Extends TANF eligibility to **all pregnant women** and removes the **"benefit cap"**	$70,940	$636,980	Do Pass (Sen HS)
SB2190 *(CCAP)*	Provides **annual increase** in the CCAP max monthly benefit; eliminates **copays** for families w/income <=41% of SMI; outreach and **application assistance** for families		$13,259,538	Do Pass (Sen HS)
SB2291 *(TANF)*	Increase TANF benefit amount to at least **50% of Fed Pov Level**		$13,703,271	Do Pass (Sen HS)
HB1036 *(TANF)*	Establishes the maximum TANF benefit at **50% or more of Fed Pov Level**		$13,703,271	
SB2129 *(TANF)*	Amends the **alternative to abortion services** and provides a **general fund appropriation**	($600,000)	$1,600,000	



NORTH Dakota | Health & Human Services
Be Legendary.

SB 2012 Section 2
One-Time Funding – Effect on Base Budget

SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
ECONOMIC ASSISTANCE SECTION

SECTION 2 (SECTION 2 of Governor's Recommendation). ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-NINTH LEGISLATIVE ASSEMBLY.

One-Time Funding Description	2021-23	2023-25
Child Care Programs	0	3,000,000



NORTH Dakota | Health & Human Services
Be Legendary.

SB 2012 Section 30
Exemption – Alternatives to Abortion

SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
ECONOMIC ASSISTANCE SECTION

SECTION 30 (Governor's Recommendation). EXEMPTION. The amount appropriated for the purpose of alternatives-to- abortion services in chapter 550 of the 2021 Special Session Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for alternatives-to-abortion services during the biennium beginning July 1, 2023, and ending June 30, 2025.

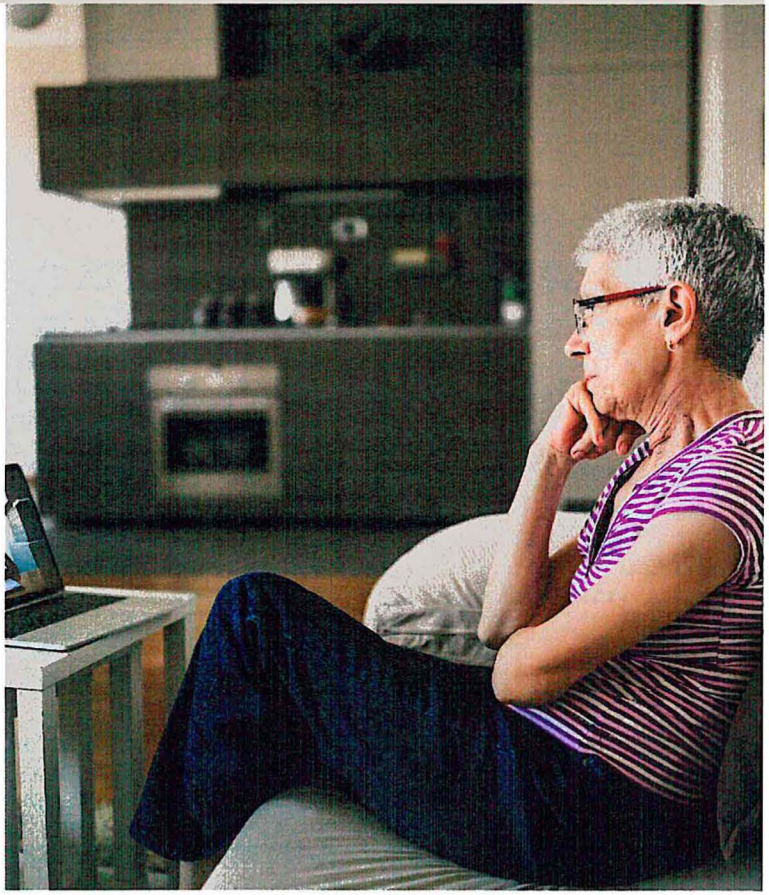


NORTH Dakota | Health & Human Services
Be Legendary.

SB 2012 Section 31
Exemption – SPACES

SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
ECONOMIC ASSISTANCE SECTION

SECTION 31 (Governor's Recommendation). EXEMPTION. The amount appropriated for the modification of the department of human services' eligibility systems in chapter 578 of the 2011 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation approved under section 54-44.1-11 for continuation into the 2013-15 biennium, then the 2015-17 biennium, then the 2017-19 biennium, then the 201921, and then 2021-23 biennium are available for the completion of the modification of the eligibility systems project during the biennium beginning July 1, 2023, and ending June 30, 2025.

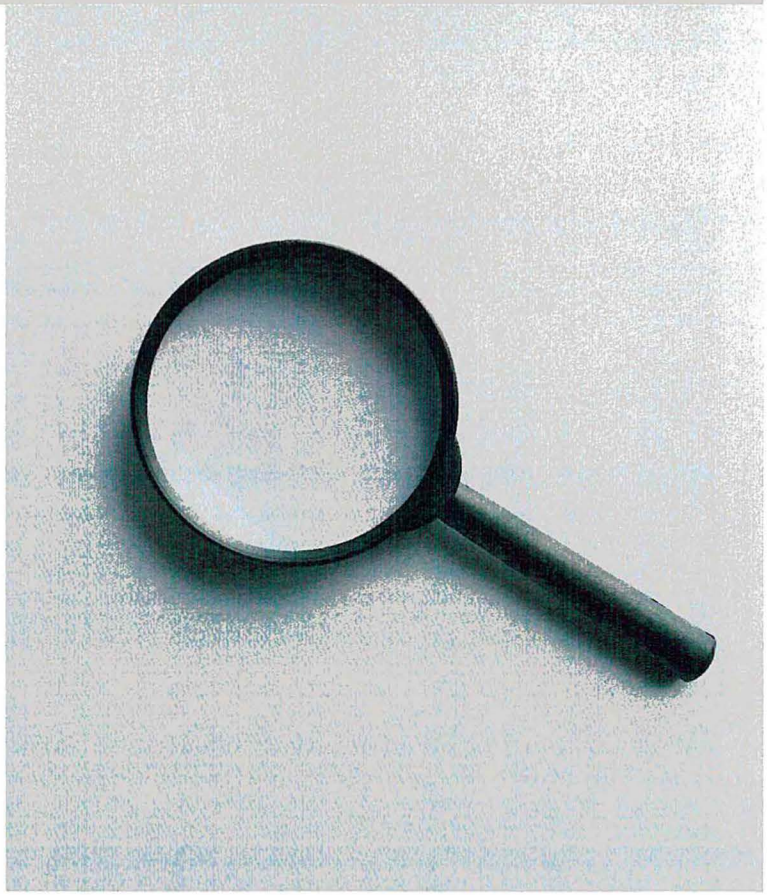


NORTH Dakota | Health & Human Services
Be Legendary.

SB 2012 Section 38
Federal Funding Appeal Limitation

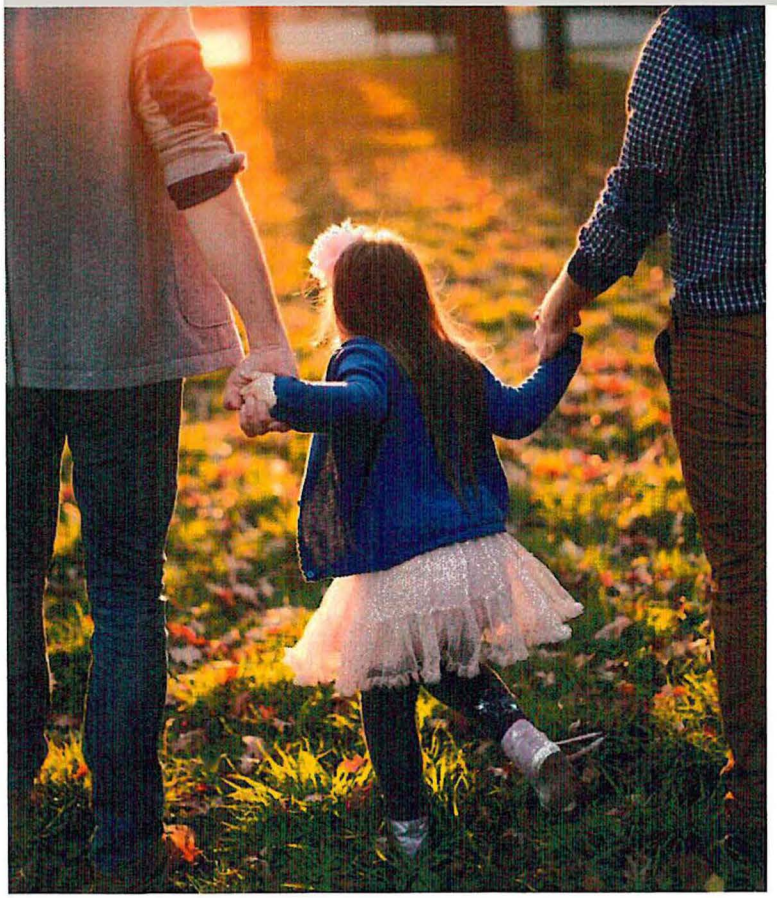
SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
ECONOMIC ASSISTANCE SECTION

SECTION 38 (Governor's Recommendation). DEPARTMENT OF HUMAN SERVICES - FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of human services due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration for the biennium beginning July 1, 2023, and ending June 30, 2025.



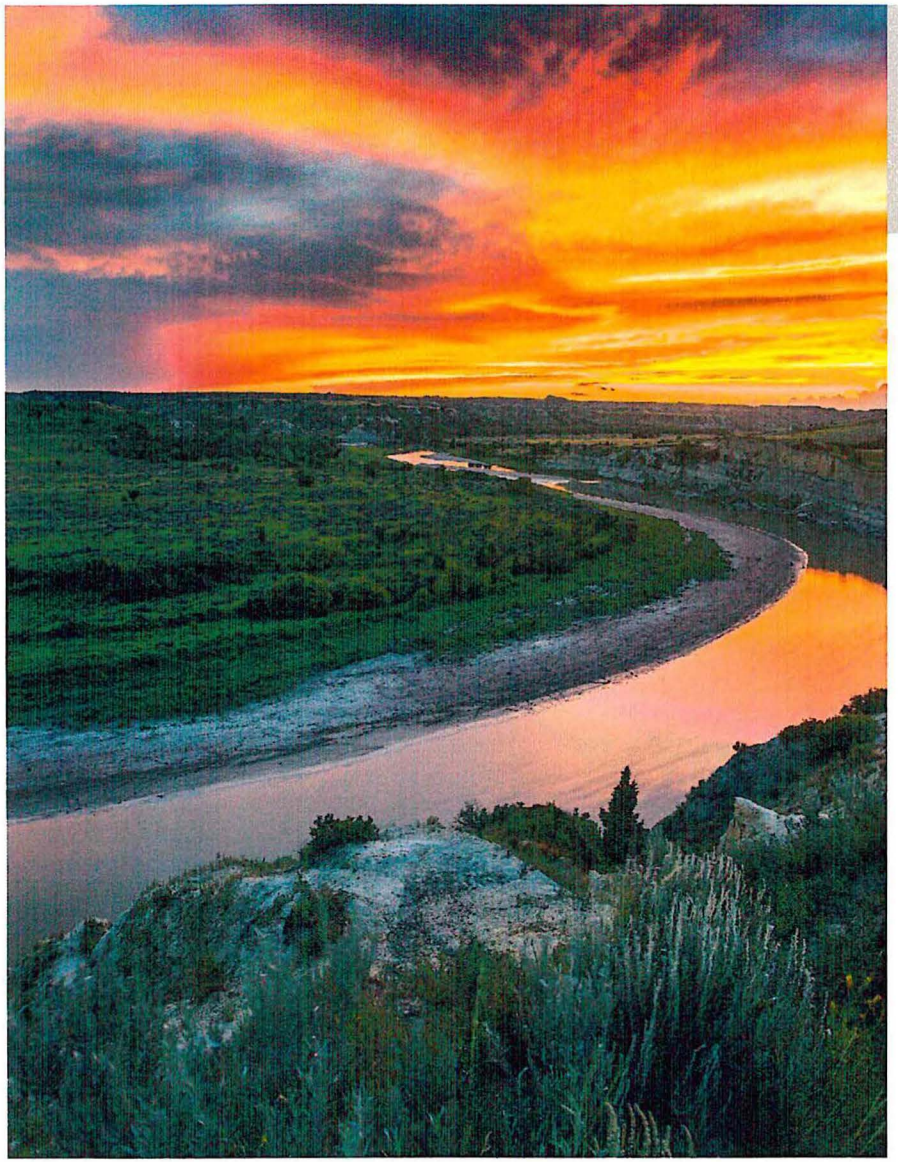
NORTH Dakota | Health & Human Services
Be Legendary.

On the horizon for Economic Assistance



- Embracing a regional processing approach for SNAP, CCAP, LIHEAP, TANF, and Medicaid eligibility
  - Eligibility "redesign" goes live in February 2023
- Child Care Affordability
  - Connecting more working families to child care assistance to keep cost of child care within 7% of household income.
- Modernizing the TANF Program
  - Continue to strategies modernization efforts to ensure the TANF program delivers a meaningful impact for women and children.

NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

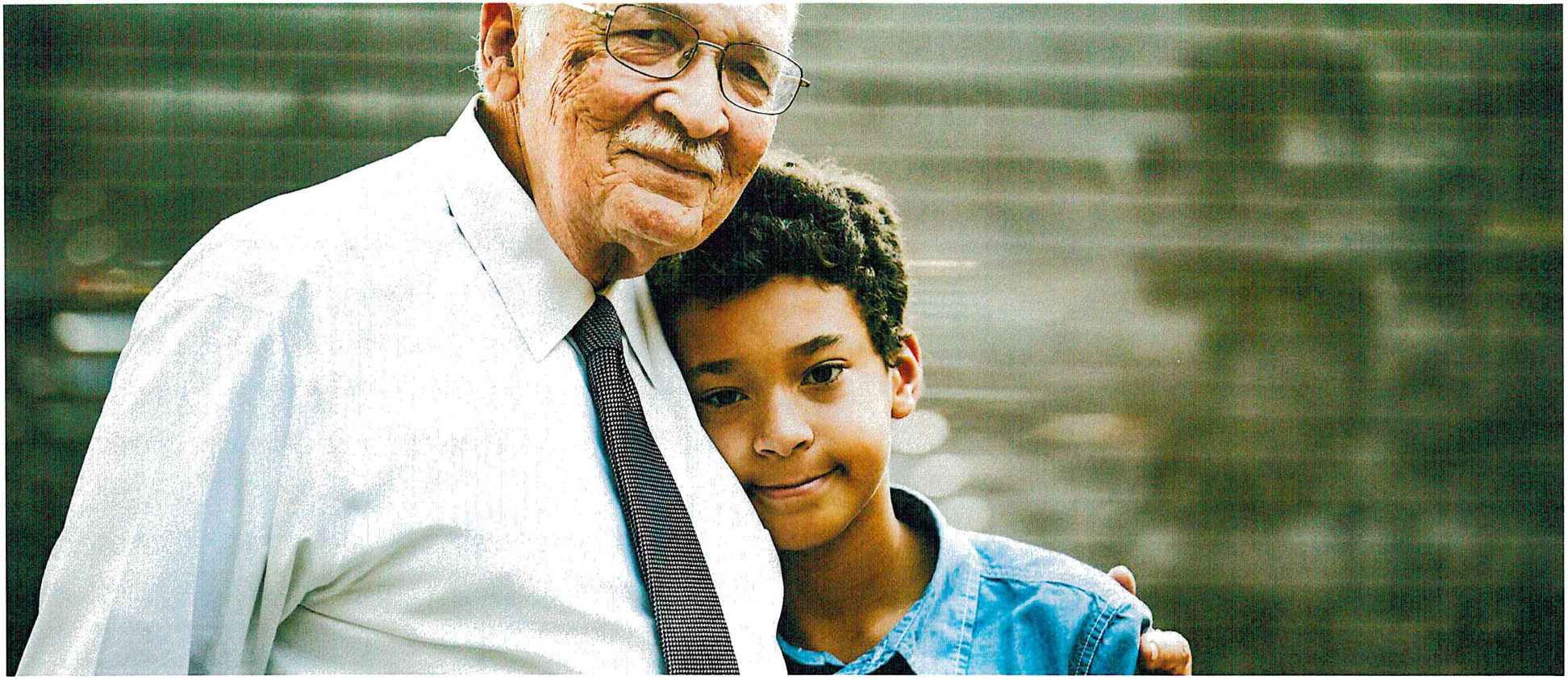
Michele Gee

Director, Economic Assistance Section

mgee@nd.gov

www.hhs.nd.gov/applyforhelp

NORTH Dakota Be Legendary. | Health & Human Services



Senate Bill 2012

Senate Appropriations – Human Resources Subcommittee
Senator Dever, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

LeeAnn Thiel, Medical Services & Nancy Nikolas Maier, Adult and Aging Services

Long Term Care | February 2, 2023

Long Term Care (LTC) ND Century Code Chapters

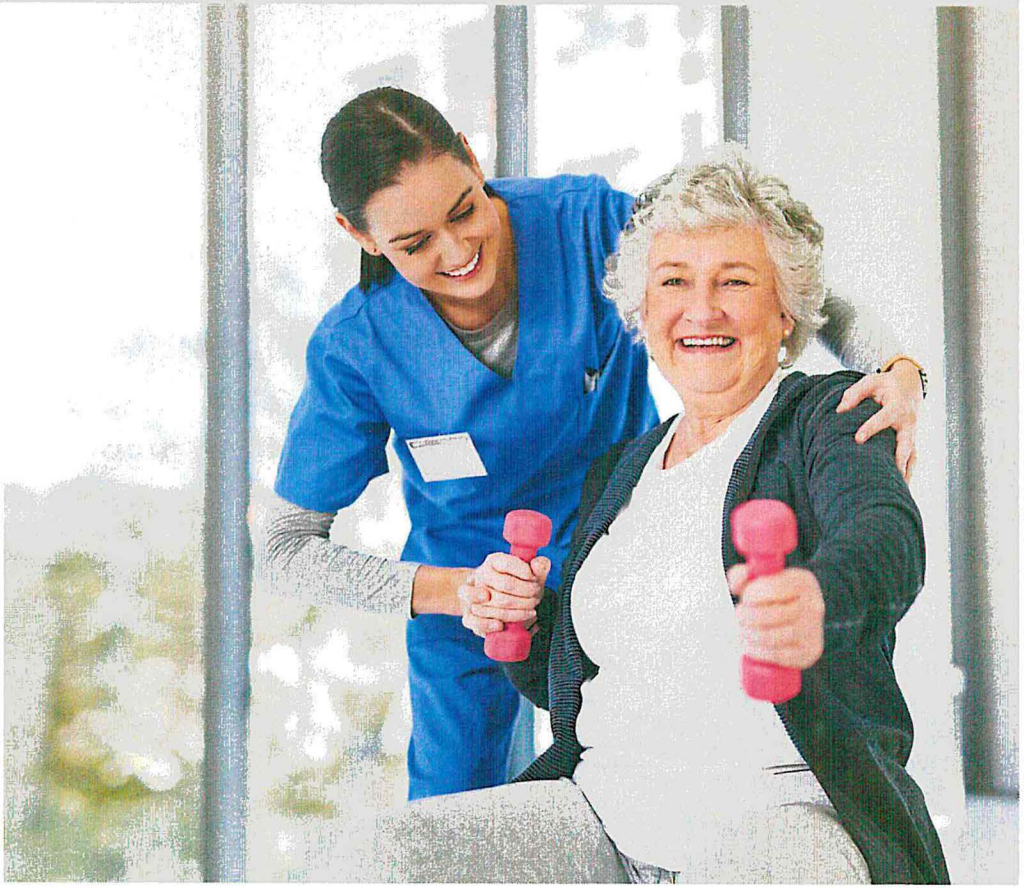
Chapter	Chapter Name
50-10.2	Rights of Health Care Facility Residents
50-21	Nursing Homes and Basic Care Facilities
50-24.4	Nursing Home Rates
50-06.2	Comprehensive Human Services Programs
50-24.5	Aid to Aged, Blind, and Disabled Persons
50-24.7	Expanded Service Payments to the Aged and Disabled
50-11	Foster Care Homes for Children and Adults
50-30	Nursing Facility Alternative Funding



NORTH Dakota | Health & Human Services
Be Legendary.

Long Term Care: What services are covered

- Nursing facility services
- Basic care facility services
- Program of All-Inclusive Care for the Elderly (PACE)
- HCBS services
  - Aged & Disabled Waiver
  - Medicaid State Plan- Personal Care Services (MSP-PC)
  - SPED (Service Payments for the Elderly and Disabled)
  - Ex-SPED (Expanded Service Payments for the Elderly and Disabled)
- Children's waivers services
  - Children's Medically Fragile waiver
  - Children's Hospice waiver
  - Autism waiver

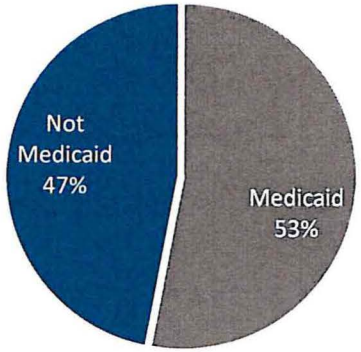


Who We Serve in the LTC Continuum

5,207

Nursing Facility licensed beds

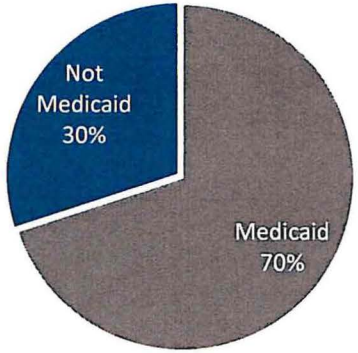
Approximately 53% of Nursing Facility residents have Medicaid coverage



1,339

Basic Care Facility licensed beds enrolled with Medicaid

Approximately 70% of Basic Care residents have Medicaid coverage



NORTH Dakota | Health & Human Services
Be Legendary.

Long Term Care Walkthrough

	2021-2023 Legislatively Approved Budget	Funding Shift One-Time Funding	Cost to Continue	FMAP	Total Changes	To Governor	Inflation (4/3)	Personal Needs Allowance, HCBS Services	Medically Fragile Waiver	Incr Home Deliv Meals/Incr Autism Waiver/Elim Autism Voucher	Executive Changes	To Chamber 1
Nursing Facilities	616,449,930		113,161,848		113,161,848	729,611,778	-	3,439,800	-	-	3,439,800	733,051,578
Basic Care	50,893,290		6,885,002		6,885,002	57,778,292	-	-	-	-	-	57,778,292
PACE	33,601,989		(5,532,163)		(5,532,163)	28,069,826	-	-	-	-	-	28,069,826
Aged & Disabled Waiver	46,820,167		2,936,921		2,936,921	49,757,088	-	2,093,584	-	-	2,093,584	51,850,672
SPED	20,397,226		(3,938,190)		(3,938,190)	16,459,036	-	6,520,000	-	138,150	6,658,150	23,117,186
Ex-SPED	1,958,865		(702,250)		(702,250)	1,256,615	-	-	-	-	-	1,256,615
Personal Care Services	33,605,508		(1,500,636)		(1,500,636)	32,104,872	-	100,000	-	-	100,000	32,204,872
Targeted Case Mgmt	157,824		742,102		742,102	899,926	-	-	-	-	-	899,926
Children's Med Fragile Wvr	398,028		5,949		5,949	403,977	-	-	392,422	-	392,422	796,399
Children's Hospice Waiver	73,605		0		0	73,605	-	-	-	-	-	73,605
Autism Waiver	1,955,531		81,668		81,668	2,037,199	-	-	-	8,776,756	8,776,756	10,813,955
Autism Voucher	300,000		-		-	300,000	-	-	-	(300,000)	(300,000)	-
Provider Inflation			-		-	-	10,506,185				10,506,185	10,506,185
Total	**806,611,963**		**112,140,250**		**112,140,250**	**918,752,213**	**10,506,185**	**12,153,384**	**392,422**	**8,614,906**	**31,666,897**	**950,419,110**
General Fund	**396,106,321**	**1,000,000**	**52,743,861**	**8,628,268**	**62,372,128**	**458,478,449**	**6,173,513**	**9,750,819**	**186,400**	**4,007,109**	**20,117,841**	**478,596,290**

NORTH Dakota Be Legendary. | Health & Human Services

LTC Unit and Cost Comparison

12 month Average to Executive Budget Request (EBR) 2023 - 2025 Biennium

Program	12 Month Average in Units (April 2021 - March 2022)	Monthly average units for EBR 2023-2025	Change from EBR to 12 mo Avg units	12 Month Average in Cost per Unit (April 2021 - March 2022)	Monthly average cost per unit for EBR 2023-2025	Change from EBR to 12 mo Avg cost per unit	Monthly average units for first 15 months of 21-23	Monthly average cost per unit for first 15 months of 21-23
NURSING FACILITIES	79,061	79,061	0	$277.98	$386.33	$108.35	79,360	$292.94
BASIC CARE	45,577	46,177	600	$48.21	$52.13	$3.92	46,160	$49.50
AGED & DISABLED WAIVER	33,934	49,480	15,546	$32.64	$43.66	$11.02	39,008	$35.70
PACE PYMT ALL-INCL CARE ELDRLY	171	245	74	$4,764.25	$4,773.78	$9.53	179	$4,772.75
SPED	60,072	62,076	2,004	$10.40	$15.52	$5.12	64,127	$10.75
EXPANDED SPED	4,126	4,126	0	$12.01	$12.69	$0.68	4,131	$12.22
PERSONAL CARE SERVICES	202,497	193,870	(8,627)	$6.50	$6.92	$0.42	204,154	$6.52
TARGETED CASE MANAGEMENT	1,698	1,699	1	$17.29	$22.07	$4.78	2,344	$17.88
CHILDREN'S MED FRAGILE WAIVER	61	93	32	$268.88	$356.81	$87.93	61	$258.12
CHILDREN'S HOSPICE WAIVER	0	1	1	$0.00	$3,066.88	$3,066.88	-	$0.00
AUTISM VOUCHER	12	0	(12)	$651.30	$0.00	($651.30)	12	$657.38
AUTISM WAIVER	1,283	27,746	26,463	$12.41	$16.24	$3.83	903	$16.09

NORTH Dakota | Health & Human Services
Be Legendary.

Included in 2023-25 Executive Budget Request

Increase Personal Needs Allowance for members in nursing facilities, basic care facilities, and intermediate care facilities.

- Would enable members to retain more of their income to use for personal needs such as clothing and recreation.
- All members would receive a $35 increase per month.

Total	General	Federal
$3,439,800	$1,913,100	$1,526,700



NORTH Dakota | Health & Human Services
Be Legendary.

Children's Waiver Services



- Medically Fragile waiver
  - Currently 25 slots
  - 15 on wait list
- Children's Hospice waiver
  - 30 slots
  - No wait list
- Autism waiver
  - Currently 150 slots
  - 84 on wait list

NORTH Dakota | Health & Human Services
Be Legendary.

Included in 2023-25 Executive Budget Request

Increase benefit level and number of slots for the Medicaid Children's Medically Fragile Waiver

- Currently the annual cap for waiver expenditures per child is $18,966. This annual cap has not been increased since 2008.
- This request would increase the annual cap to $25,300.
- This request would also double the number of waiver slots from 25 to 50.

Total	General	Federal
$392,422	$186,400	$206,022



NORTH Dakota | Health & Human Services
Be Legendary.

Included in 2023-25 Executive Budget Request

Enhance Medicaid Children's Autism Waiver and sunset Autism Voucher program

- Streamline children's autism services offered through HHS
- Add 195 additional waiver slots to cover the children who had been receiving voucher services as well as to address the waiver wait list
- Waiver would be enhanced with the addition of tutoring as a waiver service
- Increase age limit from 16 years to 18 years (proposed amendment to SB2012)

Total	General	Federal
$8,476,756	$3,868,959	$4,607,797



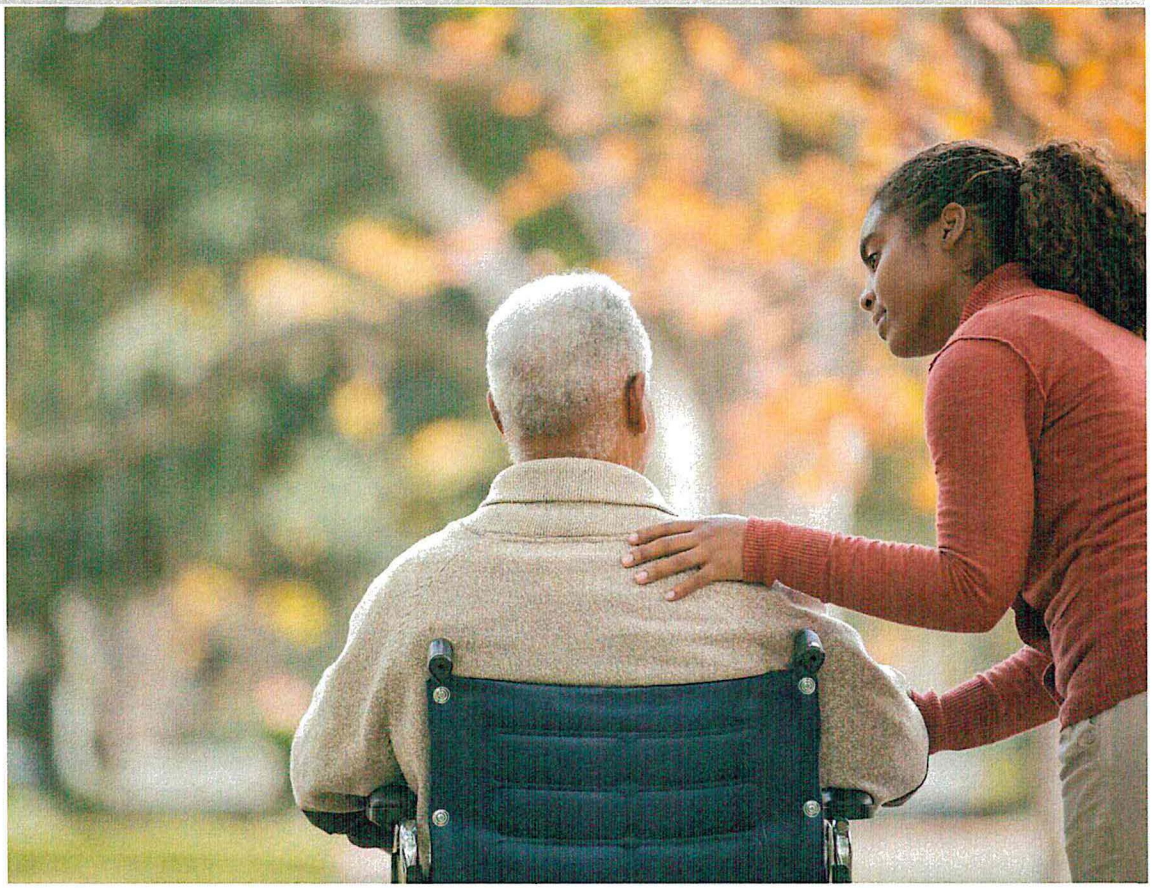
NORTH Dakota | Health & Human Services
Be Legendary.

Additional LTC budget request

Funding for nursing facility value-based payment program

Total	General	Federal
$12,000,000	$6,000,000	$6,000,000

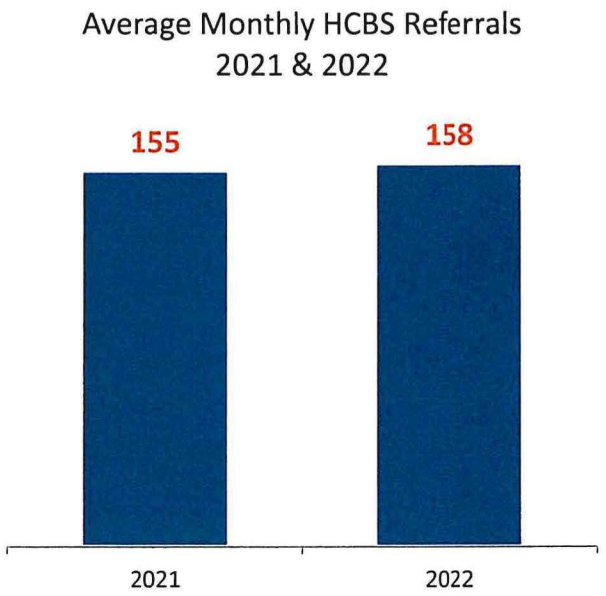
- HHS has worked closely with nursing facility stakeholders to design a value-based payment program.
- The item was inadvertently omitted from the executive budget request; it should have been included in the base budget.



HCBS: Who We Serve in the LTC Continuum

There is a growing demand for Home and Community Based Services.

- The number of referrals sent to case managers has remained consistently high.
- Program changes have increased the ability for providers to care for more people in the least restrictive environment.
- To sustain this growth, we need to strengthen the service delivery system and address workforce challenges.



NORTH Dakota | Health & Human Services
Be Legendary.

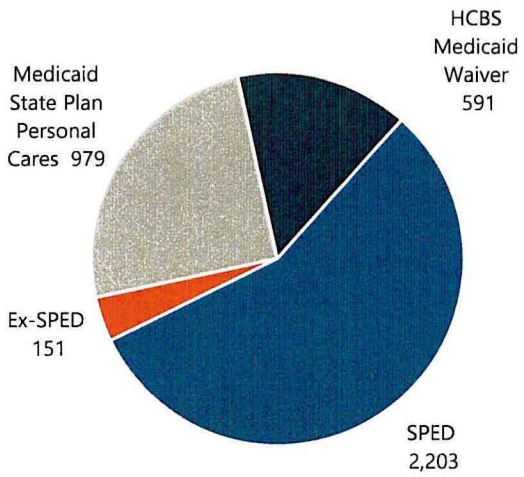
ADULT & AGING SERVICES
Individuals receiving HCBS services (Dec 2022)

3,158

Number of unduplicated recipients supported by HCBS in CY2022

↑ *6% increase since 2021*

Individuals Receiving HCBS Dec 2022

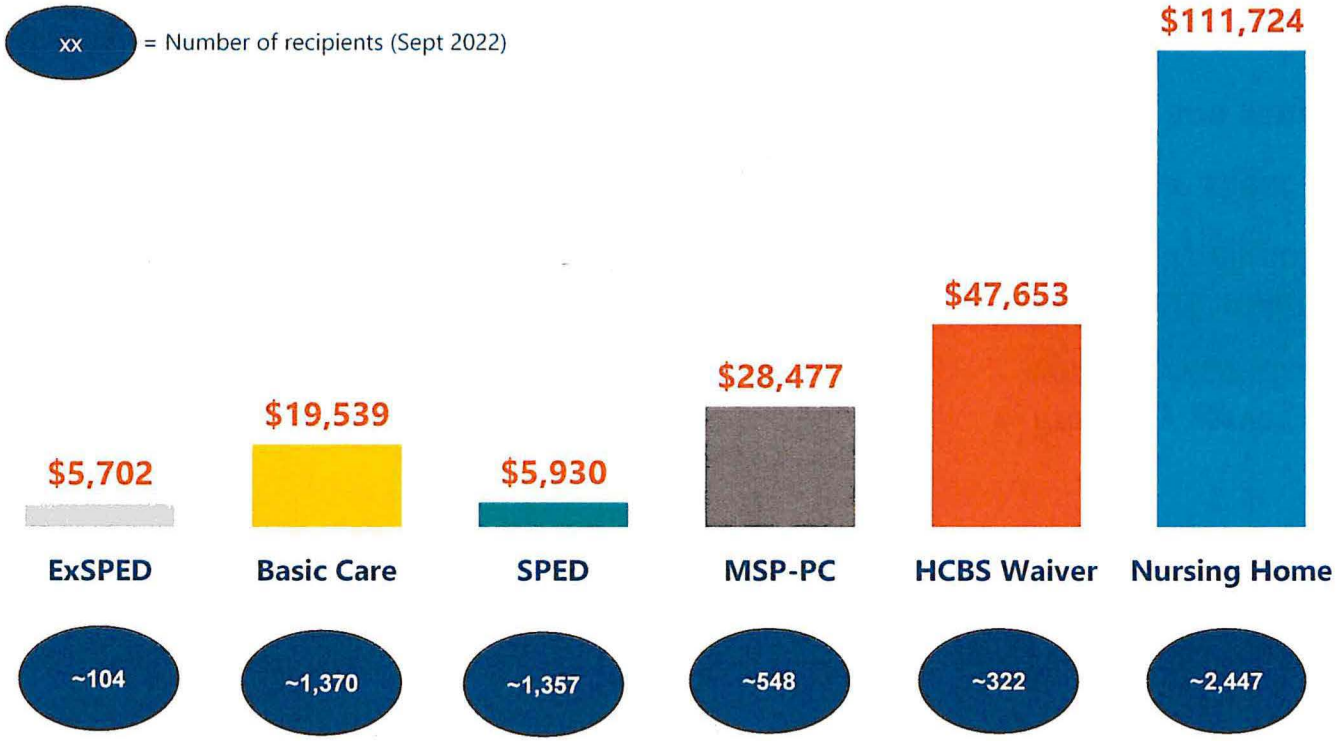


- Primarily serves older adults and individuals with physical disabilities.
- Recipients must be both functionally and financially eligible.
- May have client cost share based on income.
- Federal and state funds.
- Recipients range in age from 15-104 years old.
- Case Management conducted by 66 FTE and supported by 1 billing specialist.

Source: DHS HCBS Caseload Data Nov 2022

NORTH Dakota | Health & Human Services
Be Legendary.

Average Annual Cost by Type of Service in LTC Continuum (Analysis of Sept 2022 claims data)

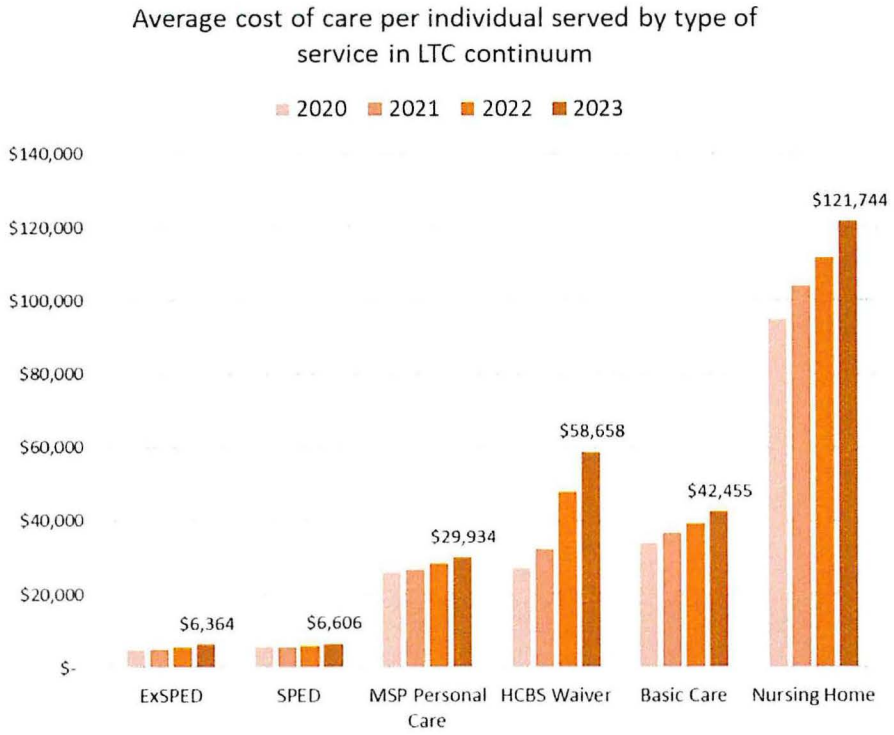


Eligibility criteria evaluate both a person's functional and financial needs.

- Ex-SPED is the in-home alternative to Basic Care
- HCBS waiver and MSP-PC are in-home alternatives to Nursing Homes
- SPED assists people with higher asset levels (up to $50,000)

NORTH Dakota | Health & Human Services
Be Legendary.

LTC Services Comparison – Average annual cost per person 2020-2023



Average cost per person by type of service by year

	2020	2021	% chg 2020-21	2022	% chg 2021-22	2023	% chg 2022-23
ExSPED	$ 5,004	$ 5,071	1%	$ 5,702	12%	$ 6,364	12%
SPED	$ 5,836	$ 5,767	-1%	$ 5,930	3%	$ 6,606	11%
MSP Personal Care	$ 26,165	$ 26,591	2%	$ 28,477	7%	$ 29,934	5%
HCBS Waiver	$ 27,231	$ 32,111	18%	$ 47,653	48%	$ 58,658	23%
Basic Care	$ 34,055	$ 36,761	8%	$ 39,249	7%	$ 42,455	8%
Nursing Home	$ 95,100	$ 104,063	9%	$ 111,724	7%	$ 121,744	9%

Notes:
Data is based on paid date.
2020-2022 based on actual paid claims; 2023 is projected.

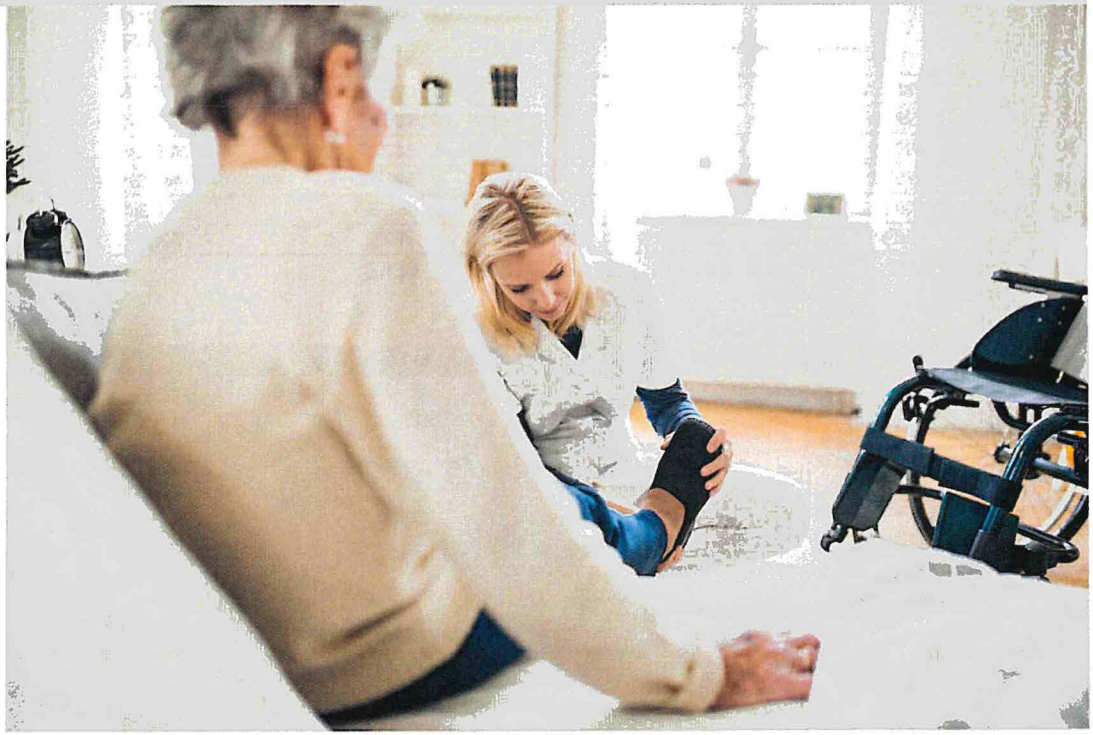
NORTH Dakota | Health & Human Services
Be Legendary.

Included in 2023-25 Executive Budget Request

Increase quality of HCBS by reimbursing for QSP Agency on-call staff

- More HCBS recipients are needing 24-hour support to live safely in their home or community.
- US DOJ Settlement Agreement requires that Aging Services staff complete a health and safety plan that identifies back-up QSPs for HCBS recipients.
- Request appropriation to reimburse Agency QSPs to pay for dedicated on-call staff to assist members in the event of an emergency or "no-show" staffing issues.
- Funds would allow QSP agencies to designate and pay on call staff at night, weekends, and on holidays which will increase the safety and quality of HCBS.

Total	General	Federal
$351,000	$351,000	$0



NORTH Dakota Be Legendary. | Health & Human Services

Included in 2023-25 Executive Budget Request

Reimburse one additional HDM per day under HCBS waiver, SPED and Ex-SPED

- Food insecurity and poor nutrition can lead to poor health outcomes and nursing home placement.
- Currently allow reimbursement for one meal per day.
- Two meals per day would will help ensure better nutrition for HCBS recipients and reduce the need to find homemaking staff to provide meal preparation.

Total	General	Federal
$138,150	$138,150	$0



NORTH Dakota Be Legendary. | Health & Human Services

Included in 2023-25 Executive Budget Request

Add companionship to SPED and Ex-SPED

- Social Isolation is a driver of poor health outcomes that can lead to nursing home placement.
- Companionship services are currently available in the HCBS Medicaid waiver and under the Older Americans Act for those 60+.
- Individuals under age 60 that don't qualify for the HCBS Medicaid waiver cannot access this service.
- Funding companionship will allow eligible individuals to access up to 15 hours per month of companionship services based on their therapeutic needs.

Total	General	Federal
$280,000	$280,000	$0



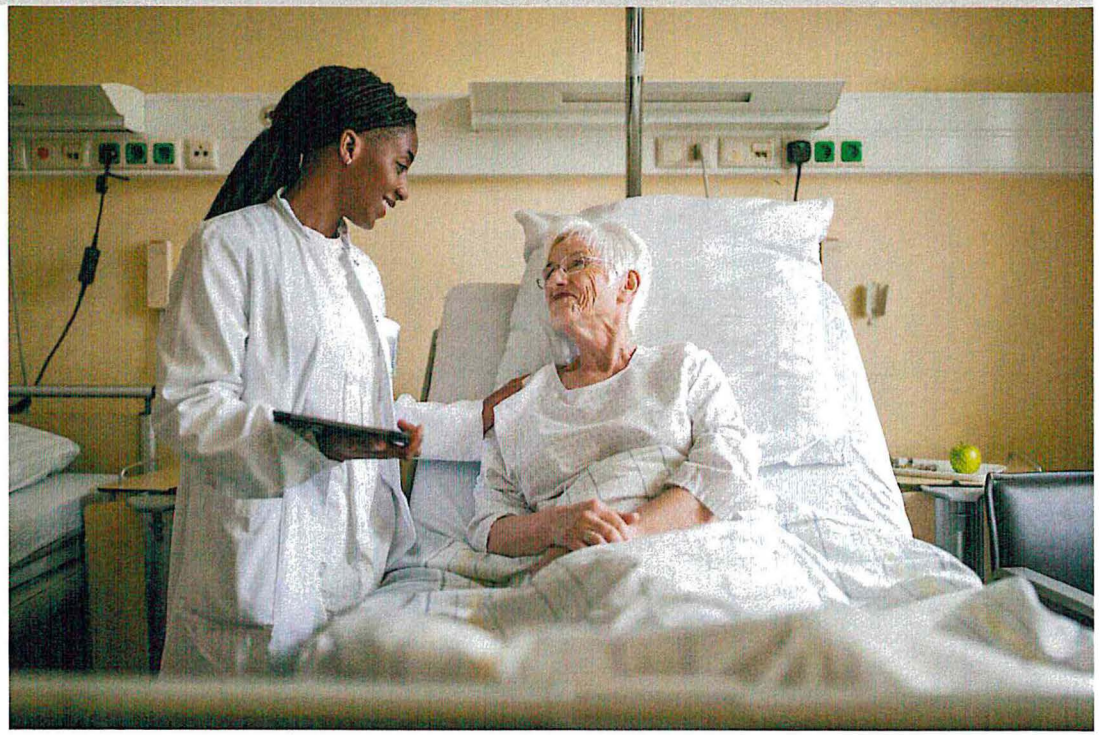
NORTH Dakota | Health & Human Services
Be Legendary.

Included in 2023-25 Executive Budget Request

Allow bed hold days for community support and residential habilitation

- Allow Agency QSPs enrolled to provide this service to bill up to 30 bed hold days per year, per member.
- HCBS Medicaid waiver eligible individuals must meet a nursing facility level of care and may have unstable Medical conditions, so hospitalizations are common.
- Allowing bed hold days would ensure individuals can keep their HCBS provider when hospitalized for short periods or during a rehab stay.

Total	General	Federal
$182,910	$86,882	$96,028



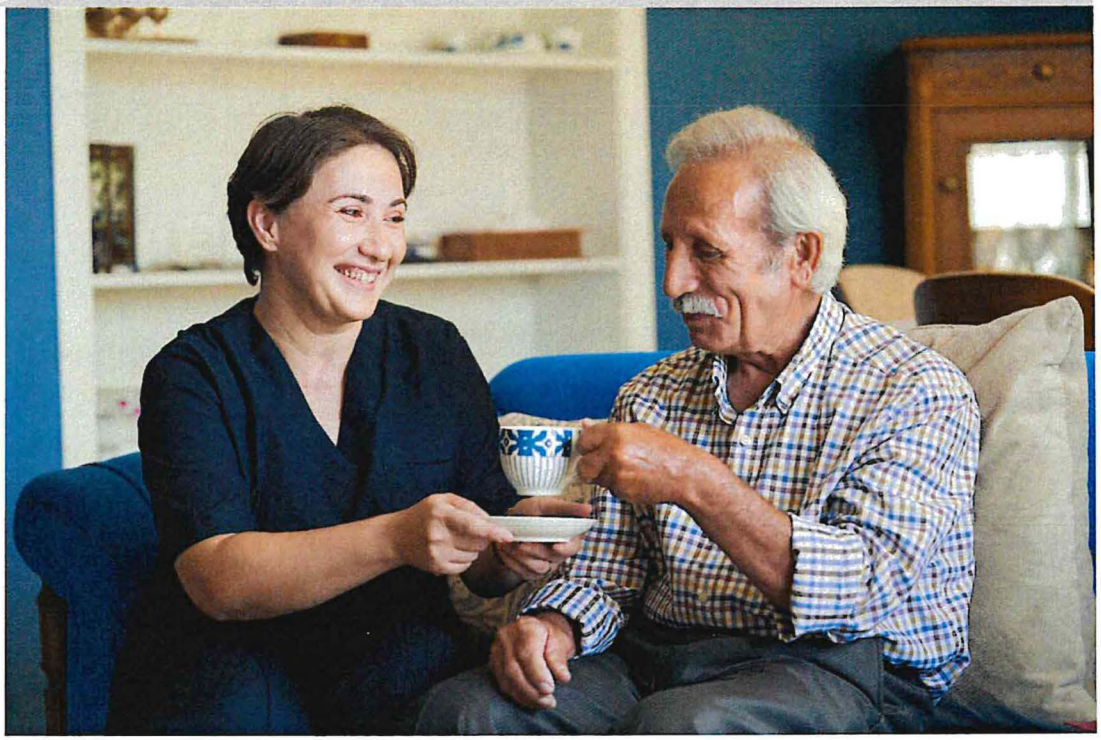
NORTH Dakota | Health & Human Services
Be Legendary.

Included in 2023-25 Executive Budget Request

Increase rates for adult foster care and family home care

- Increase the Adult Foster Care rate from up to $96.18 to $150.00 per day and the Family Home Care rate from $48.12 to $80.00 per day.
- Incentivize 24-hour support opportunities for individuals who need this level of care.
- Increasing these rates will allow more eligible individuals to access a shared living environment that can meet their intermittent care needs.

Total	General	Federal
$7,799,674	$7,019,837	$779,837



NORTH Dakota | Health & Human Services
Be Legendary.

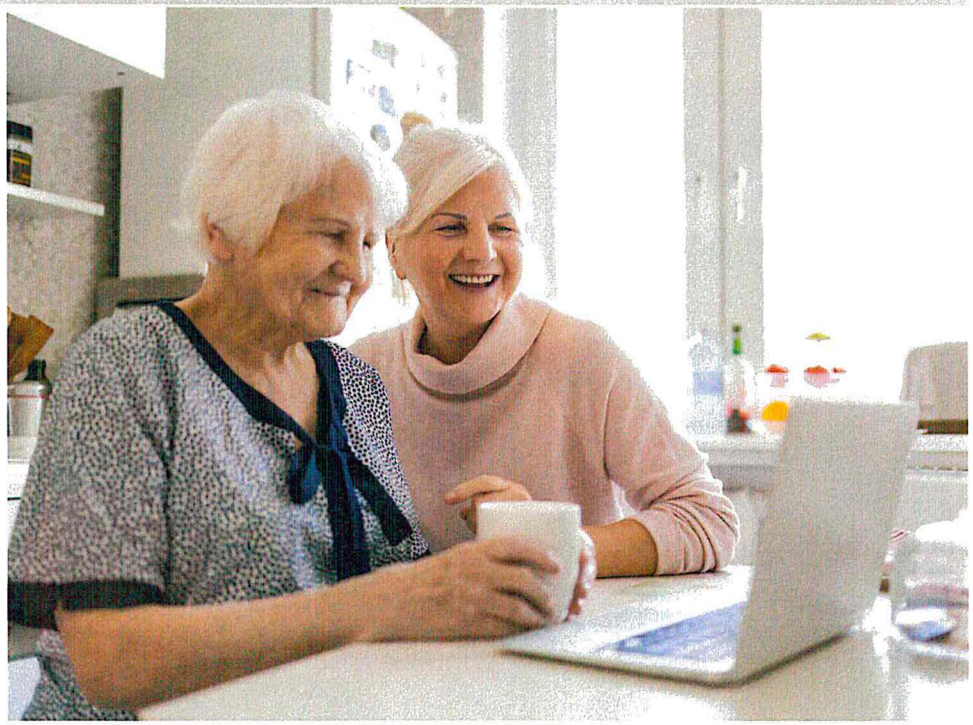
Included in 2023-25 Executive Budget Request

Base rate for incentive to provide care to individuals with lower-level needs

- Create a higher base rate for the first hour of personal care or homemaker as an incentive for providers to serve individuals who only need a few hours of care each day or each week.
  - For example, individuals who only need help when they get up and when they go to bed.
- Pay time and a half of the regular agency and individual QSP rate
- Some QSPs will not serve individuals unless they are guaranteed a certain number of hours that will cover the expense of staff time and travel to the client.
- Serving people early, when they first start to need help because of age related functional impairments will help people stay healthier and avoid more costly levels of care.

Total	General	Federal
$100,000	$100,000	$0
$3,953,520	*$2,277,228*	*$1,676,292*

**Note: This item was included in the Executive Budget Request but at the incorrect dollar amount*



NORTH Dakota | Health & Human Services
Be Legendary.

Additional LTC budget request

Offer higher acuity rates for individuals with complex medical or behavioral health needs

Total	General	Federal
$ 1,999,399	1,614,478	$385,522

- US DOJ Settlement Agreement required the State to conduct a rate study. Results were received November 2022 after budget was built.
- Recommendations from the study include paying a higher acuity rate to providers willing to serve individuals with complex needs.
- Currently pay the same rate for services regardless of difficult of care factors.
- Higher rates would provide an incentive to serve individuals with higher level need.

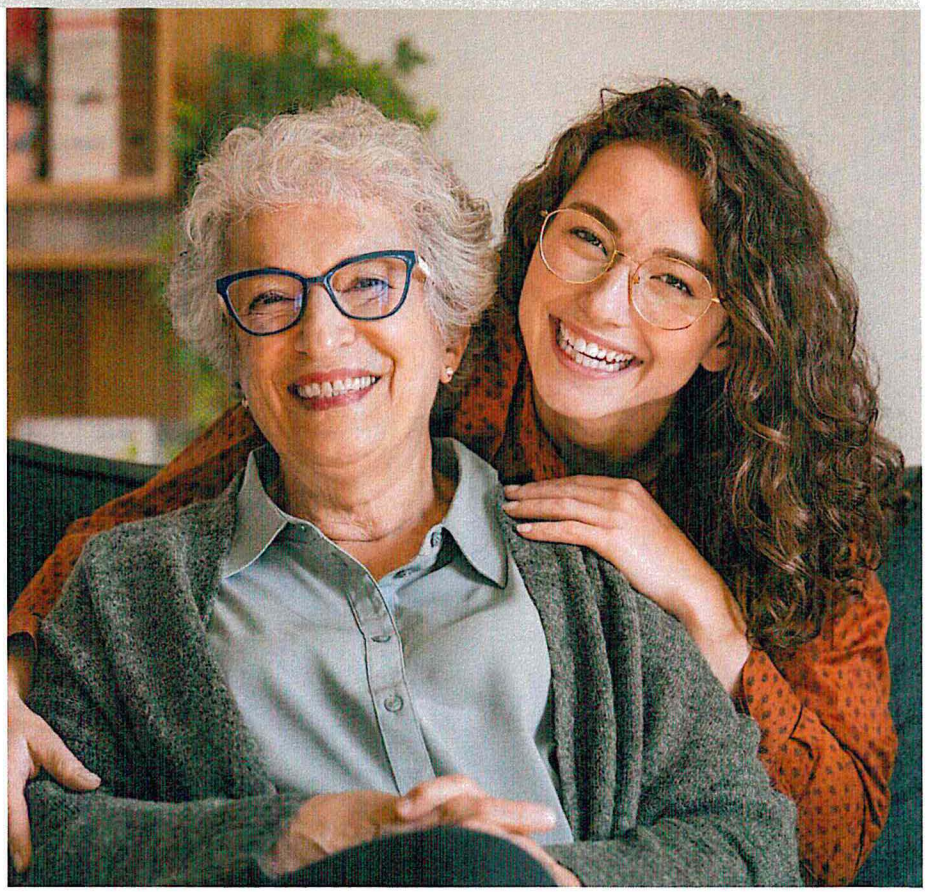


Additional LTC budget request

Create a personal care with supervision service in the HCBS waiver

Total	General	Federal
$ 0	$12,500,755 – HCBS waiver ($12,500,755) – MSP-PC	$13,538,405 - HCBS waiver ($13,538,405) – MSP-PC

- US DOJ Settlement Agreement required the State to conduct a rate study. Results were received November 2022 (after 2023-25 executive budget was built).
- Recommendations from the study include simplifying the service array to reduce the administrative burden (billing & documentation) for providers.
- This proposal creates a new service ("personal care with supervision") which would allow existing Medicaid members to move from Medicaid State Plan Personal Care (MSP-PC) to the HCBS waiver.
- Currently personal care and supervision must be billed separately. Creating a personal care with supervision service would combine these two services into one creating an easier way to document and bill for providers.



LTC: Overview of Budget Changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
71x Grants, Benefits, & Claims	807,135,162	143,807,148	950,942,310
Total Operating	$ 807,135,162	$ 143,807,148	$ 950,942,310
Total	$ 807,135,162	$ 143,807,148	$ 950,942,310

NORTH Dakota | Health & Human Services
Be Legendary.

LTC: Overview of Budget Changes by Funding Source

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	$ 396,629,520	$ 82,489,970	$ 479,119,490
Federal Funds	409,193,642	62,317,178	471,510,820
Other Funds	1,312,000	(1,000,000)	312,000
Total Funds	$ 807,135,162	$ 143,807,148	$ 950,942,310

Summary of LTC Items included in Exec Budget Request

	General	Federal	TOTAL
Increase personal needs allowance for members in nursing facilities, basic care facilities, and intermediate care facilities (ICF)	$3,439,800	$1,913,100	$1,526,700
Increase benefit level and number of slots for the Medicaid Children's Medically Fragile waiver	$186,400	$206,022	$392,422
Enhance Medicaid Children's Autism waiver and sunset Autism Voucher program	$3,868,959	$4,607,797	$8,476,756
Increase quality of HCBS by reimbursing for QSP Agency on-call staff	$351,000	$0	$351,000
Reimburse one additional home delivered meal per day under the HCBS waiver, SPED, and Ex-SPED	$138,150	$0	$138,150
Add companionship to SPED and Ex-SPED	$280,000	$0	$280,000
Allow bed hold days for community support and residential habilitation	$86,882	$96,028	$182,910
Increase rates for adult foster care and family home care	$7,019,837	$779,837	$7,799,674
Base rate for incentive to provide care to individuals with lower level needs *	$100,000	$0	$100,000

**Note: This item was included in the Executive Budget Request but at the incorrect dollar amount (see adjustment on additional request summary)*

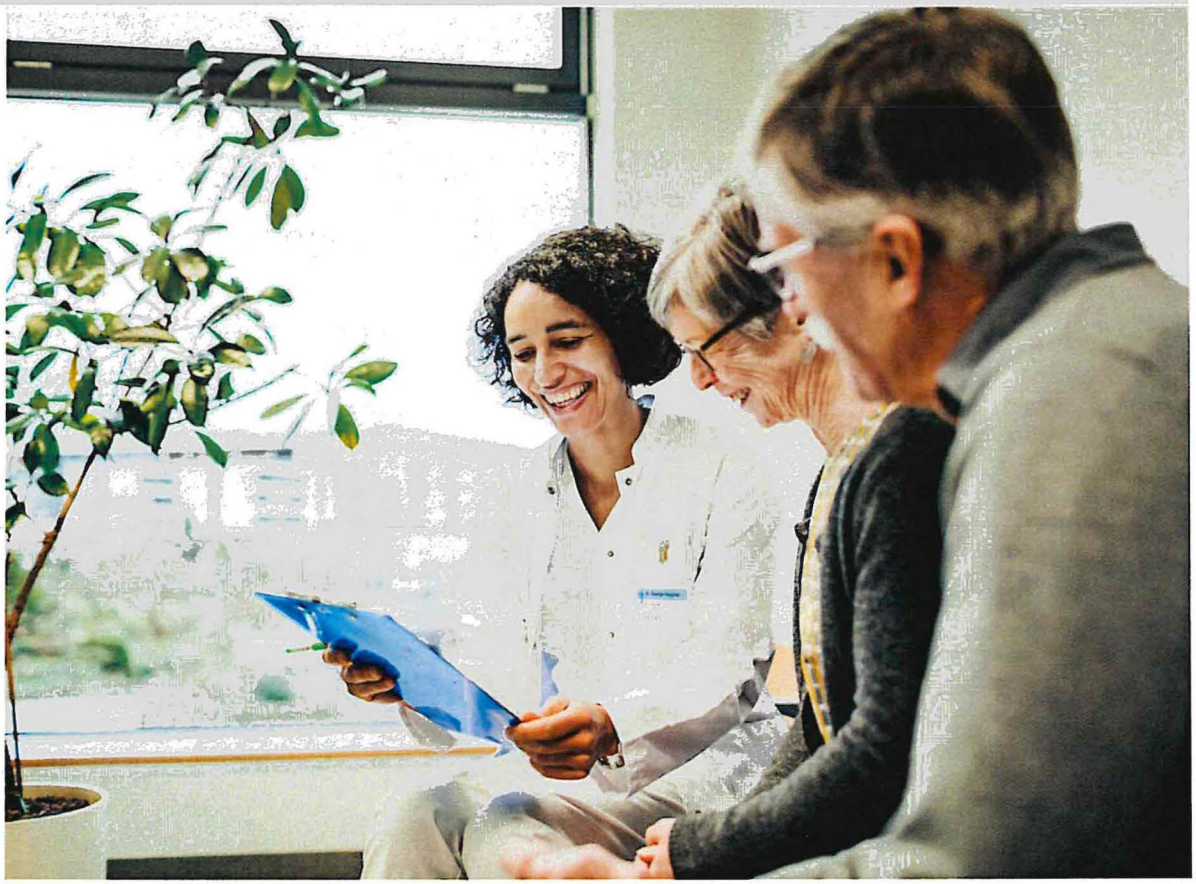
Summary of Additional LTC Budget Requests

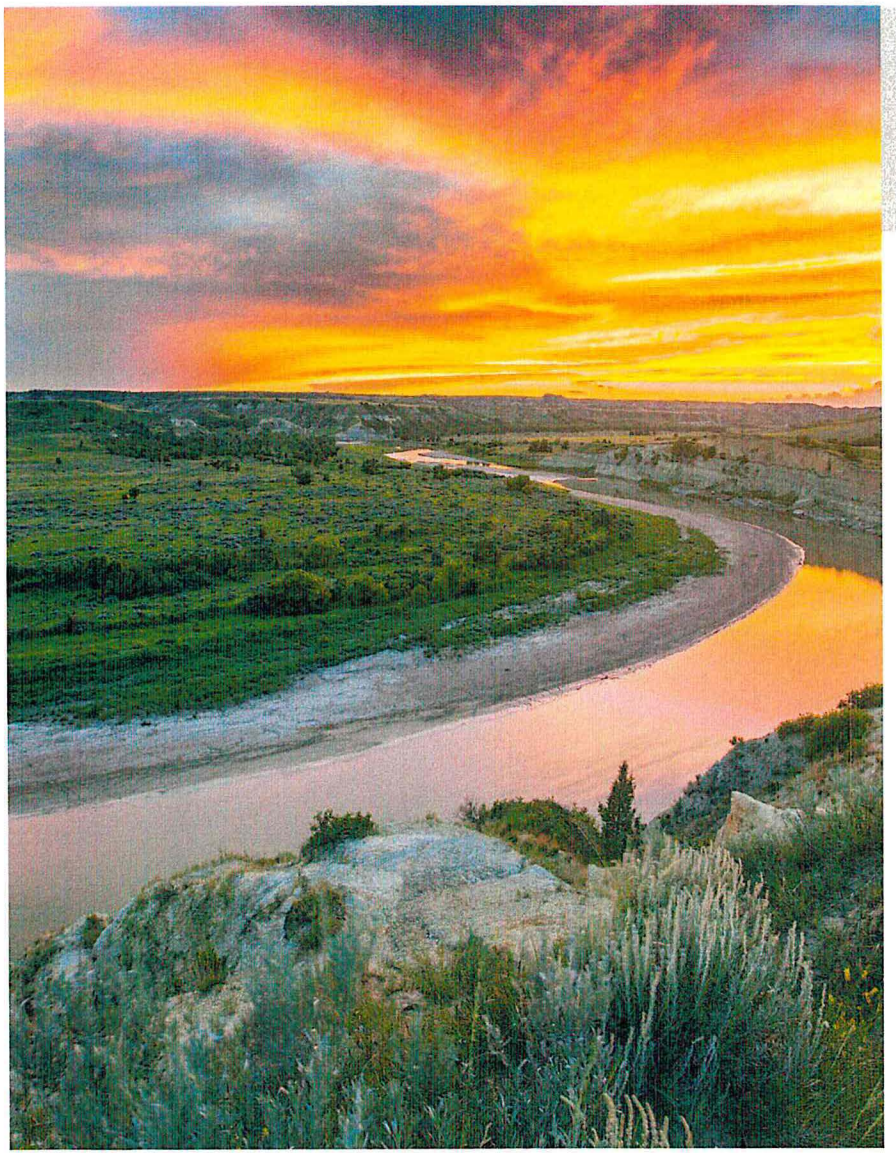
	General	Federal	TOTAL
Nursing Facility Value-based payment program	$6,000,000	$6,000,000	$12,000,000
Create a "personal care with supervision" service in the HCBS waiver	$12,500,755 – HCBS waiver ($12,500,755) – MSP-PC	$13,538,405 - HCBS waiver ($13,538,405) – MSP-PC	$0
Offer higher acuity rates for individuals with complex medical or behavioral health needs	$1,614,478	$385,522	$1,999,399
Base rate for incentive to provide care to individuals with lower level needs *	$2,277,228	$1,676,292	$3,953,520
TOTAL	$9,891,706	$8,061,814	$17,952,919

**Note: This item was included in the Executive Budget Request but at the incorrect dollar amount ($100,000); this summary reflects adjusted request.*

LTC: Legislative Bills and their potential budget impact

- **HB 1035** – establishes a cross-disability council, reform of DD and children's waivers
- **SB 2276** – allow parents as paid caregivers
- **SB 2283** – Basic care rebasing, 6% / 4% provider inflation, $10 per day for 2023 & 2024





Contact information

Nancy Nikolas Maier

Director, Adult & Aging Services Section

nmaier@nd.gov

LeeAnn Thiel

Assistant Director, Medical Services Division

lthiel@nd.gov

NORTH Dakota | Health & Human Services

Be Legendary.



Senate Bill 2012

Senate Appropriations Human Resources Division
Senator Dick Dever, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Adult and Aging Services Section | Nancy Nikolas Maier - Director

February 1, 2023

AGING & ADULT SERVICES: Team Structure and Functions

Adult/Aging Svc (HHS budget)

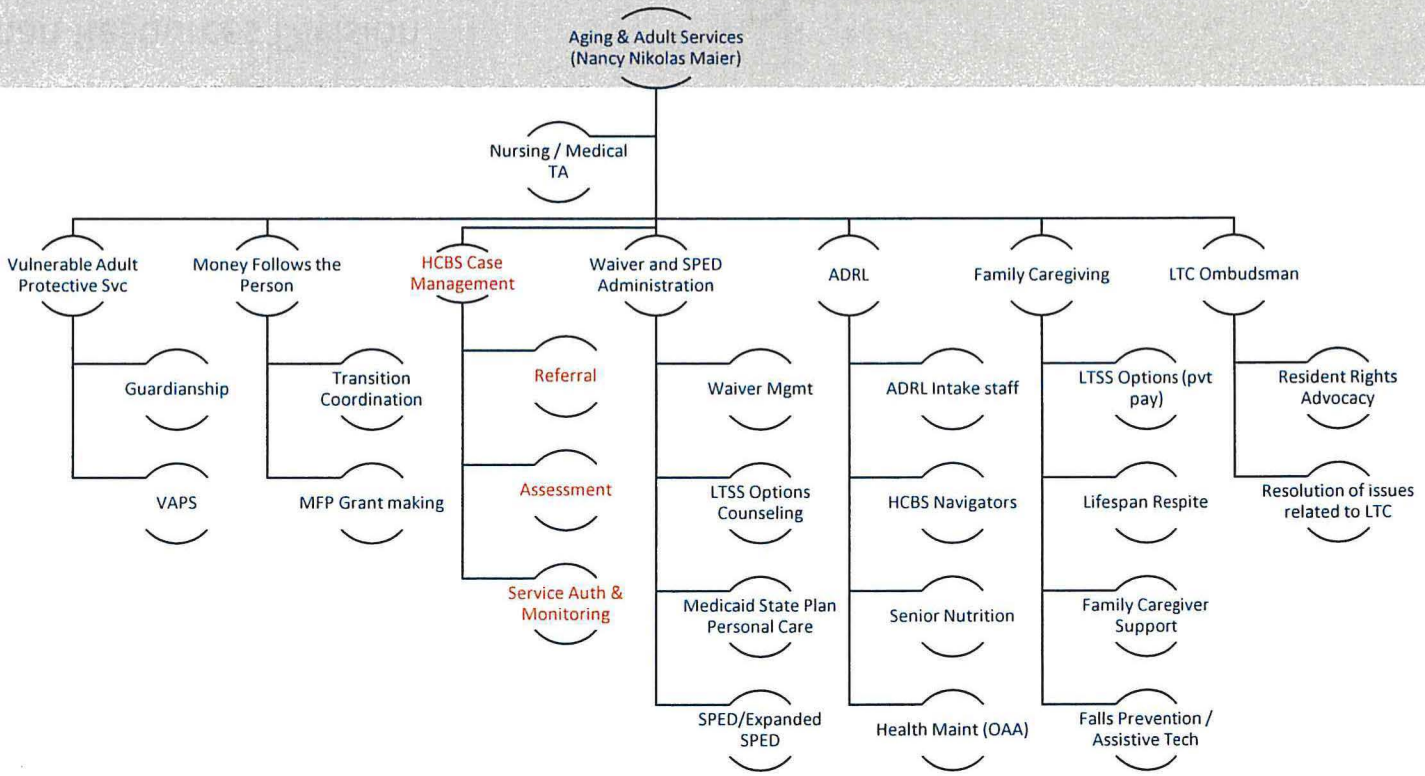
21-23 Authorized FTE Base	23-25 Executive Budget FTE	12-31-22 Vacancies
45.7	127.7	5.0

Avg Age	Avg Yrs of Service	Turnover 2021	Turnover 2022
46	**11**	**5.9%**	**8.7%**

Adult/Aging Svc (457/HSZ budget)

21-23 Authorized FTE Base	23-25 Executive Budget FTE	12-31-22 Vacancies
67.0	0	0

Red font = Staff funded via 457/Human Service Fund



NORTH Dakota Be Legendary. | Health & Human Services

Adult & Aging Services: Who we are

The Adult and Aging Services Section administers and delivers more than 40 in-home and community-based services to eligible North Dakotans.

We also protect the health, safety, welfare and rights of vulnerable adults in the community and long-term care residents.

1,147

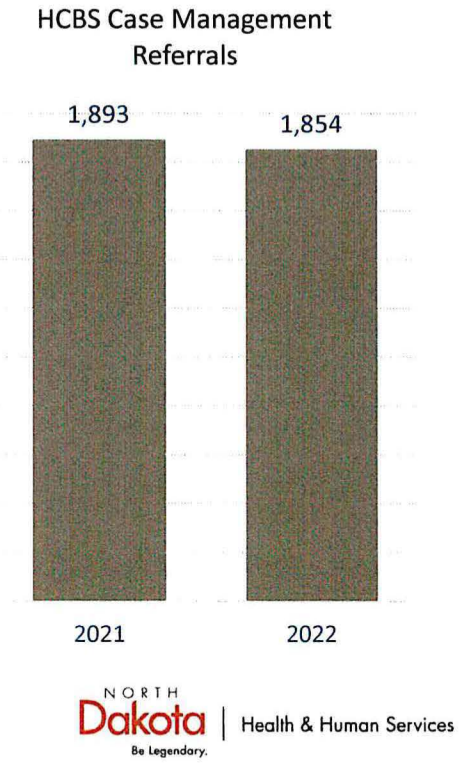
Qualified Services Providers (QSPs) provide services

67

HCBS case managers supervised by Adult & Aging Services

158 and 86

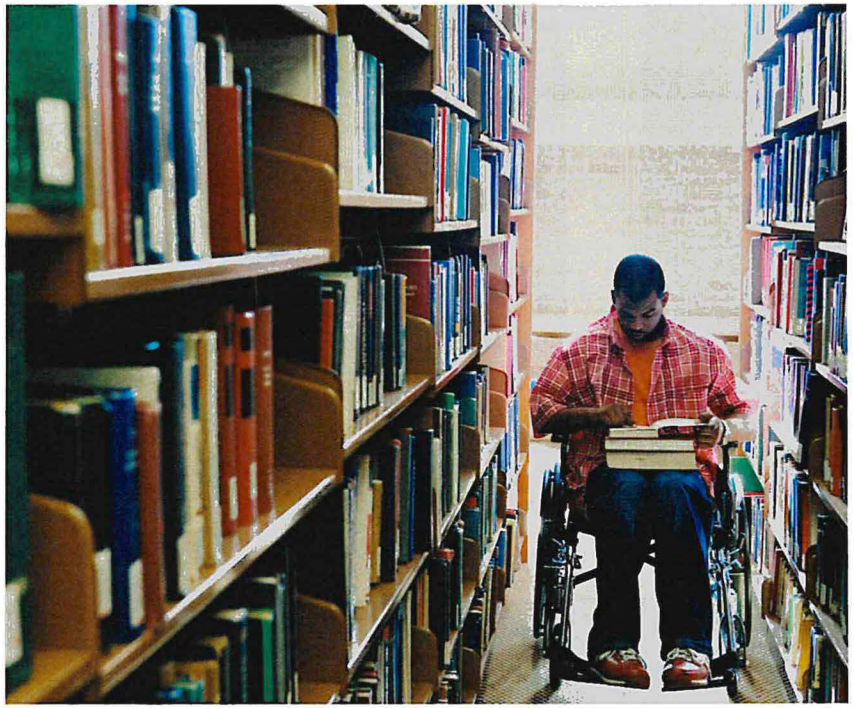
On average, 158 new referrals and 86 new cases opened for HCBS each month



NORTH Dakota Be Legendary. | Health & Human Services

ND Century Code Chapters

Chapter	Chapter Name
50-06	Department of Human Services
50-06.2	Comprehensive Human Services Programs
50-10.2	Rights of Health Care Facility Residents
50-10.2-02 (1)	Nursing Homes and Basic Care Facilities
50-11	Foster Care Homes for Children and Adults
50-24.1	Medical Assistance for Needy Persons
50-24.7	Expanded Service Payments for the Elderly and Disabled
50-25.2	Vulnerable Adult Protective Services
50-24.5	Aid to Aged, Blind, and Disabled Persons



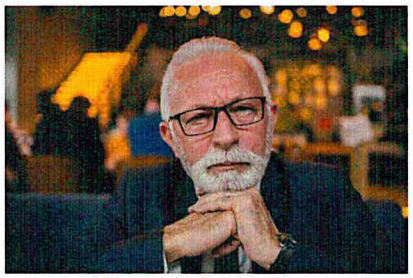
NORTH Dakota | Health & Human Services
Be Legendary.

Providing programs that help adults access services closer to home



Support in-home and community-based living

- Service Payments to the Elderly & Disabled (SPED)
- Expanded Service Payments to the Elderly and Disabled (Ex-SPED)
- HCBS Medicaid Waiver/ State Plan-Personal Care, Money Follows the Person



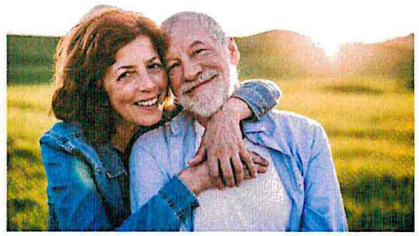
Protect vulnerable adults

- Long-term Care Ombudsman
- Vulnerable Adult Protective Services
- Guardianship Establishment Fund



Administer Older Americans Act svcs

- Contract with local providers for nutrition services, health maintenance and assistive technology
- Legal assistance, falls prevention classes, companionship services



Support caregivers

- Family Caregiver Support Program
- Lifespan Respite
- Dementia Care Services

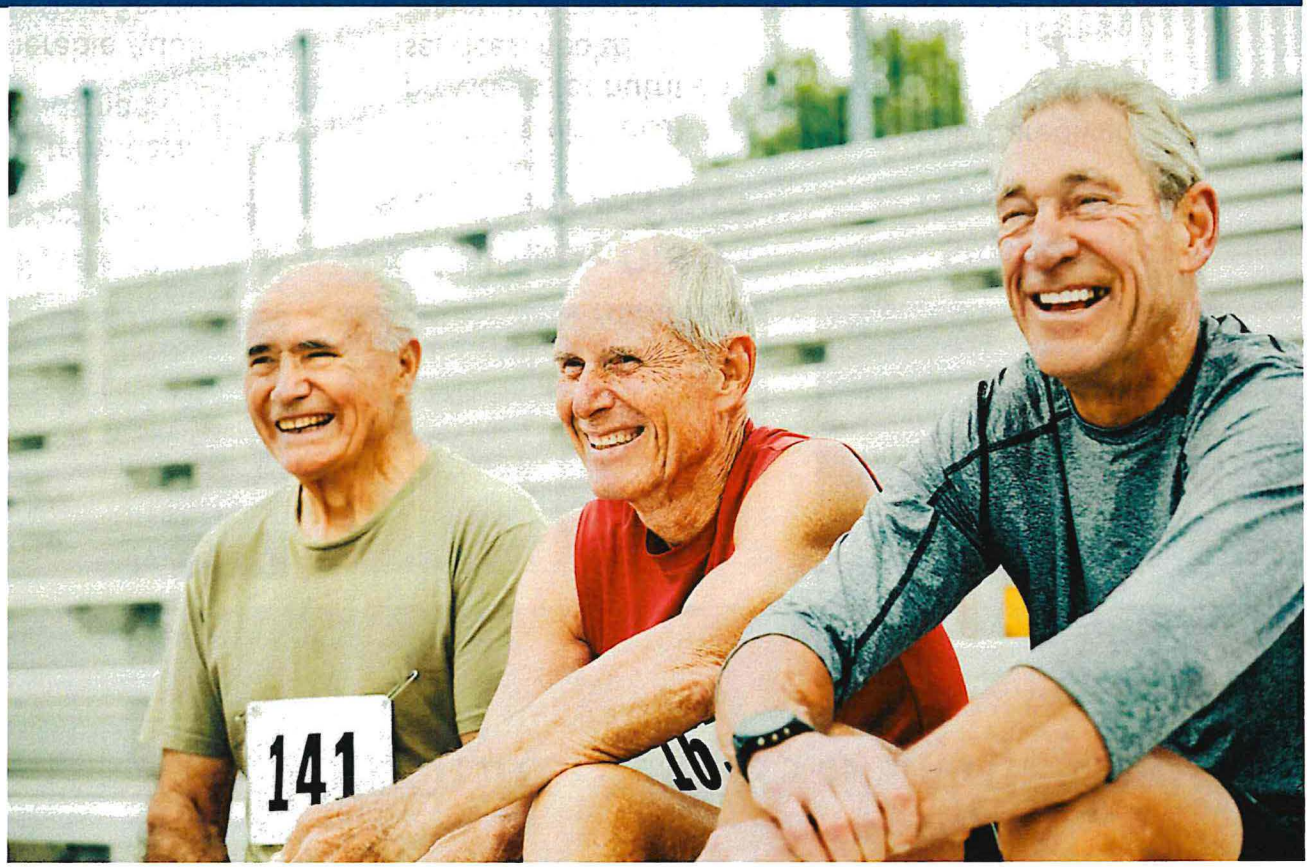
NORTH Dakota Be Legendary. | Health & Human Services

ADULT & AGING SERVICES
Older Americans Act (OAA) Services

30,554

Older adults
served in FFY2021

30% increase since FFY 2020



- Serves people age 60+
- No income limits
  - Voluntary contribution
  - Cannot deny service due to unwillingness or inability to contribute
- Federal, state, and local funds

Implementing the Settlement Agreement between U.S. DOJ & State of North Dakota

PURPOSE is to ensure that ND will **meet Americans with Disabilities Act (ADA) requirements** by providing services, programs, and activities for individuals with physical disabilities in the most integrated setting appropriate to their needs.

Effective Dec. 14, 2020

Agreement will terminate eight years after effective date if Parties agree that the state has attained substantial compliance with all provisions and maintained that compliance for a period of one year.



WHO ARE WE TRYING TO REACH?

Defining Target Population

Basic Eligibility

- Individual with physical disability
- Over age 21
- Eligible or likely to become eligible to receive Medicaid long-term services and supports (LTSS)
- Is likely to require LTSS for at least 90 days.



IF in skilled nursing setting

- Receive Medicaid-funded nursing facility services AND
  - Likely to require long term services and supports
- Receive nursing facility services AND
  - Likely to become eligible for Medicaid within 90 days, have submitted a Medicaid application, and have approval for a long-term nursing facility stay

IF in hospital or home setting

- Referred for a nursing facility level of care determination AND
  - Likely to need services long term
- Need services to continue living in the community AND
  - Currently have a HCBS Case Manager or have contacted the ADRL

Guardianship Establishment Fund

Fund pays legal costs associated with petitioning for guardianship for eligible adults who are incapacitated

179
adults served
July 2021 – Dec 2022

$2,500
Max petitioning cost per person



Included in 2023-25 Executive Budget Request

Increase funding cap for guardianship establishment fund

- Fund covers most petitioning costs for eligible adults who are incapacitated.
- Increase max petitioning costs paid to local attorneys who are willing to assist vulnerable adults and their families by $500 (from $2,500 to $3,000).
- The original request in the 23-25 EBR does not increase the number of people served; it just increases the max reimbursement rate.

Total	General	Other
$70,500	$70,500	$0
$177,000	*$177,000*	*$0*

**Note: This item was included in the Executive Budget Request but due to changing utilization, department requests consideration of higher amount*



Senior Nutrition Services

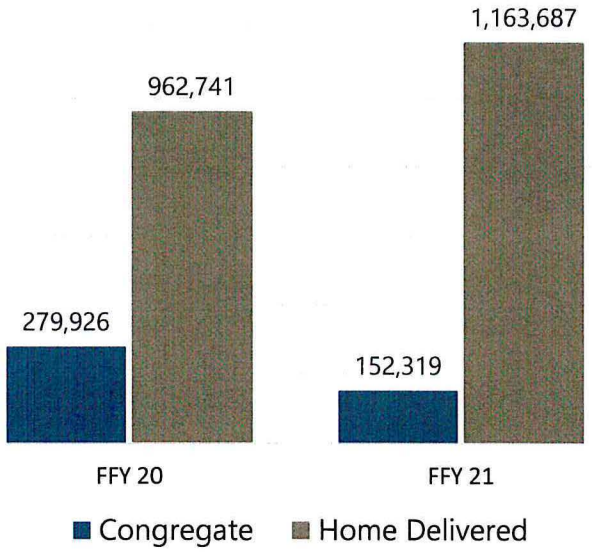
The pandemic changed the **way meals are delivered** to older adults.

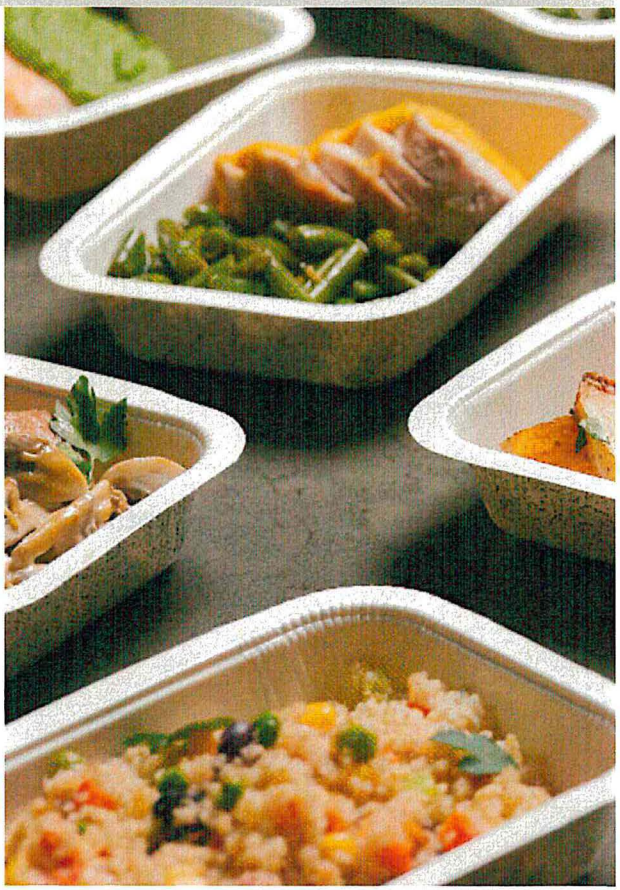
- Home delivered
- Pre-packaged grab-and-go
- Curbside pickup
- Frozen meal options

1,316,006
Meals served FFY2021

21,008
Consumers served

Nutrition services shifted toward home-delivered meals during COVID-19





Grant Changes

Changes in **Senior Nutrition** Grants from 21-23 Budget to 2023-25 EBR

North Dakota Department of Human Services

Changes in Nutrition Services from 2021-2023 Appropriation to 2023-2025 Executive Budget

Service Description	2021-2023 Appropriation	Changes in federal funds	Changes in general fund	2023-2025 Budget to OMB	Inflation 4%/3%	2021-2023 Budget To Chamber 1
Congregate Meals	**5,102,530**	0	2,640,715	**7,743,245**	0	**7,743,245**
Home Delivered Meals	**9,874,422**	(7,047,628)	11,213,579	**14,040,373**	0	**14,040,373**
Nutrition Services Incentives	**1,693,820**	24,071	0	**1,717,891**	0	**1,717,891**
State Funds to Providers	**1,421,654**	0	0	**1,421,654**	79,044	**1,500,698**
Total	**18,092,426**	(7,023,557)	13,854,294	**24,923,163**	79,044	**25,002,207**
General Funds	**3,212,272**	0	13,854,294	**17,066,565**	79,044	**17,145,609**

NORTH Dakota Be Legendary. | Health & Human Services

Included in 2023-25 Executive Budget Request

Increase per meal rate for OAA Senior Nutrition program

- Demand and the cost of labor, groceries, fuel, and packaging of home delivered, and congregate meals has increased.
- Nutritionally dense meals help older adults maintain strength which helps maintain their independence.
- All senior nutrition program meals are currently being reimbursed at $6 per meal.
    - Contract dates July 1, 2022, through June 30, 2023.
- Executive Budget Request increases meal rate to $7.62 congregate, and $8.89 for home-delivered meals.

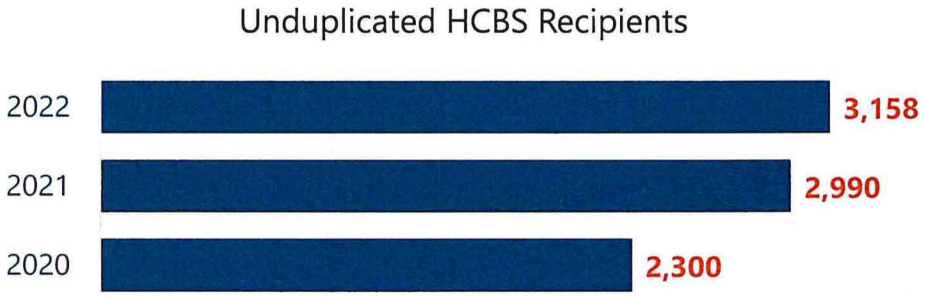
Total	General	Other
$12,854,294	$12,854,294	$0

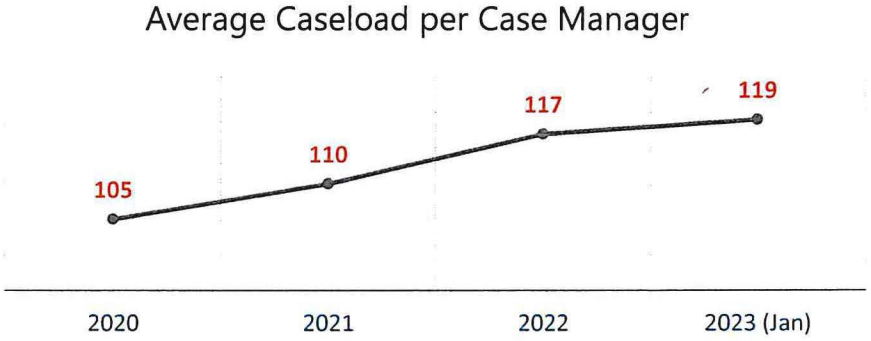


NORTH Dakota Be Legendary. | Health & Human Services

More North Dakotans are choosing home-based community care options every year

- ✓ Since the pandemic, the **demand** for in-home and community-based services has continued to **increase**
- ✓ Increased demand has increased the **average weighted caseload** per HCBS Case Manager
- ✓ **Many HCBS participants have complex needs** (medical and behavioral health needs) that increase the amount of time it takes to provide quality case management services
- ✓ Increased **need** for **additional** HCBS case management **staff**



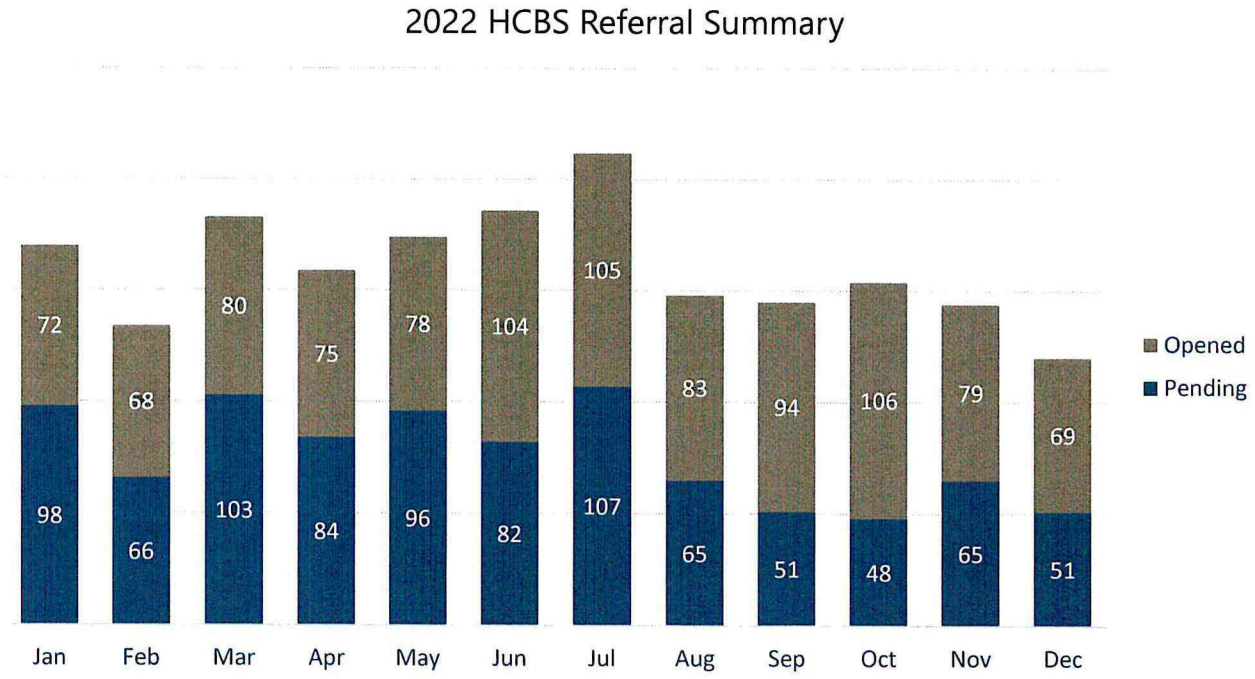


NORTH Dakota | Health & Human Services
Be Legendary.

HCBS Case Managers handle pending cases, new referrals and case closures

The nature of HCBS work means that caseloads are constantly changing -- there are many cases opening and closing each month due to:

- Changes in chronic health conditions
- Medical emergencies (stroke, falls) that increase level of disability and need for assistance
- Death



NORTH Dakota Be Legendary. | Health & Human Services

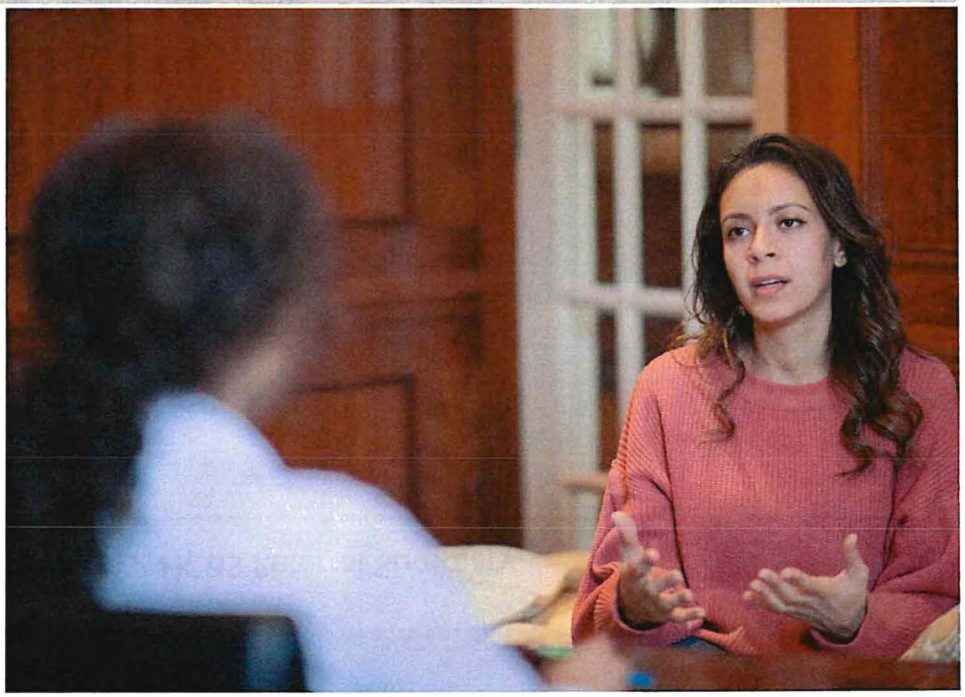
Included in 2023-25 Executive Budget Request

Increase staff capacity to deliver HCBS case management and implement DOJ Settlement Agreement

Executive Budget Request includes funds to hire 14 FTE to meet demand and strengthen the HCBS delivery system.

- 10 FTE HCBS Case Management
- 1 FTE Aging Services Generalist
- 2 FTE provider navigators
- 1 FTE quality assurance

Total	General	Other
$2,943,225	$331,718	$2,611,507



What do HCBS Case Managers Do?

- Determine eligibility
- Complete functional assessments
- Create provider service authorizations
- Monitor for the health, welfare, and safety of HCBS and Medicaid eligible Basic Care recipients.

NORTH Dakota | Health & Human Services
Be Legendary.

Included in 2023-25 Executive Budget Request

Shift funding for HCBS Case Management from HSZ/457 Fund to HHS

- HCBS Case Managers designated as part of state team in the Social Service Redesign legislation.
- 457 Fund pays for salary, travel, supplies, and other related costs for these staff.
- EBR proposes change in funding source for HCBS Case Management costs from 457 Fund to HHS budget.

Total	General	Other
$14,763,939	$13,779,234	$984,705



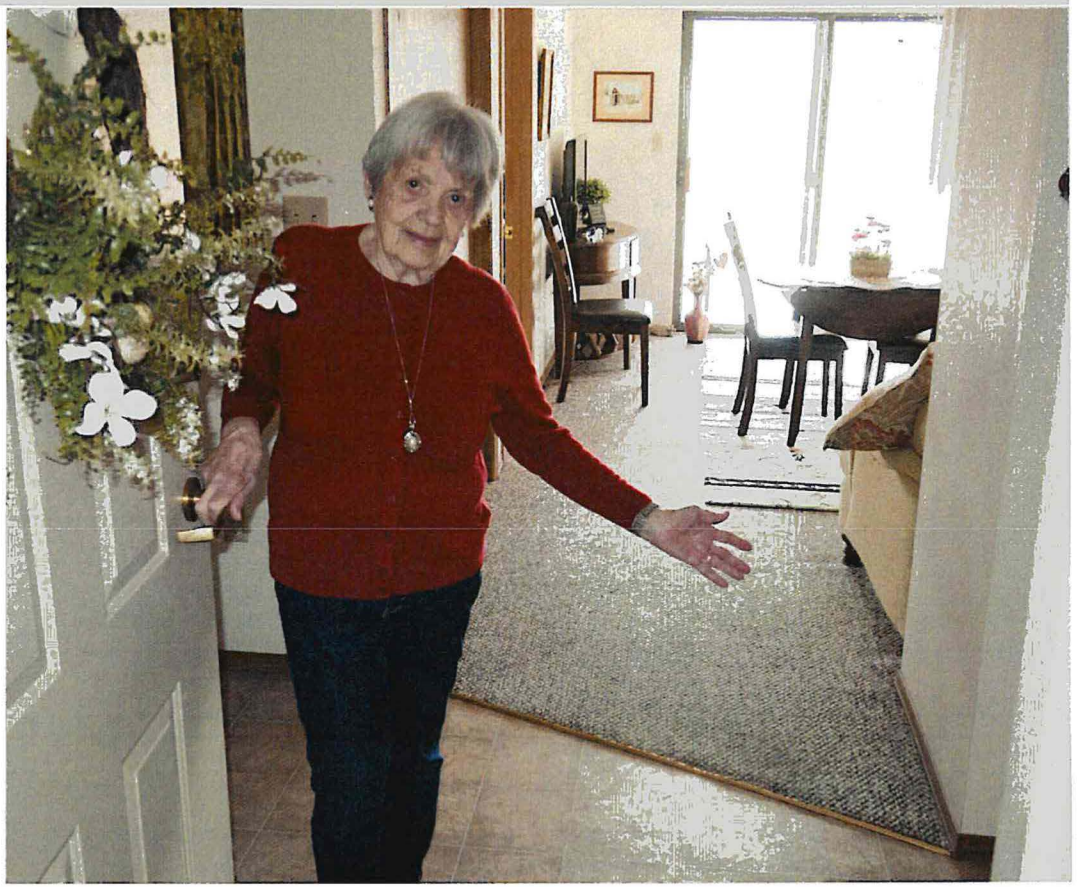
NORTH Dakota Be Legendary. | Health & Human Services

Included in 2023-25 Executive Budget Request

Staff person to assist with continued implementation of US DOJ Settlement Agreement

- Requesting 1 FTE for the US DOJ Settlement Support Specialist
- Language in 2021-2023 HB 2012 included a sunset for this position.
- State implementation of settlement is 8 years if we can show substantial compliance.
- Job responsibilities include, administrative support for the Agreement Coordinator, data collection and overseeing the development of the semi-annual and ad hoc requirements in the Settlement Agreement.

Total	General	Other
$ 235,208	$0	$ 235,208



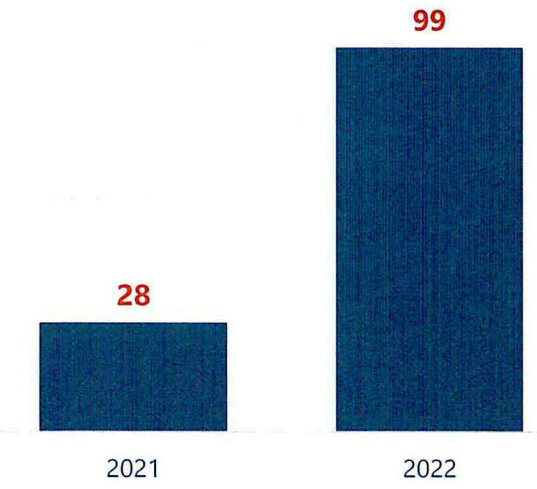
ADULT & AGING SERVICES
TPMs Receiving Permanent Supported Housing

"**Permanent Supported Housing**" is providing affordable housing, rental assistance, meeting with landlords, application assistance etc., in addition to other traditional HCBS that allows an individual to live in a private residence alone or with family, their significant other or roommates of their choosing.

DOJ Settlement Agreement REQUIRED
ND to provide this service to
20 individuals by Dec. 13, 2021, and
30 individuals by Dec. 13, 2022

Benchmark achieved ☑

TPM Receiving Permanent Supported Housing



NORTH Dakota | Health & Human Services
Be Legendary.

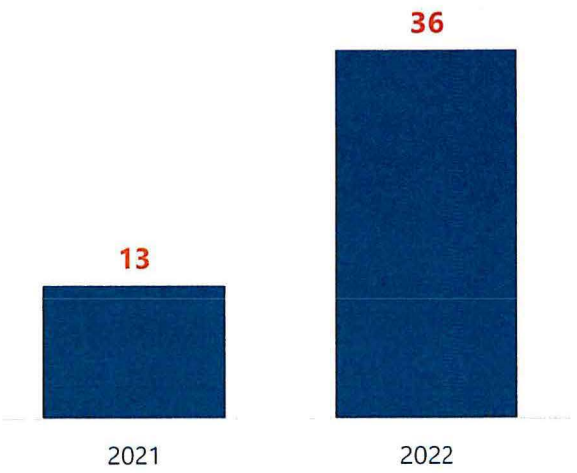
ADULT & AGING SERVICES
TPM Accessing Various Forms of Rental Help

"**Rental assistance**" is assisting individuals in paying for affordable housing in the community and may also involve paying for affordable housing costs during an institutional stay, so the individual does not loose their place to live in the community.

2021-2023 approved budget included $300,000 to fund approx. 375 months of housing assistance over the course of the biennium.

Strategy achieved ☑

TPMs Accessing Rental Assistance



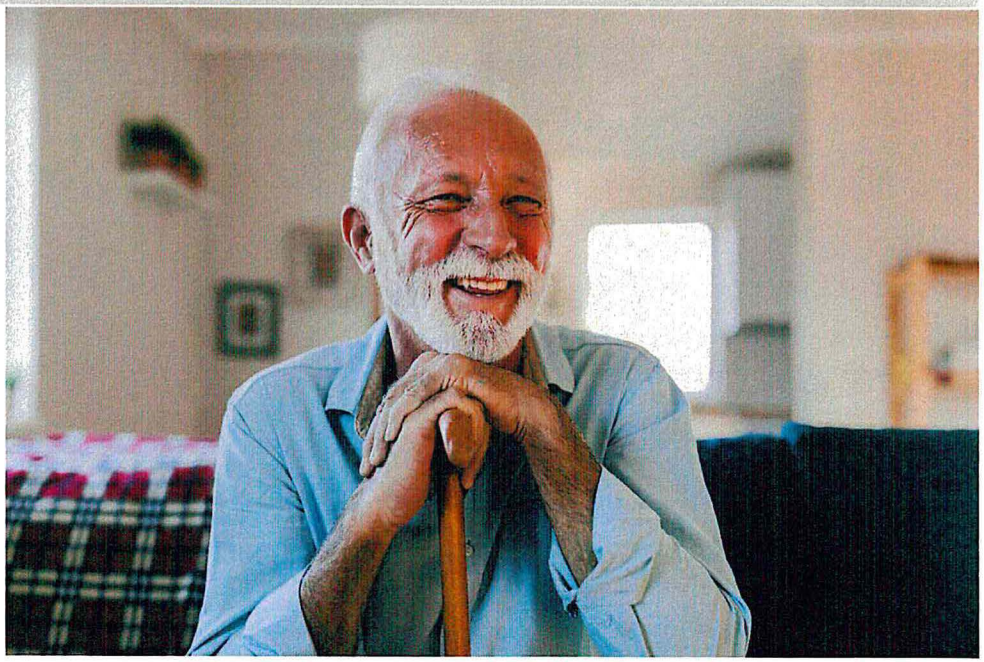
NORTH Dakota Be Legendary. | Health & Human Services

Additional Adult/Aging Svc Request

Rental assistance funds to meet housing requirements in the US DOJ Settlement Agreement

Total	General	Other
$300,000	$300,000	$0

- US DOJ Settlement Agreement requires the State to provide permanent supported housing (PSH), including rental assistance as necessary, to a specified number of target population members each year.
  - Year 1 – 20 people
  - Year 2 – 30 people
  - Year 3 – 60 people
  - Year 4 - # based on aggregate of need
- The item was inadvertently omitted from the executive budget request; it was intended to have been included in the base budget.



NORTH Dakota Be Legendary. | Health & Human Services

Summary of Aging & Adult Services items included in Exec Budget Request

	General	Other	TOTAL
Increase the per petition funding cap available through the guardianship establishment fund *	$70,500	$0	$70,500
Increase per meal rate for OAA senior nutrition program	$12,854,294	$0	$12,854,294
Increase staff capacity to deliver HCBS case management and implement DOJ Settlement Agreement	$331,718	$2,611,507	$2,943,225
Shifting source of funding for HCBS case management from HSZ/457 Fund to state budget	$13,779,234	$984,705	$14,763,939
Staff person to assist with continued implementation of US DOJ Settlement Agreement	$0	$235,208	$235,208

**Note: This item was included in the Executive Budget Request but due to changes in utilization, requesting consideration for additional funding (see additional request summary)*

Adult & Aging Services: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 8,748,214	$ 20,359,994	$ 29,108,208
Operating	23,443,640	20,968,014	44,411,654
IT Services	6,000	19,800	25,800
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	4,318,476	(807,503)	3,510,973
Total	$ 36,516,330	$ 40,540,305	$ 77,056,635

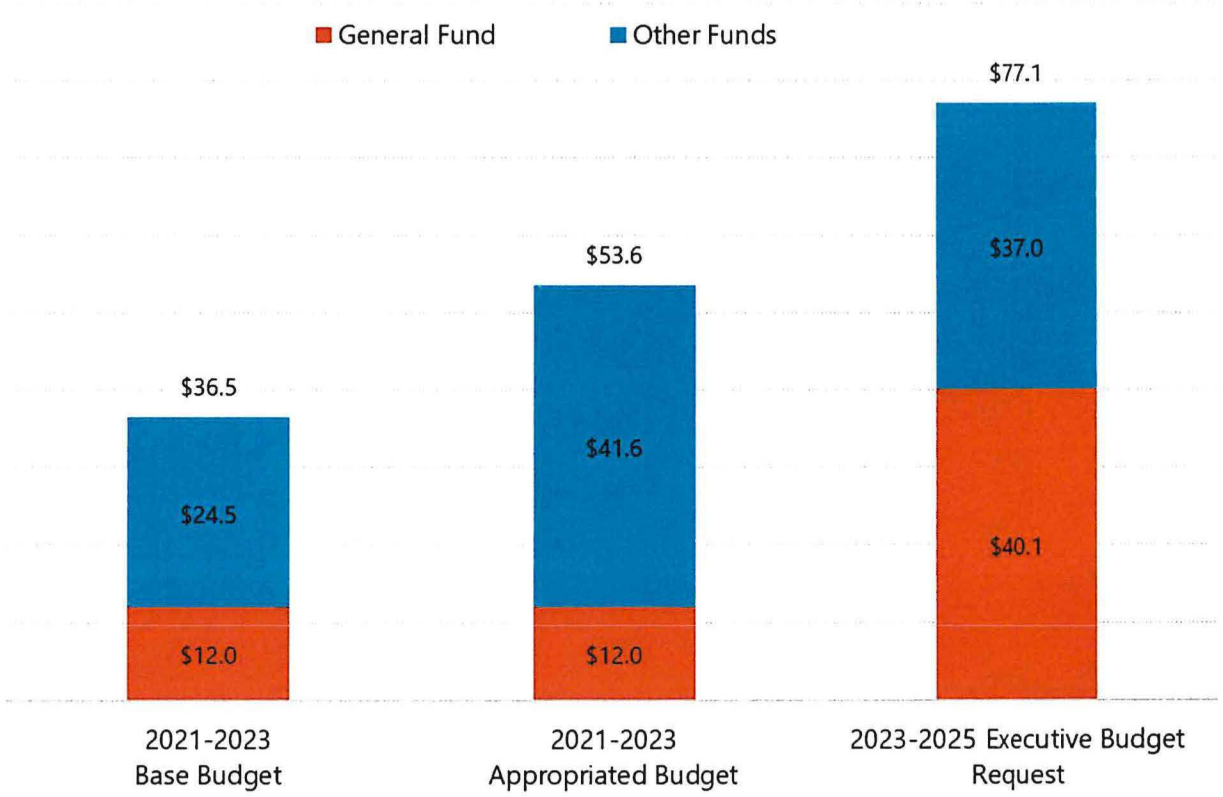
General Fund	**$ 11,963,529**	**$ 28,094,380**	**$ 40,057,909**
Federal Funds	**23,806,863**	**9,035,940**	**32,842,803**
Other Funds	**745,938**	**3,409,985**	**4,155,923**
Total Funds	**$ 36,516,330**	**$ 40,540,305**	**$ 77,056,635**

Full Time Equivalent (FTE)	45.70	82.00	127.70

Adult & Aging Services: Overview of budget changes
(IN MILLIONS)

INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION
$ 40.6 MILLION

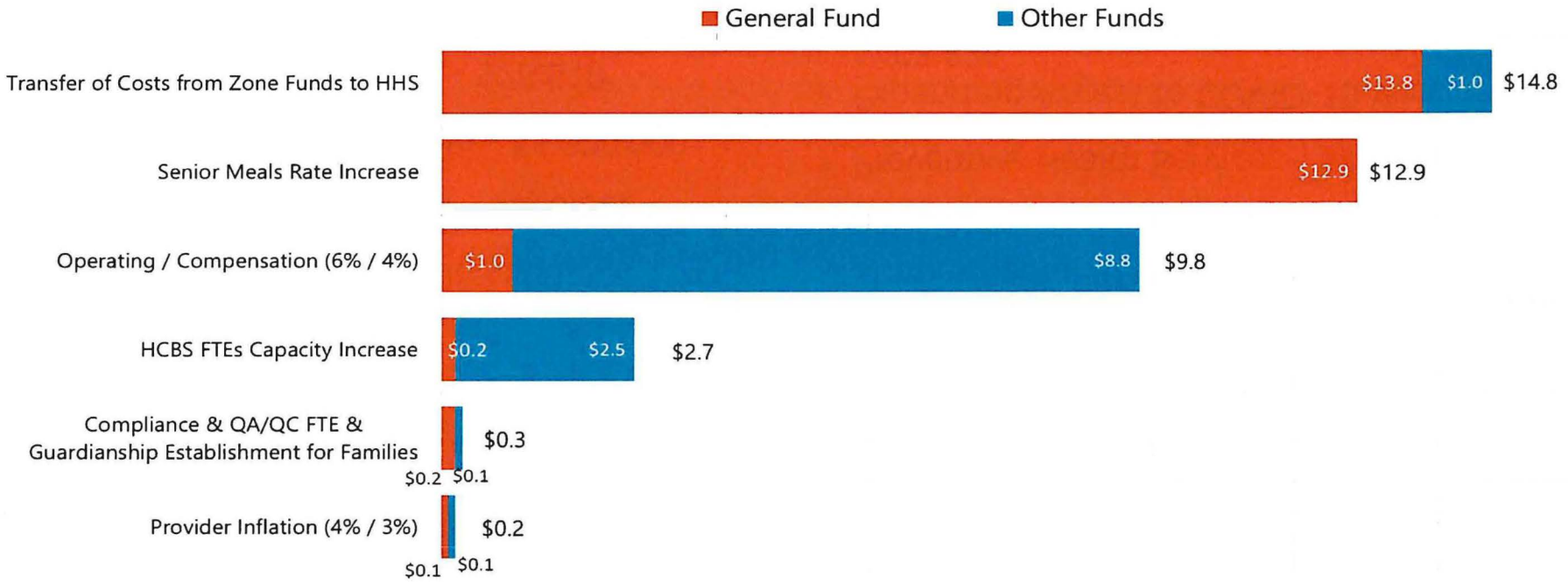
- Increase in salaries and benefits of $20.4M
- Increase in operating/IT costs of $21.0M
- Decrease in grants of ($0.8M)



Adult & Aging Svc: COVID Funding 2020-22

- Home Delivered Meals - $8,171,250
- Family Caregiver Support Program - $1,921,375
- Supportive Service - $1,988,500
- Companionship Program - $600,000
- Money Follows the Person - $5,000,000
- Public Health Workforce - $78,610
- Long Term Care Ombudsman - $259,300
- Vulnerable Adult Protective Services - $2,576,895
- Supplemental ADRL COVID Grant - $305,454
- Preventive Health Services - $218,900
- Expanding Access to COVID-19 Vaccines - $408,836

Adult & Aging Services: Overview of budget changes
(IN MILLIONS)



NORTH Dakota Be Legendary. | Health & Human Services

Adult & Aging Services: Overview of budget changes

Budget Detail by Account

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	$ 5,909,352	$ 12,102,558	$ 18,011,909
513x Salaries Temp	110,082	2,298,204	2,408,286
514x Salaries Overtime	-	116,262	116,262
516x Salaries Benefits	2,728,781	5,842,970	8,571,751
Total Salaries & Benefits	$ 8,748,214	$ 20,359,994	$ 29,108,208
52x Travel	119,167	182,690	301,857
53x Supply	7,918	111	8,029
54x Postage & Printing	11,273	901	12,174
55x Equipment under $5,000	750	1,750	2,500
57x Insurance	3,300	-	3,300
58x Rent/Leases - Bldg/Equip	61,584	227,715	289,299
61x Professional Development	41,138	21,325	62,463
62x Fees - Operating & Professional	23,198,510	20,533,521	43,732,031
53x Supplies	3,000	-	3,000
60x IT Expenses	3,000	19,800	22,800
71x Grants, Benefits, & Claims	4,072,480	(807,503)	3,264,977
72x Transfers	245,996	-	245,996
Total Operating	$ 27,768,116	$ 20,180,310	$ 47,948,427
Total	$ 36,516,330	$ 40,540,305	$ 77,056,635

NORTH Dakota Be Legendary. | Health & Human Services

About Adult & Aging Services Contracts FFY2022

- Eight OAA Senior Nutrition Program - $7,570,272
- Six Health Maintenance - $812,000
- Four Tribal Nutrition/Home visits - $224,701
- Three Vulnerable Adult Protective Services - $583,871
- Four Centers for Independent Living – Money Follows the Person transition coordination - $4,178,799
- Alzheimer's Association Dementia Care Services – $1,300,000



NORTH Dakota | Health & Human Services
Be Legendary.

Adult & Aging Services: Overview of budget changes by Funding Source

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	$ 11,963,529	$ 28,094,380	$ 40,057,909
Federal Funds	23,806,863	9,035,940	32,842,803
Other Funds	745,938	3,409,985	4,155,923
Total Funds	$ 36,516,330	$ 40,540,305	$ 77,056,635

SB 2012 Sections 23, 25 and 32
Exemptions

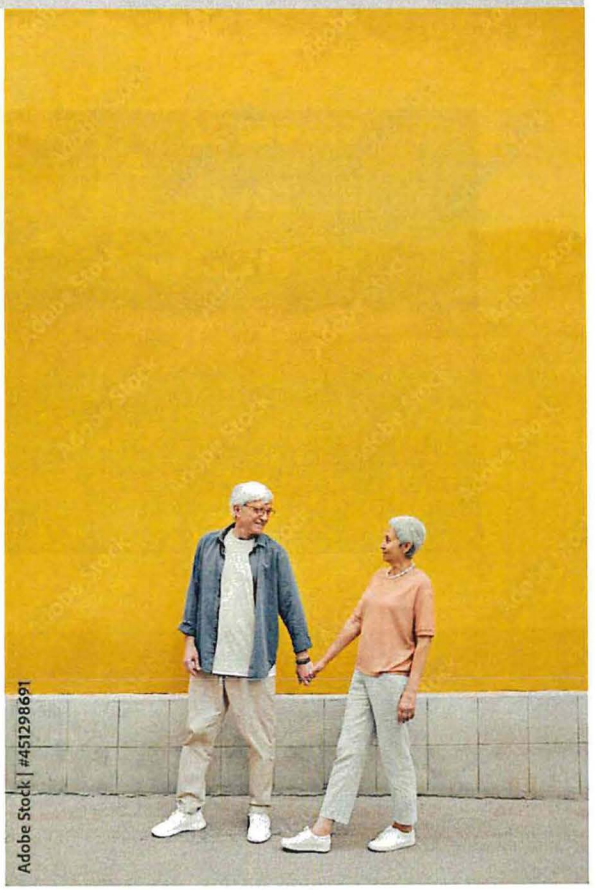
SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
AGING SERVICES SECTION

SECTION 23 (Governor's Recommendation). EXEMPTION. The amount appropriated for the purpose of vulnerable adult protection services program in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the vulnerable adult protection services program during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 25 (Governor's Recommendation). EXEMPTION. The amount appropriated for the purpose of money follows the person capacity program in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the money follows the person capacity program during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 32 (Governor's Recommendation). EXEMPTION. The amount appropriated for the purpose of federal medical assistance percentage adjustments in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the home and community-based services 10% plan during the biennium beginning July 1, 2023, and ending June 30, 2025.

NORTH Dakota
Be Legendary.



Summary of Additional Adult & Aging Services Budget Requests

	General	Other	TOTAL
Increase the per petition funding cap available through the guardianship establishment fund *	$177,000 *(in addition to original request of $70,500)*	$0	$177,000 *(in addition to original request of $70,500)*
Rental assistance funds to meet housing requirements in the US DOJ Settlement Agreement	$300,000	$0	$300,000
TOTAL	$477,000	$0	$477,000

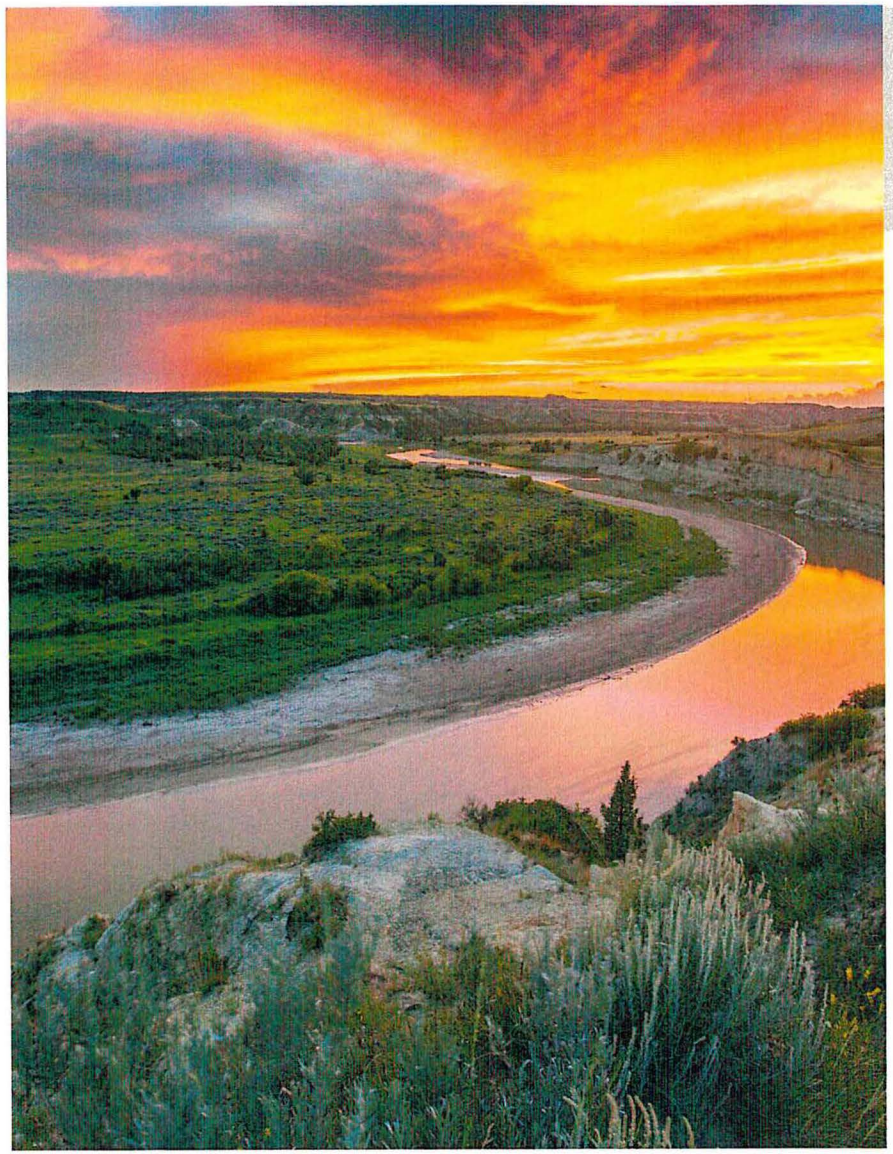
**Note: This item was included in the Executive Budget Request but due to changes in utilization, requesting consideration for additional funding; this table reflects additional amount*

On the horizon for Adult & Aging Services



- Meet the continued implementation and reporting requirements of the US DOJ SA
- Continue to address the workforce shortage and "service deserts" by partnering with the provider community and thinking of creative ways to attract and retain direct service professionals.
- Improve the provider enrollment experience .
- Create opportunities for adults of all ages to complete futures planning by providing education and support to create durable powers of attorney for healthcare etc.

NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Nancy Nikolas Maier

Director, Adult & Aging Services Section

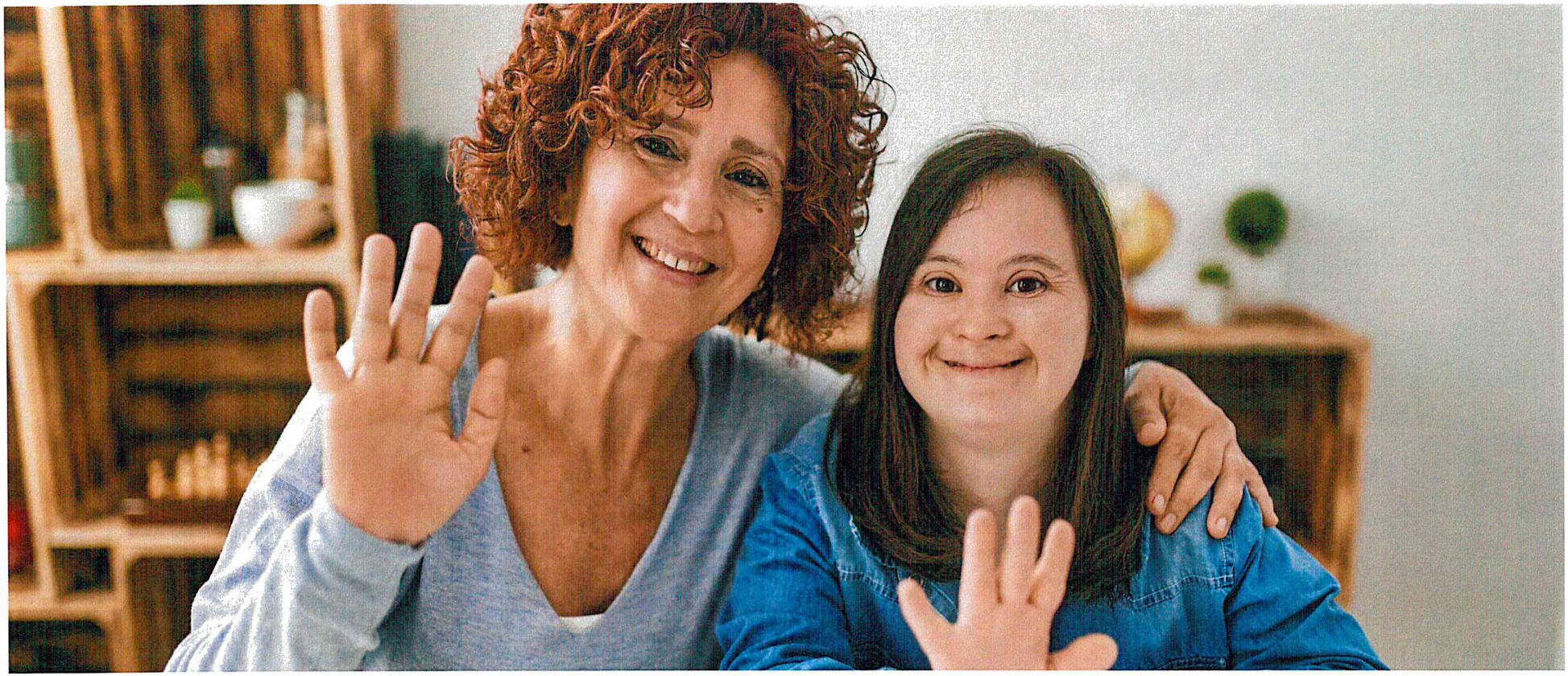
nmaier@nd.gov

https://www.hhs.nd.gov/adults-and-aging

ADRL 1-855-462-5465

U.S. Department of Justice Settlement Agreement | Health and Human Services North Dakota

NORTH Dakota Be Legendary. | Health & Human Services



Senate Bill 2012

Senate Appropriations Committee – HR Section
Senator Dever, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

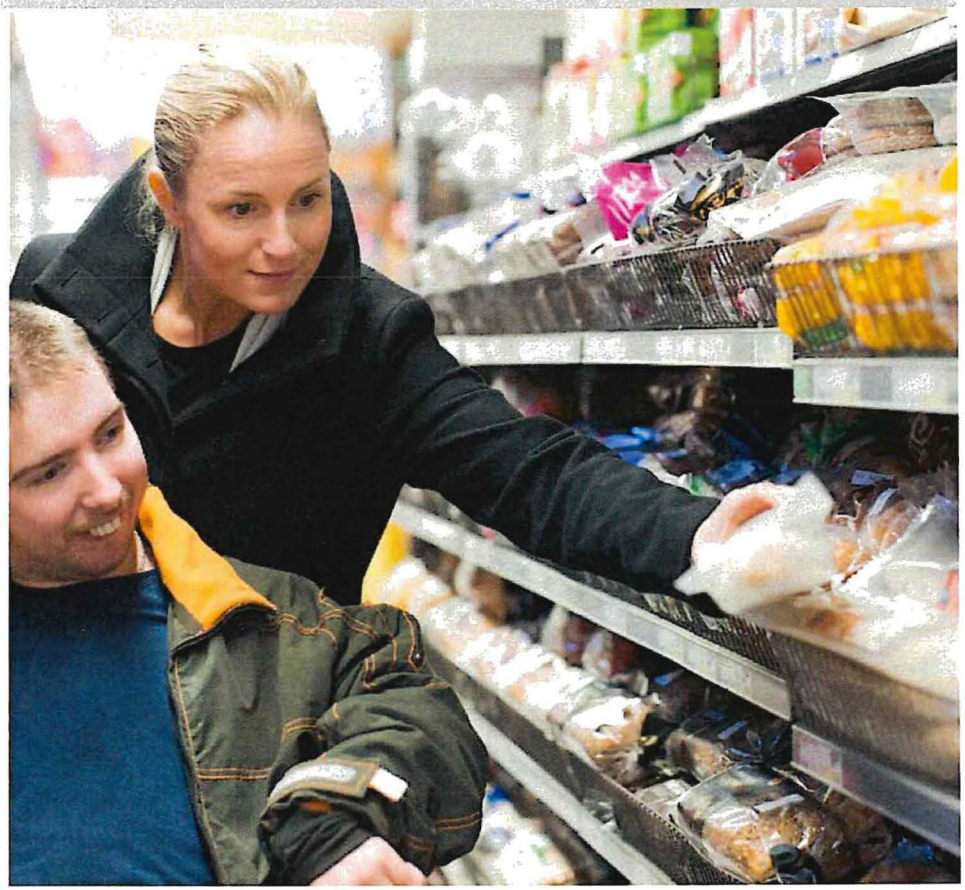
Developmental Disabilities, Tina Bay, Director
February 3, 2023

Developmental Disabilities Program Purpose and ND Century Code Reference(s)

The purpose of the Developmental Disabilities Section is to support the delivery of services to children and adults with developmental and intellectual disabilities and their families. These services are designed to:

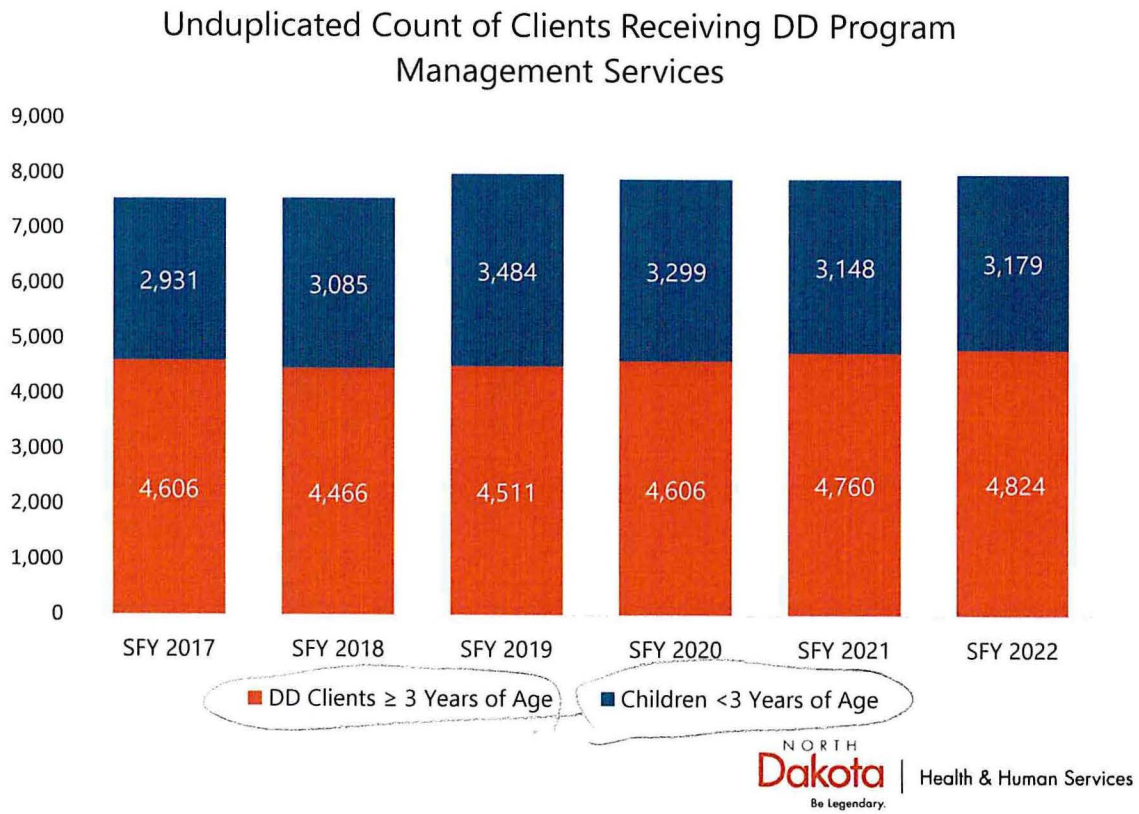
- Maximize community inclusion, independence and self-sufficiency,
- Prevent institutionalization, and
- Enable individuals to transition from institutions to community living.

Chapter	Chapter Name
25-01.2	Developmental Disability
25-16	Residential Care and Services for Developmentally Disabled
25-16.1	Receivers for Developmentally Disabled Facilities



Developmental Disabilities Program Managers served almost 8,000 children and adults in SFY22



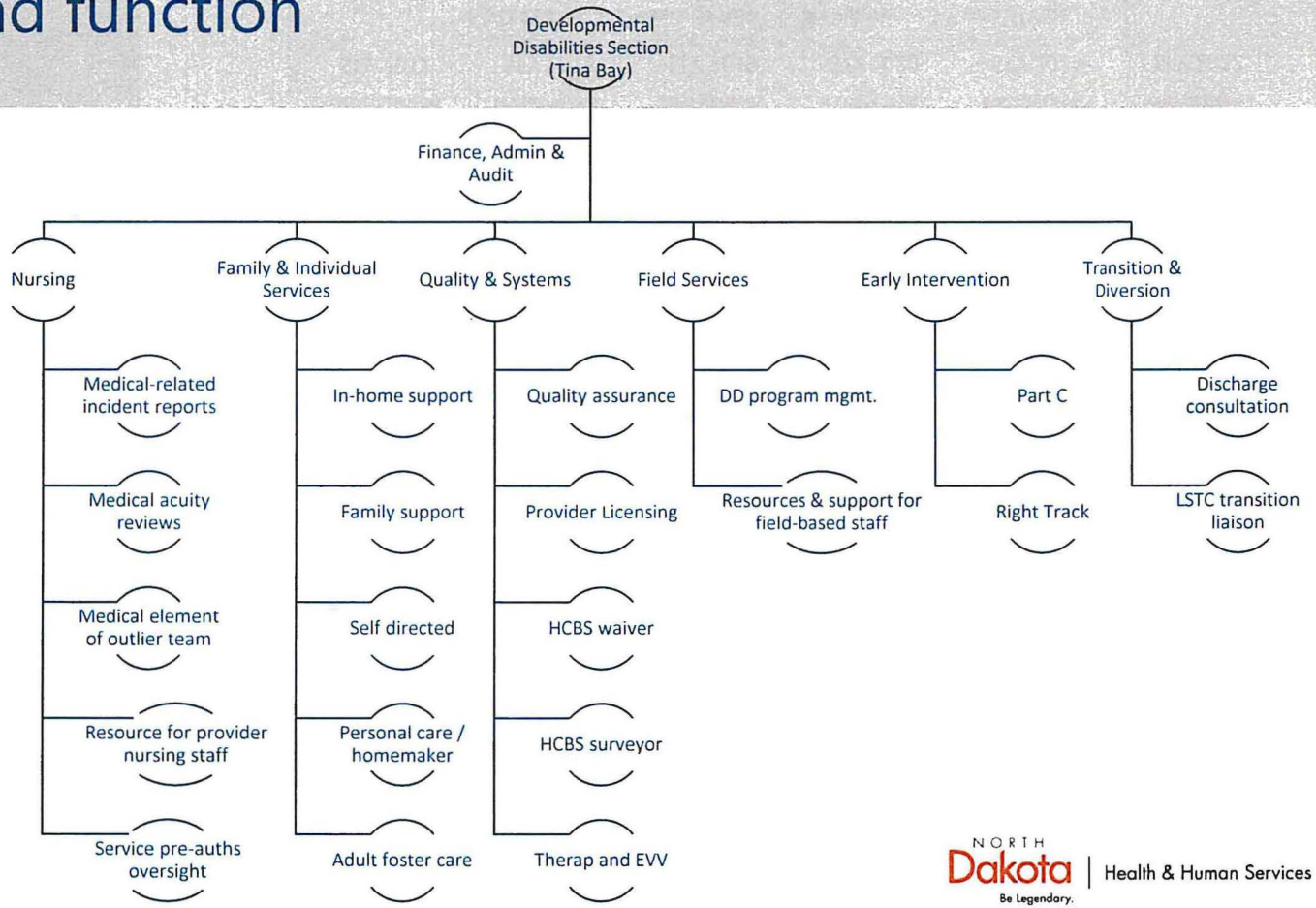


NORTH Dakota Be Legendary. | Health & Human Services

Developmental Disabilities Section:
Team structure and function

Developmental Disabilities		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**12-31-22 Vacancies**
127.12	131.12	1.0

Avg Age	Avg Yrs of Service	Turnover 2021	Turnover 2022
43	**11**	**15.2%**	**4.7%**

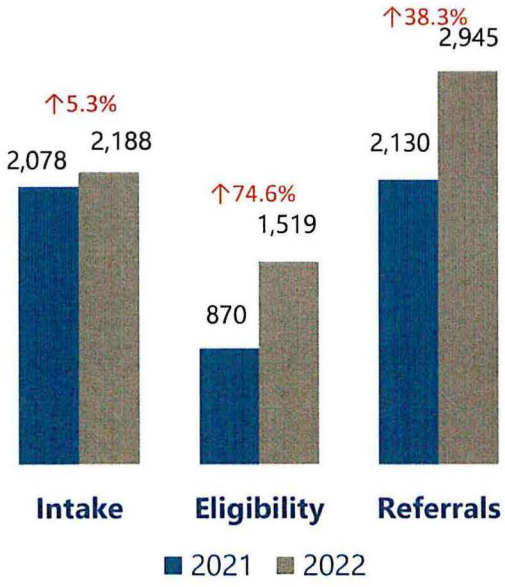


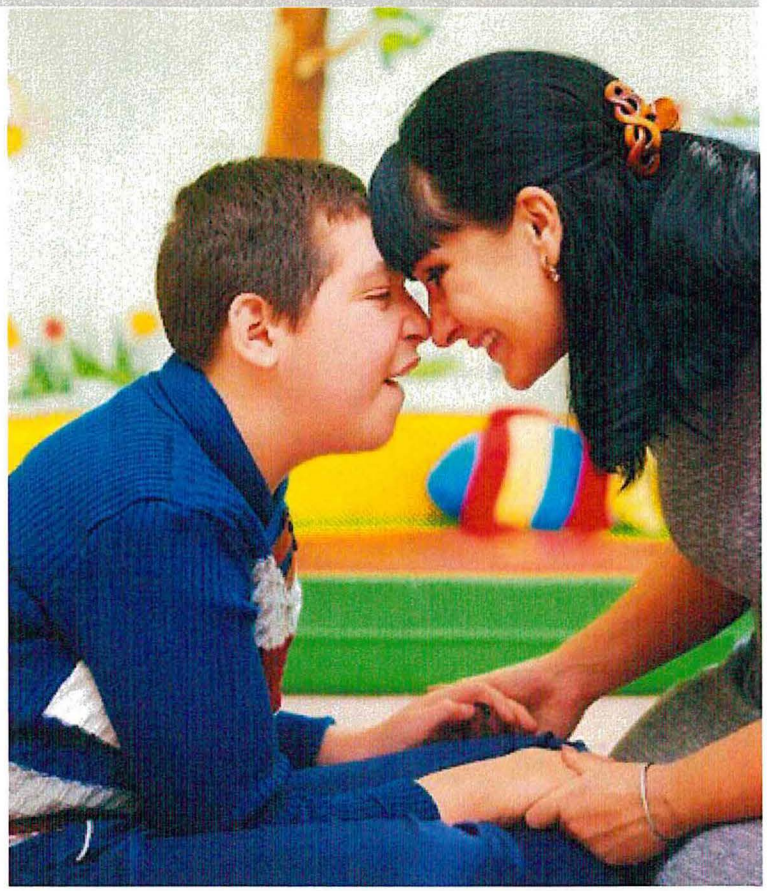
NORTH Dakota Be Legendary. | Health & Human Services

Developmental Disabilities Program Management (DDPM) is a foundation of the state's system of care

- Assist clients, families, and guardians navigate the system of services available.
- Focus is to help clients stay healthy and safe and achieve their goals.
- Approximately 110 DD program managers located throughout the state.

Program Management expectations doubled in eligibility determ volume





NORTH Dakota | Health & Human Services
Be Legendary

Service delivery requires a network of connectors

The number of people receiving services from the DD system of care has grown by **6.2%** since 2017.

- Children younger than age 3 = 8.5% (+248 children)
- Children age 3 through adulthood = 4.7% (+218 people)

- Increasing caseloads require investment across all infrastructure – including but not limited to case mgmt
  - Ex. Service Authorizations. 1,500 people received In home supports in 2022. Services are authorized on a quarterly basis. = 6,000 service authorizations to review/approve each year for one service
  - Supporting the delivery of services across the DD continuum is both relationship-based and volume-driven. More people receiving services requires more people to open the door to those services.



NORTH Dakota | Health & Human Services
Be Legendary.

Included in 2023-25 Executive Budget Request

Staff to support delivery of DD services across NDs system of care

HHS staff in the DD section serve as a link between people served and services that are available to them. Without adequate staff to support the delivery of services:

- People will not have the support they need to develop their plans and explore options available to them. Families will experience delays in eligibility determination and introduction to services.
- Providers will experience delays in payment processing, service authorizations.
- Face to face contacts with clients, which are crucial to monitoring client's health and safety, will not be done as frequently as required
- Ability to respond to crisis situations will be diminished. More clients are experiencing the loss of provider staff which means DDPMs need to fill that void for critical activities such as banking, medical, ensuring food in home, etc.

The Executive Budget Request invests in DD system infrastructure by adding 4 FTE (2 DD Program Management, 1 Early Intervention, 1 Compliance/Quality Assurance)

Total	General	Other
$757,952	$375,458	$382,494



NORTH Dakota Be Legendary. | Health & Human Services

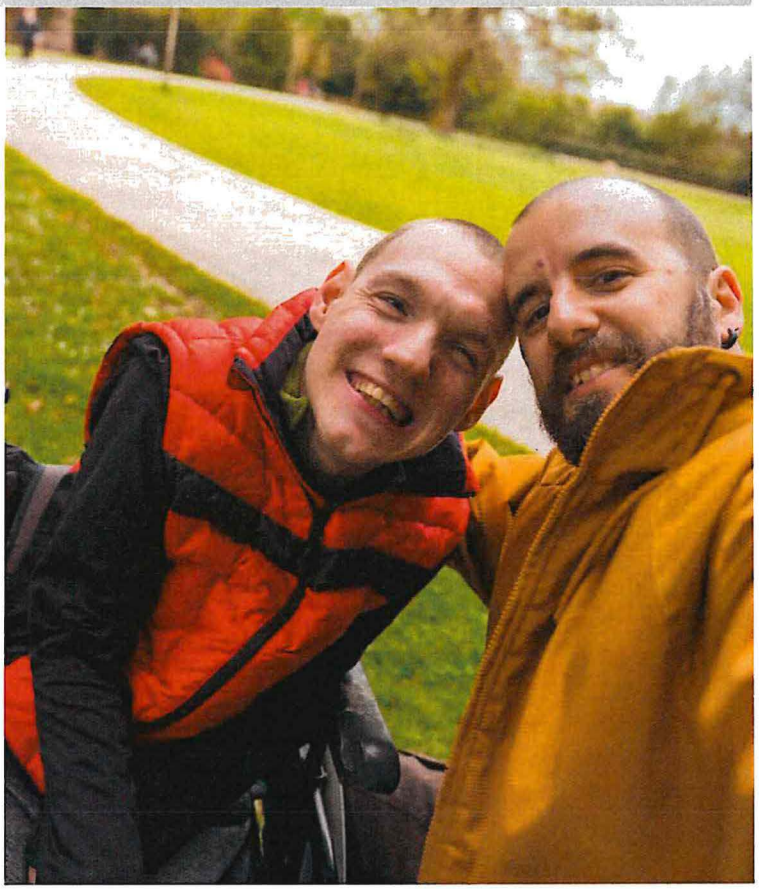
Included in 2023-25 Executive Budget Request

Guardianship Establishment Fund for non-corporate guardians

The Executive Budget Request creates an alternative to corporate guardianship for people with developmental disabilities.

- State would provide funds to cover petitioning costs for up to 100 eligible adults
- Would support family and friends who are willing to serve as guardian but may not have financial resources to complete the legal process that is required
- Program would mirror what is available in the Adult & Aging Services section for older adults and people with physical disabilities
- Max petitioning cost of $3,000 per person

Total	General	Other
$300,000	$300,000	$0



NORTH Dakota | Health & Human Services
Be Legendary.

Developmental Disabilities: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 23,102,938	$ 3,133,221	$ 26,236,159
Operating	8,686,711	2,256,593	10,943,304
IT Services	2,743	104,107	106,850
Capital Asset Expense	-	-	-
Capital Assets	10,000	-	10,000
Grants	716,917,931	17,625,633	734,543,564
Total	$ 748,720,323	$ 23,119,554	$ 771,839,877

General Fund	**$ 349,648,645**	**$ 18,598,723**	**$ 368,247,368**
Federal Funds	**399,071,678**	**4,520,831**	**403,592,509**
Other Funds	**-**	**-**	**-**
Total Funds	**$ 748,720,323**	**$ 23,119,554**	**$ 771,839,877**

Full Time Equivalent (FTE)	127.12	4.00	131.12

NORTH Dakota | Health & Human Services
Be Legendary.

Developmental Disabilities: 23-25 Grants Walkthrough

	2021-2023 Legislatively Approved Budget	Cost to Continue	Underfunding	FMAP	Total Changes	To Governor	Inflation (4/3)	Executive Changes	To Chamber 1
ICF/ID	215,772,291	3,683,001	-		3,683,001	219,455,292		-	219,455,292
DD Home and Community Base Services	500,707,150	(16,190,250)	-	-	(16,190,250)	484,516,900	-	-	484,516,900
Residential Habilitation	266,635,994	545,074	-		545,074	267,181,068		-	267,181,068
Day Programs	108,969,522	1,577,723	-		1,577,723	110,547,245		-	110,547,245
Infant Development	35,219,498	(518,864)	-		(518,864)	34,700,634		-	34,700,634
Family Support Services - In Home Supports	47,578,942	(12,985,291)	-		(12,985,291)	34,593,651		-	34,593,651
Remaining Services*	42,303,194	(4,808,892)	-	-	(4,808,892)	37,494,302		-	37,494,302
Cost Settle, Disc Serv, & Underfunding	(320,837)	320,837	(9,736,312)		(9,415,475)	(9,736,312)		-	(9,736,312)
Provider Inflation							39,337,714	39,337,714	39,337,714
Total	716,158,604	(12,186,412)	(9,736,312)	-	(21,922,725)	694,235,879	39,337,714	39,337,714	733,573,594
General Fund	331,156,724	(4,381,435)	(4,615,012)	6,895,538	(2,100,909)	329,055,815	18,628,674	18,628,674	347,684,489

***Remaining Services includes the following services:**

Family Support Services - Family Care Option, Individual Employment Support Services,

Independent Habilitation, County Waivered Services, Self-Directed Supports, Extended Home Health Care,

Parenting Supports & Community Transitions

NORTH Dakota | Health & Human Services

Be Legendary.

Developmental Disabilities: Cost to Continue

North Dakota Department of Health and Human Services
Developmental Disabilities
Unit and Cost Comparison
12 Month Average to Executive Budget Request (EBR) 2023 - 2025 Biennium

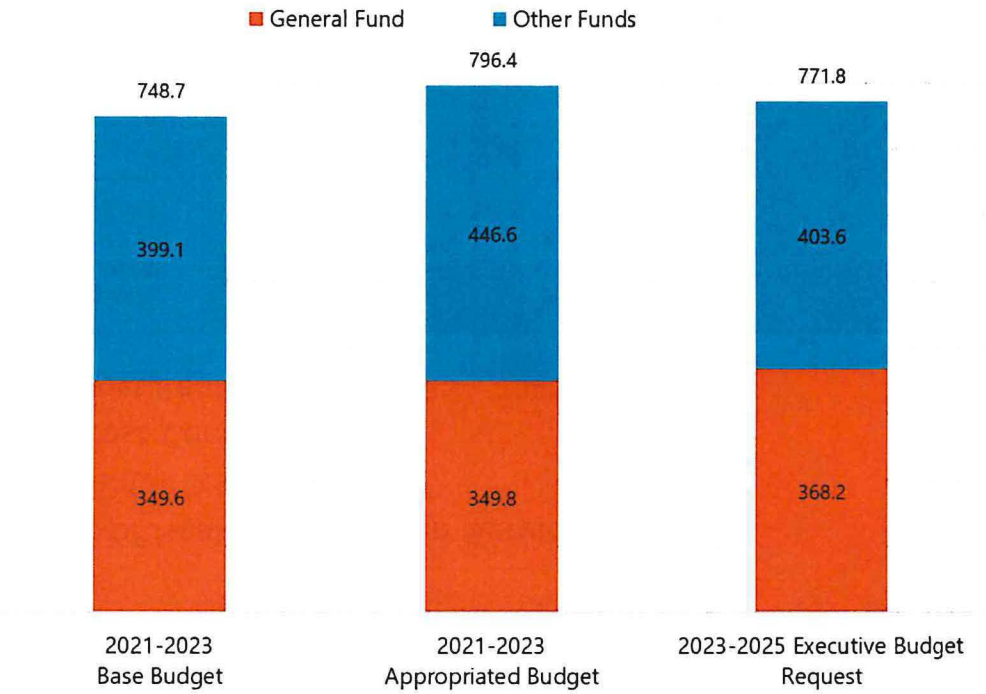
Program	12 Month Average in Units (April 2021 - March 2022)	Monthly average units for EBR 2023-2025	Change from EBR to 12 mo Avg units	12 Month Average in Cost per Unit (April 2021 - March 2022)	Monthly average cost per unit for EBR 2023-2025	Change from EBR to 12 mo Avg cost per unit	Monthly average units for first 14 months of 21-23	Monthly average unit cost for first 14 months of 21-23	Unit
ICF/ID	12,771	13,176	405	$655.97	$693.99	$38.02	12,804	$657.96	Daily Rate
Residential Habilitation	35,212	37,056	1,844	$299.88	$300.42	$0.54	36,231	$299.17	Daily Rate
Day Programs	660,723	678,227	17,504	$6.66	$6.79	$0.13	668,823	$6.77	15 min
Infant Development	5,841	6,342	501	$220.55	$227.98	$7.43	6,026	$218.71	Fee for Service
Family Support Services - In Home Supports	148,766	154,823	6,057	$9.19	$9.31	$0.12	146,217	$9.25	15 min

NORTH Dakota Be Legendary. | Health & Human Services

Overview of budget changes

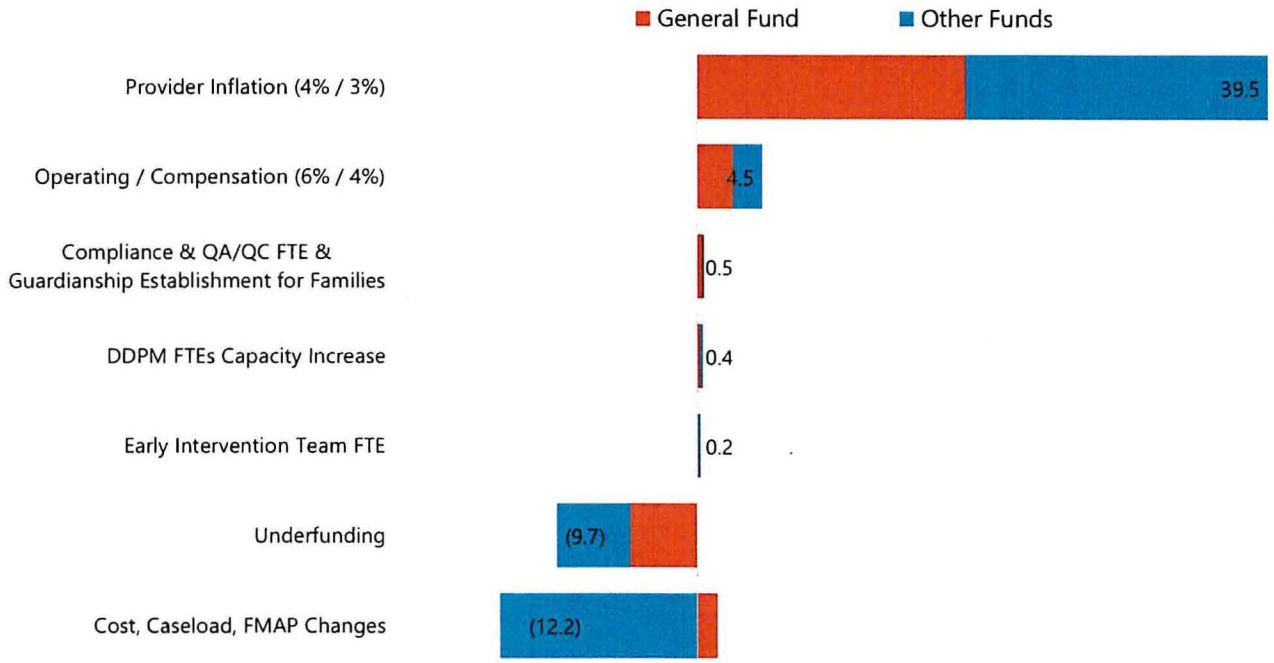
Increase from Base to Executive Budget Recommendation
$23.1 million

- DD Grants services and contract Grants increase of $17.6M
- Increase in salaries and benefits of $3.1M
- Increase in operating/IT costs of $2.4M



NORTH Dakota Be Legendary. | Health & Human Services

Overview of budget changes (IN MILLIONS)



NORTH Dakota Be Legendary. | Health & Human Services

Developmental Disabilities: Overview of budget changes

Budget Detail by Account

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	$ 14,817,282	$ 1,838,139	$ 16,655,421
513x Salaries Temp	767,248	255,619	1,022,867
514x Salaries Overtime	18,000	93,956	111,956
516x Salaries Benefits	7,500,407	945,508	8,445,915
Total Salaries & Benefits	$ 23,102,938	$ 3,133,221	$ 26,236,159
52x Travel	246,873	26,302	273,175
53x Supply	74,504	35,542	110,046
54x Postage & Printing	8,235	2,014	10,249
55x Equipment under $5,000	5,000	(1,000)	4,000
58x Rent/Leases - Bldg/Equip	22,370	440,072	462,442
59x Repairs	28,000	16,951	44,951
61x Professional Development	58,708	3,796	62,504
62x Fees - Operating & Professional	8,243,021	1,732,917	9,975,938
53x Supplies	-	2,250	2,250
60x IT Expenses	2,743	101,857	104,600
69x Over	10,000	-	10,000
71x Grants, Benefits, & Claims	716,917,931	17,625,632	734,543,564
Total Operating	$ 725,617,385	$ 19,986,333	$ 745,603,718
Total	$ 748,720,323	$ 23,119,554	$ 771,839,877

NORTH Dakota Be Legendary. | Health & Human Services

Developmental Disabilities: Summary of Contracts

General Program Contracts

- **Fiscal Agent** – responsible for processing background checks, payments & taxes on behalf of the participant receiving self directed services. *(Veridian)*
- **Corporate Guardianship** – support vulnerable individuals 18 years and older who need assistance making life choices. *(Catholic Charities)*
- **Training** – manages the self-instructional modules for licensed DD providers. *(Minot State University)*
- **SIS/ICAP Assessments** – completes assessments necessary to establish rate for services. *(Rushmore)*
- **Recreation/Leisure** – supports two programs that offer social programs for people in their community. *(LISTEN and Red River Human Services Foundation)*

Early Intervention

- **Technical Assistance** – engage programs in correcting instances of noncompliance and assist state with writing the federal annual report and state systemic improvement plan. *(MTAC)*
- **Experienced Parents** – provide direct parent to parent emotional and information support to families with children birth to three years of age. *(Various providers)*
- **Right Track** – free developmental screening and follow-along program for ND Families with children birth to three years of age. *(Various providers)*



Developmental Disabilities: Overview of budget changes by Funding Source

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	**$ 349,648,645**	**$ 18,598,723**	**$ 368,247,368**
Federal Funds	**399,071,678**	**4,520,831**	**403,592,509**
Other Funds	**-**	**-**	**-**
Total Funds	**$ 748,720,323**	**$ 23,119,554**	**$ 771,839,877**

NORTH Dakota | Health & Human Services
Be Legendary.

Developmental Disabilities: COVID funding

ARPA Funding

- Workforce Retention & Recruitment – DD Agency ($5,264,101)
- Workforce Retention – DD Non-Agency ($497,175)
- Capacity Grants ($400,000)

Part C ARPA Funding

- Workforce Retention - Early Intervention Providers ($176,400)
- Outreach – create ND specific videos, media, photos to explain purpose of early intervention ($50,000)
- Learning management system/Enhanced website ($2,400)
- Routines Based Interval training ($26,800)
- Translate Materials ($21,500)

Establishing each individualized rate in the ND DD system is a multi-step process

Assessment

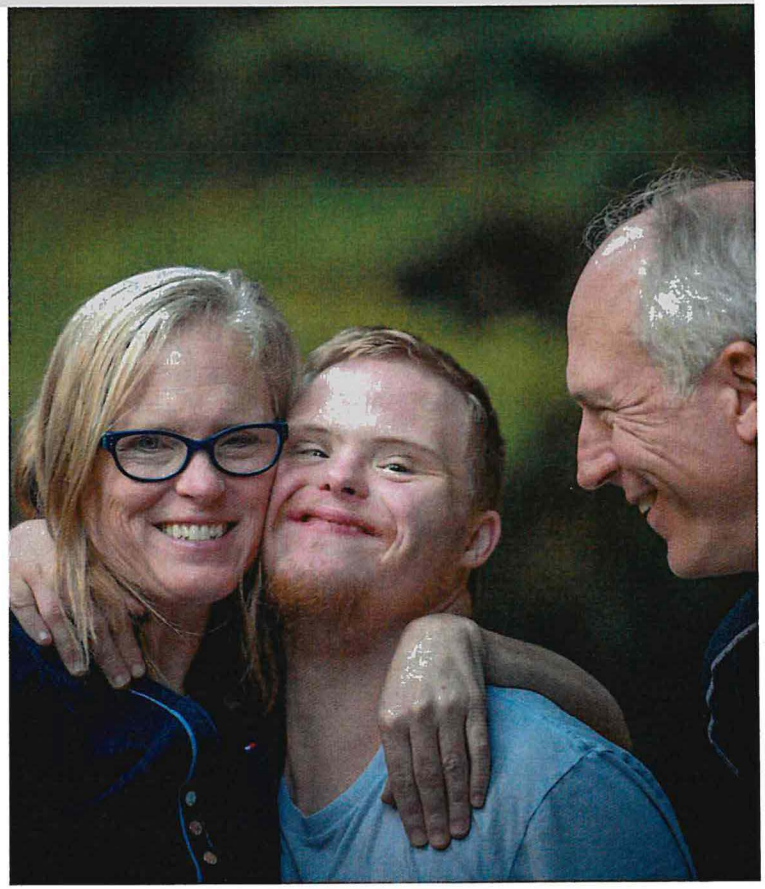
- Standardized assessment completed by 3rd party vendor (SIS/ICAP)

Authorized Hours

- Assessment score converted to avg support service hours/month
- Convert hours/ month to hours/day

Calculated Rate

- Multiply hours per day by the established rate (i.e., rate matrix) = daily rate for person supported



NORTH Dakota | Health & Human Services
Be Legendary.

DD Rate Matrix

https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/rate-matrix.pdf

- Column D – Direct Service Staff Wage
- Column E – Employment Related Expenditures
- Column H – Relief Staff
- Column K – Program Related Expenditures
- Column N – General & Administrative Expenditures
- Column O – Absence Factor

State of North Dakota
Rate Matrix
Fully Loaded Hour Value: "The Brick"

Effective January 1, 2023

2% Vacancy

Column Reference :	o	D	E	F	G	H	I	J	K	L	M	N	o		
Component Driven Service		Wage	ERE	D X E ERE $	D + F Sub	Relief Staff	G x H Relief $	G + I Sub	P S	D x K PS $	J + L Sub	Gross * 10%	With V Factor	F %	At Funded %
Residential Services															
ICF-ID	d	$18.26	35.1%	$6.41	$24.67	14.0%	$3.45	$28.12	87.2%	$15.92	$44.04	**$48.93**	**$49.93**	89.7%	$44.79
ICF-ID Medically Involved	d	$18.26	35.1%	$6.41	$24.67	14.0%	$3.44	$28.11	166.0%	$30.31	$58.42	**$64.91**	**$66.23**	89.7%	$59.41
ICF-ID Medically Intensive	d	$18.26	35.1%	$6.41	$24.67	14.0%	$3.44	$28.11	244.0%	$44.55	$72.66	**$80.73**	**$82.38**	89.7%	$73.89
Residential Habilitation	d	$18.34	35.1%	$6.44	$24.78	14.0%	$3.47	$28.25	39.6%	$7.26	$35.51	**$39.45**	**$40.26**	91.5%	$36.83
***Res Medical Acuity - Level 1**	d	$18.34	35.1%	$6.44	$24.78	14.0%	$3.47	$28.25	42.7%	$7.83	$36.08	**$40.09**	**$40.91**	91.5%	$37.43
***Res Medical Acuity - Level 2**	d	$18.34	35.1%	$6.44	$24.78	14.0%	$3.47	$28.25	64.7%	$11.87	$40.12	**$44.57**	**$45.48**	91.5%	$41.61
***Res Medical Acuity - Level 3**	d	$18.34	35.1%	$6.44	$24.78	14.0%	$3.47	$28.25	92.1%	$16.89	$45.14	**$50.15**	**$51.17**	91.5%	$46.82
Independent Habilitation	h	$18.37	35.1%	$6.45	$24.82	14.0%	$3.47	$28.29	36.1%	$6.63	$34.92	**$38.80**	**$38.80**	100.0%	$38.80
Vocational/Day Services															
Day Habilitation	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	56.7%	$10.39	$38.61	**$42.90**	**$42.90**	100.0%	$42.90
Prevocational Services	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	56.7%	$10.39	$38.61	**$42.90**	**$42.90**	100.0%	$42.90
Small Group Employment Supports	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	56.7%	$10.39	$38.61	**$42.90**	**$42.90**	100.0%	$42.90
***Day/Voc Medical Acuity - Level 1**	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	63.6%	$11.65	$39.87	**$44.30**	**$44.30**	100.0%	$44.30
***Day/Voc Medical Acuity - Level 2**	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	69.4%	$12.71	$40.93	**$45.48**	**$45.48**	100.0%	$45.48
***Day/Voc Medical Acuity - Level 3**	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	77.8%	$14.25	$42.47	**$47.19**	**$47.19**	100.0%	$47.19
Individual Employment Supports	h	$24.36	35.1%	$8.55	$32.91	14.0%	$4.61	$37.52	23.1%	$5.63	$43.15	**$47.94**	**$47.94**	100.0%	$47.94

*** Medical Acuity Tiers may be applied to individuals with a SIS Medical Score of 15 or higher and is available to a qualifying provider in Residential Habilitation, Day Habilitation, Prevocational Services, and Small Group Employment Supports only.**

1/1/2023 - As directed by the legislature the Residential Habilitation rate has been adjusted through the funded percentage.

NORTH Dakota | Health & Human Services
Be Legendary.

Follow Up to Public Comment during SB2012 Hearing

Developmental Disabilities Provider Inflation Request

As per legislative request, HHS prepared a fiscal note to quantify the request forwarded by the ND Association of Community Providers (NDACP) during SB 2012 public comment period.

Rate adjustment for Developmental Disabilities grants and direct service contracts

Effective dates of July 1, 2023, and July 1, 2024

Scenario	Total	General	Other
4% / 3% EBR	$ 39,484,185	$ 18,647,220	$ 20,836,965
$1.88 plus 5% / 5% ^	$ 121,648,799	$ 57,612,871	$ 64,035,928
$1.88 plus 6% / 4% ^	$ 125,324,525	$ 59,353,695	$ 65,970,830

^ $1.88 increase amounts by around 11% this was applied to five services

Services: Intermediate Care Facility, Residential Habilitation, Independent Habilitation, Day Programs, Individual Employment.

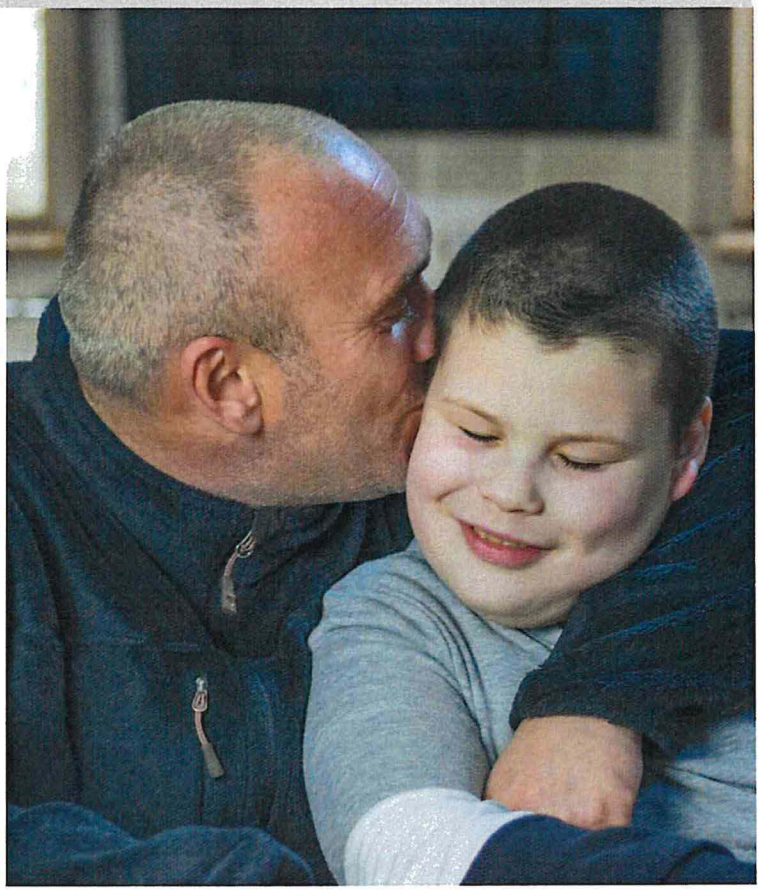
NORTH Dakota Be Legendary. | Health & Human Services

Developmental Disabilities: Policy Bills with Budget Impact

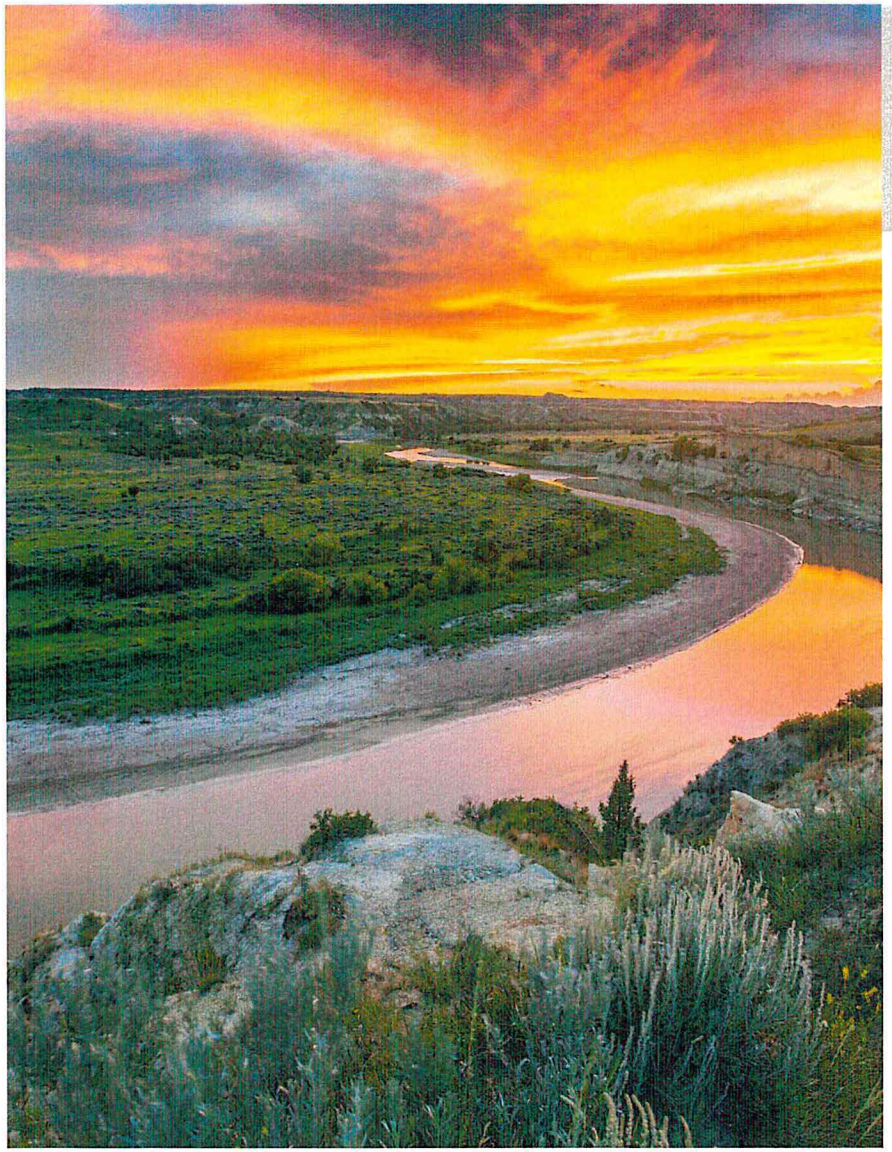
		Federal	General	Status
HB 1035	Creates a cross disability **council**, design of a cross disability **children's waiver** and level of care redesign for the **DD waiver**.	$726,813	$726,813	Comm hearing 1/4/23
SB 2035	**Increases** the **rate** and the number of **clients** served by the **Corporate Guardianship** program. (amount only reflects portion to HHS)		$500,000	Comm hearing 1/4/23
SB 2215	Grants for **recreation** services for individuals with **developmental disabilities**.		$150,000	Do Pass (Sen HS)
SB 2276	Creates a **new service** in ND's Medicaid 1915(c) waivers that would enable a **primary caregiver** (legally responsible) to receive **reimbursement** for providing care due to the person's **extraordinary medical** needs.	$4,953,502	$4,366,159	Do Pass (Sen HS)
SB 2335	Creates a **fetal alcohol spectrum disorder** council, amend **Developmental Disability** definition and **training for foster parents.**		$10,000	
SB 2345	Creates **guardianship task force**, FTE to judicial branch, and **increase** the **rate** and number of **clients** served for the **Corporate Guardianship** program. (amount only reflects portion to HHS)		$577,579	Do Pass (Sen HS)

On the horizon for Developmental Disabilities

- Work with community providers to pilot community services for people with complex needs.
  - Youth host homes
  - Community Behavioral Support-Small Residential Settings
  - Provider Capacity Grants
- Diversion & Transition Planning
  - Align transition, diversion and discharge activity with stakeholders.
  - Flex Support Funds
- Home and Community Based Services Waiver amendment and 5-year renewal



NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Tina Bay

Director, Developmental Disabilities
tbay@nd.gov

https://www.hhs.nd.gov/dd

NORTH Dakota | Health & Human Services
Be Legendary.



Senate Bill 2012

Senate Appropriations Committee | HR Section

Senator Dever, Chairman

Life Skills & Transition Center, Heather Jenkins– Superintendent

February 3, 2023

NORTH Dakota | Health & Human Services

Be Legendary.

Life Skills & Transition Center (LSTC)
Program Purpose and ND Century Code Reference

LSTC serves as a specialized resource to the network of approximately 120 private residential facilities and thousands of families who have a loved one with an intellectual or developmental disability for whom they are a caregiver or guardian.

Chapter	Chapter Name
25-04	Care of Developmentally Disabled

Note: SB 2052 revises NDCC 25-04 to align language in statute with the operation, practice, and role LSTC plays in the state's DD system of care today



NORTH Dakota | Health & Human Services
Be Legendary.

LSTC Program & Services

What we do

Provide specialty care and support for people experiencing crisis and/or who need stabilization; work together with guardians to identify opportunities for each person to live in a community setting of their choice wherever and whenever possible.

RESIDENTIAL
Crisis / Stabilization
(Specialized ICF)

- Crisis Residential
- Short-term Stabilization Residential
- Transitioning to Community Residential
- Vocational Services
- Long-term specialized residential

NON-RESIDENTIAL
Statewide Stabilization Supports

- Applied Behavioral Analysts
- Statewide crisis/stabilization team
- Therapeutic Clinic
- Adaptive Equipment Center

NORTH Dakota | Health & Human Services
Be Legendary.

LSTC is continuously working to develop its ability to support people with complex behavioral, developmental, and physical needs

Reasons provided for admission by those referring the person

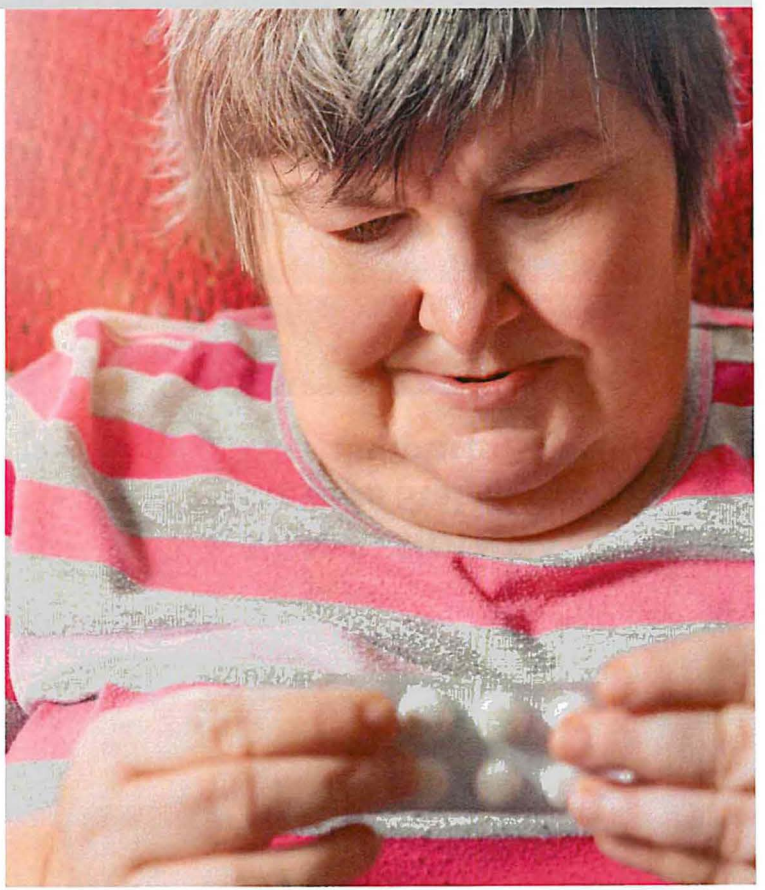
(people admitted to LSTC as of July 2022)

- Harm to Self – 25%
- Harm to Others – 82%
- Harm to Property – 4%
- Elopement – 6%
- Sexual Offending – 9%

"What can we do to help a caregiver choose to stay with someone through a crisis event?"

"What can we do to help make return home after a crisis / triggering event more probable? And more successful?"

"How can we support caregivers to feel better equipped to handle the situation they are experiencing?"



NORTH Dakota | Health & Human Services
Be Legendary.

Progress?

"Census" is More than a Number

64 → 58

July 2021

December 2022

Progress?

"Census" is More than a Number...

+13

Admissions

-17

Transitions Completed

-5

Deaths

-31

Admissions Diverted

7

Transitions Planned / On Hold / Cancelled

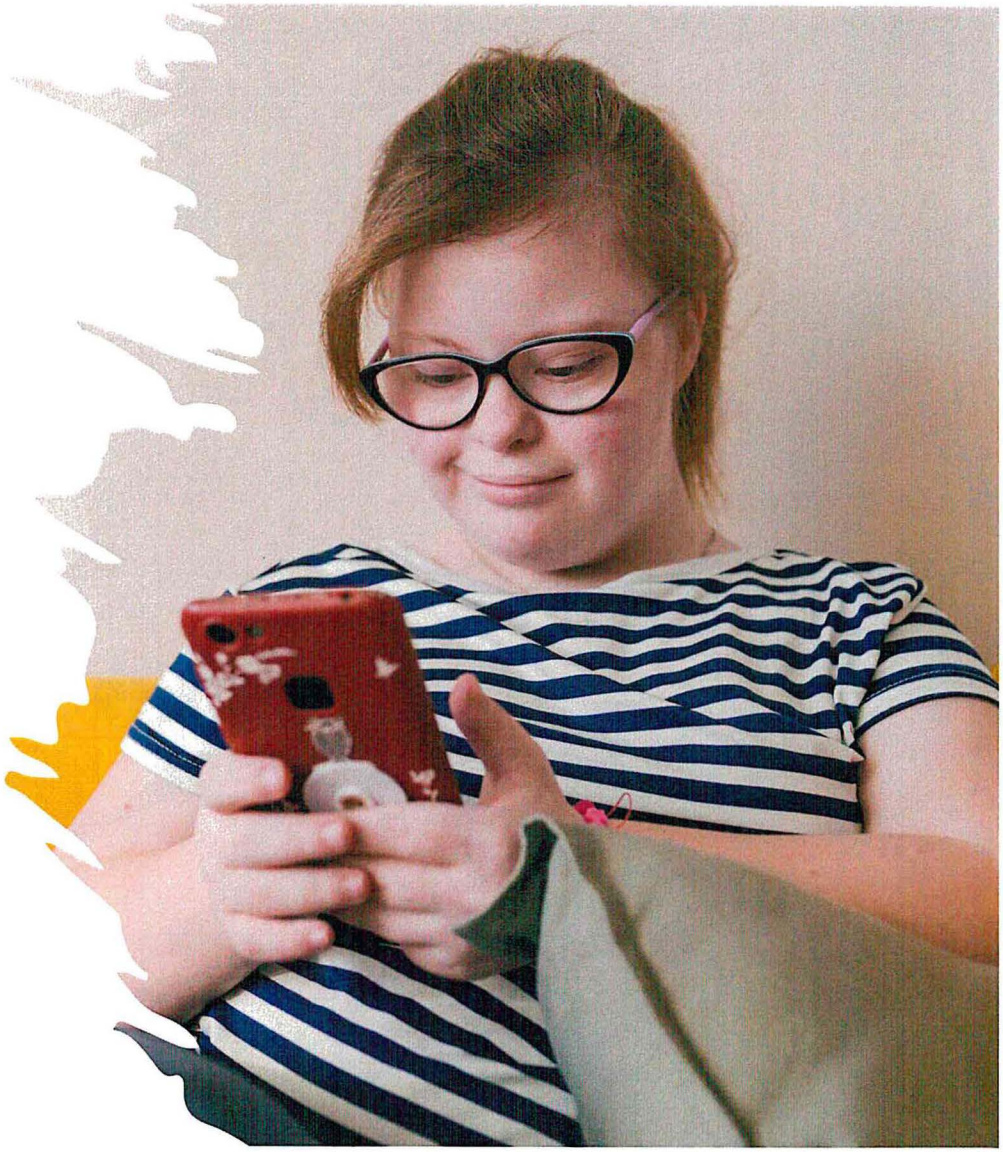
NORTH Dakota | Health & Human Services
Be Legendary.

** Data from July 2021- December 2022*

Crisis/Stabilization Service:

Meet Donna

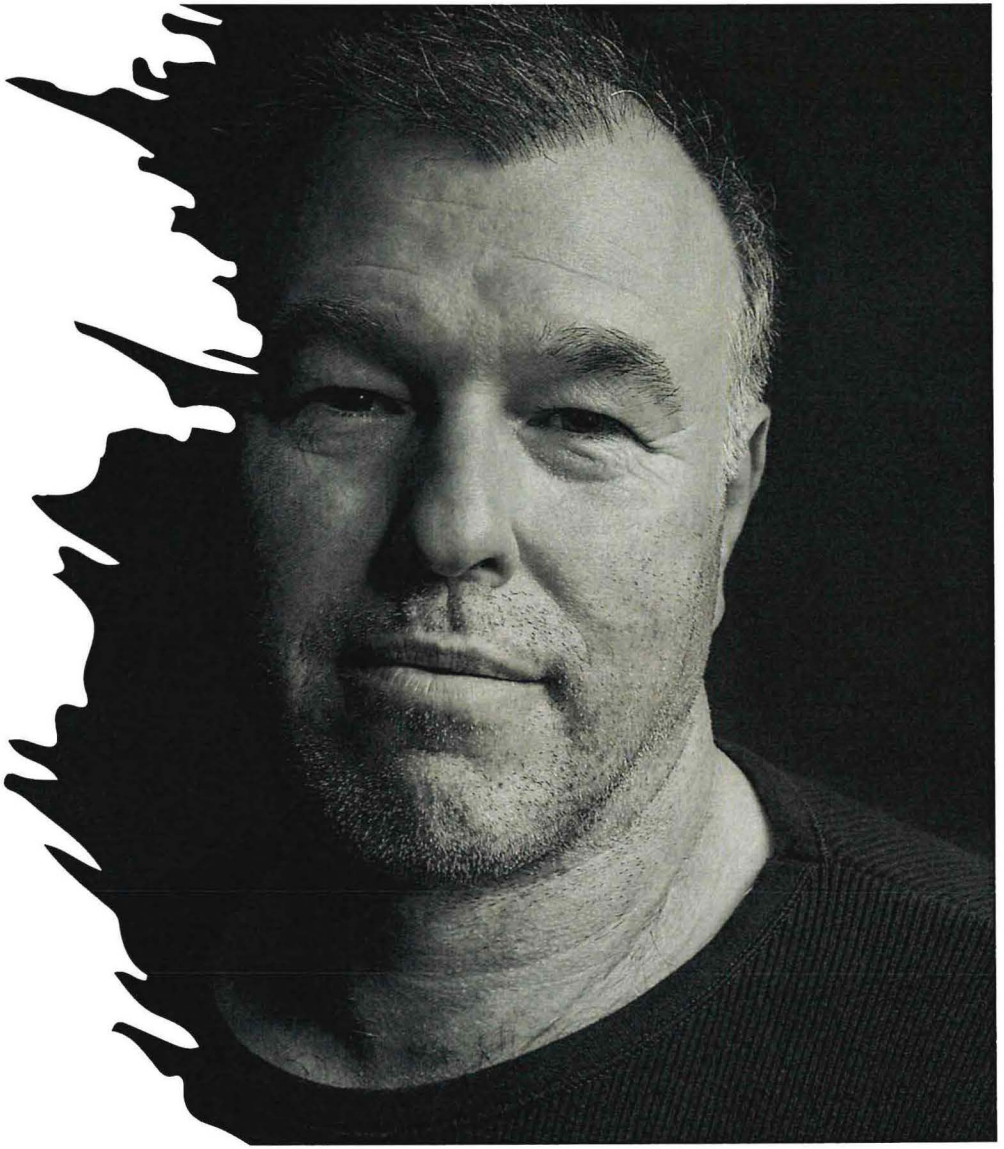
- 20 years old
- Autism Spectrum Disorder, Intellectual Disability, Adjustment Disorder, History of Trauma
- History of significant trauma, aggression, elopement, disrobing, with emergency services involvement
- Came to LSTC in August 2021 for brief admission because community provider was unable to support her.
- A little over a year later she moved to a private group home.
- Post-transition LSTC provided:
  - 78 hours of transition support in the first 30 days,
  - 41 hours of crisis supports
  - 9 observations
  - 6 check-ins and
  - 9 follow up consultations



Crisis/Stabilization Service:

Meet Eric

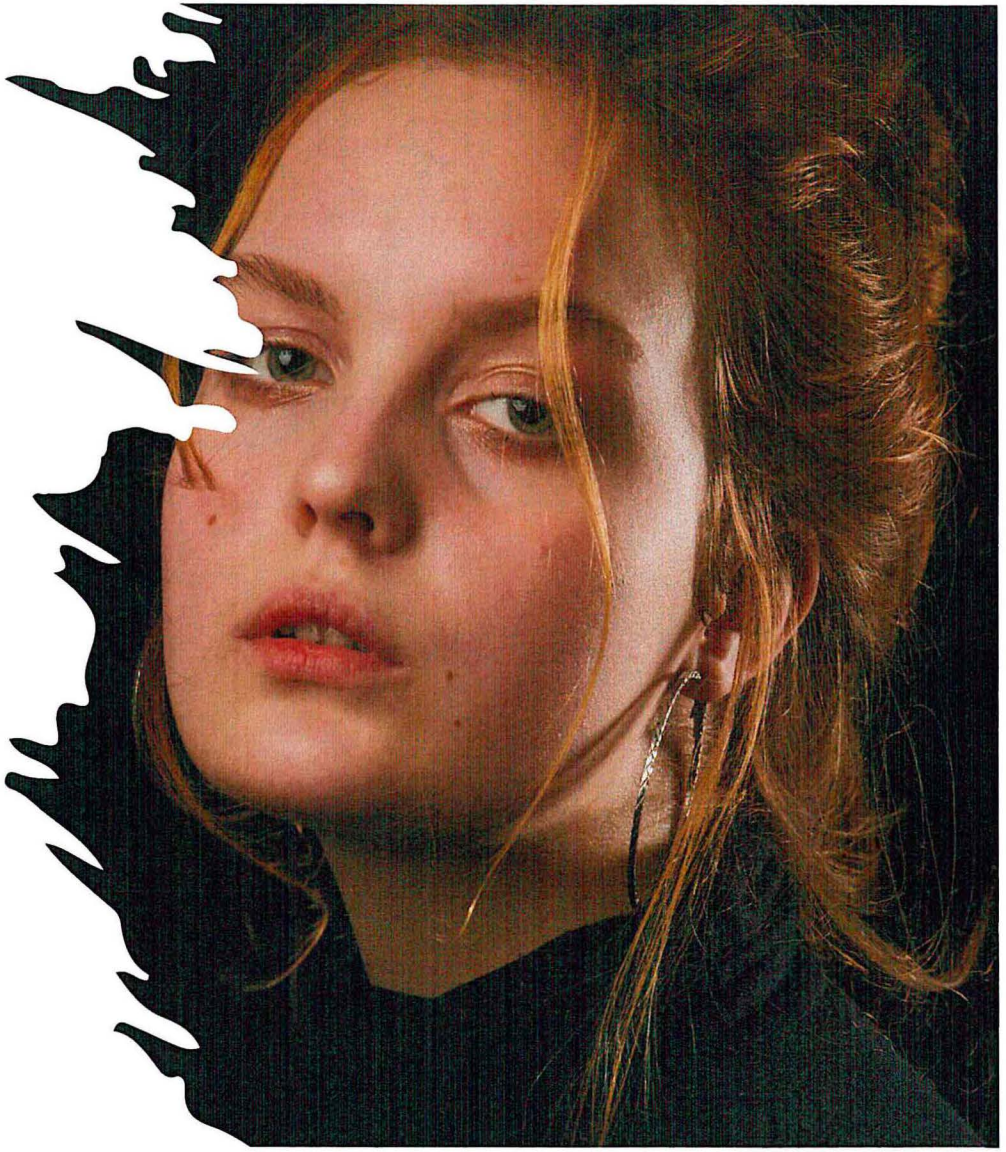
- 39 years old
- Impulse Control Disorder, FAS, Conduct Disorder, Moderate Intellectual Disability
- Significant aggression, property destruction, and frequent encounters with law enforcement
- Transferred from ND State Hospital to LSTC for 30 days of stabilization prior to moving to a private group home.
- Post-transition LSTC provided:
  - 19 check-ins
  - 12 follow-up consultations
  - 5 observations and
  - 170 transition support hours



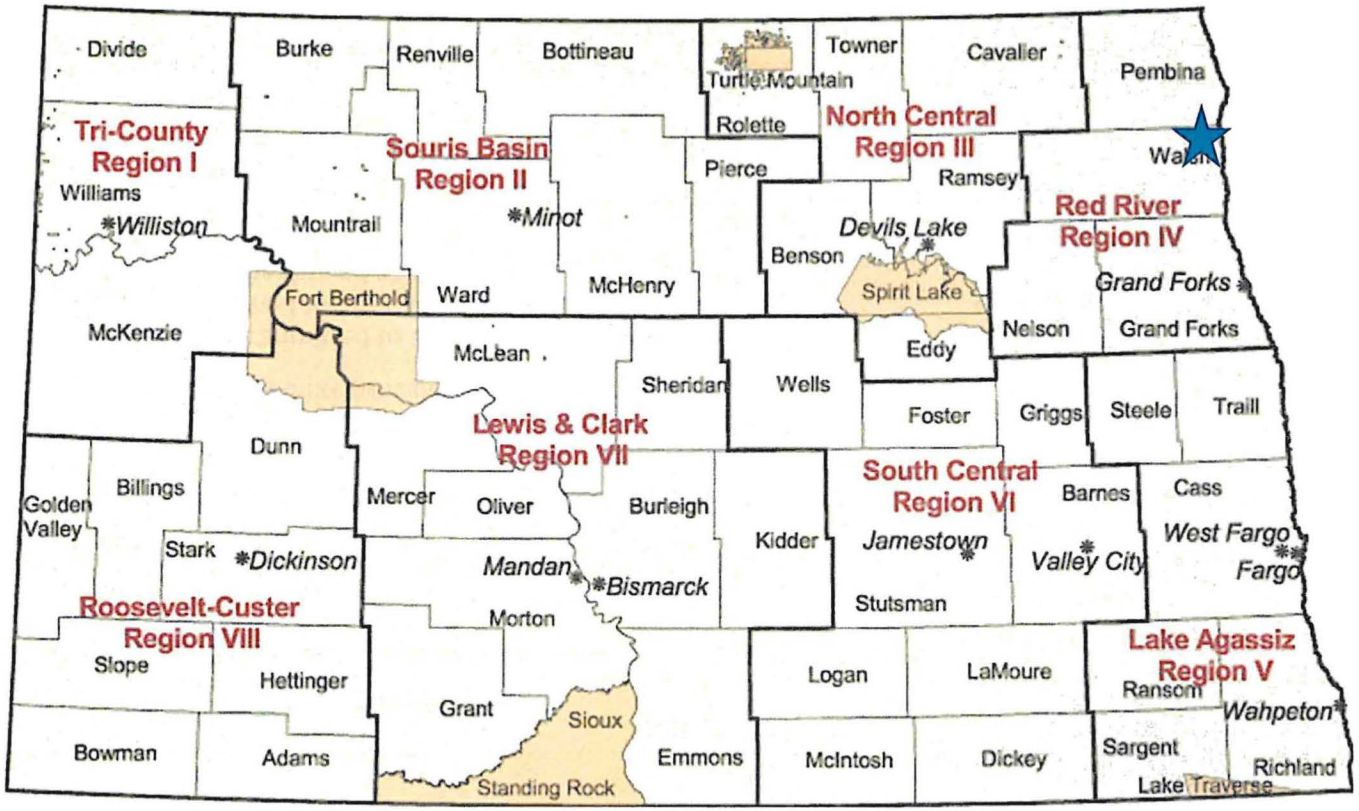
Crisis/Stabilization Service:

Elizabeth

- 18 years old
- Autism Spectrum Disorder, Apraxia, Epilepsy, Cerebral Palsy
- History of physical and verbal aggression, property destruction, disrobing, soiling, and trauma associated with unsuccessful moves to community providers
- Elizabeth was admitted to LSTC from her family home where she had returned to after an unsuccessful community placement. She thrived at the LSTC and eventually moved to a private group home.
- LSTC Statewide Crisis/Stabilization services provided 97 transition support hours to assist her in adjusting to the move.
- Elizabeth struggled in her new home; LSTC provided 161 hours of crisis support on 26 separate days; however, the placement could not be saved. Elizabeth was left with no supports and no place to live.
- LSTC CARES team assisted with staffing in a crisis apartment until she could return to her family home.
- In total, the LSTC CARES team provided 335 hours of support to try to help Elizabeth stay in her new home.

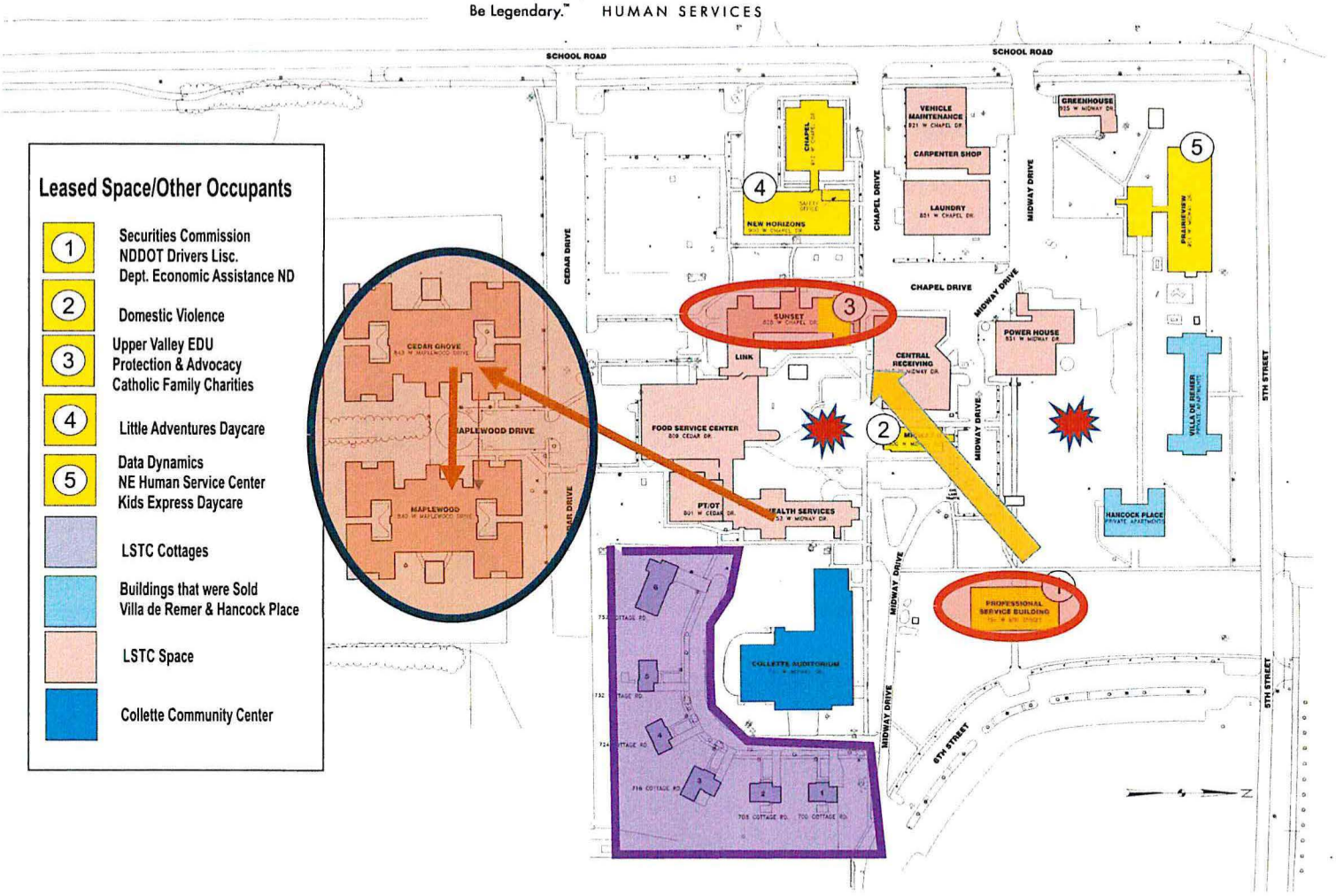


Historically LSTC was a campus-based residential facility in Grafton



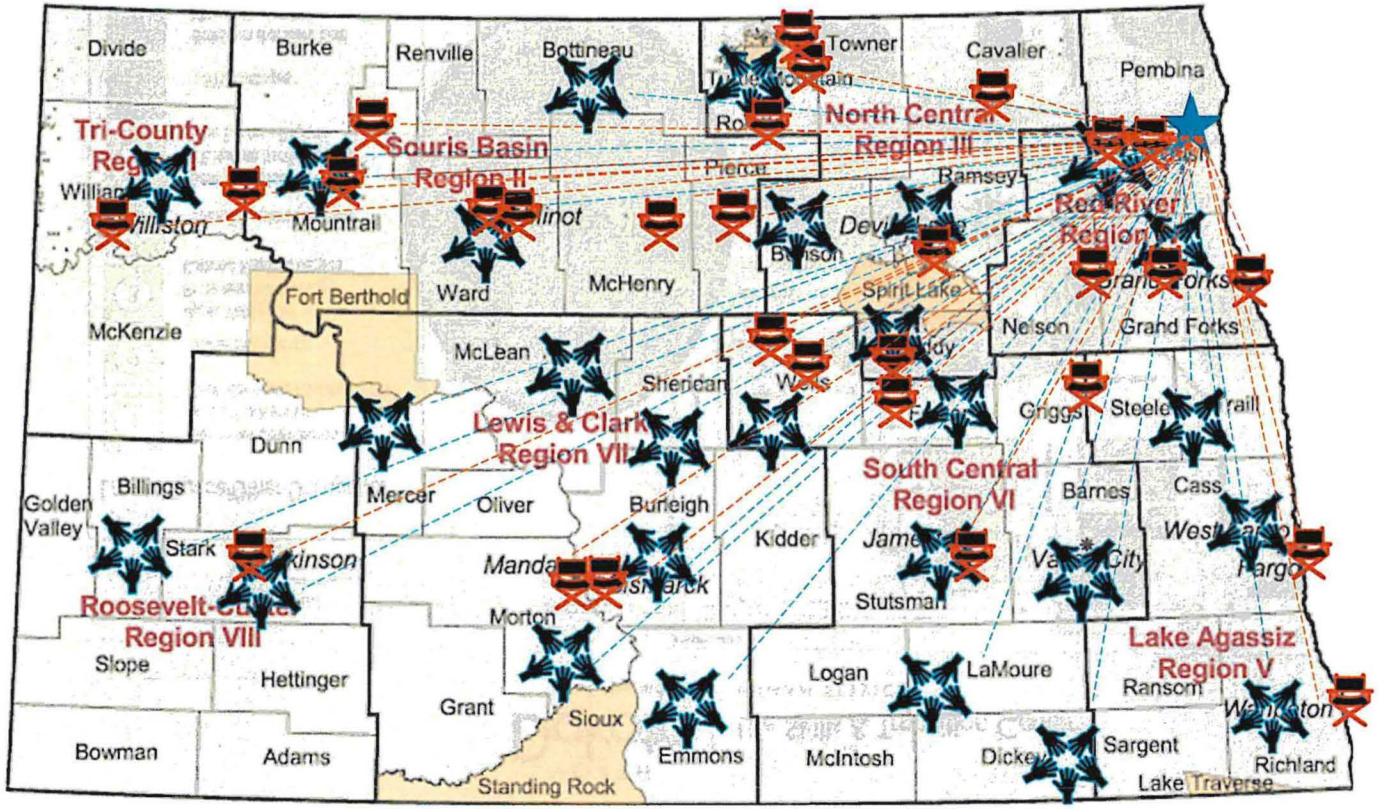
NORTH Dakota | Health & Human Services
Be Legendary.

NORTH Dakota | Life Skills & Transition Center
Be Legendary.™ HUMAN SERVICES



alth & Human Services

Today LSTC provides in-community transition and stabilization support across ND

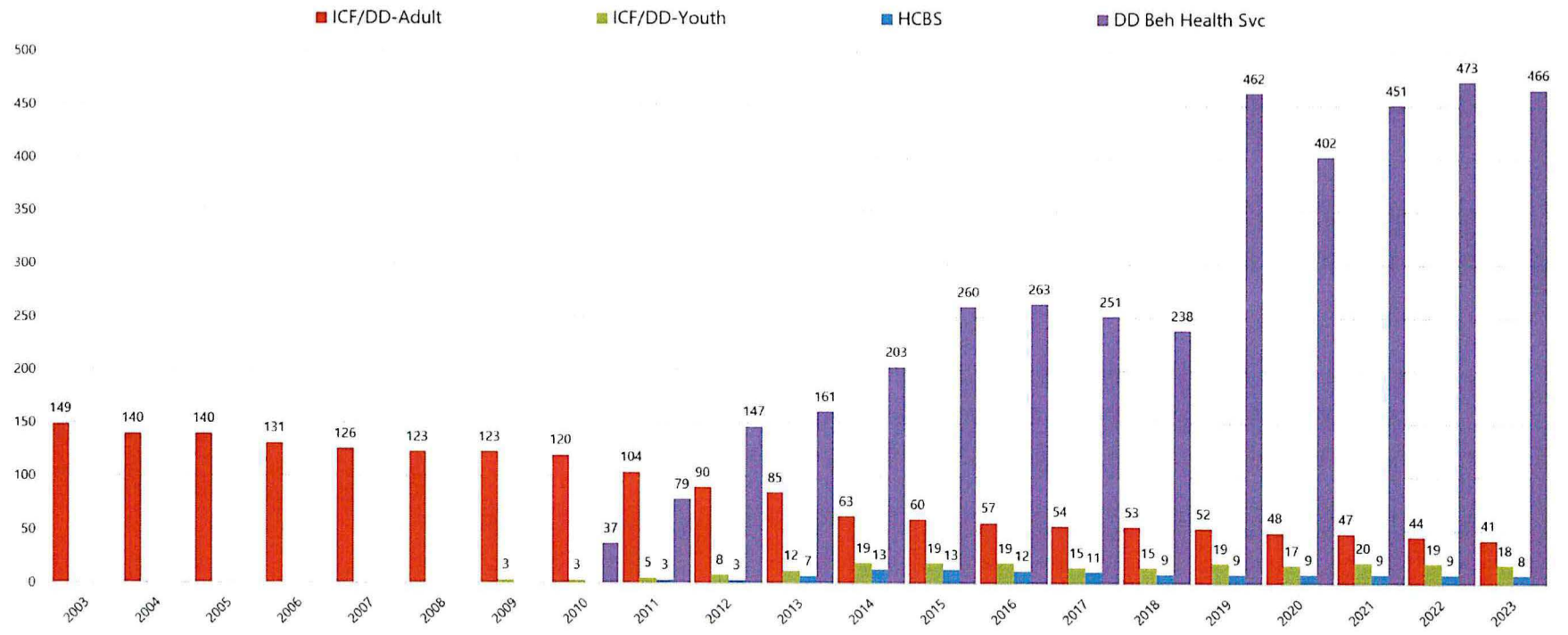


Customized Adaptive Equipment (assessment, fitting, design, development, delivery)

Stabilization Supports (transition follow-up, transition TA, assessment, observation, crisis calls, crisis assistance)

NORTH Dakota | Health & Human Services
Be Legendary.

Role of LSTC in state DD system continues to evolve with greater investment in community supports



NORTH Dakota Be Legendary. | Health & Human Services

Adaptive Equipment Service

Meet Betsy: Replacing a manual chair with a power chair enables independence



- While at school Betsy (pictured here in her manual wheelchair) was unable to move about the building herself and was completely dependent on her school staff to move around in her environment.
- The AES team loaned her a power wheelchair to use in school to allow her to have independent mobility through the *AT4ALL Loan Program*
- Betsy immediately began to independently drive her power chair out into the hallway from the classroom and no longer required assistance for mobility. She was able to adjust the speeds independently as well.
- She was elated and was now able to be in control of her educational experience.

NORTH Dakota | Health & Human Services
Be Legendary.

Adaptive Equipment Service

Meet Jamie: Building an activity Chair for complex seating needs



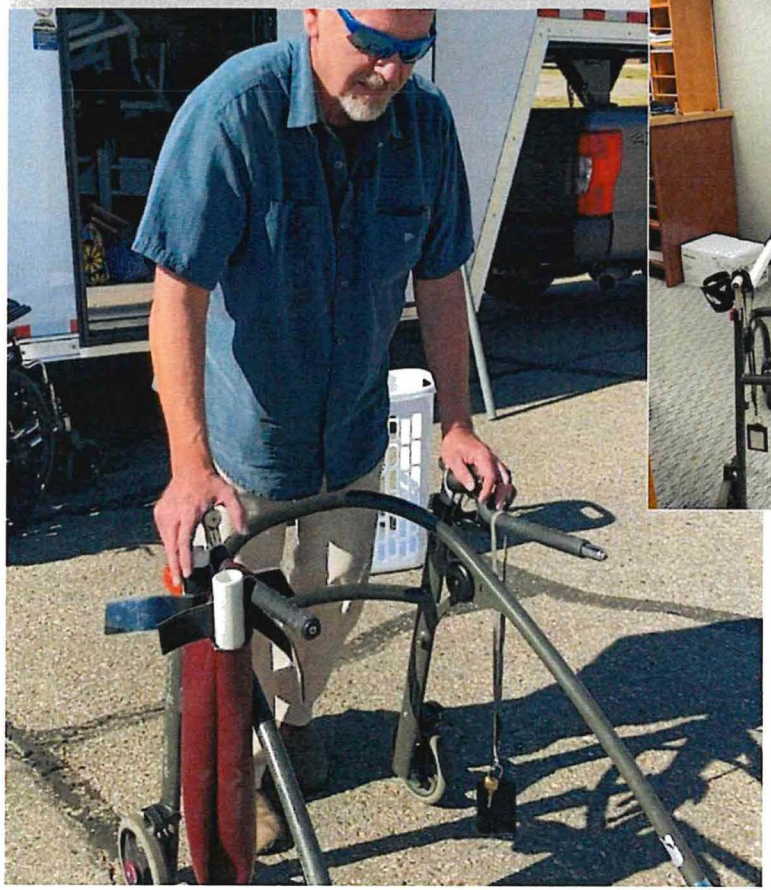


- Jamie has extreme sensory behaviors which was making it almost impossible for him to feed himself.
- This chair offers increased support and allows an upright safe position so Jamie could begin self feeding with greater independence.
- When commercial products are not available to meet people's needs, the AES team is able to modify existing equipment to better meet the needs of the person.

NORTH Dakota | Health & Human Services
Be Legendary.

Adaptive Equipment Service

Meet Laura: A creative walker-laundry-assist to support independence





- Doing laundry can be a challenge for people who use walkers.
- The AES team worked with Laura to build a custom laundry basket attachment to use with her reverse walker.
- The team took into consideration Laura's physical abilities, the layout of her laundry room, and the accessibility of her apartment building to design her walker attachment.
- With this piece of adaptive equipment, Laura can carry her laundry to the washer independently, cutting down on the amount of time she needs staff assistance.

NORTH Dakota | Health & Human Services
Be Legendary.

Adaptive Equipment Service

Meet Bill: Modifying a kitchen allows for independent access to drawers



- Bill has a physical disability that limits his ability to use his hands to open his drawers in his apartment.
- Due to the restrictions of his lease, Bill was unable to place commercial handles on the drawers as he was not allowed to drill holes into the cabinet.
- The AES team assessed his physical abilities, designed a removeable handle that he could use, and installed it.
- Now he can access his kitchen drawers independently and does not require staff assistance.

NORTH Dakota | Health & Human Services
Be Legendary.

Adaptive Equipment Service

Meet Shelly: Creating a fully customized seating system



- Shelly has extreme physical deformity and inability to bend at the hips to sit, her complex seating needs are beyond what is normally available by the commercial market.
- Shelly requires the use of a tilt-in-space wheelchair frame and a custom, single piece seating surface to accommodate her extreme physical deformities.
- This molded seating system now allows her the ability so be safely assisted in her home and community and be essentially pressure sore free.

NORTH Dakota Be Legendary. | Health & Human Services

Adaptive Equipment Service

Meet Nora: Crafting a custom molded seating system

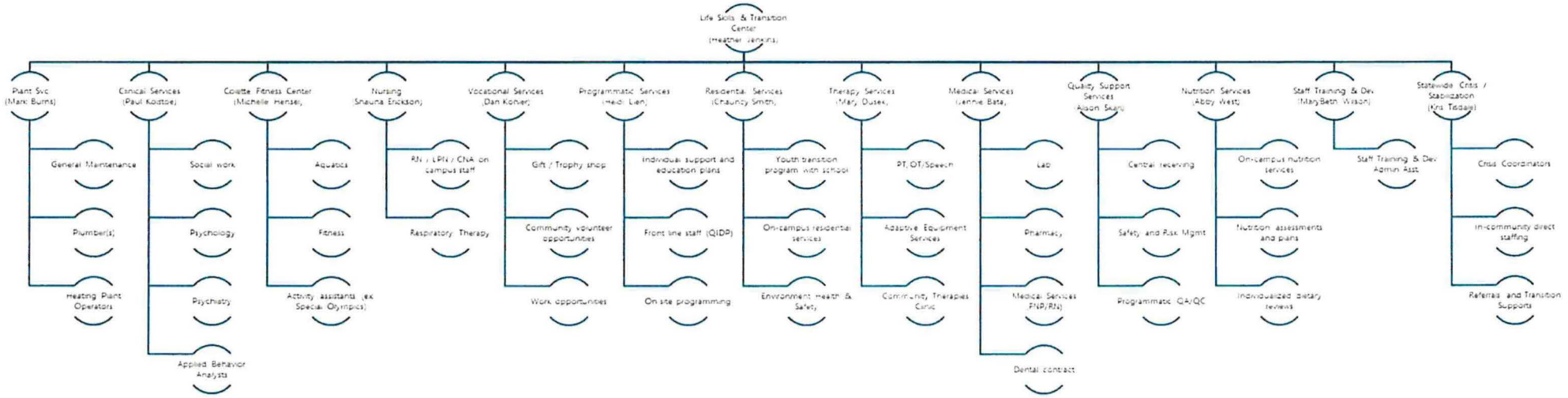




- Nora had been in a commercial wheelchair product which was uncomfortable and unable to meet her needs due to a significant spinal curvature.
- The AES team worked with Nora and her family in her home for the initial evaluation and all fittings to avoid the burden of transportation.
    - Nora is quite involved medically so the in-home service was appreciated.
- When the final product was delivered, Nora was able to sit upright for a full two hours without signs of discomfort.
- The chair supports her respiratory status (improved breathing and airway clearing) with the soft foam insert design and allows her to be more actively involved with her family members.

NORTH Dakota | Health & Human Services
Be Legendary.

Life Skills & Transition Center
Team Structure and Staffing



Life Skills & Transition Center		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**12-31-22 Vacancies**
303.34	303.34	46.9

Avg Age	Avg Years of Service
47	**11**

Turnover 2021	Turnover 2022
26.9%	**17.6%**

NORTH Dakota | Health & Human Services
Be Legendary.

About LSTC Workforce Realities

303.34

FTE

# of full-time equivalent positions assigned to LSTC

84.3%
Filled
255.88

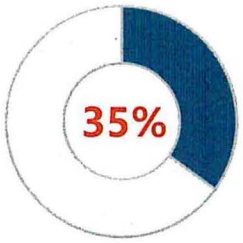
15.7%
Vacant
47.46

3,383.5

8-hour shifts to fill each month

To fulfill the care needs of the current census at LSTC

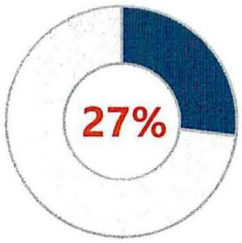
October 2022



Shifts unfilled
After all employees scheduled

1,225 hrs
Mandatory Overtime

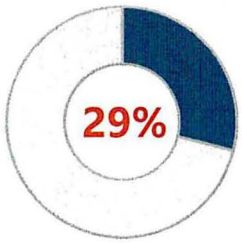
November 2022



Shifts unfilled
After all employees scheduled

1,454 hrs
Mandatory Overtime

December 2022



Shifts unfilled
After all employees scheduled

1,622 hrs
Mandatory Overtime

NORTH Dakota | Health & Human Services
Be Legendary.

LSTC has adopted a comprehensive approach to meeting the challenge presented by workforce constraints

- ✓ Required Mandatory Overtime both direct care and for professional level positions
- ✓ Utilizing Staffing Contracts to assist filling staffing needs
  - Worldwide Travel Staffing
  - Prime Time Healthcare
- ✓ Talent Acquisition, Retention and Employee engagement strategies
  - Recruitment bonuses for hard to fill positions
  - Retention Bonuses for current employees
  - Equity Study/Review to assure current employees are being paid fairly
  - Contracted Staffing Agencies
  - Outreach events (Career Fairs; School visits)
  - Sourcing Data collected during application process
  - Employee referral program activated
  - Midco Advertising campaign
  - Local Movie Theater Campaign
  - Increased Social media presence
  - Updated Webpage



NORTH Dakota | Health & Human Services
Be Legendary.

About Life Skills & Transition Center Audit Oversight

- Center of Medicaid services (Title XIX)
- Life Code Safety
- Center on Council & Leadership
- DD HCBS Waiver
- ND State Pharmacy Board
- ND State Nursing Board
- CLIA/COLA- Laboratory Certification
- ND State Fiscal Audit Report



NORTH Dakota | Health & Human Services
Be Legendary.

Life Skills & Transition Center : Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 40,600,567	$ 14,670,358	$ 55,270,925
Operating	7,787,912	1,591,286	9,379,198
IT Services	212,392	(15,500)	196,892
Capital Asset Expense	638,076	44,903	682,979
Capital Assets	208,055	(44,903)	163,152
Grants	-	-	-
Total	$ 49,447,002	$ 16,246,144	$ 65,693,146

General Fund	**$ 22,312,455**	**$ 6,418,086**	**$ 28,730,541**
Federal Funds	**24,572,832**	**9,471,983**	**34,044,815**
Other Funds	**2,561,715**	**356,075**	**2,917,790**
Total Funds	**$ 49,447,002**	**$ 16,246,144**	**$ 65,693,146**

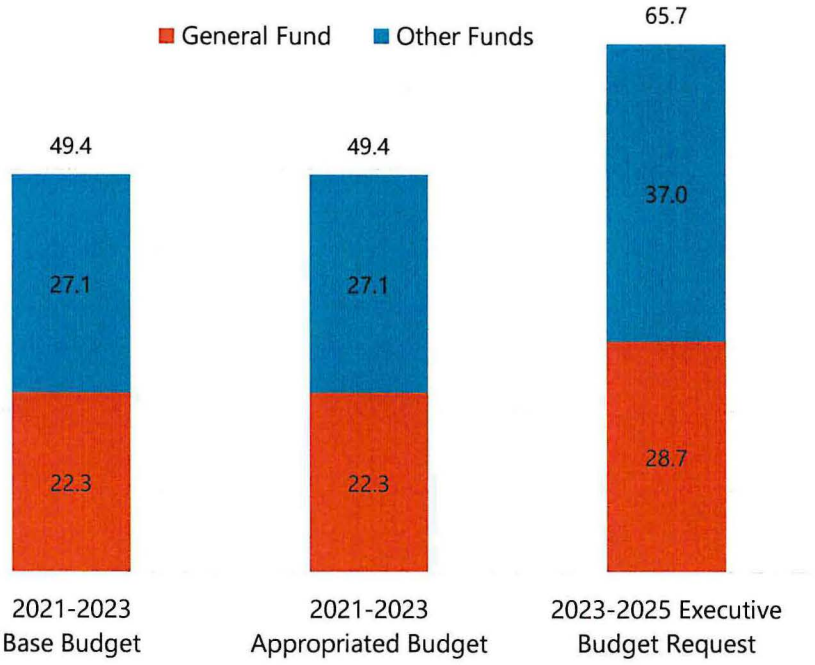
Full Time Equivalent (FTE)	303.34	-	303.34

NORTH Dakota Be Legendary. | Health & Human Services

Life Skills & Transition Center : Overview of budget changes
(IN MILLIONS)

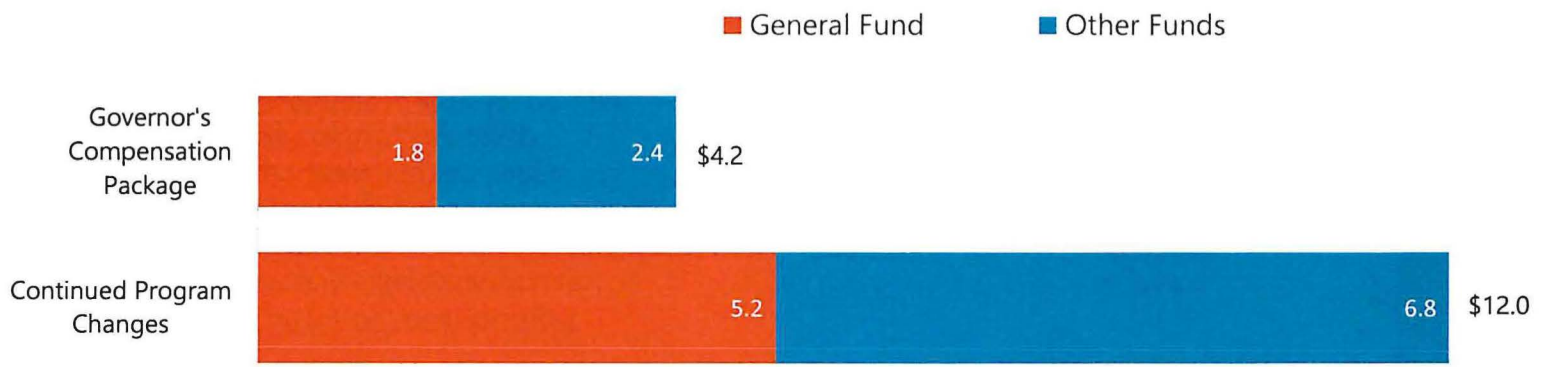
LSTC Budget includes 303.34 FTE

- Salaries - $55.2 million (84%) of total budget
  - Salaries-Other includes shift differential for staff working nights and weekends
  - Temp-status employees in a variety of positions (direct care staff who cover sick leave and vacations of the full-time direct care staff, activity assistants)
  - Salaries include no under-fund to allow for possible salary roll-up
- Operating costs - $9.57million (15%) of total budget
  - Food & Clothing
  - Utilities
  - Operating Fees & Services (Contracts & Bed Assessment)
  - Pharmacy
- Capital repairs & equipment >$5,000 - $846,131 (1%) of budget



NORTH Dakota | Health & Human Services
Be Legendary.

Life Skills & Transition Center : Overview of budget changes
(IN MILLIONS)



NORTH Dakota Be Legendary. | Health & Human Services

Life Skills & Transition Center: Budget Detail by Account

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	$ 21,013,703	$ 11,489,871	$ 32,503,574
512x Salaries - Other	610,128	556,028	1,166,156
513x Salaries Temp	1,240,800	-	1,240,800
514x Salaries Overtime	484,730	172,424	657,154
516x Salaries Benefits	17,251,205	2,452,036	19,703,241
Total Salaries & Benefits	$ 40,600,567	$ 14,670,358	$ 55,270,925
52x Travel	381,048	206,288	587,336
53x Supply	1,117,193	368,051	1,485,244
54x Postage & Printing	31,108	(3,000)	28,108
55x Equipment under $5,000	108,973	6,321	115,294
56x Utilities	1,189,738	154,000	1,343,738
57x Insurance	64,121	12,289	76,410
58x Rent/Leases - Bldg/Equip	104,055	(39,975)	64,080
59x Repairs	224,565	(77,000)	147,565
61x Professional Development	126,936	(7,500)	119,436
62x Fees - Operating & Professional	4,440,176	971,811	5,411,987
67x Expenses	-	-	-
53x Supplies	32,081	1,500	33,581
60x IT Expenses	180,311	(17,000)	163,311
68x Land, Building, Other Capital	638,076	44,903	682,979
69x Over	208,055	(44,903)	163,152
69x Equipment Over $5,000	-	-	-
71x Grants, Benefits, & Claims	-	-	-
72x Transfers	-	-	-
Total Operating	$ 8,846,436	$ 1,575,785	$ 10,422,221
Total	$ 49,447,003	$ 16,246,143	$ 65,693,146

NORTH Dakota | Health & Human Services
Be Legendary.

Life Skills & Transition Center : Overview of budget changes by Funding Source

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	$ 22,312,455	$ 6,418,086	$ 28,730,541
Federal Funds	24,572,832	9,471,983	34,044,815
Other Funds	2,561,715	356,075	2,917,790
Total Funds	$ 49,447,002	$ 16,246,144	$ 65,693,146

NORTH Dakota | Health & Human Services
Be Legendary.

About Life Skills & Transition Center Contracts

Medical Contracts- $ 213,600

- Altru Health System
- Unity Medical Center
- Kern Dentistry
- Pharmacy

Plant Services Contracts - $1,370,991

- Montana Dakota Utilities
- Trane U.S. Inc.
- Johnson Controls, Inc.
- Schindler Elevator Corp.
- Nalco Company LLC.
- Rock's Electric Construction
- Ecolab Inc.

Trophy Shop- $23,520

Accreditation- $ 50,000

- The Council on Quality & Leadership

Religious Contracts- $15,000

Staffing Contracts- $722,000

- Worldwide Travel Staffing
- Prime Time Healthcare

Other Contracts- $25,760

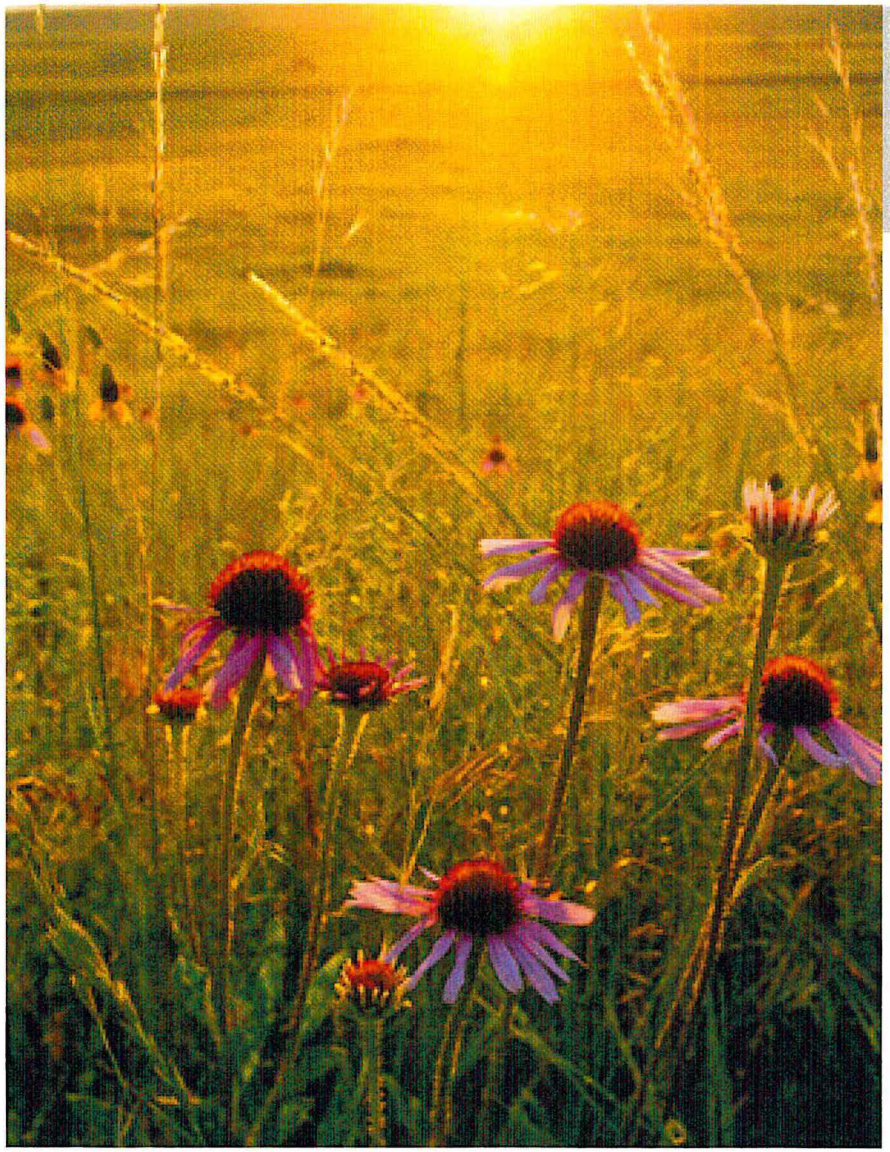
- Laaveg Law Office
- ASL Interpreting Services

On the horizon for Life Skills & Transition Center



- Work together with system partners to create robust options for non-institutional living, optimizing autonomy, choice, self-direction and community integration to build capacity for LSTC to focus more Heavily on Stabilization and diversion
- Inter-connect and align discharge/transition/diversion planning for people to have the opportunity to learn about their options and make informed choices about the most integrated setting that is right for them
- Discontinue the Residential Habilitation Program at LSTC as this no longer aligns with the mission of services and utilize the resources throughout LSTC and continue to expand the Statewide Crisis/Stabilization supports
- Continue to collaborate on how to make use of the under-utilized buildings on LSTC campus
- Continue to re-look at and re-align Services to match the needs of ND citizens with ID/DD and fill the gaps

NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Heather Jenkins

Superintendent, Life Skills Transition Center

hcjenkins@nd.gov

www.hhs.nd.gov

NORTH Dakota | Health & Human Services
Be Legendary.

North Dakota Department of Human Services

ACA MEDICAID INCOME ELIGIBILTY LEVELS Effective April 1, 2022

Family Size	(MAGI Equivalent of Approximately 46% of PL) Parents and Caretakers		Adults age 19 and 20 and Medically Needy for Pregnant Women (90% of PL)		Medically Needy Individuals up to age 21 (92% PL)		Medically Needy Parents, Caretakers and their Spouses (93% PL)		Adult Expansion Group (Ages 19 to 65) & Children (Ages 6 to 19) 138% of the PL		Children (Ages 0 to 6) 152% of the PL		Pregnant Women 162% of the PL	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	$517	$6,204	$1,020	$12,231	$1,042	$ 12,503	$1,054	$ 12,639	$ 1,563	$ 18,755	$ 1,722	$ 20,657	$ 1,835	$ 22,016
2	694	8,328	1,374	16,479	1,404	16,846	1,420	17,029	2,106	25,268	2,320	27,832	2,472	29,663
3	871	10,452	1,728	20,727	1,766	21,188	1,785	21,418	2,649	31,782	2,918	35,006	3,110	37,309
4	1,048	12,576	2,082	24,975	2,128	25,530	2,151	25,808	3,192	38,295	3,515	42,180	3,747	44,955
5	1,226	14,712	2,436	29,223	2,490	29,873	2,517	30,198	3,735	44,809	4,113	49,355	4,384	52,602
6	1,403	16,836	2,790	33,471	2,852	34,215	2,883	34,587	4,277	51,323	4,711	56,529	5,021	60,248
7	1,580	18,960	3,144	37,719	3,214	38,558	3,249	38,977	4,820	57,836	5,309	63,704	5,658	67,895
8	1,757	21,084	3,498	41,967	3,575	42,900	3,614	43,366	5,363	64,350	5,907	70,878	6,296	75,541
9	1,934	23,208	3,852	46,215	3,937	47,242	3,980	47,756	5,906	70,863	6,505	78,052	6,933	83,187
10	2,111	25,332	4,206	50,463	4,299	51,585	4,346	52,146	6,449	77,377	7,103	85,227	7,570	90,834
+1	$178	$2,136	$ 354	$ 4,248	$ 362	$ 4,343	$ 366	$ 4,390	$ 543	$ 6,514	$ 598	$ 7,175	$ 638	$ 7,647

Family Size	Optional Targeted Low-Income Children (CHIP) 175% of PL	
	Monthly	Yearly
1	$1,982	$23,783
2	2,671	32,043
3	3,359	40,303
4	4,047	48,563
5	4,736	56,823
6	5,424	65,083
7	6,112	73,343
8	6,801	81,603
9	7,489	89,863
10	8,177	98,123
+1	$ 689	$ 8,260

Maintenance of Effort – Medicaid

Family Size	111% of Federal Poverty Level		133% of Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly
1	$1,258	$15,085	$1,507	$18,075
2	1,694	20,325	2,030	24,353
3	2,131	25,564	2,553	30,630
4	2,567	30,803	3,076	36,908
5	3,004	36,042	3,599	43,186
6	3,441	41,281	4,122	49,463
7	3,877	46,521	4,646	55,741
8	4,314	51,760	5,169	62,018
9	4,750	56,999	5,692	68,296
10	5,187	62,238	6,215	74,574
+1	$ 437	$ 5,240	$ 524	$ 6,278

North Dakota Department of Human Services
NON-ACA MEDICAID INCOME ELIGIBILTY LEVELS Effective April 1, 2022

Family Size	SSI Effective 01-01-2022	Medically Needy 83% of Poverty	QMB 100% of Poverty	SLMB 120% of Poverty	QI-1 135% of Poverty	Women's Way 200% of Poverty	Workers with Disabilities 225% of Poverty	Children With Disabilities 250% of Poverty
1	$ 841	$ 940	$ 1,133	$ 1,359	$ 1,529	$ 2,265	$ 2,549	$ 2,832
2	1,261	1,267	1,526	1,831	2,060	3,052	3,434	3,815
3	[redacted]	1,593	1,920	2,303	2,591	3,839	4,319	4,798
4		1,920	2,313	2,775	3,122	4,625	5,204	5,782
5		2,246	2,706	3,247	3,653	5,412	6,089	6,765
6		2,573	3,100	3,719	4,184	6,199	6,974	7,748
7		2,899	3,493	4,191	4,715	6,985	7,859	8,732
8		3,226	3,886	4,663	5,246	7,772	8,744	9,715
9		3,552	4,280	5,135	5,777	8,559	9,629	10,698
10		3,879	4,673	5,607	6,308	9,345	10,514	11,682
+1		$ 327	$ 394	$ 472	$ 531	$ 787	$ 885	$ 984

Spousal Impoverishment Levels

Community Spouse Minimum Asset Allowance (Effective 01/01/2022)	Community Spouse Maximum Asset Allowance (Effective 01/01/2022)	Community Spouse Income Level (Effective 01/01/16)	Income Level for each Additional Individual
$27,480	$137,400	$2,550	$726 Eff 7/21 $718 Eff. 7/20

Average Cost of Nursing Care

Average Monthly Cost of Care (Effective 01/01/2022)	Average Daily Cost of Care (Effective 01/01/2022)	Nursing Care Income Level (Effective 10/01/2013)	Medicare Premium (Effective 01/2022)	Medicare Savings Program Asset Limit (Effective 01/01/2022)
$10,719	$352.42	LTC $65 ICF/IID $100	$170.10 premium for newly Medicare eligible in 2022	1 Person - $8,400 Couple - $12,600



Senate Bill 2012

Senate Appropriations Committee | HR Section
Senator Dick Dever, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Supporting Working Families | Strengthening Our Workforce

An Overview of the ND Child Care Proposal in the 2023-25 Executive Budget Request, February 6, 2023

2023-25 Executive Budget Request for New Investment in Child Care as a Workforce Solution

A strategy of both comprehensive and targeted investment



Target investments to ages 0-3

- ✓ Age of highest developmental return for children
- ✓ Period of greatest economic pressure for most young families
- ✓ Critical decision point for individual-level decisions about how/if to rejoin the labor force
- ✓ Focus on working families employed in occupations where compensation doesn't offset the cost of child care needed to enable work



Embrace an all-of-the-above approach to child care

- ✓ Quality early experiences can happen anywhere.
- ✓ Working families should have meaningful choices about child care.
- ✓ Principles of quality are knowable and transferrable to any setting.
- ✓ Sustainable child care businesses will support more sustainability within the workforce.



Help working parents provide for their families by supporting employment, training and education goals

- ✓ Benefits are scaled to family need.
- ✓ Employers have meaningful vehicles to remediate child care as a barrier to work.
- ✓ There are opportunities for children who are least likely to have access to quality early childhood experiences.

Child care is a workforce solution that can make a difference for ND employers



Affordability

Connect more working families to child care assistance to keep the cost of child care within 7% of household income

$27 million | Helping lower income working parents with child care costs | Public private cost share for employer-provided child care benefit for employees



Availability

Make it easier for working families to find child care when and where they need it

$22 million | Payments for Infant and Toddler care | Supporting more sustainable operations for child care entrepreneurs | Care during non-traditional hours | Child care worker career pathways | Criminal background checks



Quality

Help kids realize their potential by supporting quality early childhood experiences

$24 million | Best in Class program | Scholarships and Incentives for child care worker professional development | Connecting child care payments to quality

Supporting Working Families | Strengthening our Workforce

ND Child Care Proposal

SB 2012, 2023-25 Executive Budget Request

1. Invest in the child care assistance program ($22M)
2. Extend ND's employer-led child care cost sharing program ($5M)
3. Increase provider payments for infant and toddler care ($13M)
4. Streamline background checks and reduce administrative burden ($1M)
5. Support child care providers with grants, incentives and shared services ($7M)
6. Create new partnerships for care provided during non-traditional hours ($1M)
7. Build improved career pathways
8. Expand the Best in Class program ($16M)
9. Established quality-based tiers in the CCAP payment schedule and quality infrastructure to support excellence in service delivery ($6M)
10. Reward the completion of above-and-beyond training ($2M)



NORTH Dakota | Health & Human Services
Be Legendary.

1

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Affordability

Invest in the child care assistance program | $22 million

Increase the number of families who receive help paying for child care, with special attention on with kids ages 0 to 3. Expand resources available to the state's child care assistance program (CCAP) to make a difference for more families in more industries in more parts of North Dakota.

Grow child care assistance participation to 3,000 children ages 0-3 ($22 million)

Total	General	Other
$22,000,000	$22,000,000	$0

HHS Budget Section: Economic Assistance

	<30% State Median Income			30-40% State Median Income			50-60% State Median Income			60-85% State Median Income		
HH Size	Monthly Income	Est Max Hourly Wage *	Monthly Copay (2-3% of inc)	Monthly Income	Est Max Hourly Wage *	Monthly Copay (4-6% of inc)	Monthly Income	Est Max Hourly Wage *	Monthly Copay (7% of inc)	Monthly Income	Est Max Hourly Wage *	Monthly Copay (7% of inc)
2	<$1,214	$7.00	$13 - $37	$1215 - $2427	$14.00	$73 - $146	$2428 - $3641	$21.01	$213 - $255	$3642 - $5158	$29.76	$362
3	<$1,499	$8.65	$15 - $45	$1500 - $2998	$17.30	$90 - $180	$2999 - $4497	$25.94	$263 - $315	$4498 - $6371	$36.76	$446
4	<$1,785	$10.30	$18 - $54	$1786 - $3569	$20.59	$108 - $215	$3570 - $5354	$30.89	$313 - $375	$5355 - $7585	$43.76	$531
5	<$2,070	$11.94	$21 - $63	$2071 - $4140	$23.88	$125 - $249	$4141 - $6211	$35.83	$363 - $435	$6212 - $8798	$50.76	$616
6	<$2,356	$13.59	$24 - $71	$2357 - $4711	$27.18	$142 - $283	$4712 - $7067	$40.77	$413 - $495	$7068 - $10011	$57.76	$701
7	<$2,409	$13.90	$25 - $73	$2410 - $4818	$27.80	$145 - $290	$4819 - $7228	$41.70	$422 - $506	$7229 - $10239	$59.07	$717
8	<$2,463	$14.21	$25 - $74	$2464 - $4926	$28.42	$148 - $296	$4927 - $7388	$42.62	$431 - $518	$7389 - $10467	$60.39	$733

**Assumes single earner, full-time work*

NORTH Dakota | Health & Human Services
Be Legendary.



When is child care affordable?

Average monthly cost of care in a Child Care Center compared to affordability standard of 7% of household income



1 child (9-month-old)

Center-based avg		*Household income needed?*	=	*combined hourly wage of*
$838	→	**$143,600**		**$69/hr**



1 child (3-year-old)

Center-based avg		*Household income needed?*	=	*combined hourly wage of*
$726	→	**$124,400**		**$60/hr**



2 children (1-year-old and 4-year old)

Center-based avg		*Household income needed?*	=	*combined hourly wage of*
$1,564	→	**$268,100**		**$129/hr**

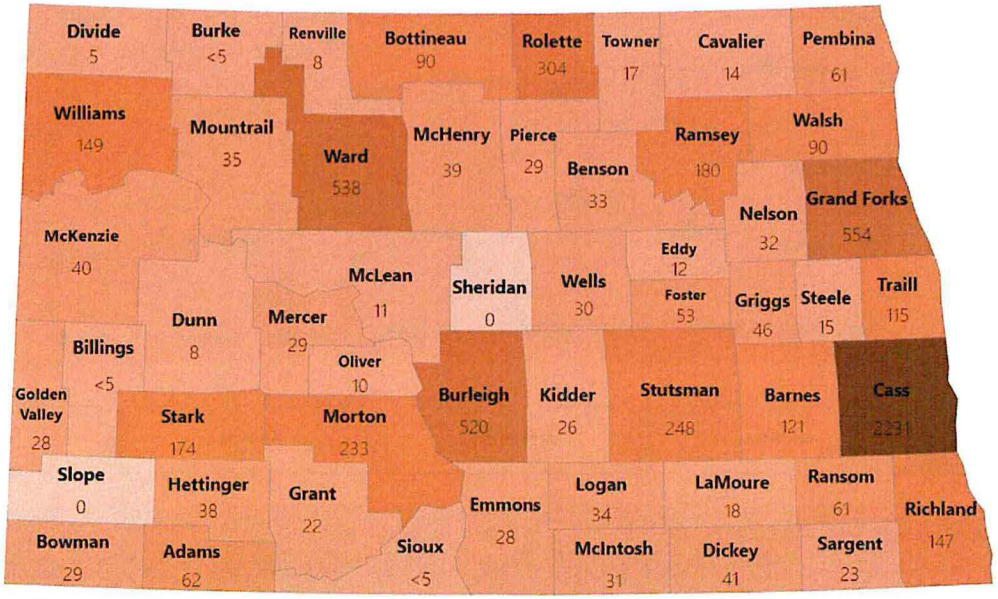
NORTH Dakota | Health & Human Services
Be Legendary.

Number of families who have received help with child care costs from CCAP over the last calendar year

12 month total, Dec 2021-Dec 2022 | Data Dashboard at https://www.hhs.nd.gov/applyforhelp/ccap

Families | Funding | Applications | Providers | County Investment

Benefit Month
All Selected



NOTES:
The map titled **"County Investment"** offers a county by county picture of the number of working families, or families in education or training programs, who are benefitting from child care assistance. The data is based on the family's county of residence. Of note: if a family moves from one county to another during the selected timeframe, this map will count them as having lived in both counties

The map defaults to show the total served in the most recent 12-month period. The filter can be adjusted to show specific months

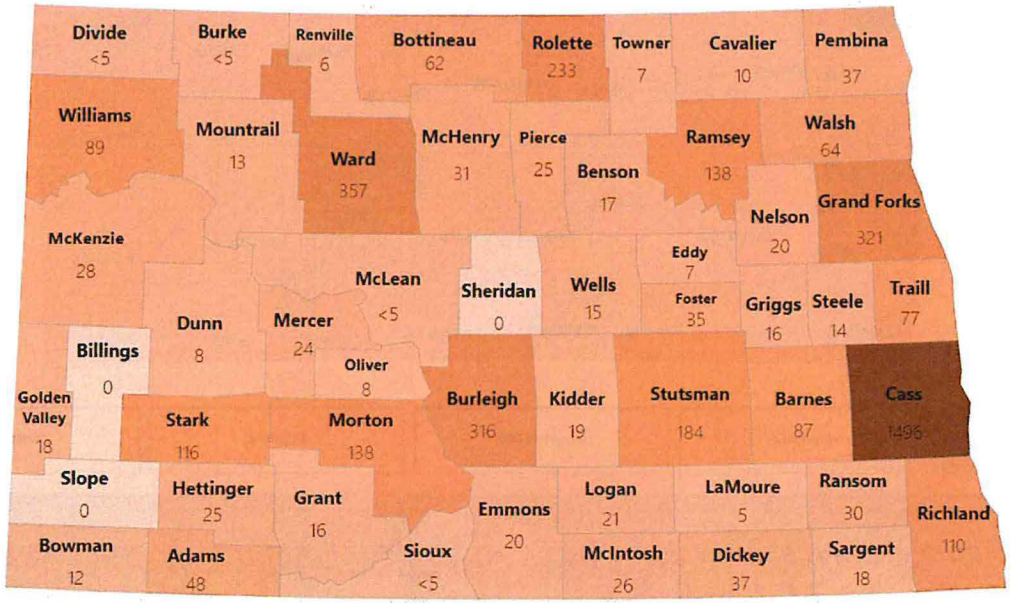
NORTH Dakota | Health & Human Services
Be Legendary.

Number of families who have received help with child care costs from CCAP – November 2022

Data Dashboard at https://www.hhs.nd.gov/applyforhelp/ccap

Families | Funding | Applications | Providers | County Investment

Benefit Month
202211



2,739

Total Families participating in CCAP in November 2022

(includes children ages 0-12)

NOTES:

The map titled **"County Investment"** offers a county by county picture of the number of working families, or families in education or training programs, who are benefitting from child care assistance. The data is based on the family's county of residence. Of note: if a family moves from one county to another during the selected timeframe, this map will count them as having lived in both counties.

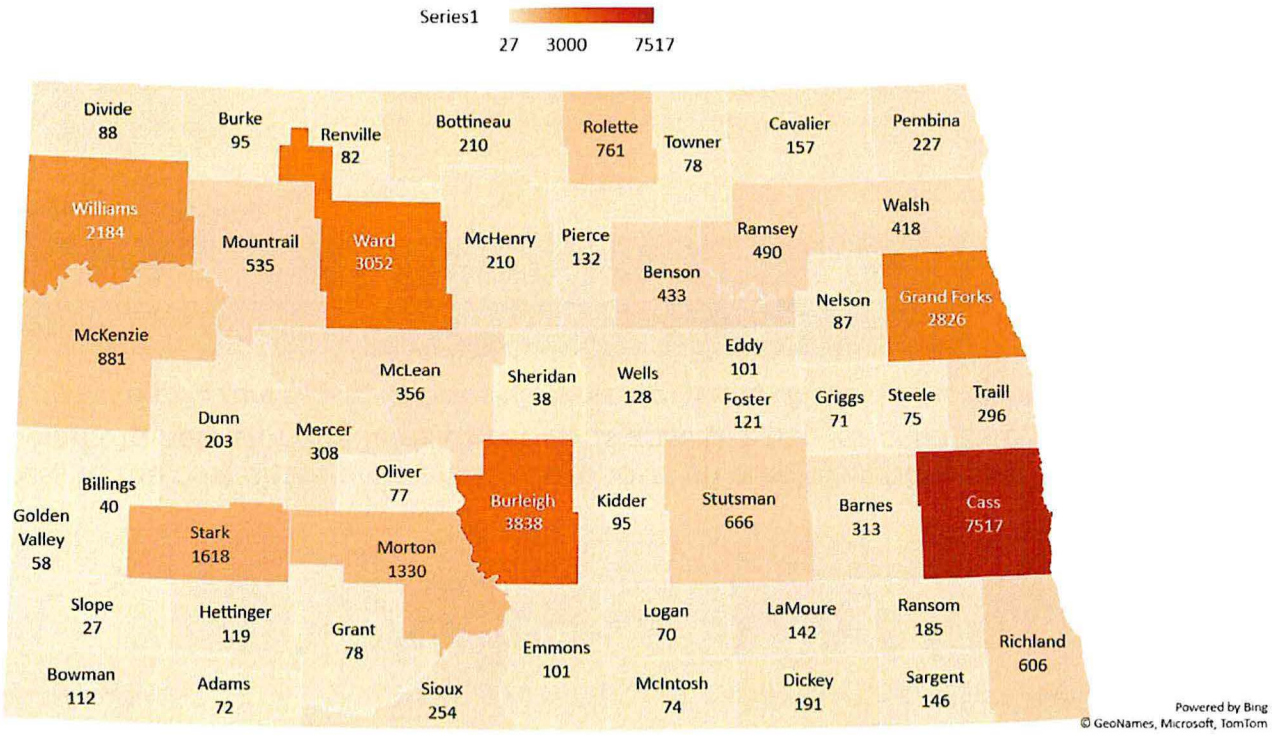
The map defaults to show the total served in the most recent 12-month period. The filter can be adjusted to show specific months.

NORTH Dakota | Health & Human Services
Be Legendary.

32,000+ children ages 0-5 are likely to utilize some type of child care

32,372 children age 0-5 likely to need child care

Assumes 50% of children will utilize child care of some kind | In 2020 72% of children 0-5 in ND have all parernts in workforce



NORTH Dakota | Health & Human Services
Be Legendary.

2

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Affordability

Extend Employer-led Child Care Cost Sharing | $5 million

Expand access to the cost-share program that supports an employer-provided child care benefit to help working families with kids ages 0-3 pay for child care.

Help employers offer a child care benefit to their employees with young children ($5 million)

Total	General	Other
$5,000,000	$5,000,000	$0

HHS Budget Section: Early Childhood

How it works

1. Employer Opts In
2. Employee Applies
3. HHS reviews/approves
4. Employer and state each send employee $300/mo
5. Employee pays child care provider

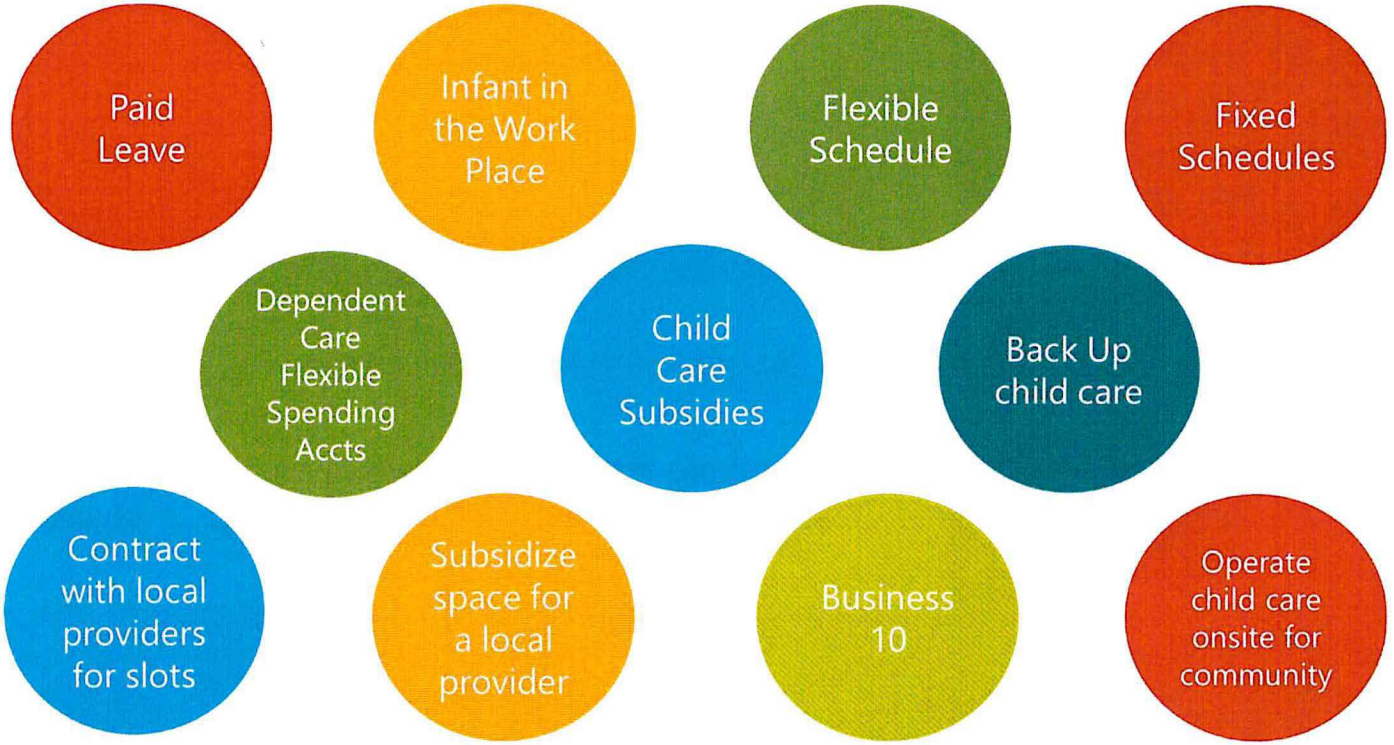
The cost-sharing model behind this employer-led child care benefit can help make paying for child care more manageable



NORTH Dakota | Health & Human Services
Be Legendary.



No single actor alone can make meaningful systems-level change in the macro child care section but, **employers** do **have an important role to play** in helping address the challenge



3

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Availability

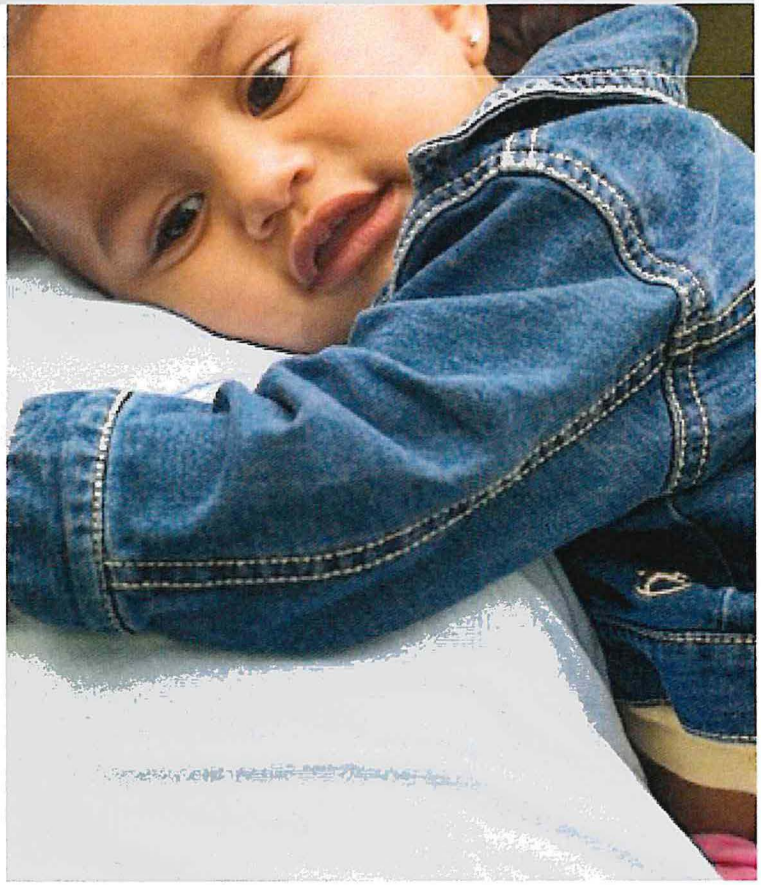
Increase provider pmts for Infant/Toddler Care | $13 million

Incentivize the availability of child care for infants and toddlers whose families receive child care assistance by increasing the rate the state pays for children younger than age 3.

Increase infant/toddler payment by 25% to make it more feasible for providers to say yes to caring for the littlest North Dakotans ($13 million)

Total	General	Other
$13,000,000	$13,000,000	$0

HHS Budget Section: Economic Assistance



NORTH Dakota | Health & Human Services
Be Legendary.

3 Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Increase provider pmts for Infant/Toddler Care | $13 million

ND Child Care Assistance Program - Summary of Rates / Proposed Rates

Infant (age 0-35 mo)							
License Types	Min	Mean	50th	75th	Max	SMR	Adj SMR
Center (C, E, K, M)	$ 595	$ 838	$ 860	$ 913	$ 1,890	$ 913	$ 1,142
Family/Group (F, G, H)	$ 475	$ 672	$ 630	$ 700	$ 1,200	$ 700	$ 875

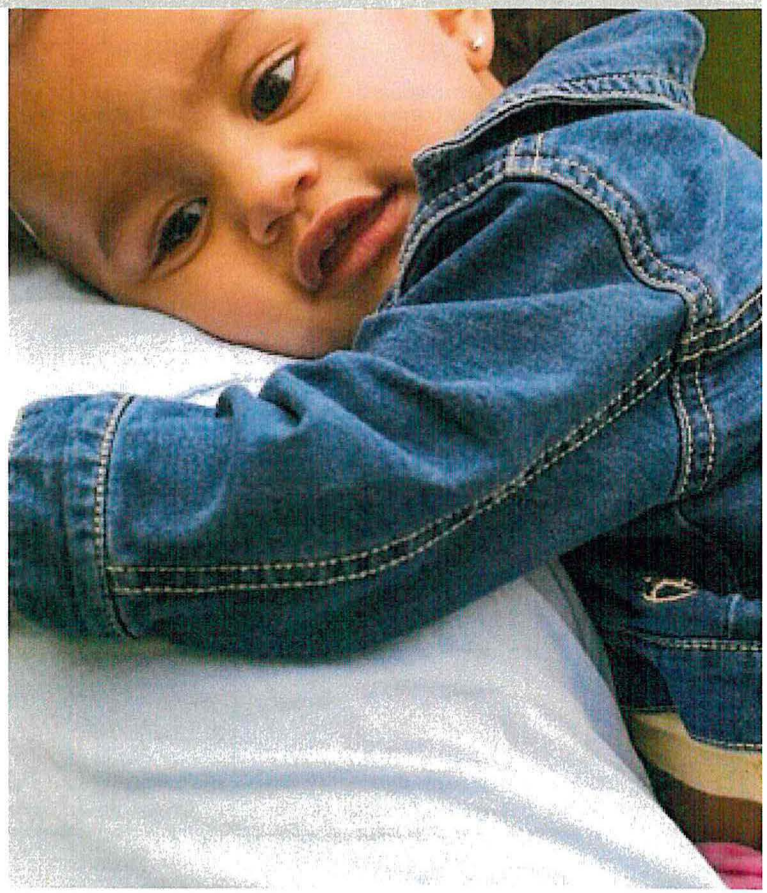
Toddler (age 18-35 mo)							
License Types	Min	Mean	50th	75th	Max	SMR	Adj SMR
Center (C, E, K, M)	$ 595	$ 798	$ 790	$ 888	$ 1,810	$ 888	$ 1,110
Family/Group (F, G, H)	$ 475	$ 661	$ 600	$ 700	$ 1,000	$ 700	$ 875

Preschool (age 36-71 mo)							
License Types	Min	Mean	50th	75th	Max	SMR	SMR
Center (C, E, K, M)	$ 260	$ 726	$ 728	$ 811	$ 1,610	$ 811	$ 811
Family/Group (F, G, H)	$ 475	$ 653	$ 600	$ 680	$ 850	$ 680	$ 680

School Age (age 6-12 yrs)							
License Types	Min	Mean	50th	75th	Max	SMR	SMR
Center (C, E, K, M)	$ 185	$ 539	$ 660	$ 760	$ 1,410	$ 760	$ 760
Family/Group (F, G, H)	$ 220	$ 635	$ 580	$ 660	$ 850	$ 660	$ 660

SOURCE NOTES

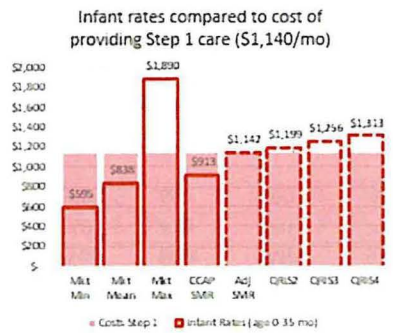
Min, Mean, Max, and Percentile rates from 2021 ND Child Care Market Study
SMR = State Max Rate for ND Child Care Assistance Program (Oct 2022)
Adj SMR = Proposed increase to SMR, included in 2023-25 EC Policy Roadmap

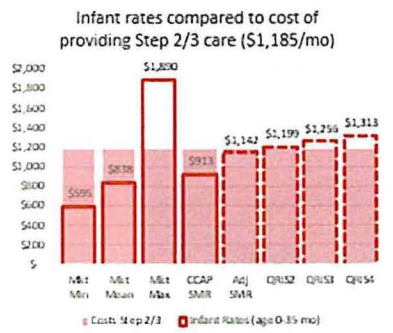


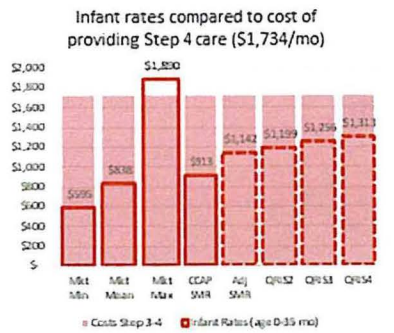
Covering the Cost of Care?

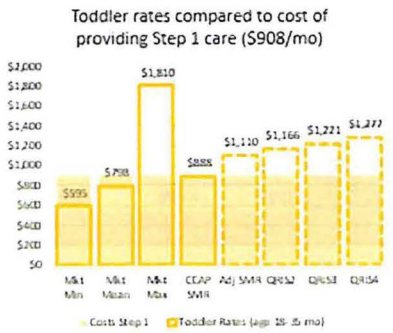
When the solid line indicating payment rate exceeds the shaded line indicating cost of providing care, child care providers are a step closer to having a sustainable business model (i.e., where revenue exceeds cost).

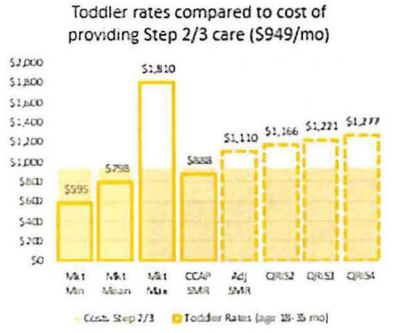
Source: ND Department of Health and Human Services analysis. Issue Brief | ND Child Care Proposal: A Proactive approach to removing child care as a barrier to work. Jan 2023

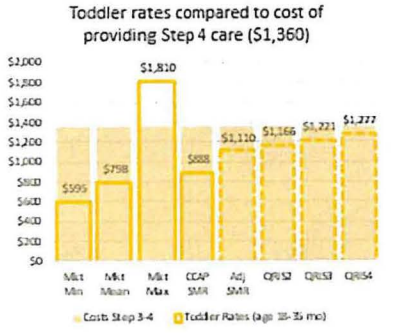


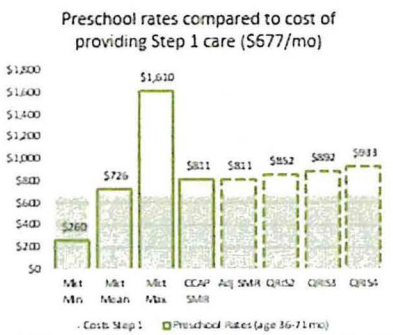


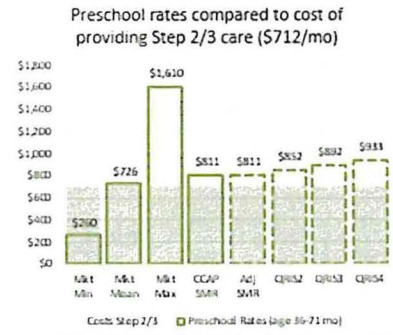


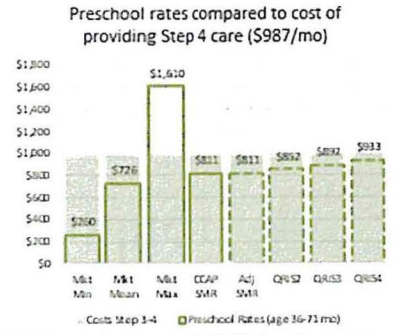












4

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Availability

Streamline Background Checks & Reduce Admin Burden | $1 million

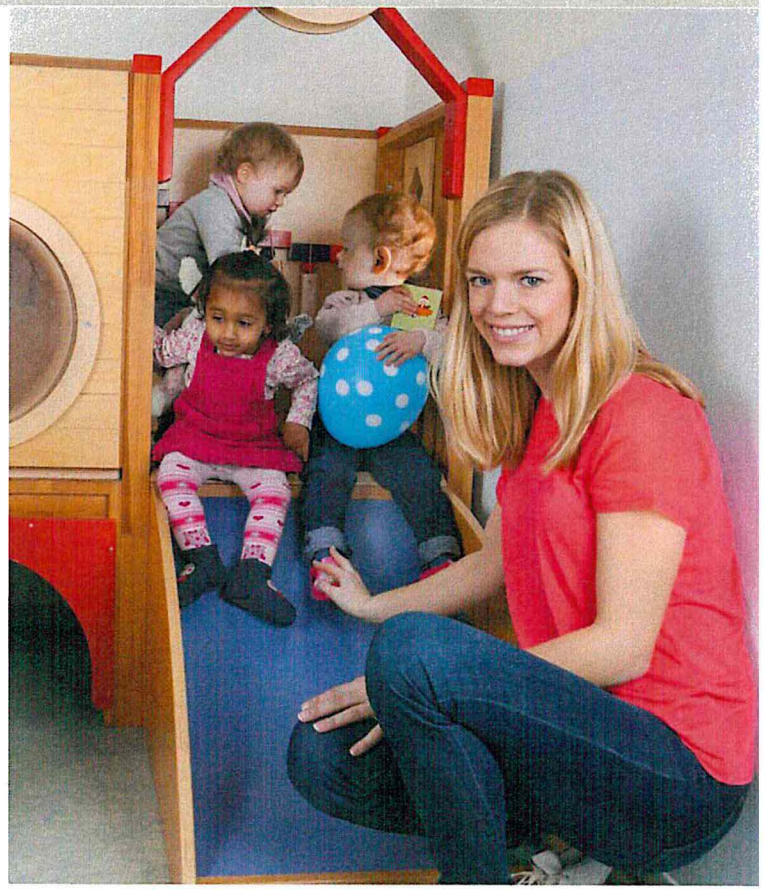
Streamline, automate and simplify processes and systems that affect the delivery of early childhood services, including background check processes that impact early childhood providers.

Create opportunities for online scheduling, application submission, and requirement document upload, including system supports designed to help applicants complete information correctly which will decrease the time it takes to complete the process.

Background check process improvements ($1 million + 1.5 FTE)

Total	General	Other
$1,000,000	$1,000,000	$0

HHS Budget Section: Administration



NORTH Dakota | Health & Human Services
Be Legendary.

5

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Support Providers w/Grants, Incentives & Shared Svc | $7 million

Availability

Support a more sustainable, stable child care sector by offering grants, incentives, and shared service resources to child care businesses.

- ✓ Facility
- ✓ Inclusion
- ✓ Quality
- ✓ Start-up
- ✓ Shared Services

Grants, incentives, and shared service supports to child care programs ($7 million)

Total	General	Other
$7,000,000	$7,000,000	$0

HHS Budget Section: Early Childhood



NORTH Dakota Be Legendary. | Health & Human Services

6

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Availability

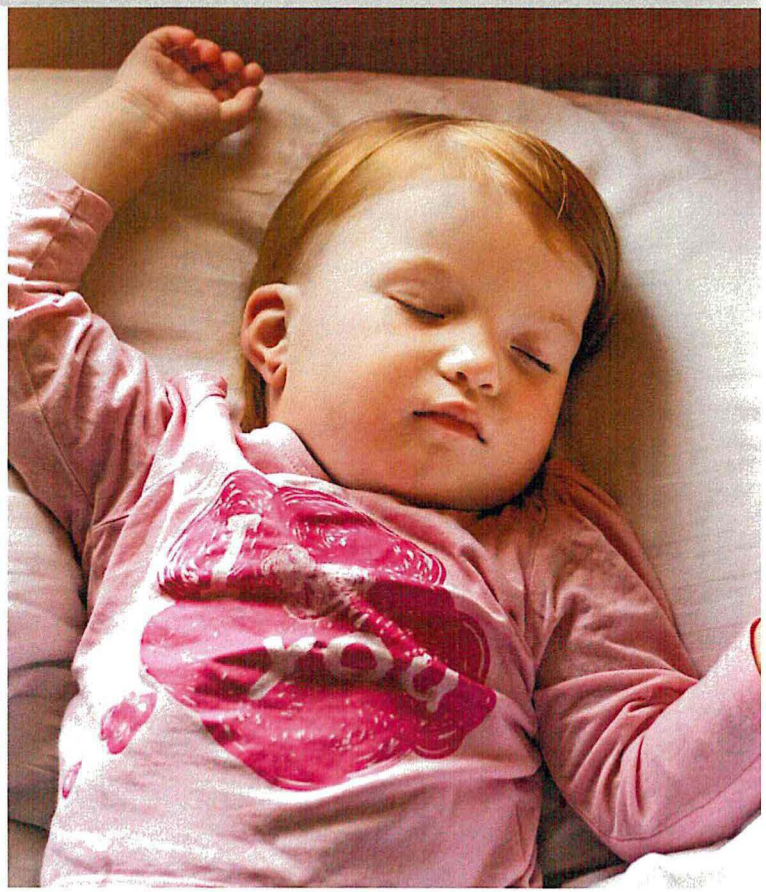
New Partnerships for Care during Non-Traditional Hours | $1 million

Pilot ideas that make child care more available during non-typical hours. Partner with employers to identify creative solutions for working families whose jobs require non-traditional child care solutions.

Pilot partnership(s) between employer and child care program ($1 million)

Total	General	Other
$1,000,000	$1,000,000	$0

HHS Budget Section: Early Childhood



NORTH Dakota | Health & Human Services
Be Legendary.

7

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Build Improved Career Pathways

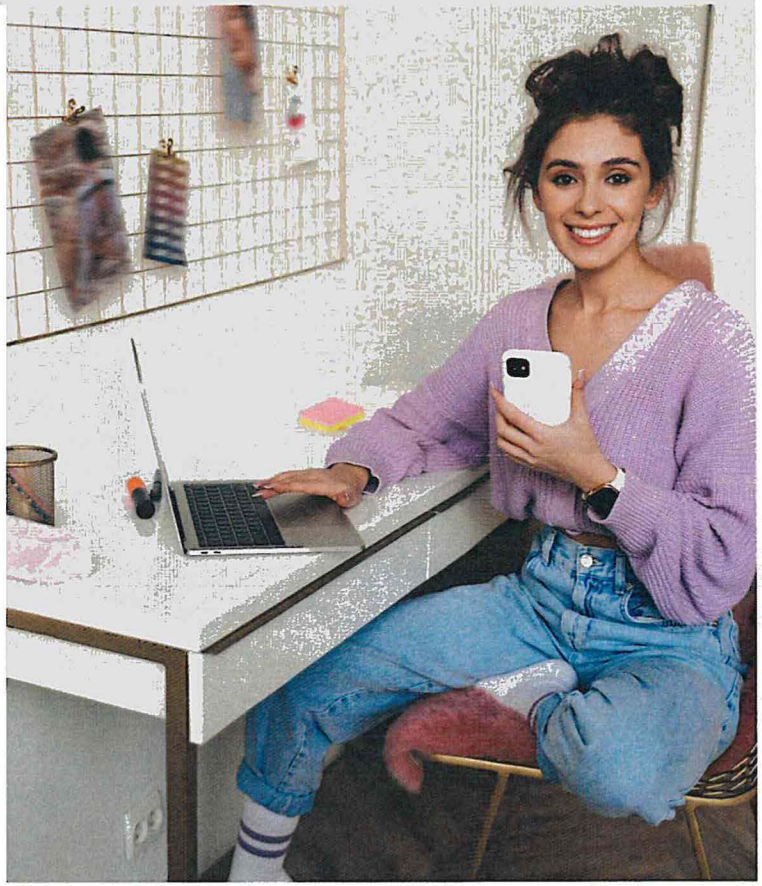
Availability

Partner with CTE, K12 and higher education to increase career pathway opportunities for students interested in early childhood careers that offer them on-the-job training in partnership with local child care programs.

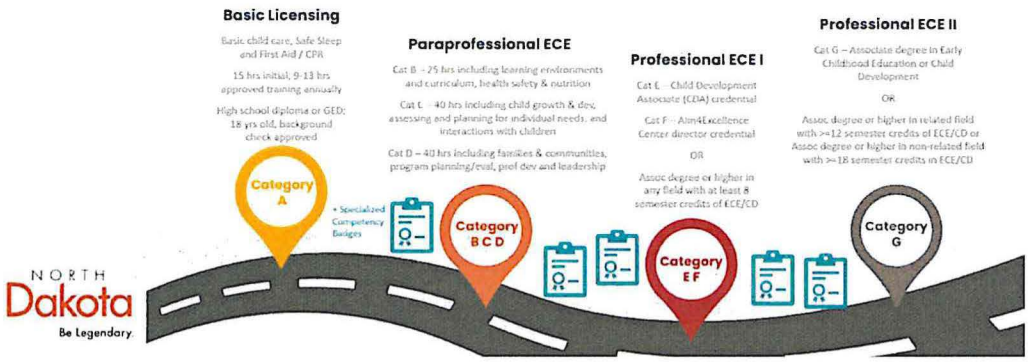
Grant funding (PDG) to support collaborations with CTE/DPI

Total	General	Other
$-	$-	$-

HHS Budget Section: Early Childhood



Early Childhood Career Pathway



8

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Expand Best in Class Program | $16 million

Quality

Expand access to "Best in Class" experiences for children in the year before kindergarten so both early childhood providers and the families who are interested in participating have the resources and support needed to give kids a chance to grow, explore, and thrive.

Increase Best in Class access to 1,800 children per year ($16 million)

Total	General	Other
$16,000,000	$16,000,000	$0

HHS Budget Section: Early Childhood

2021-22	2022-23	2023-24	2024-25
29 programs *18 small groups *11 large groups	44 programs *29 small groups *15 large groups	79 programs *44 small groups *35 large groups	131 programs *65 small groups *66 large groups
371 kids $2.2M grants*	546 kids $2.7M grants*	1,061 kids $5.6M grants*	1,839 kids $9.6M grants*

NORTH Dakota | Health & Human Services
Be Legendary.

** Programs also receive coaching resources and various program supports in addition to grants*



8

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Expand Best in Class Program | $16 million

Quality

Year 1: Grant based on group size and full-time/part-time status.
Grants range from $30,000 - $120,000

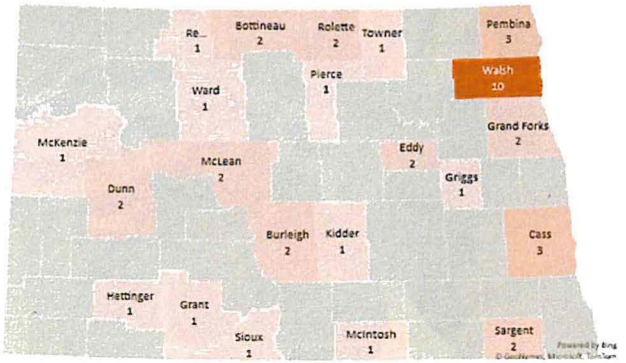
- *Group size: small (8-10) or large (11-20)*
- *Full-time, >=25 hrs/week (100%) or Part-time, <25 hrs/week (50%)*

Year 2: Apply 3 criteria
Grants range from $15,000 - $120,000

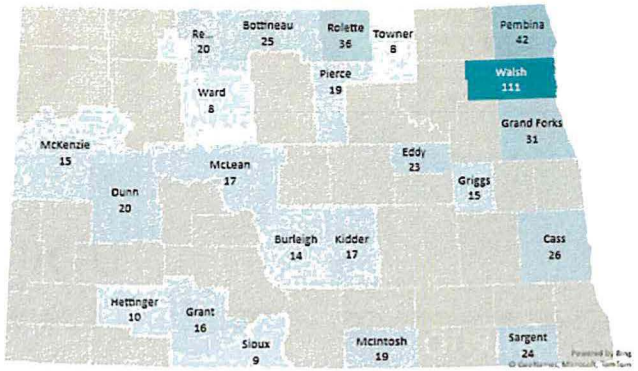
- *Serving low income area (100%)*
- *Tuition-dependent, >=75% of operating budget depending on parent-paid tuition (100%) or Not Tuition-dependent (50%)*

- ✓ Proactive outreach to children and families least likely to access the program
- ✓ Enrollment period preference for children from lower income families and children with disabilities, developmental delays or special needs (50% of program seats)
- ✓ Tuition charge must utilize sliding fee scale based on family income
- ✓ Incorporate family engagement into program and coordinate health screenings for children in program (dental, vision, health)

2022-23 BIC program included 44 groups of children in 23 counties



23 BIC programs served 544 children in 2022-23



NORTH Dakota | Health & Human Services
Be Legendary

9

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Quality

Quality-based Tiers in CCAP payment schedule | $6 million

Increase choices available to working families who participate in the child care assistance program (CCAP) by paying more for care delivered in child care programs that have taken all the steps necessary to validate quality standards.

Apply an increased payment tier based on validated quality rating (ranging from 5-15% over base state max rate). Funding requested would support an estimated 1,600 spaces in quality rated child care settings.

Invest in the infrastructure needed to support child care providers in their quest to continue excellence in delivery of care.

Build quality-based payments (5-15%) into the child care assistance payment structure and invest in infrastructure to support quality ($6 million)

Total	General	Other
$6,000,000	$6,000,000	$0

HHS Budget Section: Economic Assistance $3M and Early Childhood $3M

NORTH Dakota | Health & Human Services
Be Legendary.



9

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Quality

Quality-based Tiers in CCAP payment schedule | $6 million

ND Child Care Assistance Program -
Proposed Quality Tiers in Rate Schedule

Infant (age 0-35 mo)			+5%	+10%	+15%			
License Types	SMR	Adj SMR	QRIS2	QRIS3	QRIS4	Diff@2	Diff@3	Diff@4
Center (C, E, K, M)	$ 913	$ 1,142	$ 1,199	$ 1,256	$ 1,313	$ 57	$ 114	$ 171
Family/Group (F, G, H)	$ 700	$ 875	$ 919	$ 963	$ 1,006	$ 44	$ 88	$ 131

Toddler (age 18-35 mo)								
License Types	SMR	Adj SMR	QRIS2	QRIS3	QRIS4	Diff@2	Diff@3	Diff@4
Center (C, E, K, M)	$ 888	$ 1,110	$ 1,166	$ 1,221	$ 1,277	$ 56	$ 111	$ 167
Family/Group (F, G, H)	$ 700	$ 875	$ 919	$ 963	$ 1,006	$ 44	$ 88	$ 131

Preschool (age 36-71 mo)								
License Types	SMR	Adj SMR	QRIS2	QRIS3	QRIS4	Diff@2	Diff@3	Diff@4
Center (C, E, K, M)	$ 811	$ 811	$ 852	$ 892	$ 933	$ 41	$ 81	$ 122
Family/Group (F, G, H)	$ 680	$ 680	$ 714	$ 748	$ 782	$ 34	$ 68	$ 102

School Age (age 6-12 yrs)								
License Types	SMR	Adj SMR	QRIS2	QRIS3	QRIS4	Diff@2	Diff@3	Diff@4
Center (C, E, K, M)	$ 760	$ 760	$ 798	$ 836	$ 874	$ 38	$ 76	$ 114
Family/Group (F, G, H)	$ 660	$ 660	$ 693	$ 726	$ 759	$ 33	$ 66	$ 99

SOURCE NOTES

SMR = State Max Rate for ND Child Care Assistance Program (Oct 2022)
Adj SMR = Proposed increase to SMR, included in 2023-25 EC Policy Roadmap
QRIS2 - QRIS4 = Proposed adjustment to SMR for Steps 2, 3, and 4 in ND QRIS



Approximately 15% of licensed child care spaces in ND have achieved Bright & Early Step 2, 3, or 4

QRIS: Participation Data

Bright & Early ND is North Dakota's Quality Rating and Improvement System (QRIS). A QRIS is a systematic approach to assess, improve, and communicate the level of quality in early childhood programs. Bright & Early ND was developed to help early childhood programs offer high-quality care that supports each child's learning and development. The North Dakota Department of Health and Human Services (HHS) administers Bright & Early ND as a key strategy for quality improvement. Data is current as of 1/1/2023.

Geographic Area

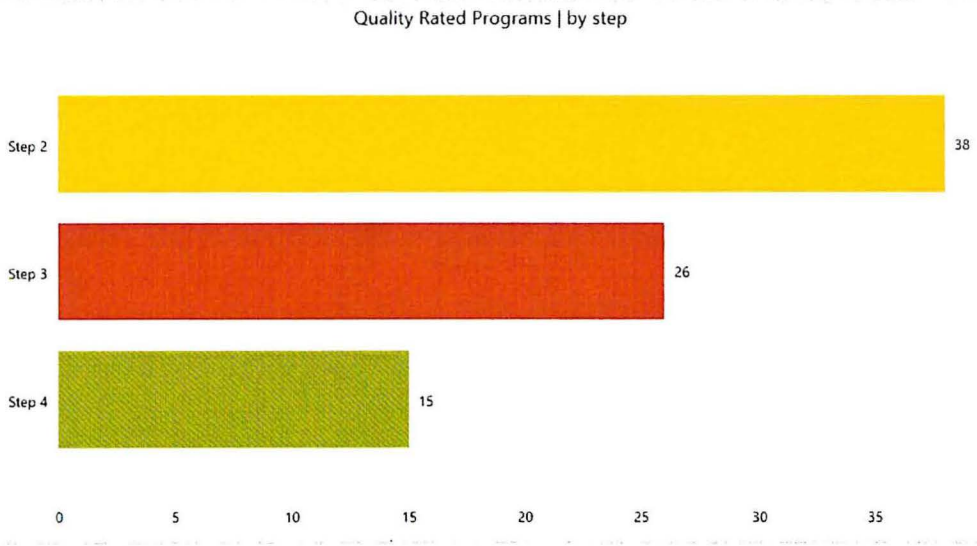
All

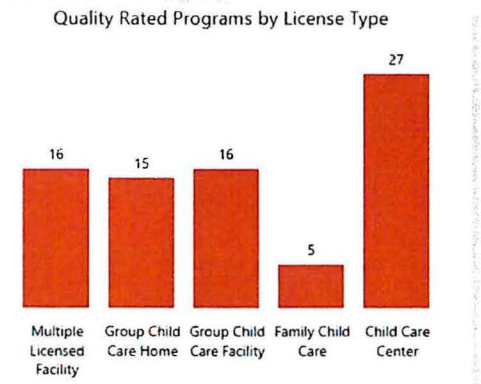
Quality Rating

Multiple selections

78
Quality Rated Programs

5306
Licensed Capacity





Family and Group Quality Rated Programs

36

Center and Preschool Quality Rated Programs

43

NORTH Dakota | Health & Human Services
Be Legendary.

10

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Quality

Reward the completion of above-and-beyond training | $2 million

Offer professional development stipends directly to child care workers who complete "above and beyond" training in high priority content areas.

Grants and incentives to child care workers to support quality care ($2 million)

Total	General	Other
$2,000,000	$2,000,000	$0

HHS Budget Section: Early Childhood

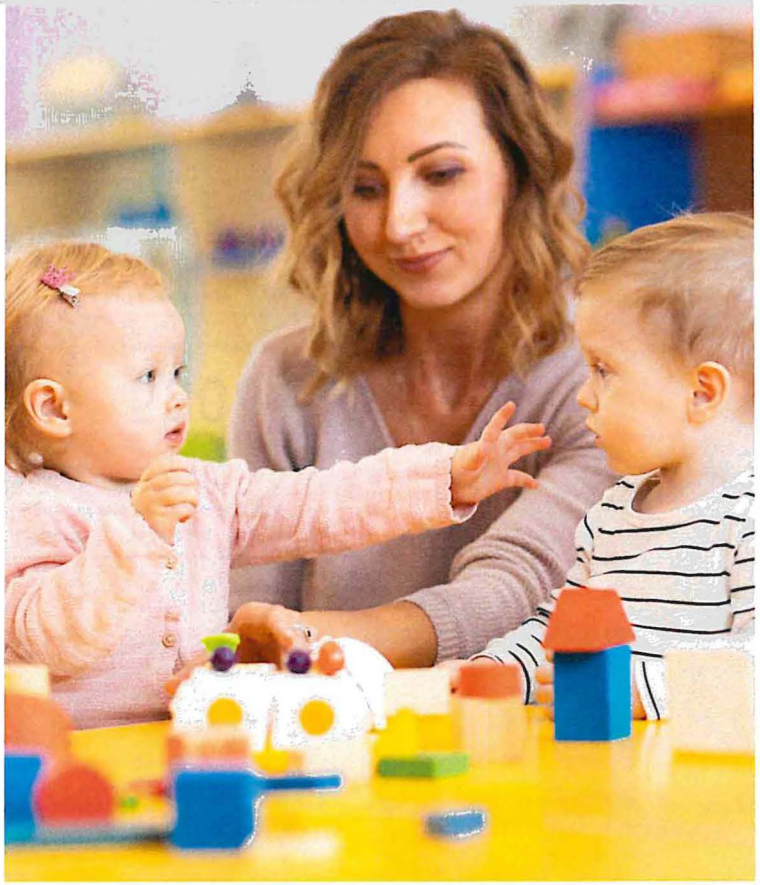
GOAL: Double engagement with high priority professional development topics

- ✓ Grants and incentives to support quality care through high impact professional development
- ✓ System to acknowledge achievement of topical competencies

9.1%

Child Care workers who have professional preparation in the field of early childhood

Source: Growing Futures workforce registry, Dec 2022



NORTH Dakota | Health & Human Services
Be Legendary.

Household Earnings (annual and hourly) by various eligibility levels

Families potentially eligible for Child Care Assistance (CCAP)

	Federal Poverty Level		30% SMI		60% SMI		85% SMI		100% SMI		150% SMI	
HH Size	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage
1	$13,590	$6.53	$16,704	$8.03	$33,408	$16.06	$47,328	$22.75	$55,680	$26.77	$83,520	$40.15
2	$18,310	$8.80	$21,840	$10.50	$43,692	$21.01	$61,896	$29.76	$72,820	$35.01	$109,230	$52.51
3	$23,030	$11.07	$26,988	$12.98	$53,964	$25.94	$76,452	$36.76	$89,940	$43.24	$134,910	$64.86
4	$27,750	$13.34	$32,124	$15.44	$64,248	$30.89	$91,020	$43.76	$107,076	$51.48	$160,614	$77.22
5	$32,470	$15.61	$37,260	$17.91	$74,532	$35.83	$105,576	$50.76	$124,220	$59.72	$186,330	$89.58
6	$37,190	$17.88	$42,396	$20.38	$84,804	$40.77	$120,132	$57.76	$141,340	$67.95	$212,010	$101.93
7	$41,910	$20.15	$43,368	$20.85	$86,736	$41.70	$122,868	$59.07	$144,560	$69.50	$216,840	$104.25
8	$46,630	$22.42	$44,328	$21.31	$88,656	$42.62	$125,604	$60.39	$147,760	$71.04	$221,640	$106.56

**2022 State Median Income (SMI) and 2022 Federal Poverty Level (FPL)*

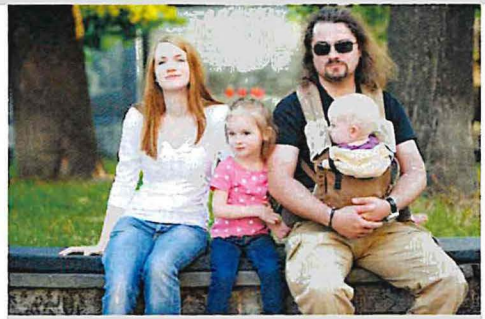
"Hourly wage" is calculated by assuming 2080 hours worked per year per annual income range noted.

Multiple wage earners could combine earnings to attain the noted household (HH) income / hourly wage.

NORTH Dakota | Health & Human Services
Be Legendary.

A CASE STUDY

Understanding the Impact of ND's proposed layered investment in child care assistance from the perspective of both the **Family** and the **Child Care Program**

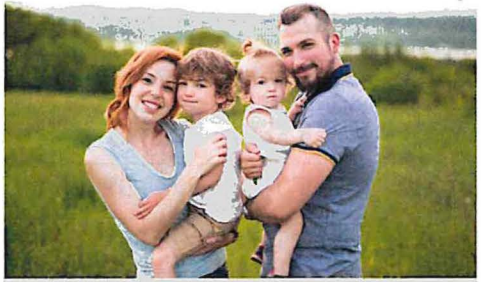


The Browns

- Pat, age 22. Dishwasher.
  Earns $9.25/hr, 40 hrs/wk.
- Terry, age 21. Child Care Worker.
  Earns $8.25/hr, 32 hrs/wk.
- Mia, 9 months old.
  $1,070/mo @ child care center.
- Molly, 2 ½ years old.
  $950/mo @ child care center.

Total gross monthly income **$2,676**

30% SMI



The Smiths

- Larry, age 26. Concrete laborer.
  Earns $16.25/hr, 40 hrs/wk.
- Deb, age 23. Grocery Clerk.
  Earns $10.75/hr, 40 hrs/wk.
- Lily, 9 months old.
  $1,070/mo @ child care center.
- Ben, 2 ½ years old.
  $950/mo @ child care center.

Total gross monthly income **$4,680**

60% SMI



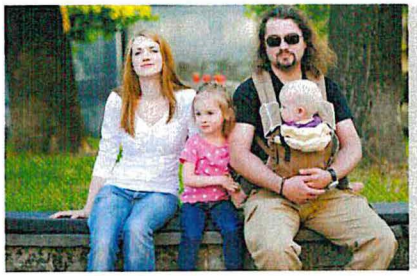
The Johnsons

- Matt (age 29). Mechanic.
  Earns $23/hr, 40 hrs/wk.
- Carla (age 26). Pharmancy Tech.
  Earns $17/hr, 40 hrs/wk.
- June, 9 months old.
  $1,070/mo @ child care center.
- Artie, 2 ½ years old.
  $950/mo @ child care center.

Total gross monthly income **$6,933**

85% SMI

NORTH Dakota | Health & Human Services



The Browns | Pat, Terry, Mia and Molly

Child Care Expense Owed / Mo: $2,020
Gross monthly income: $2,676
Child Care (CC) as % of gross income: 76%

30% SMI

Without Child Care Assistance (CCAP)

	Rate	SMR	Excess Pmt
Mia	$1,070	n/a	n/a
Molly	$950	n/a	n/a
	$2,020	**n/a**	**n/a**

	Total $ to CC	CCAP share	Family share
CC Fee Due	**$2,020**	$0	**$2,020**
% of CC fee		*0%*	*100%*
% of HH inc			**75.5%**

With CCAP (current program)

	Rate	SMR	Excess Pmt
Mia	$1,070	**$913**	**$157**
Molly	$950	**$888**	**$62**
	$2,020	**$1,801**	**$219**

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$1,693**	**$327**
% of CC fee		*84%*	*16%*
% of HH inc			**12.2%**

*Family share: $219 excess pmt & $108 co-pay

Net Impact
To Fam: $1,693 lower pmt for CC
To CC: No change

With CCAP + Infant/Toddler Payment Increase

	Rate	SMR	I/T Pmt	Ex Pmt
Mia	$1,070	$913	**$228**	**$0**
Molly	$950	$888	**$222**	**$0**
	$2,020	$1,801	**$450**	**$0**

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$2,143**	**$108**
% of CC fee		*95%*	*5%*
% of HH inc			**4.0%**
Fee to CC	**$2,251**		

*Family share: $0 excess pmt & $108 co-pay

Net Impact
To Fam: $219 lower pmt for CC
To CC: $231 increase in revenue (11%)

With CCAP + I/T Pmt Incr + Quality Tier 3

Rate	SMR	I/T Pmt	QRIS Pmt	Ex Pmt
$1,070	$913	$228	**$91**	$0
$950	$888	$222	**$89**	$0
$2,020	$1,801	$450	**$180**	$0

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$2,323**	$108
% of CC fee		*95%*	*5%*
% of HH inc			4.0%
Fee to CC	**$2,431**		

*Family share: $0 excess pmt & $108 co-pay

Net Impact
To Fam: No change
To CC: $411 increase in revenue (20%)

NORTH Dakota | Health & Human Services
Be Legendary



The Smiths | Larry, Deb, Lily and Ben

Child Care Expense Owed / Mo: $2,020
Gross monthly income: $4,680
Child Care (CC) as % of gross income: 43%

60% SMI

Without Child Care Assistance (CCAP)

	Rate	SMR	Excess Pmt
Lily	$1,070	n/a	n/a
Ben	$950	n/a	n/a
	$2,020	**n/a**	**n/a**

	Total $ to CC	CCAP share	Family share
CC Fee Due	**$2,020**	$0	**$2,020**
% of CC fee		*0%*	*100%*
% of HH inc			**43.2%**

With CCAP (current program)

	Rate	SMR	Excess Pmt
Lily	$1,070	**$913**	**$157**
Ben	$950	**$888**	**$62**
	$2,020	**$1,801**	**$219**

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$1,426**	**$594**
% of CC fee		*71%*	*29%*
% of HH inc			**12.7%**

*Family share: $219 excess pmt & $375 co-pay

Net Impact
To Fam: $1,426 lower pmt for CC
To CC: No change

With CCAP + Infant/Toddler Payment Increase

	Rate	SMR	I/T Pmt	Ex Pmt
Lily	$1,070	$913	**$228**	**$0**
Ben	$950	$888	**$222**	**$0**
	$2,020	$1,801	**$450**	**$0**

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$1,876**	**$375**
% of CC fee		*95%*	*19%*
% of HH inc			**8.0%**
Fee to CC	**$2,251**		

*Family share: $0 excess pmt & $375 co-pay

Net Impact
To Fam: $219 lower pmt for CC
To CC: $231 increase in revenue (11%)

With CCAP + I/T Pmt Incr + Quality Tier 3

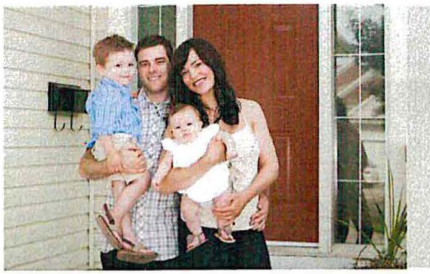
Rate	SMR	I/T Pmt	QRIS Pmt	Ex Pmt
$1,070	$913	$228	**$91**	$0
$950	$888	$222	**$89**	$0
$2,020	$1,801	$450	**$180**	$0

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$2,056**	$375
% of CC fee		*95%*	*19%*
% of HH inc			8.0%
Fee to CC	**$2,431**		

*Family share: $0 excess pmt & $108 co-pay

Net Impact
To Fam: No change
To CC: $411 increase in revenue (20%)

NORTH Dakota | Health & Human Services
Be Legendary



The Johnsons | Matt, Carla, June, and Artie

Child Care Expense Owed / Mo: $2,020
Gross monthly income: $6,933
Child Care (CC) as % of gross income: 29%

85% SMI

Without Child Care Assistance (CCAP)

	Rate	SMR	Excess Pmt
Lily	$1,070	n/a	n/a
Ben	$950	n/a	n/a
	$2,020	**n/a**	**n/a**

	Total $ to CC	CCAP share	Family share
CC Fee Due	**$2,020**	$0	**$2,020**
% of CC fee		*0%*	*100%*
% of HH inc			**29.1%**

With CCAP (current program)

	Rate	SMR	Excess Pmt
Lily	$1,070	**$913**	**$157**
Ben	$950	**$888**	**$62**
	$2,020	**$1,801**	**$219**

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$1,270**	**$750**
% of CC fee		*63%*	*37%*
% of HH inc			**10.8%**

*Family share: $219 excess pmt & $531 co-pay

Net Impact
To Fam: $1,270 lower pmt for CC
To CC: No change

With CCAP + Infant/Toddler Payment Increase

	Rate	SMR	I/T Pmt	Ex Pmt
Lily	$1,070	$913	**$228**	**$0**
Ben	$950	$888	**$222**	**$0**
	$2,020	$1,801	**$450**	**$0**

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$1,720**	**$531**
% of CC fee		*74%*	*26%*
% of HH inc			**7.7%**
Fee to CC	**$2,251**		

*Family share: $0 excess pmt & $531 co-pay

Net Impact
To Fam: $219 lower pmt for CC
To CC: $231 increase in revenue (11%)

With CCAP + I/T Pmt Incr + Quality Tier 3

Rate	SMR	I/T Pmt	QRIS Pmt	Ex Pmt
$1,070	$913	$228	**$91**	$0
$950	$888	$222	**$89**	$0
$2,020	$1,801	$450	**$180**	$0

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$1,900**	$531
% of CC fee		*74%*	*26%*
% of HH inc			7.7%
Fee to CC	**$2,431**		

*Family share: $0 excess pmt & $531 co-pay

Net Impact
To Fam: No change
To CC: $411 increase in revenue (20%)

NORTH Dakota | Health & Human Services
Be Legendary



The Smiths | Larry, Deb, Lily and Ben

Child Care Expense Owed / Mo: $2,020
Gross monthly income: $4,680
Child Care (CC) as % of gross income: 43%

60% SMI

Affordability **Availability** **Quality**

Without Child Care Assistance (CCAP)

	Rate	SMR	Excess Pmt
Lily	$1,070	n/a	n/a
Ben	$950	n/a	n/a
	$2,020	**n/a**	**n/a**

	Total $ to CC	CCAP share	Family share
CC Fee Due	**$2,020**	$0	**$2,020**
% of CC fee		*0%*	*100%*
% of HH inc			43.2%

With CCAP (current program)

	Rate	SMR	Excess Pmt
Lily	$1,070	**$913**	**$157**
Ben	$950	**$888**	**$62**
	$2,020	**$1,801**	**$219**

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$1,426**	**$594**
% of CC fee		*71%*	*29%*
% of HH inc			12.7%

*Family share: $219 excess pmt & $375 co-pay

With CCAP + Infant/Toddler Payment Increase

	Rate	SMR	I/T Pmt	Ex Pmt
Lily	$1,070	$913	**$228**	**$0**
Ben	$950	$888	**$222**	**$0**
	$2,020	$1,801	**$450**	**$0**

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$1,876**	**$375**
% of CC fee		*95%*	*19%*
% of HH inc			8.0%
Fee to CC	**$2,251**		

*Family share: $0 excess pmt & $375 co-pay

With CCAP + I/T Pmt Incr + Quality Tier 3

Rate	SMR	I/T Pmt	QRIS Pmt	Ex Pmt
$1,070	$913	$228	**$91**	$0
$950	$888	$222	**$89**	$0
$2,020	$1,801	$450	**$180**	$0

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$2,056**	$375
% of CC fee		*95%*	*19%*
% of HH inc			8.0%
Fee to CC	**$2,431**		

*Family share: $0 excess pmt & $108 co-pay

North Dakota | Health & Human Services
Be Legendary

Net Impact
To Fam: $1,426 lower pmt for CC
To CC: No change

Net Impact
To Fam: $219 lower pmt for CC
To CC: $231 increase in revenue (11%)

Net Impact
To Fam: No change
To CC: $411 increase in revenue (20%)

Child Care's Workforce Challenge

- Child care workers are amongst the **lowest paid occupations** in the state of North Dakota
- **Helping families pay** for the costs of care will create better revenue opportunities for child care programs
- Sustainability within the sector will allow child care businesses the **opportunity to address wage issues**

North Dakota | Health & Human Services
Be Legendary.

Dakota | Job Service LMI LABOR MARKET INFORMATION

Here are the lowest paying jobs for North Dakota.
Click on the occupation title in the table to see more information about that occupation.

North Dakota

For help click the information icon next to each section.

Occupations by Employment Wage

This section shows the occupations with the lowest mean (annual) wages in North Dakota in 2021.

Click a column title to sort.

Rank	Occupation	Mean Annual Estimated Wage
1	Telemarketers	$17,030
2	Lifeguards, Ski Patrol, and Other Recreational Protective Service Workers	$23,450
3	Amusement and Recreation Attendants	$24,720
4	Ushers, Lobby Attendants, and Ticket Takers	$25,050
5	Gambling Service Workers, All Other	$25,100
6	Childcare Workers	$25,410
7	Ambulance Drivers and Attendants, Except Emergency Medical Technicians	$25,450
8	Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop	$25,480
9	Baggage Porters and Bellhops	$26,020
10	Fast Food and Counter Workers	$26,520

BRIGHT OUTLOOK NATIONALLY

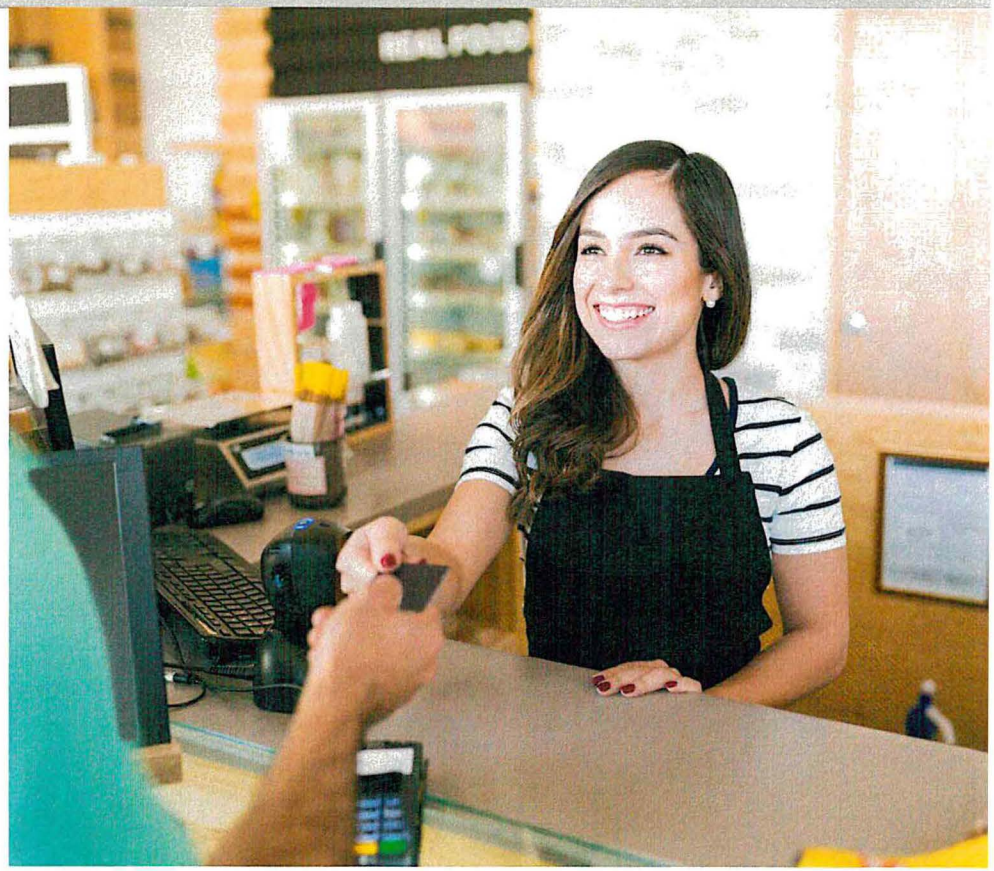
Source: Labor Market Information Center, Job Service North Dakota, OEWS Unit

Supporting Working Families | Strengthening our Workforce
ND Child Care Proposal | $73M / 3.5 FTE

	Early Childhood	Economic Assistance	Admin
1. Invest in the child care assistance program		$22M	
2. Extend ND's employer-led child care cost sharing program	$5M		
3. Increase provider payments for infant and toddler care		$13M	
4. Streamline background checks / reduce admin burden			$1M/1.5FTE
5. Support child care providers w/grants, incentives & shared svc	$7M		
6. Create new partnerships for care provided during non-traditional hours	$1M		
7. Build improved career pathways			
8. Expand the Best in Class program	$16M/1 FTE		
9. Established quality-based tiers in the CCAP payment schedule & quality infrastructure to support excellence in service delivery	$3M/1 FTE	$3M	
10. Reward the completion of above-and-beyond training	$2M		
TOTAL	$34M/2 FTE	$38M	$1M/1.5FTE

Why think about Child Care as a Workforce Solution?

- ✓ North Dakota has more job openings than people to fill them.
- ✓ 47% of ND job openings pay an average starting wage of less than $25/hour.
- ✓ To thrive communities need workers who want to work in both high-skill-required and low-skill-required jobs.
- ✓ The economic realities of child-rearing affect household decisions about employment.
- ✓ There are 45,000 ND households who have children younger than age 5.
- ✓ 3 of every 4 children households with children younger than age 5 have all parents in the workforce.









What is workforce? It's workers.



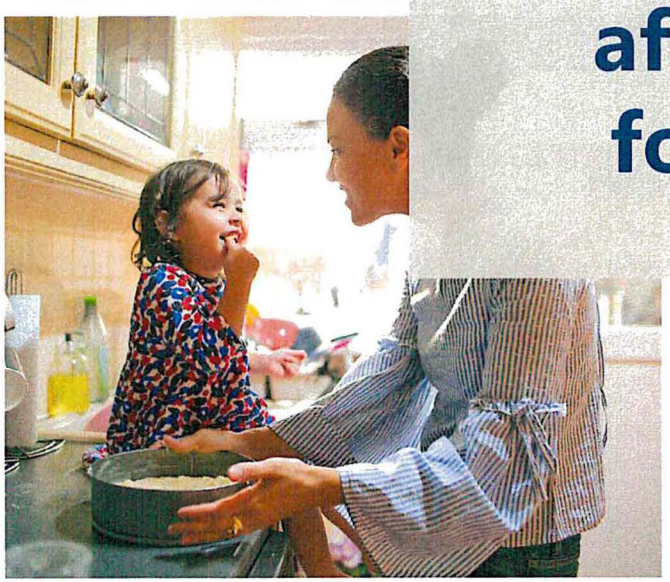


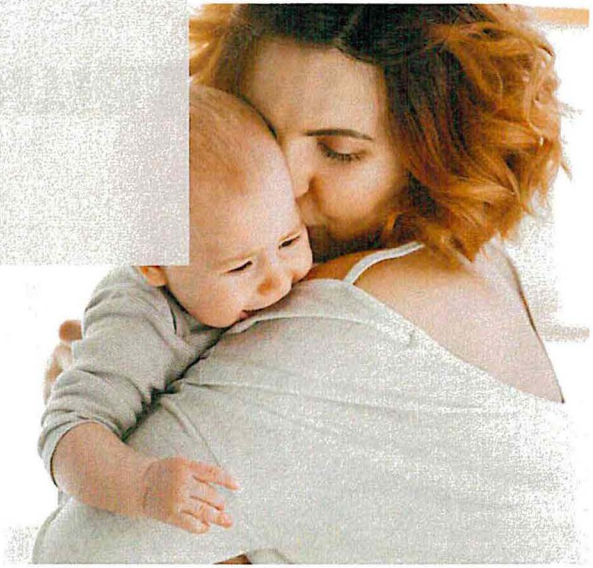


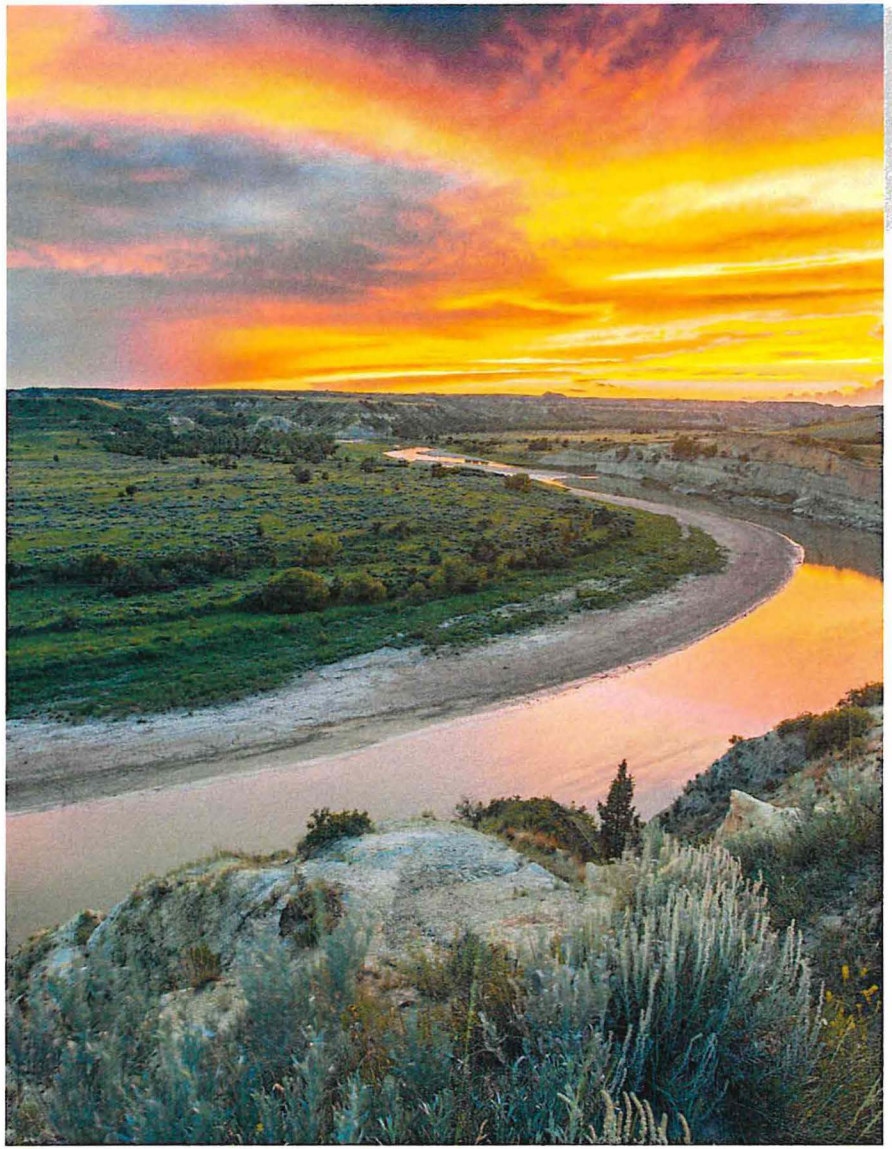




When quality child care is more affordable, it's easier for parents to work.







Contact information

Jessica Thomasson

Executive Director
Human Services Division
jthomasson@nd.gov

www.hhs.nd.gov

NORTH Dakota | Health & Human Services
Be Legendary.

Supporting Working Families | Strengthening Our Workforce

2023-25 EXECUTIVE BUDGET REQUEST FOR NEW INVESTMENT IN CHILD CARE AS A WORKFORCE SOLUTION

WHY IS CHILD CARE A WORKFORCE SOLUTION?
By addressing child care issues, we can help relieve workforce pressures across industries. When quality child care is available and affordable, it's easier for parents to work.

NORTH DAKOTA STRATEGY
Addressing child care as a barrier requires a comprehensive approach that tackles all 3 elements of the child care dilemma: **Affordability**, **Availability** and **Quality**.

North Dakota is making quality child care more available and more affordable to more working parents by making an impact investment in young children.

ND Child Care Proposal:
$73 million | 5,000+ children and their families | 700-800 child care businesses

- ✓ Invest in families with children ages 0-3 and the child care providers who serve them.
- ✓ Grow opportunities for kids in the year before kindergarten.
- ✓ Support sustainability and success of child care entrepreneurs committed to quality.
- ✓ Help working families choose to stay working without forcing them to sacrifice quality experiences for their children.

QUALITY | $24 million new investment

Every working parent can be a better employee when they know their child is safe and well-cared for while they're at work.

Expand Best in Class. Expand access to "Best in Class" experiences for children in the year before kindergarten so both early childhood providers and the families who are interested in participating have the resources and support needed to give kids a chance to grow, explore, and thrive.

Increase Best in Class access to 1,800 children per year ($16 million)

Create Quality-Based Payment Tiers for Child Care Assistance. Increase choices available to working families who participate in the child care assistance program (CCAP) by paying more for care delivered in child care programs that have taken all the steps necessary to validate quality standards. A system with quality payment tiers puts working families with more modest incomes on par with families who are better able to afford the higher cost of the highest quality care.

Build quality-based payments (5-15%) into the child care assistance payment structure and invest in the infrastructure needed to support providers' continued push toward excellence in delivery of care ($6 million)

Reward Completion of Above-and-Beyond Training. Offer professional development stipends directly to child care workers who complete "above and beyond" training in high priority content areas.

Grants and incentives to child care workers to support quality care ($2 million)

AFFORDABILITY | $27 million new investment

To make child care more affordable, we as a state need to connect more working families with young children to child care assistance.

Invest in the Child Care Assistance Program. Increase the number of families who receive help paying for child care, with special attention on with kids ages 0 to 3. Expand resources available to the state's child care assistance program (CCAP) to make a difference for more families in more industries in more parts of North Dakota.

Grow child care assistance participation to 3,000 children ages 0-3 ($22 million)

Extend ND's Employer-led Child Care Cost Sharing Pilot. Expand access to the cost-share program that supports an employer-provided child care benefit to help working families with kids ages 0-3 pay for child care.

Help employers offer a child care benefit to their employees with young children ($5 million)

AVAILABILITY | $22 million new investment

Make it easier for working families to find child care when and where they need it.

Increase Provider Reimbursements for Infant/Toddler Care. Incentivize the availability of child care for infants and toddlers whose families receive child care assistance by increasing the rate the state pays for children younger than age 3.

Increase infant/toddler payment by 25% to make it more feasible for providers to say yes to caring for the littlest North Dakotans ($13 million)

Streamline background checks and Reduce Administrative Burden. Streamline, automate and simplify processes and systems that affect the delivery of early childhood services, including background check processes that impact early childhood providers.

Background check process improvements ($1 million)

Build Improved Career Pathways. Partner with CTE, K12 and higher education to increase career pathway opportunities for students interested in early childhood careers that offer them on-the-job training in partnership with local child care programs.

Provide Resources and Supports to Child Care Providers. Support a more sustainable, stable child care sector by offering grants, incentives, and shared service resources to child care businesses.

Grants, incentives, and shared service supports to child care programs ($7 million)

Create Partnership(s) for Care during Non-Traditional Hours. Pilot ideas that make child care more available during non-typical hours. Partner with employers to identify creative solutions for working families whose jobs require non-traditional child care solutions.

Pilot partnership(s) between employer and child care program ($1 million)

NORTH Dakota | Health & Human Services
Be Legendary.

Supporting Working Families | Strengthening Our Workforce

The ND Child Care Proposal



---- Affordable ----

Expand Child Care Assistance Program (CCAP)

New Investment	Funding Source	Existing Resources		Impact	HHS Budget
$ 22,000,000	General Fund			Additional 1,500 kids per month (household income 0-85% AMI)	Econ Assistance
		$ 36,119,826	Federal	3,500 kids age 0-12 (household income 0-60% AMI)	Econ Assistance
		$ 12,200,000	General Fund		Econ Assistance
		$ 5,200,000	ARPA	500 kids age 0-12 (household income 60-85% AMI)	Econ Assistance

-- Availability --

Pay providers more for Infant/Toddler care via CCAP rate schedule

Investment - New		Investment - EBR		Impact	HHS Budget
$ 13,000,000	General Fund			25% increase in provider pmt for 2,670 kids ages 0-3	Econ Assistance

-- Quality --

Pay for quality by creating quality tiers in the CCAP rate schedule

Investment - New		Investment - EBR		Impact	HHS Budget
$ 3,000,000	General Fund			5-15% incr provider pmt, 1,600 kids in Step 2/3/4 programs	Econ Assistance

---- Affordable ----

Cost Share an Employer Child Care Benefit for Working Parents

Investment - New		Investment - EBR		Impact	HHS Budget
$ 5,000,000	General Fund			Chid care benefit for 650 working parents (kids ages 0-3)	Early Childhood
		$ 9,000,000	ARPA	Child care benefit for 950 working parents (kids ages 0-3)	Early Childhood

-- Availability --

Expand the Best in Class Program

Investment - New		Investment - EBR		Impact	HHS Budget
$ 16,000,000	General Fund			1,800 kids in 130 groups by 2025	Early Childhood
		$ 2,400,000	Federal		Early Childhood

-- Availability --

Provide Resources and Supports to Child Care Providers

Investment - New		Investment - EBR		Impact	HHS Budget
$ 2,000,000	General Fund	*$ 300,000*	General	Inclusion Grants	Early Childhood
$ 1,000,000	General Fund	*$ 450,000*	Federal/Gen	Quality Grants	Early Childhood
$ 1,000,000	General Fund			Start-up Grants	Early Childhood
$ 2,000,000	General Fund			Facility Grants	Early Childhood
$ 1,000,000	General Fund			Shared Service Grants	Early Childhood
$ 1,000,000	General Fund			Non-Traditional Hours Pilots	Early Childhood

-- Quality --

Offer Incentives to Child Care Workforce for Above and Beyond Training

Investment - New		Investment - EBR		Impact	HHS Budget
$ 2,000,000	General Fund			4 - 5,000 child care worker stipends	Early Childhood

- Availability -

Streamline the process child care providers use to complete background checks for workers

Investment - New		Investment - EBR		Impact	HHS Budget
$ 1,000,000	General Fund			Improved experience for 5,500+ child care workers and businesses	Admin

-- Quality --

Support Quality Improvement across the early childhood industry

Investment - New		Investment - EBR		Impact	HHS Budget
$ 3,000,000	General Fund	*$ 3,500,000*	Federal/Gen	Quality and Start-up Coaches, Program Delivery and Evaluation	Early Childhood

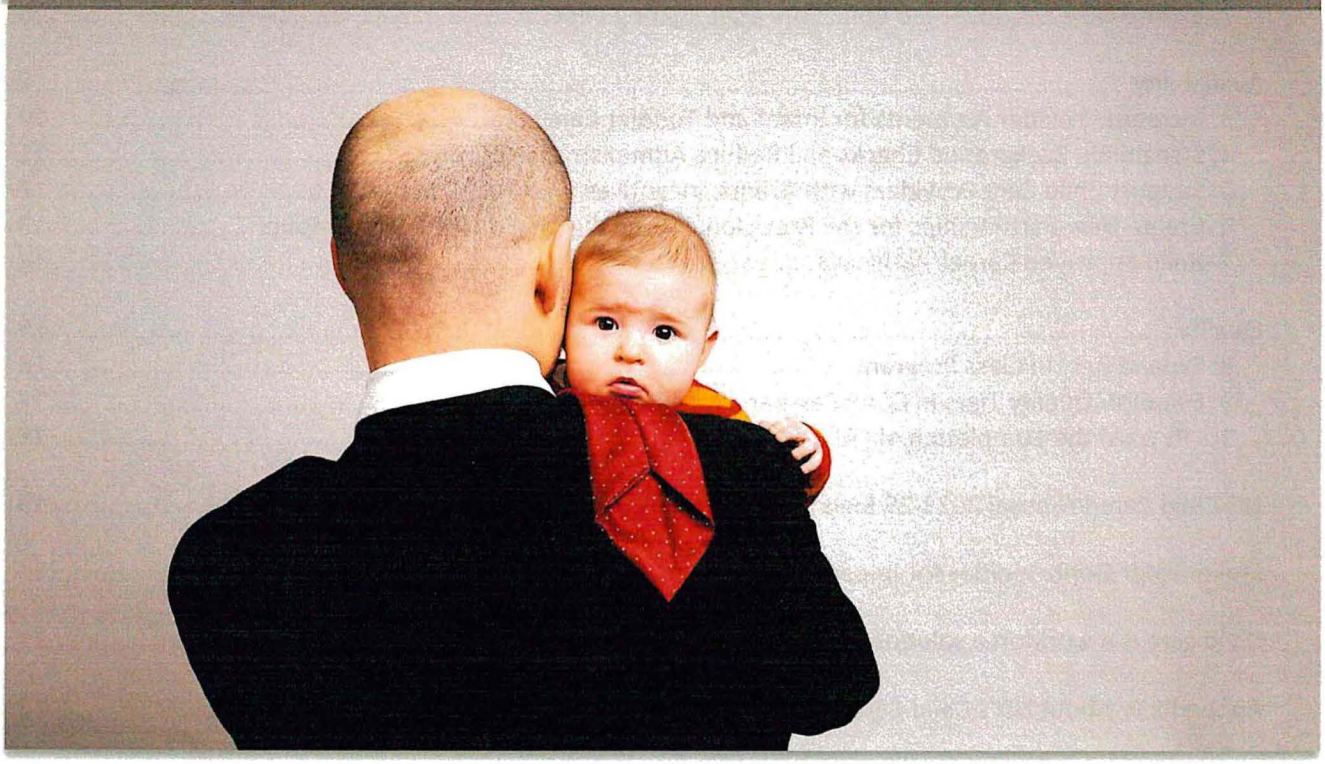
- Availability -

Total Investment

Investment - New		Investment - EBR	
$ 73,000,000	General Fund	*$ 69,169,826*	Federal/Gen

Last updated 2/6/2023

ISSUE BRIEF



SUPPORTING WORKING FAMILIES STRENGTENING OUR WORKFORCE

ND Child Care Proposal: A proactive approach to removing child care as a barrier to work

January 2023

NORTH Dakota | Health & Human Services
Be Legendary.

Table of Contents

The ND Approach: A strategy of both comprehensive and targeted investment 3

Affordability 5
1. Invest in the Child Care Assistance Program 7
2. Extend ND's Employer-led Child Care Cost Sharing Pilot 8

Availability 8
3. Increase Provider Payments for Infant and Toddler Care. 10
4: Streamline Background Checks and Reduce Administrative Burden 11
5. Support Child Care Providers with Grants, Incentives and Shared Services 12
6. Create New Partnerships for the Provision of Care during Non-Traditional Hours 13
7. Build Improved Career Pathways 14

Quality 15
8. Expand Best In Class Program 16
9. Establish Quality Tiers in CCAP Payment Schedule 17
10. Reward the Completion of "Above-And-Beyond" Training. 18

ND Child Care Proposal 2023-25 Biennial Investment 19

Stakeholder Opportunities for Impact 20

Child care is a workforce solution 21

Appendix A: About ND's Child Care Assistance Program (CCAP) 22

Appendix B: Proposed Adjustments to CCAP Rate Tables 25

Appendix C: Comparison of the 2022 State Median Income (SMI) and Fed Poverty Level (FPL) 28

The ND Approach: A strategy of both comprehensive and targeted investment

Child Care is an inherently challenging type of business to operate because most of its customers (i.e., working families), on their own, cannot afford to pay what it costs to provide quality care. Which means child care providers have a hard time charging what it takes for them to successfully stay in business and operate a high-quality program. At the same time, we know that **quality child care is essential** for working parents, for employers AND for children.

Eliminating child care as a barrier to work requires an approach that is both comprehensive and targeted at the same time. The ND approach is built on several related public policy principles that can help guide decision making. These principles acknowledge that effecting meaningful change at the macro workforce level will require both a **comprehensive and targeted strategy** that is guided by a clear understanding of where and how we can achieve greatest impact.

1) Target investments to ages 0-3.
   - ✓ Age of highest developmental return for children
   - ✓ Period of greatest economic pressure for most young families
   - ✓ Critical decision point for individual-level decisions about how/if to rejoin the labor force

2) Focus on working families with young children employed in occupations where compensation can't adequately offset the cost of child care needed to enable work.

3) Create opportunities for the children who are least likely to have access to quality early childhood experiences (ex. modest income family, special needs, disrupted family circumstances).

4) Embrace an all-of-the-above approach to child care
   - ✓ Quality early childhood experiences can happen anywhere.
   - ✓ Working families should have meaningful choices about child care.
   - ✓ Principles of quality are knowable and transferrable to any setting.
   - ✓ Sustainable child care businesses will support more sustainability within the child care workforce.

5) Public investment in child care helps working parents provide for their families by supporting employment and training/education goals.
   - ✓ Benefits are scaled to family need.
   - ✓ Employers have meaningful vehicles to remediate child care as a barrier to work.

Public and Private Stakeholders and Partners have come together over years to set the stage for action

- Legislators from across the state engaged in numerous local conversations about how child care affects people in their district, gathering ideas for how to make a real difference for working families with young children
- Working group convened with Hunt Institute, involving stakeholders from business, local governments, universities
- Governor-hosted roundtables with both business leaders and child care providers to understand nexus of child care and workforce needs
- Meet and greets with Chambers of Commerce, Workforce Development Council, Industry and Advocacy groups to build awareness and brainstorm ideas and approaches
- Creation of HHS Early Childhood team (after 2021-23 legislative session) to operationalize the state's early childhood experiences approach

NORTH DAKOTA STRATEGY

Addressing child care as a barrier to work requires a comprehensive approach that tackles all three elements of the child care dilemma: **Affordability**, **Availability** and **Quality**.

Make quality child care more available and more affordable to more working parents by making an impact investment in how we care for young children.

$73 million | 4-5,000 children | 700-800 child care businesses

- ✓ Invest in families with children ages 0-3 and the child care providers who serve them.
- ✓ Grow opportunities for kids in the year before kindergarten.
- ✓ Support the sustainability and success of child care businesses that are committed to quality.
- ✓ Help working families choose to stay working without forcing them to sacrifice quality experiences for their young children.



The 2023-25 executive budget request includes $73 million in new funding to move the state's workforce / child care strategy forward.

Make Child care assistance a reality for more working parents.

- Grow number of working families who access child care assistance (from 1,500 to 3,000 kids ages 0-3) - $22 M general fund
- Increase what the state pays for infant / toddler child care to make it more feasible for providers to say yes to caring for the littlest North Dakotans - $13 M general fund
- Build quality-based tiers into the child care payment structure - $3 M general fund
- Help more programs achieve quality ratings by investing in infrastructure to support quality, including contracting for more quality coaches and assessors, and evaluating the impact of state investments - $3 M general fund

Make an impact-level investment that rewards quality across the early childhood sector.

- Triple the number of annual Best in Class slots from 550 to 1,800+ - $16 M general fund
- Help employers offer a child care benefit to young working parents in their workforce via the public-private-partnership cost share program - $5 M general fund
- Make sure early childhood workers are the best trained in the country, offering grants and incentives to child care workers who go above and beyond to offer quality care - $2 M general fund
- Support child care entrepreneurs and small businesses with targeted grants to help eliminate child care deserts, support stronger business operations, and grow access to care during non-traditional hours - $8 M general fund
- Make it as easy as possible for providers to get licensed, stay licensed, and participate in the state's quality improvement system, including streamlining of background check processes - $1 M general fund

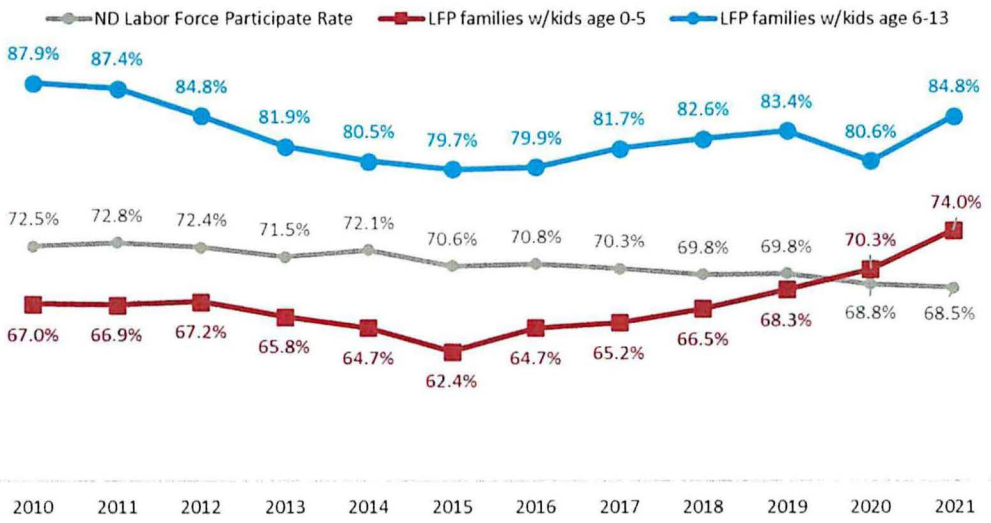
Affordability

CONNECT MORE WORKING FAMILIES TO CHILD CARE ASSISTANCE

Labor Force. North Dakota has a 68.7% labor force participation rate, consistently one of the highest in the U.S In fact, in ND parents of young children tend to work at higher rates than the population overall. In 2021 74% of children ages 0-5 had all parents in the labor force. For children ages 6-13 that rate rose to 84.8%.

The percent of ND children ages 0-5 who have all available parents in the labor force has been steadily increasing since 2010

Source: ND Kids Count | US Census American Community Survey | Bureau of Labor Statistics

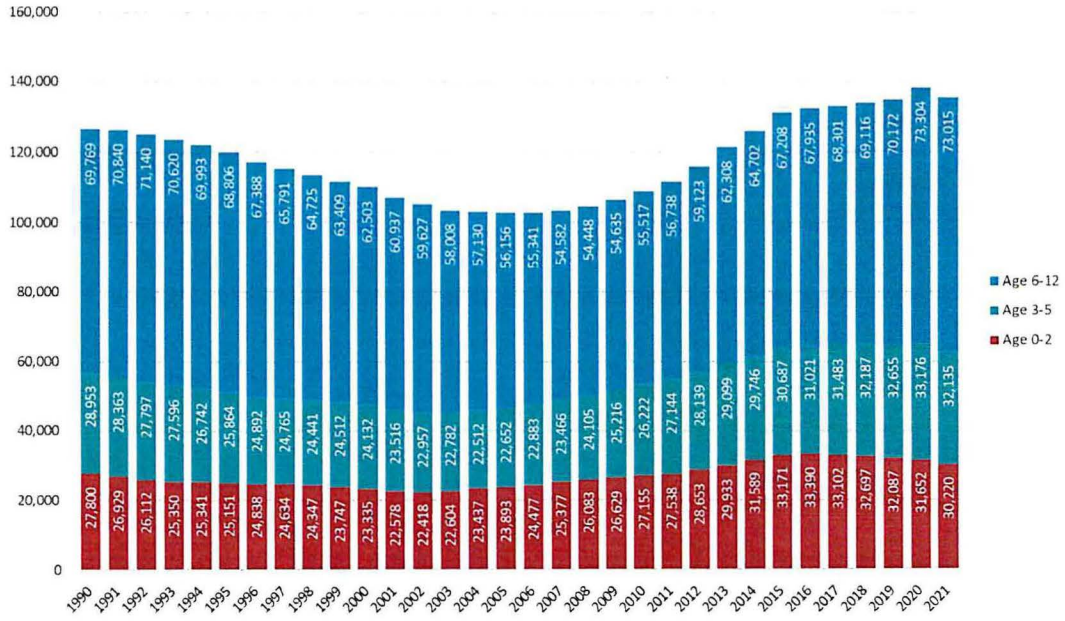


Age. North Dakota's population has also been getting younger in the last several years. Since 2010, the number of children ages 0-12 has grown as a percent of the overall state population and has also grown outright.

CCDBG. The federal Child Care and Development Block Grant is the primary federal funding source available to support states' efforts to provide help to lower income families with the costs of child care.

The number of children younger than age 13 has been increasing steadily since 2010

Source: ND Kids Count | Child population by single age (U.S. Census Bureau)

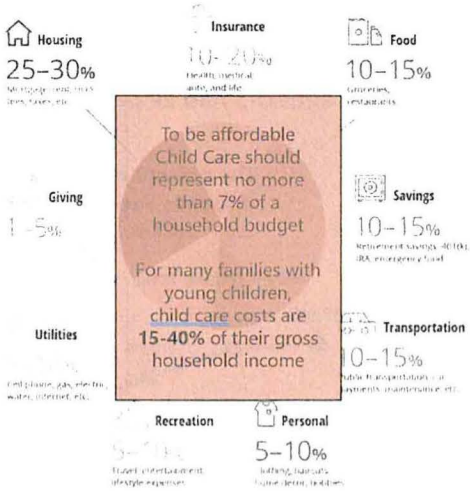


According to a 2019 Report, North Dakota's program provides help to approximately 7.1% of the North Dakota families who are likely to be eligible for assistance (according to funding levels and guidelines in place at the time).[1]

Cost. The October 2021 Child Care Market study conducted for the North Dakota Child Care Assistance program found the average cost of center-based child care for infants (younger than 18 months) to be $10,056 per year ($9,576 in group/family settings).[2] For toddlers (children ages 18-35 months), the average annual cost was approximately $8,000. This means that the cost of tuition for an infant in center-based care is 15% more than the average cost of in-state tuition at the state's four-year public universities.[3]

What is "Affordable"?

The concept of affordability is a relative term. It is relative to the each household's resources.



Lower, moderate- and middle-income families with young children will struggle with the monthly out-of-pocket cost of child care, regardless of the fact that they are working. A sampling of occupations by average ND wage and number of jobs in wage range serves as a reminder that very few of the most commonly held jobs in our communities pay a wage that makes child care affordable, especially in the years before age 5.

Less than $15 / hr	$15 - $20 / hour	$20 - $28 / hour	$28 - $35 / hour	>$35 / hour
Child care worker	Home health/Pers care	Carpenter/Constr	Sales representative	Engineer
Fast food	Customer service rep	Office/clerical	HVAC installer	Constr mgr
Waiter/Waitress	Hair stylist	Accounting clerk	Rotary drill operator	Lineman
Cashier	Retail	Assembler/fabricator	Wellhead pumper	Gen/Op mgr
Bartender	Receptionist/secretary	Maintenance/repair	HR specialist	Loan officer
Vehicle/equip cleaner	Restaurant cook	Correctional officers	Accountant	Lawyer
Hotel clerk	Preschool teacher	Auto service tech	Police	Sales manager
Dishwasher	EMT	Lic Practical Nurse	Real Estate Sales	Software dev
Laundry/Dry cleaning	Teller	Dental assistant	PR/marketing specialist	Veterinarian
Maid/Housekeeping	Security guard	Firefighter	Counselor/therapist	Pharmacist
	Nursing assistant	Social worker	Child/School social worker	Physician
48,790	Laborer	Truck driver	Registered Nurse	Dentist
# of people employed in a job with average wage of <$15/hour	Stocker/order filler	Svc unit op (oil/gas)	Comp network specialist	Psychologist
	Landscaping/grounds	Retail supervisor	Construction supervisor	Project mgmt
represents 13% of total jobs	Janitor/cleaner	Pharmacy tech	Dental hygienist	
	90,050	**109,930**	Architectural/mech drafter	**45,000**
	25%	*30%*	Heavy equip mechanic	*12%*
			73,420	
			20%	

Source: Job Service ND 2021 Employment and Wages by Occupation dataset | mean wage by occupation; 741,920 jobs included in statewide wage summary

[1] "Inequitable Access to Child Care Subsidies." CLASP. Rebecca Ullrich, Stephanie Schmit and Ruth Closse. April 2019.
[2] https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/2021-ccap-market-rate-survey.pdf
[3] Average in-state tuition for 4-year universities of $8,734. Source: https://ndus.edu/cost-to-attend/

1. Invest in the Child Care Assistance Program

Fund child care assistance program to grow the number of families able to participate

GOAL: 3,000 children ages 0-3 by 2025 | FUNDING: $22 million

The child care assistance program (CCAP) helps working parents and parents attending education or training programs, to pay for a portion of the cost of child care (see Appendix A for more about CCAP in ND).

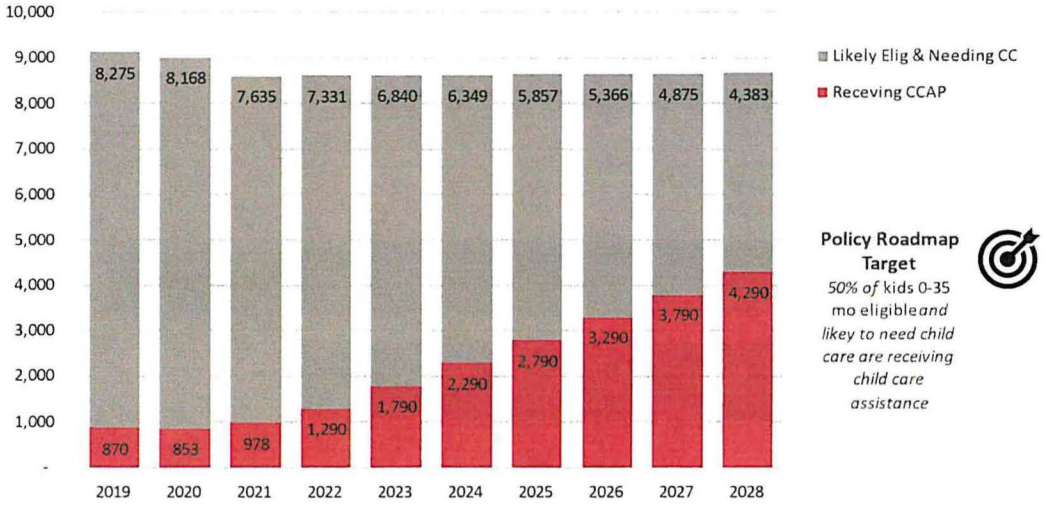
Adding state funds to the state's existing child care assistance program would essentially allow North Dakota to use its existing program infrastructure to increase the number of working families who receive direct help paying for the cost of child care.

By making child care costs more manageable for people working in occupations that pay modest wages, we can expect to see increased:

- Economic stability for families
- Labor force participation for parents of young children
- Economic productivity for the state's employers.

By increasing the resources available to the child care assistance program, instead of serving approximately 7-10% of working parents who are eligible for child care assistance, we can expand access to a far greater number of working parents and begin to move the needle on workforce.

With continued investment 50% of eligible children who are likely to need child care could receive some assistance by 2028



ND HHS analysis based on U.S. Census data (ND Kids Count: Population by single age) and Child Care Assistance Program utilization data (SPACES data warehouse)

Why this strategy?

More working families getting help with costs of child care =

Child care businesses have more customers with ability to pay =

More stable and reliable payments going directly to child care providers at the beginning of each month

2. Extend ND's Employer-led Child Care Cost Sharing Pilot

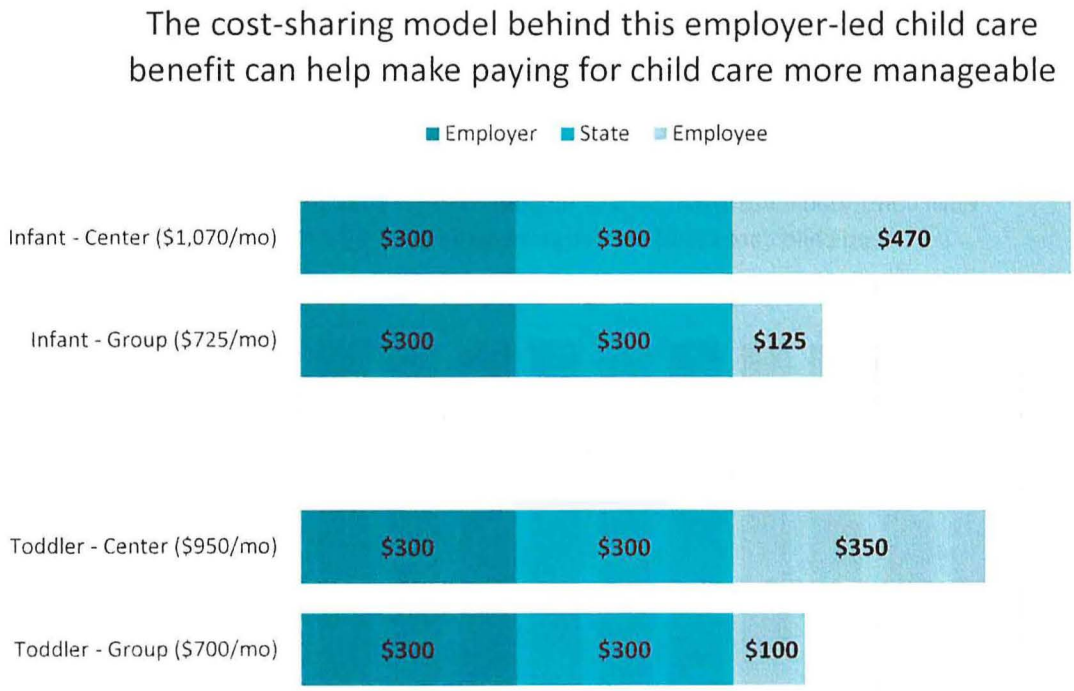
Help employers offer a child care benefit to their employees with young children

GOAL: Serve an additional 650 children through 2025 | FUNDING: $5 million

In November 2021 the ND legislature authorized HHS to use ARPA funds to pilot a cost-share model that supported an employer-provided child care benefit program. Child Care Relief for Working Parents will give employers a meaningful vehicle to address the child care barrier many of their employees face.

The program creates a state match for employer-funded childcare stipends to employees where household income is no more than 100% of state median income. The maximum state match is $300 per month, as long as the employee has a child ages zero to three, meets the household income thresholds, and is employed by a business that has opted in to participating in the program.

This matched stipend model offers a flexible and practical way to encourage private investment in child care, while allowing state dollars to serve more working families, and is designed to be a practical employee-level benefit that can be offered by both large and small employers.



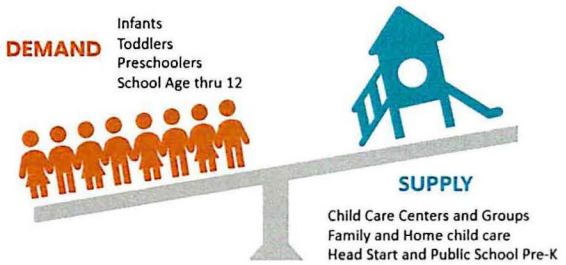
Why this strategy?

A shared cost model gives employers a meaningful vehicle to offset child care as a barrier to work for employees who are parenting young children

Availability

MAKE IT EASIER FOR WORKING FAMILIES TO FIND CHILD CARE WHEN AND WHERE THEY NEED IT.

Considering the realities of both demand and supply is essential to our ability to address the lack of available child care for working families with young children. While the challenges are real across the age spectrum, the greatest constraints occur when children are younger than age 3, which in child care parlance is referred to as "infant and toddler". Infants and toddlers account for approximately half of the 65,000 children who are younger than 6 (see Appendix A for data by county).



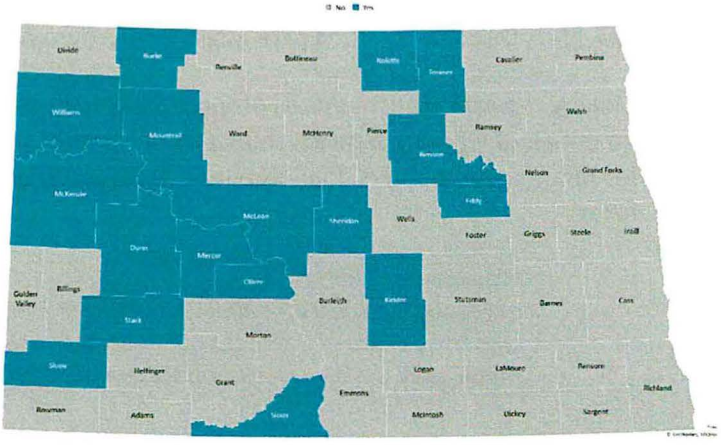
Demand. To estimate shortages in the availability of child care, we first need to establish the number of children likely to need some type of child care. While there is no precise measure available, we know that 74% of all children younger than age 5 have all parents in the workforce. We assume that about 1/3 of those children either don't need child care or are in some type of informal care arrangement made by their families, which means that approximately 33,527, or 52% of the children ages 0-5, are estimated to need formal child care of some kind.

All kids ages 0-5 64,724				
74% of kids have all parents in labor force (64,724 x 74%) **47,896**	&	**30% likely to have informal child care arrangements** (47,896 x 30%) **14,369**	=	**50% of all kids ages 0-5 likely to need child care of some kind** (47,896 – 14,369) **33,527**

Supply. It's hard to find child care no matter where you live. Across ND, there are 2-3 children for every licensed child care spot that's available. Even given that reality there are certain areas where availability is even more constrained than others.

A child care desert is a concept that is broadly understood to mean that the shortage of licensed child care slots (as compared to the number of kids who are likely to need child care based on parental workforce participation) is at least 3 to 1. Meaning there are three children who are likely to need care for every one care slot available in the community.

20% of the state's population lives in a county that was considered a child care desert in 2020



3. Increase Provider Payments for Infant and Toddler Care.

Increase infant/toddler child care assistance payment rates

GOAL: Increase CCAP State Max Rate for Infants and Toddlers by 25% | FUNDING: $13 million

Child care is a costly and labor-intensive endeavor. This is especially true for the youngest children because quality care requires lower ratios of adults to children. For infants and toddlers, a single adult can only care for 4-5 children (depending on ages in the setting) and still offer the care and attention necessary for their developmental stage.

The federal Child Care Development Block Grant supports the provision of child care assistance for lower income working families. The state's Child Care Assistance Program (CCAP) reimburses child care providers at a rate equivalent to 75% of the going "market rate" in their communities. This market rate is re-evaluated every 1 to 3 years as per federal guidelines via a survey of licensed child care providers.

When is child care affordable?

Average monthly cost of care in a Child Care Center compared to the affordability standard of 7% of household income



1 child (9-month-old)

Center-based avg		*Household income needed?*	=	*combined hourly wage of*
$838	→	**$143,600**		**$69/hr**



1 child (3-year-old)

Center-based avg		*Household income needed?*	=	*combined hourly wage of*
$726	→	**$124,400**		**$60/hr**



2 children (1-year-old and 4-year old)

Center-based avg		*Household income needed?*	=	*combined hourly wage of*
$1,564	→	**$268,100**		**$129/hr**

To account for the higher relative cost of providing quality care to infants and toddlers, and to encourage child care providers to offer care to the youngest children in our state, the North Dakota Child Care Proposal includes funding to increase infant and toddler provider reimbursements paid to child care providers through the child care assistance program by 25%. (See proposed rates in Appendix B)

Making the rate adjustment as proposed will help assure that the **rate the State pays** child care providers on behalf of working families should be set to more closely approximate the realistic costs of providing care for infants and toddlers. (See Appendix B for more on how costs of providing care compare to payment rates)

Why this strategy?

Increasing payments for infant and toddler care directly addresses child care providers' biggest cost gap and reduces out of pocket costs for families who have had to cover fees that exceed the max rate the state can pay through its child care assistance program.

4: Streamline Background Checks and Reduce Administrative Burden

Make it as easy as possible for providers to get licensed, stay licensed, and participate in the state's quality improvement system.

GOAL: Streamline, automate and simplify processes and systems that affect delivery of early childhood services| FUNDING: $1 million (criminal background check project)

By building on a model of early childhood experiences that embraces varied settings, the state of North Dakota must pay special attention to thoughtful alignment of rules, processes, and infrastructure across sectors. Reducing administrative burden while still maintaining accountability and upholding quality standards requires thoughtful application of policy and a mindset of continuous improvement.

The following list of items include a series of actions that move us further toward this goal of reduced administrative burden. The list includes both items that are proposed for consideration in the 2023-25 legislative session as well as items that are already in progress or recently completed (Q4 2022).

Proposed for 2023-25 Legislative consideration

- Remove requirement for separate food/lodging license for Group size 30 or lower
- Streamline criminal background check application and scheduling processes to the greatest extent possible ($1 million budget request)
- Allow notice of certain documents to be served by electronic means instead of by certified mail.
- Exempt head start programs, and early head start and Best in Class programs from the requirements of chapter 54-44.4.
- Change the requirement from a grant to direct payment for early childhood services inclusion support services to reduce requirements for early childhood services providers to obtain funding.
- Allow for direct monthly payment of child care assistance payments to early childhood providers.

In Progress / Complete

- Reduce administrative burdens of licensing through implementation of the new Child Care Licensing platform
- Automate routing of submitted documentation with other EC and HHS systems to eliminate need for repeat data entry
- Re-vamp CCAP eligibility portal and processes to ensure more consistency in how Human Service Zones deliver child care assistance
- Include all early childhood options in the Resource & Referral database (licensed child care, Head Start and school-based settings)
- Assure reciprocity wherever possible for trainings and certifications obtained beyond early childhood

Why this strategy?

Reducing administrative burden frees up child care provider staff time to focus on serving children and building their business.

5. Support Child Care Providers with Grants, Incentives and Shared Services

Support sustainable child care businesses with targeted investments, including a shared services model

GOAL: Facility, quality, inclusion, and start-up grants, plus shared service grants and supports for child care businesses | FUNDING: $7 million

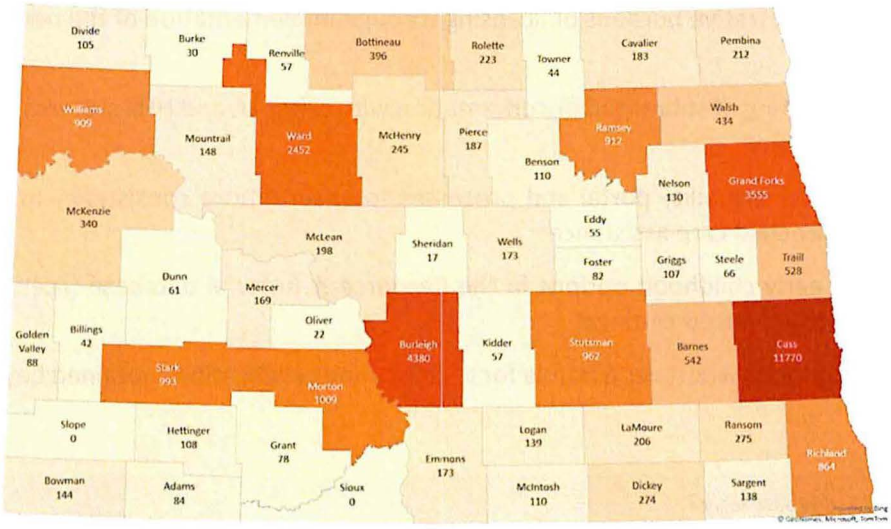
Grants and Incentives. ND should continue to support the capacity and stability of the state's child care providers by offering targeted support that can help support health and safety of facilities and offer incentives to programs embarking on a formalized quality improvement journey. Inclusion grants will support providers who endeavor to provide quality child care experiences for children with special needs. Start-up grants will support entrepreneurs who are entering the business of child care, with enhanced resources available to programs that are starting up or expanding in designated child care deserts.

Shared Services. Shared services models can allow child care providers to access administrative supports at reduced cost via statewide or regional vendors. While there are a myriad of approaches to consider, by way of example, the state could create a vendor pool that eligible child care businesses could utilize to ensure stronger and more cost-effective business operations, which will ultimately support increased access to quality care.

Eligible services might include, but are not limited to billing and accounting, payroll services, human resources support, website development, technology and IT supports, supply procurement, training and technical assistance, and the provision of employee benefits. The state could create a list of private partners who meet established qualifications designed to assure strengths needed to support child care businesses. Participation in this vendor pool would include access to pre-negotiated rates and service packages.

The state would then provide grants to child care businesses to help cover the cost of shared services, with targeted investments to incentivize child care programs that operate in designated child care deserts, who are actively participating in quality improvement efforts, or who offer care during non-traditional hours.

38,864 child care spots in 1,352 licensed child care programs operated by 1,210 small businesses across ND (Jan 2022)



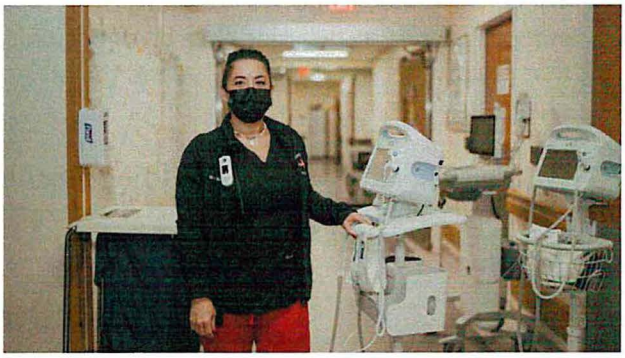
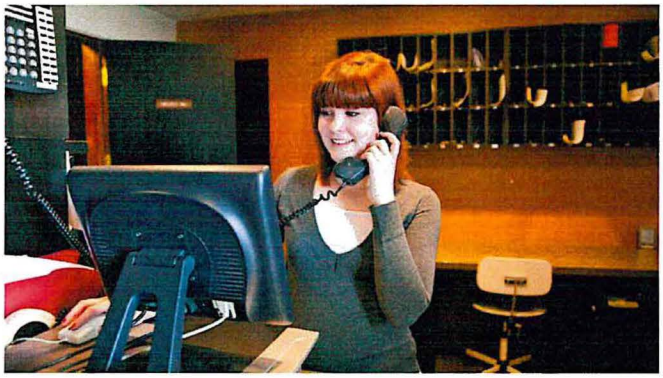
Why this strategy?

Supporting child care entrepreneurs with targeted business-oriented resources will support more stable and sustainable operations.

6. Create New Partnerships for the Provision of Care during Non-Traditional Hours

Pilot partnership(s) between employers and child care programs
GOAL: 1-2 pilots in place by end of 2025 | FUNDING: $1 million

For North Dakotans engaged in shift work outside of the traditional "nine to five" business day, child care can be particularly difficult to access. With access to additional resources, North Dakota DHHS can partner with providers and employers to identify and **pilot strategies to increase access to child care during non-traditional hours.** The specific nature of the pilot projects will be driven by the unique needs identified in each proposal




Why this strategy?
Matching supply and demand through targeted partnerships will return real results for employers and their employees who need child care during non-traditional hours.

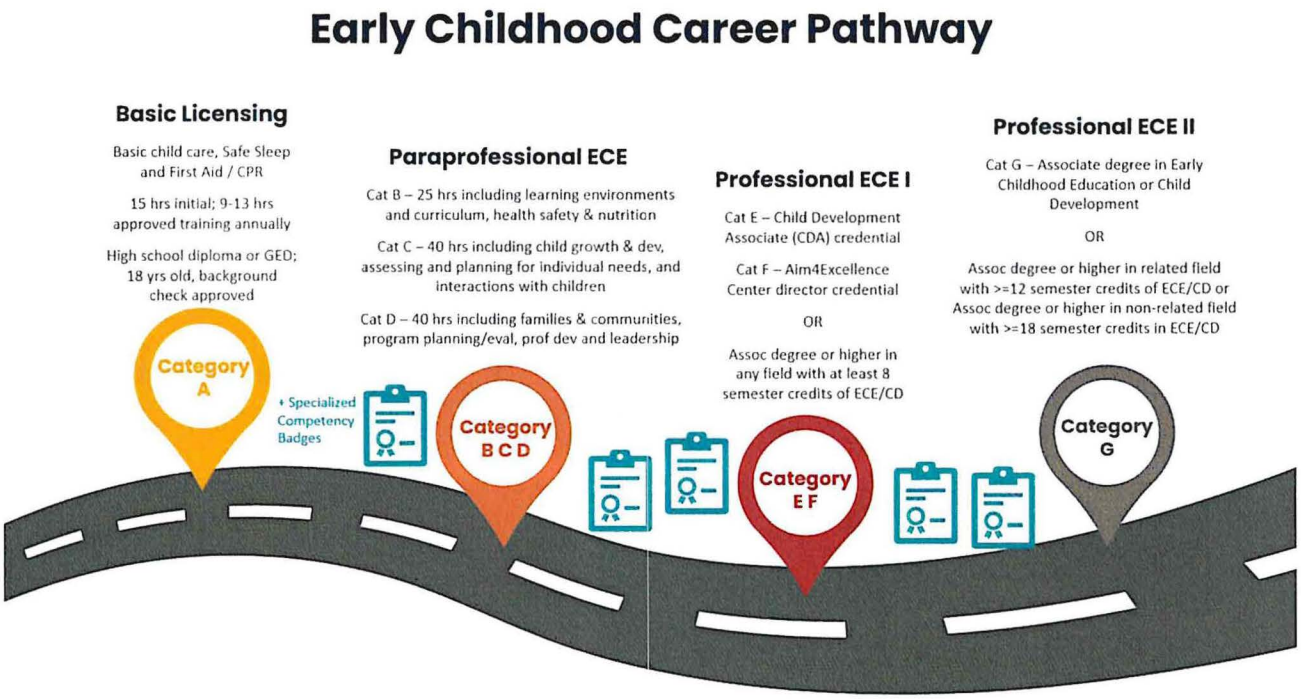
7. Build Improved Career Pathways

Make it as easy as possible for people who work in early childhood to chart their own career path in the field
GOAL: Align the early childhood workforce registry to reflect an expanded career pathway model | FUNDING: N/A (grant funded)

In order to develop a pipeline of qualified early childhood professionals, HHS could partner with the Department of Career and Technical Education, the Department of Public Instruction, and higher education programs to improve career pathway opportunities for students interested in pursuing careers in the field - including opportunities that might provide them with on-the-job training within local child care programs.

We can also make sure we are doing everything we can to ensure that young people who want to go into **early childhood as a career** have an opportunity through the state's **CTE** and **public schools** to take courses that prepare them for the work – and that offer them on-the-job training in partnership with local child care programs.

By partnering with CTE and public schools, North Dakota can help young people interested in a career in early childhood get a leg up, building real world credit and on-the-job experience while still in high school.



Why this strategy?
Making it easy to pursue a career in early childhood – from entry level to leadership – will create long term sustainability for early childhood providers.

Quality

WORKING PARENTS ARE BETTER EMPLOYEES WHEN THEY KNOW THEIR CHILDREN ARE SAFE AND WELL CARED FOR



Child outcomes associated with early childhood investments are closely linked with program quality.

What is quality? For little ones, a good day means that they have a great place to play and caring adults to interact with.



There's a lot that goes in to understanding how children develop and grow. There are strategies that help ensure that a two-year old is having a chance to build curiosity and resilience – all while playing. There are also unique approaches for kids when they are one, or four, or ten. And while the strategies are different, they all point to growth. The snapshot below offers an example of how early childhood professionals think about early literacy skills at various developmental ages.











Objective 17: Demonstrates knowledge of print and its uses.

A. Uses and appreciates books and other texts

Not Yet	1	2	3	4	5	6	7	8	9
		Shows interest in books • Gazes at the pages of a book • Brings book to adult to read		**Orients book correctly; turns pages from the front of the book to the back; recognizes familiar books by their covers** • Hands teacher book and says, "Let's read *Corduroy*!"		**Knows some features of a book (e.g., title, author, illustrator, front and back covers); connects specific books to authors** • Says, "I want to read this Dr. Seuss book today." • Says, "Eric Carle wrote this book. He is the author." • Selects a book in the library and talks to the librarian about the front and back cover; points out the title page when prompted		**Uses various types of books for their intended purposes** • Selects a nonfiction book about insects to identify the butterfly seen on the playground	

0 – 1 yrs | 1 – 2 yrs | 2 – 3 yrs | 3 yrs | 4 yrs | Kindergarten



Kindness and caring are a huge part of helping children grow, as are the concepts and strategies that can be learned through early childhood-focused professional development and training.

As a state – we want to make sure that every adult who works with our youngest children feels equipped to give that child the absolute best experience they can. Seeing the child's interests and abilities and helping make sure their environment and experiences give them the best chance possible to grow and realize their full potential.

8. Expand Best In Class Program

The year before kindergarten is a pivotal time in a child's life. In North Dakota we want to make an impact-level investment to make sure that there's a spot in a Best in Class program for every ND child whose family chooses to participate.

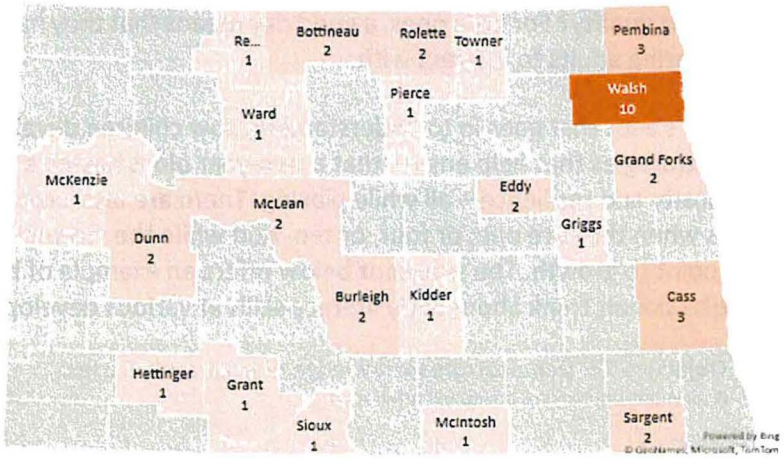
GOAL: Increase annual Best in Class slots to 1,800 by 2025 | ADDITIONAL FUNDING: $16 million

In 2021 the North Dakota legislature authorized policy and funding to pilot a new program designed to provide high-quality early childhood experiences to children in the year prior to kindergarten entry.

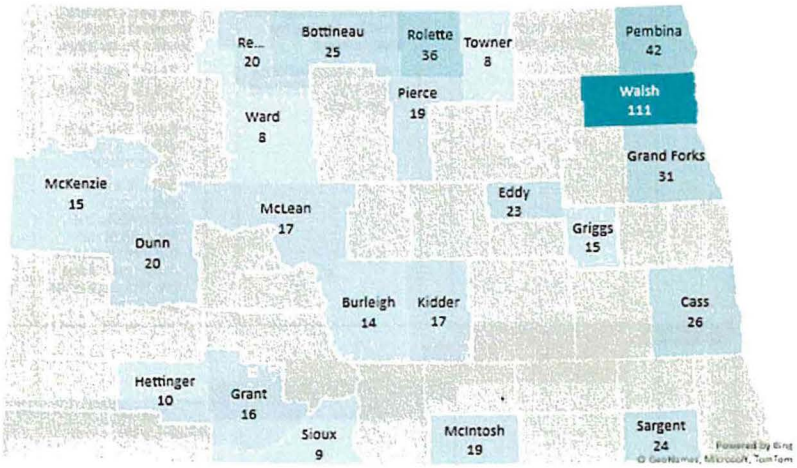
Built on over 20 years of research from similar programs across the country, in its first two years of operation, the *Best-in-Class* (BIC) program has supported programs in 37 communities where a BIC experience was provided to more than 930 North Dakota children.

Expanding annual participation to 1,800 children per year by the end of the 2023-2025 biennium would support high quality early experiences in more than 100 public and private early childhood programs across the state.

2022-23 BIC program included 44 groups of children in 23 counties



23 BIC programs served 544 children in 2022-23



Why this strategy?

Taking steps to make sure all kids have access to high quality experiences in the year before kindergarten will return both immediate <u>and</u> long-term results.

9. Establish Quality Tiers in CCAP Payment Schedule

To help make sure that all working parents have a greater ability to choose the quality child care that's right for them, the State can build quality tiers into the child care assistance program payment schedule.

GOAL: Build quality tiers into the child care payment structure | FUNDING: $6 million



As referenced throughout this document, child care is a major expense for North Dakota families. Because cost and quality are commonly linked, lower-income North Dakota families are often priced out of top-quality programs, limiting parental choice and sub-optimizing developmental and learning opportunities.

There are a lot of great child care providers in ND. It's a fact that if your household income is lower, your ability to choose the best quality care is often limited – it's just not affordable to you, which means that it's out of reach.



This proposal will mean that any child care provider who takes care of a child younger than age 3 and who has taken all the steps necessary to validate the quality standards that they put to work in their program, can receive a higher payment rate. This quality payment boost puts working families with more modest incomes on par with families who are better able to afford the higher cost of the highest quality care and at the same time provide higher compensation to programs with verified higher quality care.

North Dakota Bright and Early

Quality Rating Improvement System (QRIS)



Step 1
Health and Safety



Step 2
Space and Materials



Step 3
Activities and Experiences



Step 4
Relationships and Interactions

Why this strategy?

Paying for quality acknowledges the extra effort it takes to provide validated quality experiences to kids of all ages and abilities.

10. Reward the Completion of "Above-And-Beyond" Training.

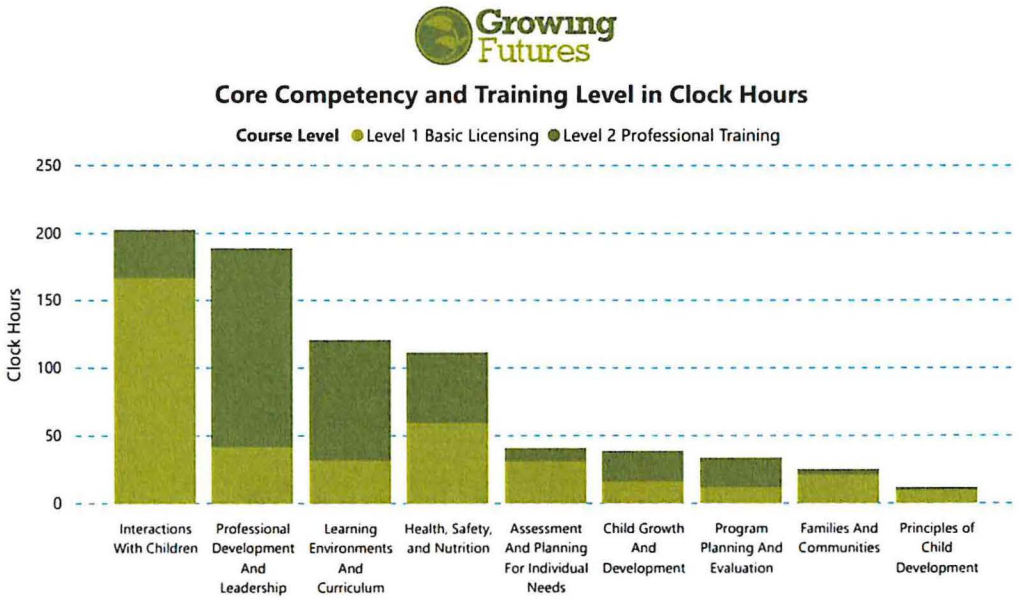
Grants and incentives to child care workers to support quality care through high impact professional development. Build system to acknowledge achievement of topical competencies.

GOAL: Double workforce engagement with high priority professional development topics | FUNDING: $2 million

It is difficult for child care programs to schedule time during the paid work day for their staff to engage in training and professional development. Child care programs typically operate 10-12 hours per day and are staffed to interact with and provide care for children during that time. So while basic (required) training may happen during work hours, it is often left to child care staff members to build their credentials and skills outside of paid work time.

We know that children benefit from spending time with caregivers who feel equipped to respond to each child's unique needs and interests. The overall quality of North Dakota's child care programs is closely linked to the professional knowledge of the state's child care providers.

This proposal recognizes the value of the "above and beyond" training that child care workers bring to the jobs they do by offering career development grants and scholarships in high priority early childhood content areas designed to improve quality and increase children's opportunities to realize their full potential.



Why this strategy?

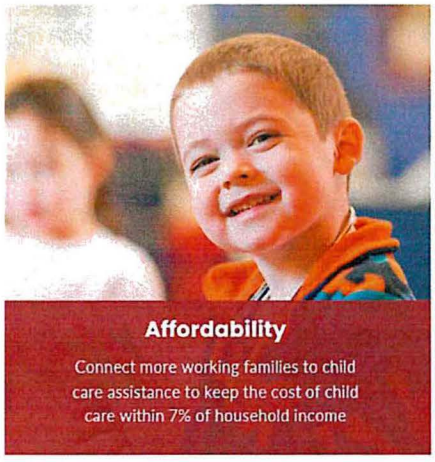
The adults in the room <u>are</u> the most important part of a child's experience, which means rewarding skill-building in early childhood workforce will pay dividends.

ND Child Care Proposal 2023-25 Biennial Investment

OVERVIEW OF INITIATIVES IN 2023-25 SENATE BILL 2012

	ND Child Care Proposal Budget Req	Incl in 2023-2025 Exec Budget Req	*TOTAL 2023-25*
1. Expand funding for Child Care Assistance Program	$22,000,000	$48,319,826 (CCDF/Gen) $5,200,000 (ARPA)	$75,519,826
2. Extend employer child care benefit cost share pilot	$5,000,000	$9,000,000 (ARPA)	$14,000,000
3. Increase provider payments for Infant/Toddler care	$13,000,000		$13,000,000
4. Streamline background check processes	$1,000,000		$1,000,000
5. Grants, incentives, and shared services for providers	$7,000,000	$750,000 (CCDF/Gen)	$7,750,000
6. Partnership(s) for non-traditional hours care	$1,000,000		$1,000,000
7. Create improved career pathways	$0		$0
8. Expand Best in Class program	$16,000,000	$2,400,000 (ESSER II)	$18,400,000
9. Create quality-based pmts and quality infrastructure	$6,000,000	$3,500,000 (CCDF/Gen)	9,500,000
10. Reward child care workers' "above & beyond" training	$2,000,000		$2,000,000
TOTAL	**$73,000,000**	**$69,169,826**	**$142,169,826**

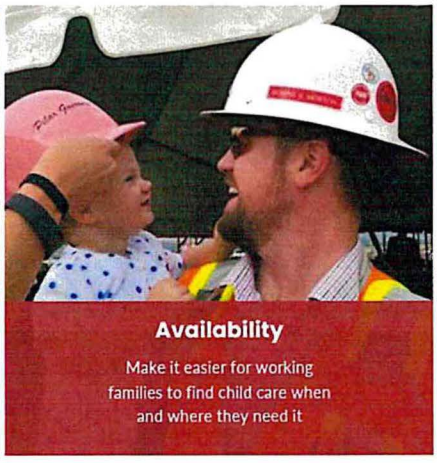
Child care is a workforce solution that can make a difference for ND employers



Affordability

Connect more working families to child care assistance to keep the cost of child care within 7% of household income

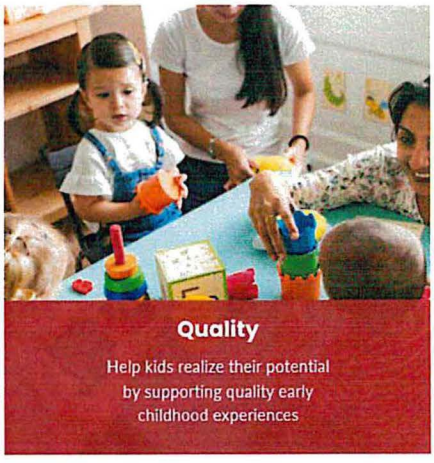
$27 million | Helping lower income working parents with child care costs | Public private cost share for employer-provided child care benefit for employees



Availability

Make it easier for working families to find child care when and where they need it

$21 million | Payments for Infant and Toddler care | Supporting more sustainable operations for child care entrepreneurs | Care during non-traditional hours | Child care worker career pathways



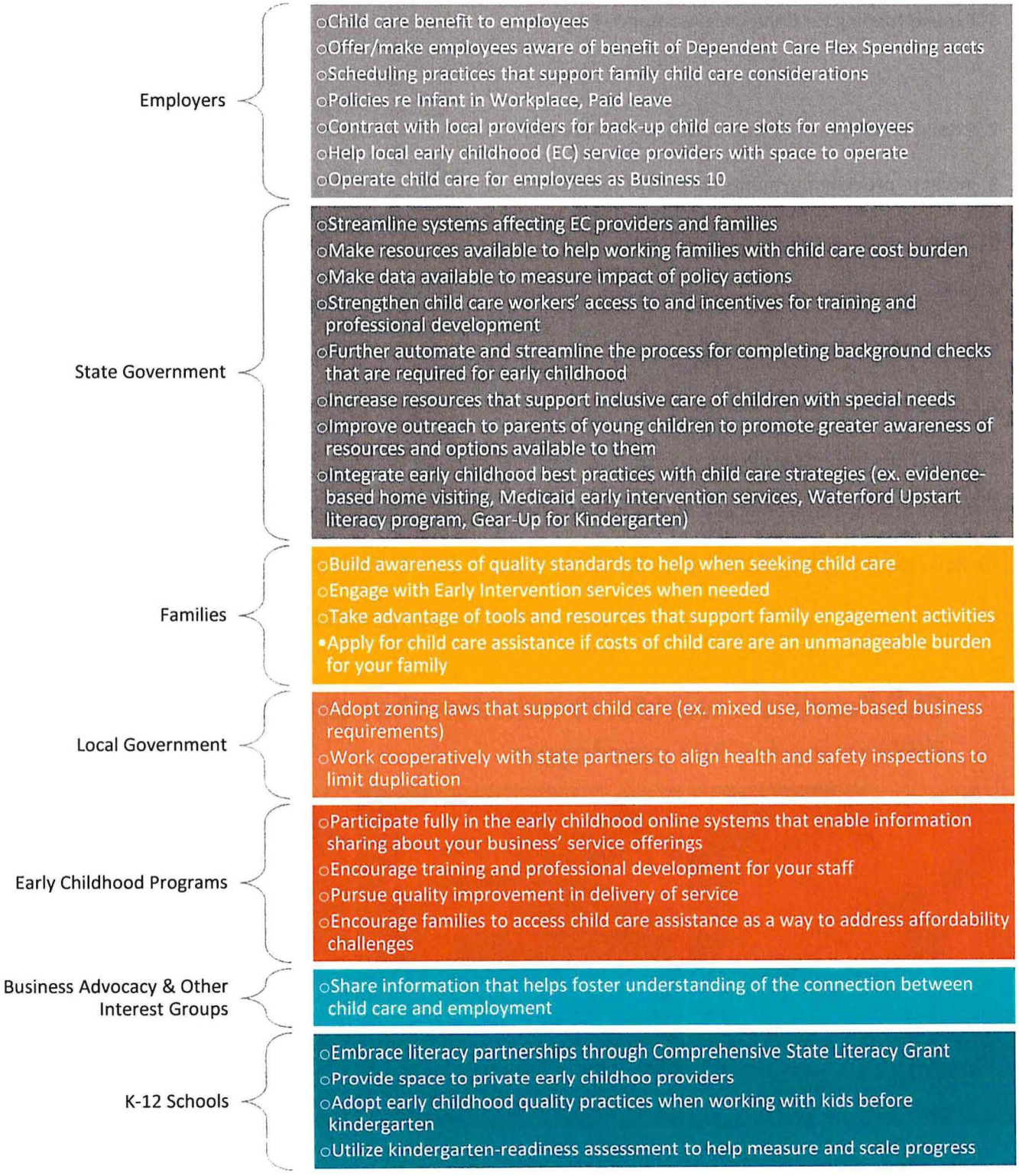
Quality

Help kids realize their potential by supporting quality early childhood experiences

$24 million | Best in Class program | Scholarships and incentives for child care worker professional development | Connecting child care payments to quality

Stakeholder Opportunities for Impact

No single actor alone can make meaningful systems-level change. If the state of North Dakota is to achieve its goal of removing child care as a barrier to work for as many working families as possible, everyone will have to own a piece of the solution. To spur conversation, this Issue Brief outlines several opportunities for stakeholder impact.



Child care is a workforce solution

The absence of affordable high quality child care that is available when and where working parents need it is a challenge for North Dakota employees and employers alike, creating barriers to workforce participation, business productivity, and a thriving state economy.

According to pre-pandemic data reported by the Harvard Business Review, inadequate childcare costs America's working parents $37 billion a year in lost income and employers $13 billion a year in lost productivity – with both figures projected to have risen over the past two years.

During a June 2022 employer roundtable discussion hosted by Governor Burgum and former Lt. Governor Sanford, North Dakota business leaders raised common and consistent concerns about the impact of child care on their productivity and bottom lines, with one large employer noting the loss of 13% of its total workforce to child care issues over the past 18-months alone.

Notably, instability in the child care sector takes a particular toll on working mothers, causing them to leave the workforce in disproportionately large numbers since the onset of the pandemic.

Workforce is one of the biggest constraints to economic growth facing North Dakota communities and businesses today.

Making quality child care more affordable and more available to working families is a workforce recruitment (and retention) strategy that will matter to thousands of young families who are choosing where they want to live and work.

- North Dakota consistently has more job openings than people to fill them.
- 47% of North Dakota job openings pay an average starting wage of less than $25/hour.
- To thrive, communities need workers who want to work in both low-skill-required and high-skill-required jobs.
- The economic realities of child-rearing affect household decisions about employment.
- There are 44,000+ ND households who have children younger than age 5.
- Three of every four households with children younger than age 5 have ALL parents in the workforce.

74%

Parents in workforce

74% of the 44,000+ North Dakota households who have children younger than age 5 likely have at least some need for child care as all available parents are in the workforce

In addition to its power as an immediate workforce strategy, decades of research indicates that quality early childhood experiences set kids up for a better school experience, lower the need for special education, and create a strong foundation for any career they choose to follow.

By addressing child care issues, we can help relieve workforce pressures across multiple industries. When quality child care is available and affordable, it's easier for parents to work.

Appendix A: About ND's Child Care Assistance Program (CCAP)

North Dakota utilizes approximately $32 million in federal funding each biennium for child care assistance. About half of that goes to families with children younger than age 3.

Co-payment. Families who qualify for child care assistance still pay a portion of their child care costs.

The amount of assistance they receive is scaled to how much their household earns.

The goal is to keep child care more affordable, which means the family share (i.e,. co-pay) is capped at 7% of their gross household income.

	<30% State Median Income			30-40% State Median Income		
HH Size	Monthly Income	Est Max Hourly Wage *	Monthly Copay (2-3% of inc)	Monthly Income	Est Max Hourly Wage *	Monthly Copay (4-6% of inc)
2	<$1,214	$7.00	$13 - $37	$1215 - $2427	$14.00	$73 - $146
3	<$1,499	$8.65	$15 - $45	$1500 - $2998	$17.30	$90 - $180
4	<$1,785	$10.30	$18 - $54	$1786 - $3569	$20.59	$108 - $215
5	<$2,070	$11.94	$21 - $63	$2071 - $4140	$23.88	$125 - $249
6	<$2,356	$13.59	$24 - $71	$2357 - $4711	$27.18	$142 - $283
7	<$2,409	$13.90	$25 - $73	$2410 - $4818	$27.80	$145 - $290
8	<$2,463	$14.21	$25 - $74	$2464 - $4926	$28.42	$148 - $296

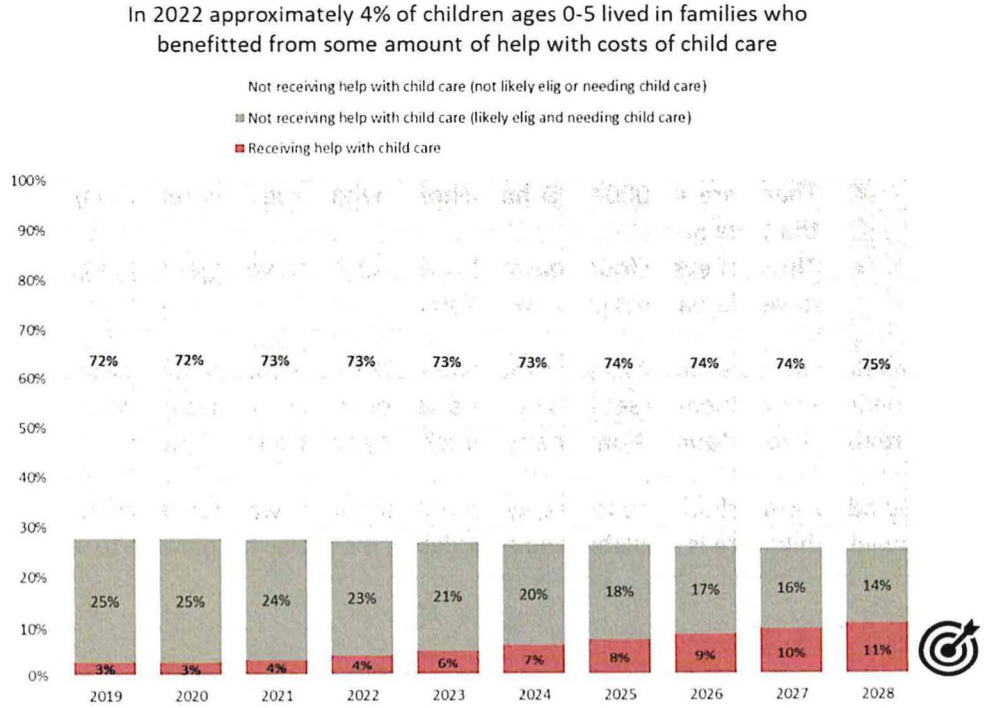
	50-60% State Median Income			60-85% State Median Income		
HH Size	Monthly Income	Est Max Hourly Wage *	Monthly Copay (7% of inc)	Monthly Income	Est Max Hourly Wage *	Monthly Copay (7% of inc)
2	$2428 - $3641	$21.01	$213 - $255	$3642 - $5158	$29.76	$362
3	$2999 - $4497	$25.94	$263 - $315	$4498 - $6371	$36.76	$446
4	$3570 - $5354	$30.89	$313 - $375	$5355 - $7585	$43.76	$531
5	$4141 - $6211	$35.83	$363 - $435	$6212 - $8798	$50.76	$616
6	$4712 - $7067	$40.77	$413 - $495	$7068 - $10011	$57.76	$701
7	$4819 - $7228	$41.70	$422 - $506	$7229 - $10239	$59.07	$717
8	$4927 - $7388	$42.62	$431 - $518	$7389 - $10467	$60.39	$733

**Assumes single earner, full-time work*

Using federal funds alone, today, fewer than 1 in 10 working families who might be eligible actually receive assistance.

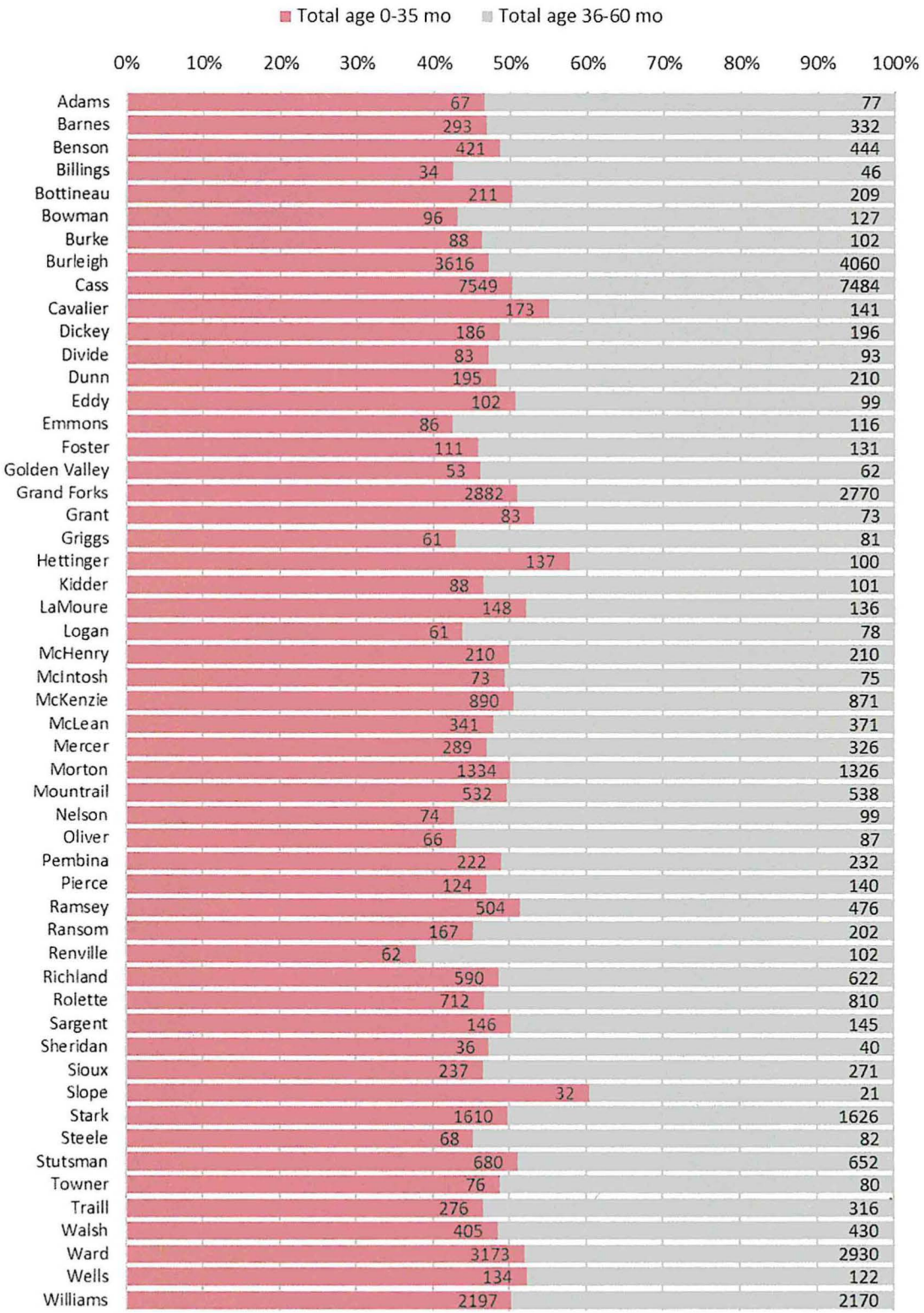
This represents roughly 4% of all families with children ages 0-5.

Those who are receiving assistance from CCAP are employed or in school or an approved training program, they are income eligible, and they have responsibility for a co-pay that is scaled to their income.



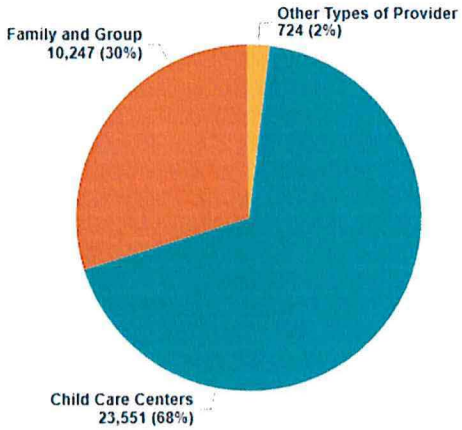
Ages 0-5. There are 64,000 kids ages 0-5 in ND. About half are younger than age 3.

Estimates suggest that about 1 in 5 of those children lives in a household that would potentially be eligible for at least some amount of child care assistance, based on their household income.

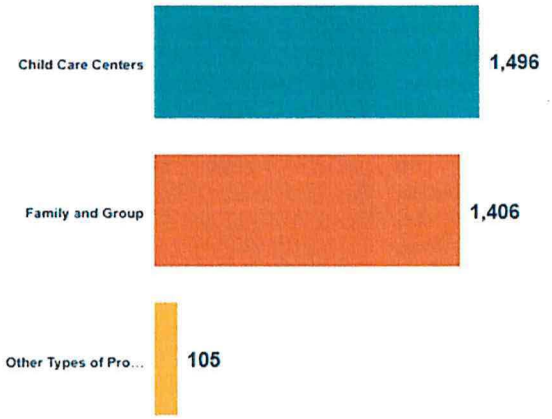


1,224 child care providers were enrolled to participate in the state CCAP program (as of December 2022). Together, these providers represent 34,522 child care spots, which is approximately 85% of all licensed child care spots in the state. 68% of CCAP capacity is in child care centers while 30% is in family, group and home settings.

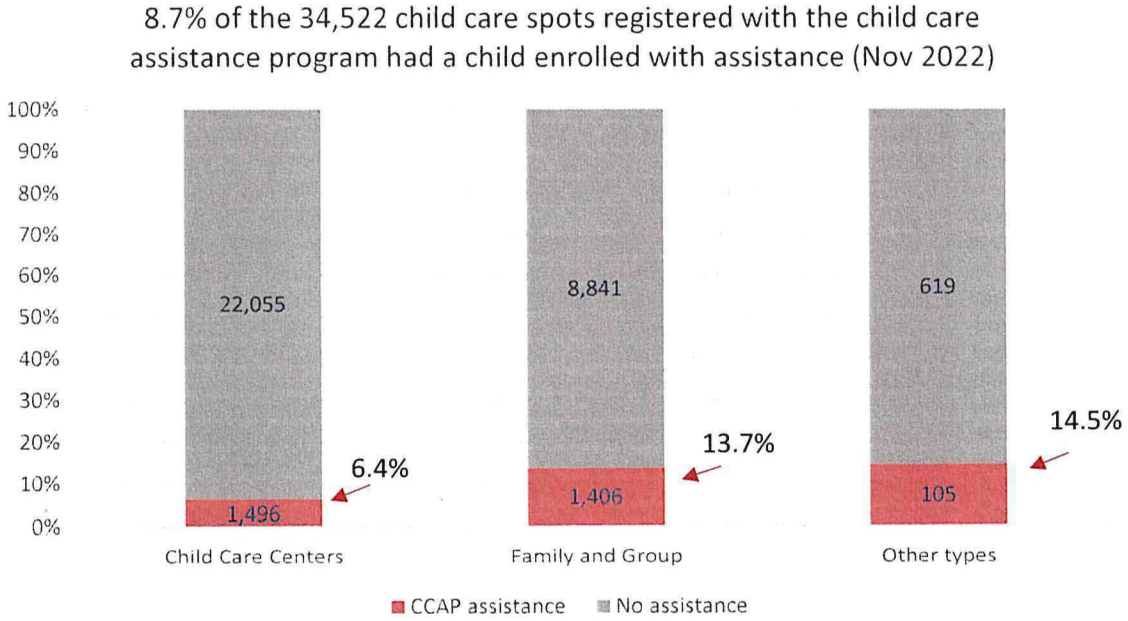
Spots available in Child Care programs that have enrolled in CCAP



CCAP-Assisted child care spots



Usage data shows that only 6.4% of all child care center spaces signed up as eligible to receive CCAP (1,496) have enrolled a child whose family is benefitting from the program. In family and group settings, 13.7% of available spaces (1,406) have enrolled a child whose family is benefitting from CCAP.



Appendix B: Proposed Adjustments to CCAP Rate Tables

Increase provider payments for infant and toddler care. To account for the higher relative cost of providing quality care to infants and toddlers, and to encourage child care providers to offer care to the youngest children in our state, the ND Child Care Proposal includes funding to increase infant and toddler payments to child care providers through the child care assistance program by 25%.

The table below shows the spectrum of market rate child care costs by age of child and type of setting. The current state max rate ("SMR") is set to equal the 75th percentile of market rate. The proposal would increase the SMR by 25%, represented in the table as the adjusted state max rate ("Adj SMR").

ND Child Care Assistance Program - Summary of Rates / Proposed Rates

Infant (age 0-35 mo)							
License Types	**Min**	**Mean**	**50th**	**75th**	**Max**	**SMR**	**Adj SMR**
Center (C, E, K, M)	$ 595	$ 838	$ 860	$ 913	$ 1,890	$ 913	$ 1,142
Family/Group (F, G, H)	$ 475	$ 672	$ 630	$ 700	$ 1,200	$ 700	$ 875

Toddler (age 18-35 mo)							
License Types	**Min**	**Mean**	**50th**	**75th**	**Max**	**SMR**	**Adj SMR**
Center (C, E, K, M)	$ 595	$ 798	$ 790	$ 888	$ 1,810	$ 888	$ 1,110
Family/Group (F, G, H)	$ 475	$ 661	$ 600	$ 700	$ 1,000	$ 700	$ 875

Preschool (age 36-71 mo)							
License Types	**Min**	**Mean**	**50th**	**75th**	**Max**	**SMR**	**SMR**
Center (C, E, K, M)	$ 260	$ 726	$ 728	$ 811	$ 1,610	$ 811	$ 811
Family/Group (F, G, H)	$ 475	$ 653	$ 600	$ 680	$ 850	$ 680	$ 680

School Age (age 6-12 yrs)							
License Types	**Min**	**Mean**	**50th**	**75th**	**Max**	**SMR**	**SMR**
Center (C, E, K, M)	$ 185	$ 539	$ 660	$ 760	$ 1,410	$ 760	$ 760
Family/Group (F, G, H)	$ 220	$ 635	$ 580	$ 660	$ 850	$ 660	$ 660

SOURCE NOTES

Min, Mean, Max, and Percentile rates from 2021 ND Child Care Market Study

SMR = State Max Rate for ND Child Care Assistance Program (Oct 2022)

Adj SMR = Proposed increase to SMR, included in 2023-25 EC Policy Roadmap

Establish Quality-based payment tiers in the CCAP payment schedule. In addition to the proposed increase in state max rate for infant/toddler care, the ND Child Care Proposal also includes funding to create quality-based payment tiers within the Child Care Assistance Program. This will support providers in attaining/sustaining higher levels of program quality and expand the ability of working parents to select the best possible care for their children.

The table below shows the current state max rate ("SMR") and the adjusted SMR as per the proposed infant/toddler payment increase ("Adj SMR"), and then applies an example of what quality-based payment tiers could look like. The columns labeled "QRIS2", "QRIS3", and "QRIS4" represent payment increases of 5-15%, based on verified quality rating, by age of child and type of setting. The columns labeled "Diff@2", "Diff@3", and "Diff@4" call out the increased payment rate available to a program that has validated quality as per the state's quality rating improvement system (QRIS), which is known in ND as "Bright and Early".

ND Child Care Assistance Program - Proposed Quality Tiers in Rate Schedule

Infant (age 0-35 mo)			+5%	+10%	+15%			
License Types	SMR	Adj SMR	QRIS2	QRIS3	QRIS4	Diff@2	Diff@3	Diff@4
Center (C, E, K, M)	$ 913	$ 1,142	$ 1,199	$ 1,256	$ 1,313	$ 57	$ 114	$ 171
Family/Group (F, G, H)	$ 700	$ 875	$ 919	$ 963	$ 1,006	$ 44	$ 88	$ 131

Toddler (age 18-35 mo)								
License Types	SMR	Adj SMR	QRIS2	QRIS3	QRIS4	Diff@2	Diff@3	Diff@4
Center (C, E, K, M)	$ 888	$ 1,110	$ 1,166	$ 1,221	$ 1,277	$ 56	$ 111	$ 167
Family/Group (F, G, H)	$ 700	$ 875	$ 919	$ 963	$ 1,006	$ 44	$ 88	$ 131

Preschool (age 36-71 mo)								
License Types	SMR	Adj SMR	QRIS2	QRIS3	QRIS4	Diff@2	Diff@3	Diff@4
Center (C, E, K, M)	$ 811	$ 811	$ 852	$ 892	$ 933	$ 41	$ 81	$ 122
Family/Group (F, G, H)	$ 680	$ 680	$ 714	$ 748	$ 782	$ 34	$ 68	$ 102

School Age (age 6-12 yrs)								
License Types	SMR	Adj SMR	QRIS2	QRIS3	QRIS4	Diff@2	Diff@3	Diff@4
Center (C, E, K, M)	$ 760	$ 760	$ 798	$ 836	$ 874	$ 38	$ 76	$ 114
Family/Group (F, G, H)	$ 660	$ 660	$ 693	$ 726	$ 759	$ 33	$ 66	$ 99

SOURCE NOTES

SMR = State Max Rate for ND Child Care Assistance Program (Oct 2022)

Adj SMR = Proposed increase to SMR, included in 2023-25 EC Policy Roadmap

QRIS2 - QRIS4 = Proposed adjustment to SMR for Steps 2, 3, and 4 in ND QRIS

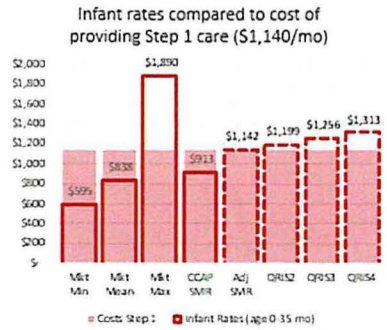
Analysis: impact of proposed rate changes on the gap that exists between the cost of providing care and the revenue available to pay for it. The charts below compare the costs of providing child care with a variety of different payment rates that either characterize the current market or that represent two elements of the Child Care proposal under consideration in the 2023-25 legislative session.

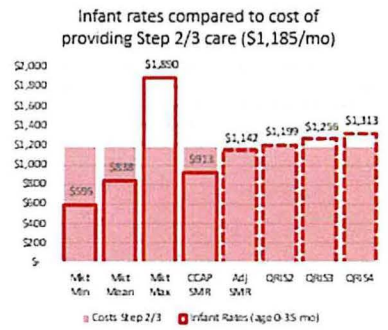
The cost element of the charts below is based on data from Dr. Sam Workman's June 2021 report, "The True Cost of Child Care". These estimates of cost are intended to roughly approximately various quality tiers in the current QRIS system by taking into account:

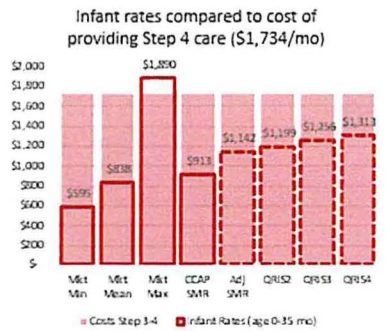
- Step 1: The basics required to operate as a licensed child care in North Dakota
- Step 2/3: Costs associated with going above and beyond health and safety standards with additional space, materials/supplies, and time for staff preparation
- Step 4: Additional investments in staffing, that create parity with compensation available to kindergarten teachers

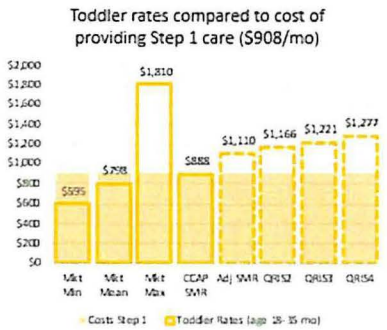
The payment rates represent the minimum, mean, and maximum rates reported in the Oct 2021 ND Child Care Market Survey, the 2022 state max rate (SMR) for CCAP, and each of the proposed rate adjustments (infant/toddler rate increase = Adj SMR and Quality Tiers in CCAP payment schedule = QRIS2, QRIS3, and QRIS4).

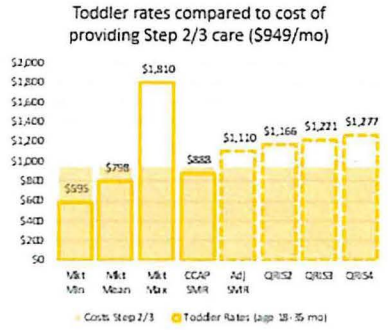
When the solid line indicating payment rate exceeds the shaded line indicating cost of providing care, child care providers are a step closer to having a sustainable business model (i.e., where revenue exceeds cost).

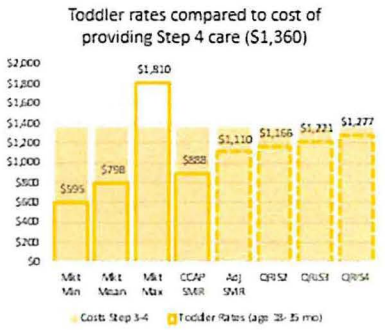


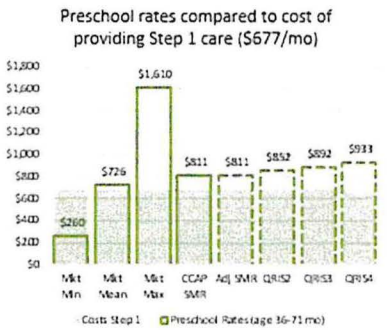


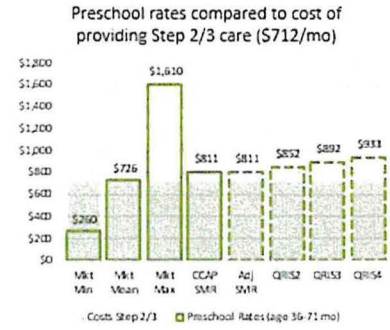


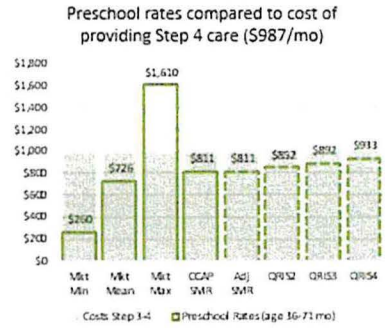












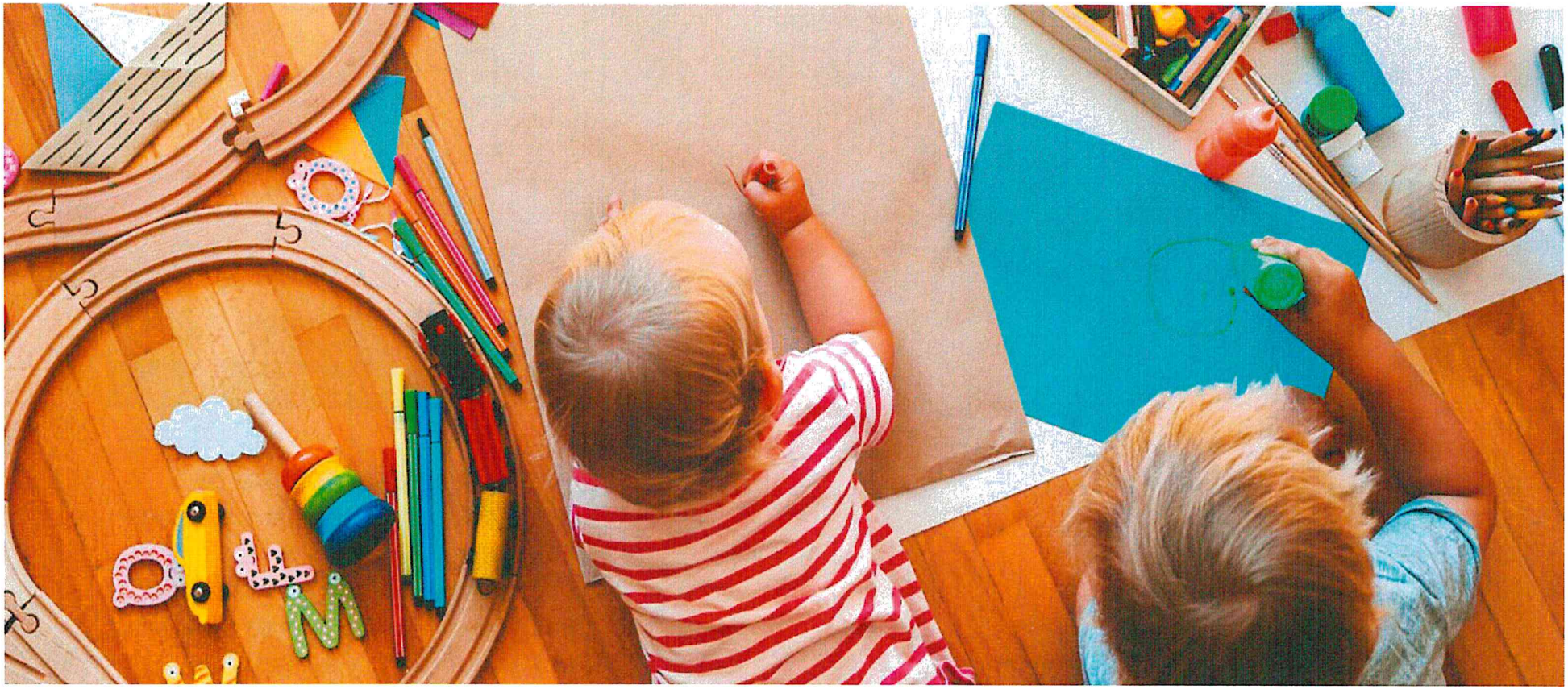
Appendix C: Comparison of the 2022 State Median Income (SMI) and Fed Poverty Level (FPL)

	Families potentially eligible for Child Care Assistance (CCAP)											
	Federal Poverty Level		30% SMI		60% SMI		85% SMI		100% SMI		150% SMI	
HH Size	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage
1	$13,590	$6.53	$16,704	$8.03	$33,408	$16.06	$47,328	$22.75	$55,680	$26.77	$83,520	$40.15
2	$18,310	$8.80	$21,840	$10.50	$43,692	$21.01	$61,896	$29.76	$72,820	$35.01	$109,230	$52.51
3	$23,030	$11.07	$26,988	$12.98	$53,964	$25.94	$76,452	$36.76	$89,940	$43.24	$134,910	$64.86
4	$27,750	$13.34	$32,124	$15.44	$64,248	$30.89	$91,020	$43.76	$107,076	$51.48	$160,614	$77.22
5	$32,470	$15.61	$37,260	$17.91	$74,532	$35.83	$105,576	$50.76	$124,220	$59.72	$186,330	$89.58
6	$37,190	$17.88	$42,396	$20.38	$84,804	$40.77	$120,132	$57.76	$141,340	$67.95	$212,010	$101.93
7	$41,910	$20.15	$43,368	$20.85	$86,736	$41.70	$122,868	$59.07	$144,560	$69.50	$216,840	$104.25
8	$46,630	$22.42	$44,328	$21.31	$88,656	$42.62	$125,604	$60.39	$147,760	$71.04	$221,640	$106.56

**2022 State Median Income (SMI) and 2022 Federal Poverty Level (FPL)*

"Hourly wage" is calculated by assuming 2080 hours worked per year per annual income range noted.

Multiple wage earners could combine earnings to attain the noted household (HH) income / hourly wage.



Senate Bill 2012

Senate Appropriations Committee
Senator Dever, Chairman

Early Childhood Section, Kay Larson, Director

February 6, 2023

NORTH Dakota | Health & Human Services
Be Legendary.

Early Childhood Program Purpose and ND Century Code Reference

Facilitate delivery of programs and services so kids ages 0 – 5 from all backgrounds and circumstances, their families, and those who support them have the opportunity to realize their potential.

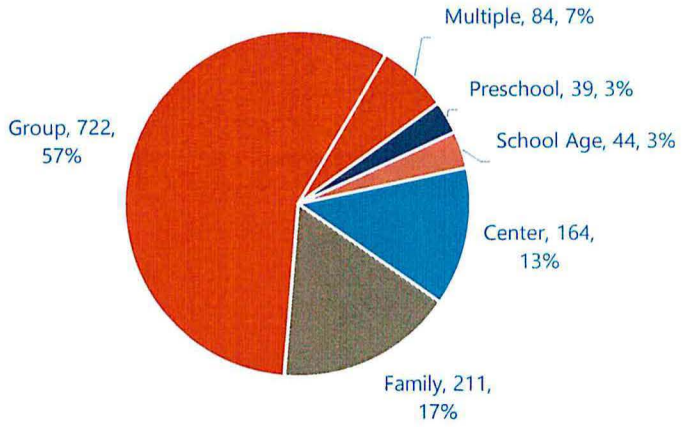
Chapter	Chapter Name
50-11.1	Early Childhood Services



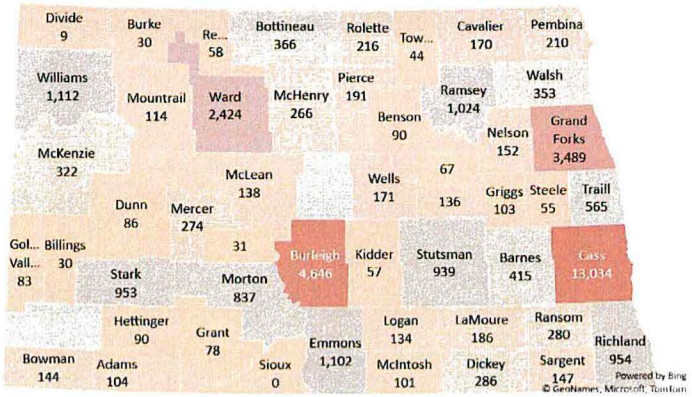
NORTH Dakota | Health & Human Services
Be Legendary.

Early Childhood by the Numbers

1,264 Licensed Early Childhood Programs



Licensed Child Care Capacity – 36,866



7,523
Growing Futures members

1,000+
Coaching hours delivered by our contracted partners

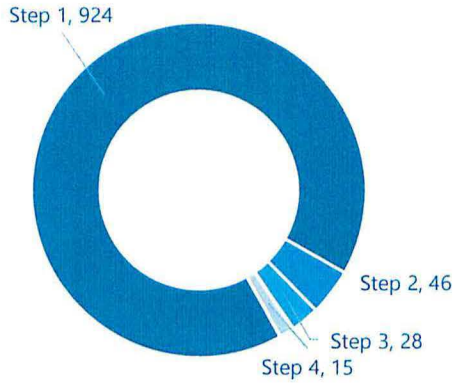
3,179
Children supported by IDEA Part C Early Intervention

1,653
Children supported by IDEA Part B 619 services

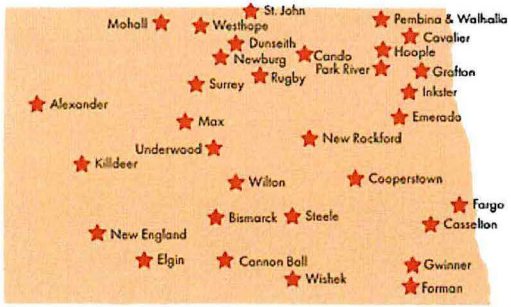
1,117
Waterford Upstart households representing all but two counties

Data current as of December 2022

1,013 Quality Rated Programs



33 Best in Class Programs 2022-23



NORTH Dakota | Health & Human Services
Be Legendary.

Early Childhood Section: Team Staffing and Structure

Early Childhood (HHS budget)

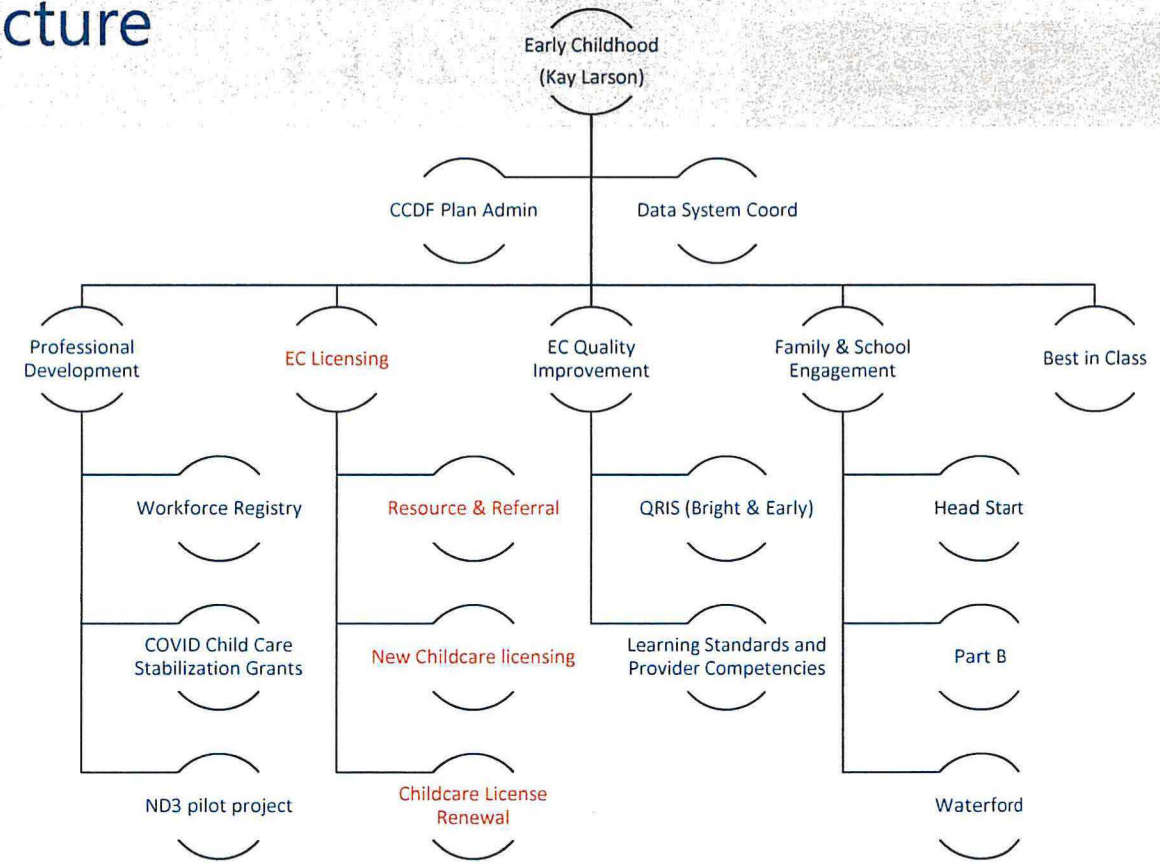
21-23 Authorized FTE Base	23-25 Executive Budget FTE	12-31-22 Vacancies
19.0	47.0	0.00

Avg Age	Avg Yrs of Service	Turnover 2021	Turnover 2022
48	**8**	**16.7%**	**2.3%**

Early Childhood (457/HSZ budget)

21-23 Authorized FTE Base	23-25 Executive Budget FTE	12-31-22 Vacancies
26.0	0	0

Red font = Staff funded via 457/Human Service Fund



NORTH Dakota | Health & Human Services
Be Legendary.

About Early Childhood Audit Findings

STATE

Finding	Resolution
Rechecks on Correction Orders	Child Care Licensing Data System dashboards for specialists to know workload at a quick glance ✓

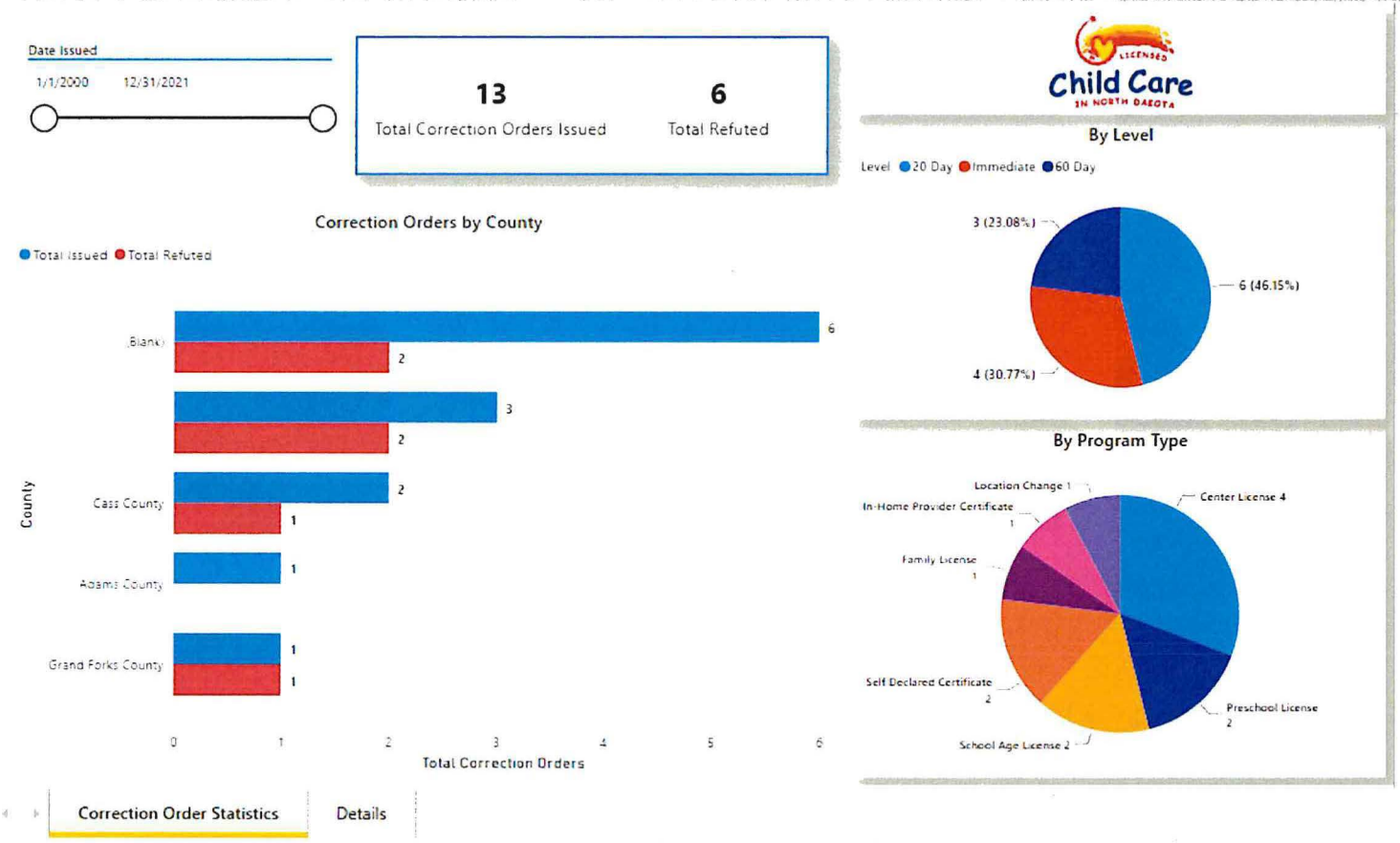
FEDERAL

Finding	Resolution
Statewide Disaster Planning Collaboration	Engaged providers on the Early Childhood Council for input and review. Brought to full council when relaunched in 2022 ✓
Health and Safety Standards (i.e. Pediatric first aid, consistency of regulations across license types)	Corrections made in NDAC effective 1.1.23 ✓ Still to come – updating monitoring checklists in Child Care Licensing Data System

NORTH Dakota | Health & Human Services
Be Legendary.



Child Care Licensing (CCL) Data System will support more effective and timely insight



CCL dashboards can help licensing specialists be more effective in supporting early childhood programs

- Applications by status
- Processing time
- Correction statistics
- Caseload overviews
- Future renewals

NORTH Dakota | Health & Human Services
Be Legendary.

COVID Grants for Child Care Programs and Workforce

2020 | 2021 | 2022 | 2023 | 2024 | 2025

Child Care Emergency Operating Grants
$48.88M

APRA Child Care Stabilization Grants
$37.5M
Program level grants for:
Stabilization, Facility Health and Safety, Technology, Inclusion

CRSSA CCDF Funding
$1.65M
Career Path and Training Incentives

CRSSA +ARPA Funding
$18.6M
Child Care Workforce Retention



Program Grant Participation
884 Stabilization
819 technology grants
744 health and safety
99 start up
86 inclusion

Workforce Grant Participation
411 Career Pathway
500 Training Incentives
2852 workforce retention

NORTH Dakota | Health & Human Services
Be Legendary.

Included in 2023-25 Executive Budget Request:
Supporting Workforce / Early Childhood

Supporting Workforce Initiative: $34 M to improve affordability, availability and quality

- Grants, Resources and Shared service supports for child care providers - $7 million
- Pilot partnership(s) between employer(s) and child care program(s) for care offered during non-traditional hours - $1 million
- Invest in quality infrastructure to support child care programs continued excellence in service delivery, including 1 FTE - $3 million
- Expand Best in Class program - $16 million, including 1 FTE (1,800 children participating each year by 2025)
- Extend Employer-led Child Care Cost Sharing Pilot - $5 million (supplement $9 million ARPA provided during special session, to serve an estimated 1,500 children/families)
- Reward child care workers with training stipends for completing "above and beyond" training - $2 million

Total	General	Other
$34,000,000	$23,000,000	$13,000,000

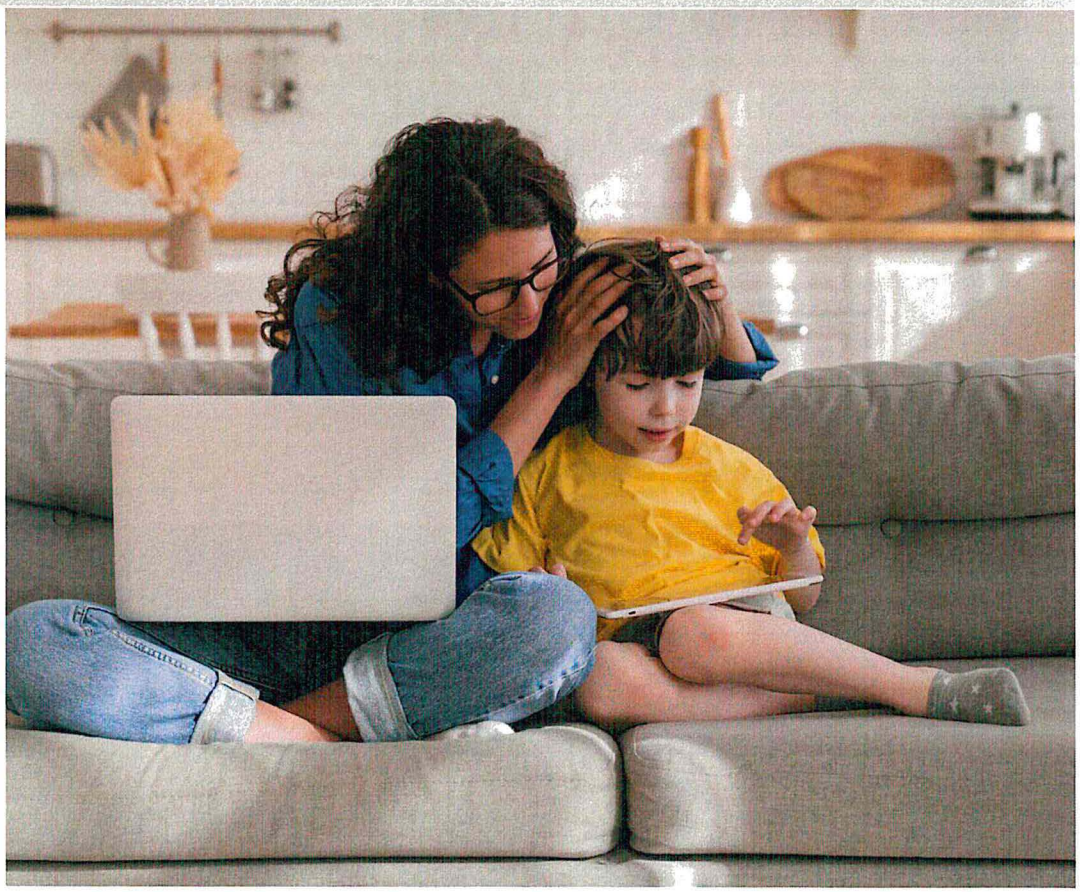


Included in 2023-25 Executive Budget Request

Waterford Upstart family engagement

- Waterford Upstart is a home-based family engagement and online early learning program with personalized family education and coaching for families with children who are a year away from entering kindergarten.
- Pilot implementation in 2021 and 2022 with funding from DPI.
- Request would provide funding for 1,000-1,200 children each year of the biennium (includes internet service for homes without service and ongoing support for families using the service)

Total	General	Other
$ 2,400,000	$2,400,000	$0



Early Childhood: Overview of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2022 Deadline	Grant Year 2022 Award
Child Care Development Fund (CCDF) *CCDF funds are used in both Early Childhood and Economic Assistance*	Primary Federal Program specifically devoted to providing families with child care subsidy and funding supports to states to improve quality. Requirements: 3% Infant Toddler Quality 9% Quality 5% Admin 70% Direct Service	Discretionary (100% Federal) By end of 3rd Federal Fiscal Year	9/30/2024	$10,950,402
		Mandatory (100% Federal) No specific liquidation date requirement.	N/A	$2,506,022
		Matching – Federal/State Match (based on Federal Medicaid Assistance Percentage) By end of 2nd Federal Fiscal Year	9/30/2023	Federal: $5,621,324 ($4,291,779 + $1,329,545 100% ARPA Increase) State: $2,886,309
		Maintenance of Effort (MOE) By end of 1st Federal Fiscal Year	9/30/2022	$1,017,036
Head Start State Collaboration Grant	Facilitate collaboration among Head Start agencies and entities that carry out activities designed to benefit low-income children from birth to school entry, and their families.	100% Federal Annual awards March 1 – Feb 28	2/28/2023	$125,000

Early Childhood: Overview of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2022 Award
Office of Special Education Programs (OSEP) Part B Section 619 *HHS interdepartmental billing to ND Department of Public Instruction for joint supervision of state requirement*	Assist the State in ensuring the oversight and provisions of all requirements under IDEA, including the assurance of a free appropriate public education (FAPE) in the least restrictive environment, are granted to children with disabilities ages 3-5.	Federal allocation is awarded annually to NDDPI. Federal IDEA, Part B-619 funds are directly distributed to the 31 Special Education Units who serve as the local educational agency (LEA). Administrative set aside funds for the NDHHS 619 Coordinator position continue at 5%	$64,825

Early Childhood: Overview of budget changes

Description	2021 - 2023 Initial EC Section Budget	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 3,824,550	$ 5,776,127	$ 9,600,677
Operating	585,522	416	585,938
Grants	10,152,967	35,950,000	46,102,967
Total	$ 14,563,039	$ 41,726,543	$ 56,289,582

General Fund	**$ 6,960,072**	**$ 29,101,069**	**$ 36,061,141**
Federal Funds	**7,422,479**	**(194,039)**	**7,228,440**
Other Funds	**180,488**	**12,819,512**	**13,000,000**
Total Funds	**$ 14,563,039**	**$ 41,726,542**	**$ 56,289,581**

Full Time Equivalent (FTE)	19.00	28.00	47.00

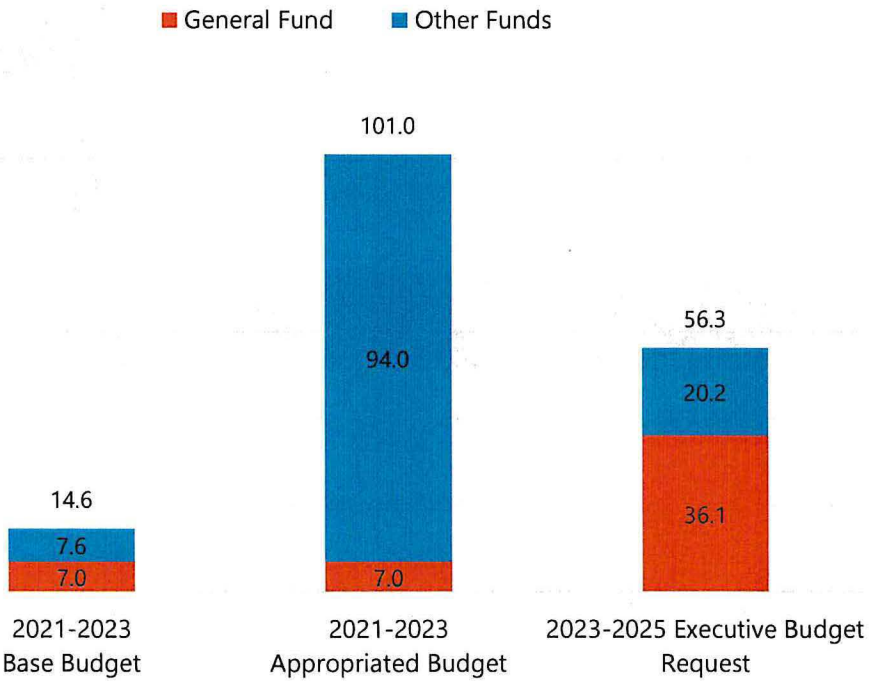
NORTH Dakota | Health & Human Services
Be Legendary.

Early Childhood: Overview of budget changes (IN MILLIONS)

INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION

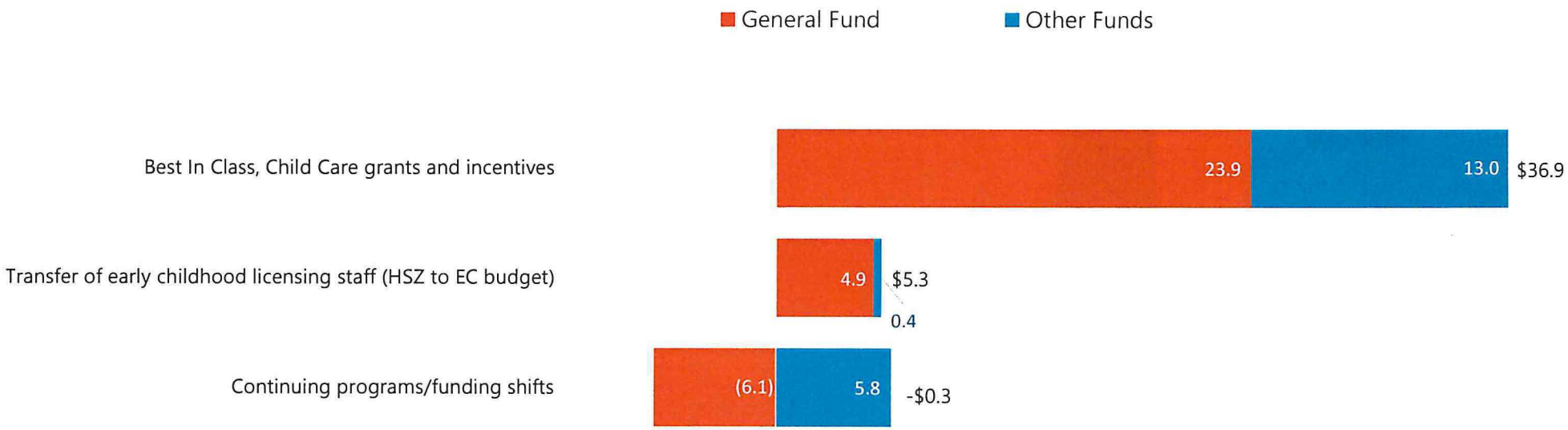
$ 41.7 MILLION

- 2021-2023 base budget reflects original section funding from CFS and DPI
- 2021- 2023 appropriated budget includes federal COVID funding designated for early childhood (appropriated during both regular and special session)
- 2023 – 2025 executive budget request includes increase in state funds to enhance impact and transfer of licensing staff budget from HSZ to EC



NORTH Dakota Be Legendary. | Health & Human Services

Early Childhood: Overview of budget changes (IN MILLIONS)



NORTH Dakota | Health & Human Services
Be Legendary.

Early Childhood: Overview of budget changes

Description	2021 – 2023 Initial EC Section Budget	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	$ 3,526,254	$ 2,732,361	$ 6,258,616
513x Salaries Temp	-	187,840	187,840
516x Salaries Benefits	298,297	2,855,923	3,154,220
Total Salaries & Benefits	$ 3,824,551	$ 5,776,125	$ 9,600,676
52x Travel	173,478	148,333	321,811
53x Supply	6,600	4,500	11,100
54x Postage & Printing	6,214	500	6,714
61x Professional Development	1,960	52,325	54,285
62x Fees - Operating & Professional	397,270	(205,242)	192,028
71x Grants, Benefits, & Claims	10,152,967	35,950,000	46,102,967
Total Operating	$ 10,738,489	$ 35,950,416	$ 46,688,905
Total	$ 14,563,040	$ 41,726,541	$ 56,289,581

About Early Childhood Section Contracts

Child care resource and referral

- Provide referrals and consumer education to families searching for child care
- Consultation and resources for existing and potential licensed providers to support their day-to-day work with special attention to health and safety in group child care settings, child care environments, interactions with children and families, and business essentials.
- Contract held by South East Education Cooperative. $2,056,250

QRIS Coaching and Assessment

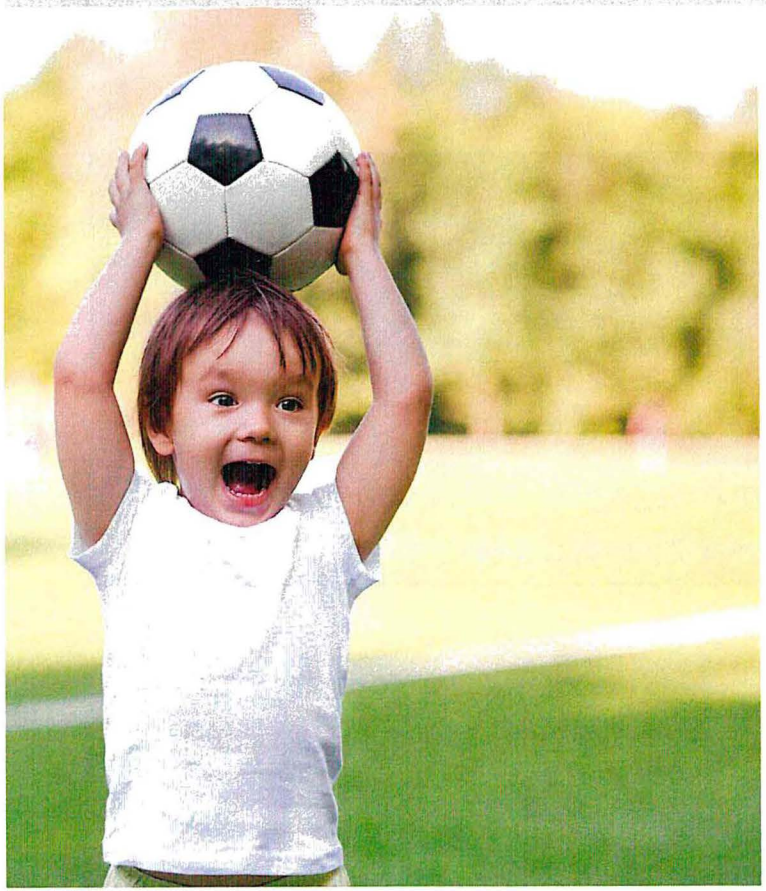
- Continuous quality improvement coaching and assessment of programs participating in QRIS cohorts
- Contract held by Community Action Program Lakes and Prairies. $984,508

Inclusive Child Care Support

- Consultation, coaching and resources to support providers in caring for children with physical, developmental, or behavioral needs.
- Contract held by USpireND. $306,250

NORTH Dakota | Health & Human Services
Be Legendary.

About Early Childhood Section Vendor Contracts



- **Teaching Strategies.** GOLD Online Assessment Portfolios, Creative Curriculum, Professional Development. $332,125
- **Waterford Upstart.** Recruitment, educational technology, software, training and support for parents, progress monitoring. $1,789,836
- **Insight Solutions.** Insight Data System that powers Early Childhood Workforce Registry, QRIS and other Quality Initiatives, Learning Management System, Grants Administration. $344, 407

NORTH Dakota Be Legendary. | Health & Human Services

Early Childhood: Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	$ 6,960,072	$ 29,101,069	$ 36,061,141
Federal Funds	7,422,479	(194,039)	7,228,440
Other Funds	180,488	12,819,512	13,000,000
Total Funds	$ 14,563,039	$ 41,726,542	$ 56,289,581

NORTH Dakota Be Legendary. | Health & Human Services

Additional Request to amend SB 2012

Increase in Federal Program Grants (request for federal authority)

- Consolidated Appropriations Act provided an increase in CCDF and LIHEAP grants
  - CCDF Discretionary Funds (100% Federal), estimated increase of $3,114,294 *(est 80% to Economic Assistance section budget and 20% to Early Childhood section budget)*
  - LIHEAP (100% Federal), estimated increase of $12.7 million *(Economic Assistance section budget)*
- Preschool Development Grant renewal (100% federal)
  - 3 year grant of $20,268,309 (awarded 12-31-22); approximately $6.8 million each year

	Total	General	Federal
Econ Assistance	$15,191,435	$0	$15,191,435
Early Childhood	$20,891,168	$0	$20,891,168



NORTH Dakota | Health & Human Services
Be Legendary.

Policy Bills with Budget Impact to Early Childhood Section

- **SB 2301** – Child Care Stabilization program.
  - HHS fiscal note of $36,181,170
  - Status: Senate Workforce Development Committee recommends Do Not Pass, re-referred to Appropriations
- **SB 2323** – Grants to expand Best in Class and supplement federally funded Head Start programs.
  - Senate Human Services Committee amended to $20,000,000
  - Do Pass recommendation, re-referred to Appropriations



SB 2012 Section 2
One-Time Funding (ND Child Care Proposal)

SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
EARLY CHILDHOOD SERVICES SECTION

SECTION 2 (SECTION 2 of Governor's Recommendation). ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-NINTH LEGISLATIVE ASSEMBLY.

One-Time Funding Description	2021-23	2023-25
Child Care Programs	0	16,000,000

EBR lists the following 4 elements of the ND Child Care Proposal as One-Time Funding

- *$7 million – grants and shared svcs for early childhood programs*
- *$1 million – partnership to pilot approach for care during non-traditional hours*
- *$3 million – quality coaching, infrastructure, and evaluation*
- *$5 million – employer-led cost share program for working parents child care benefit*

NORTH Dakota | Health & Human Services
Be Legendary.



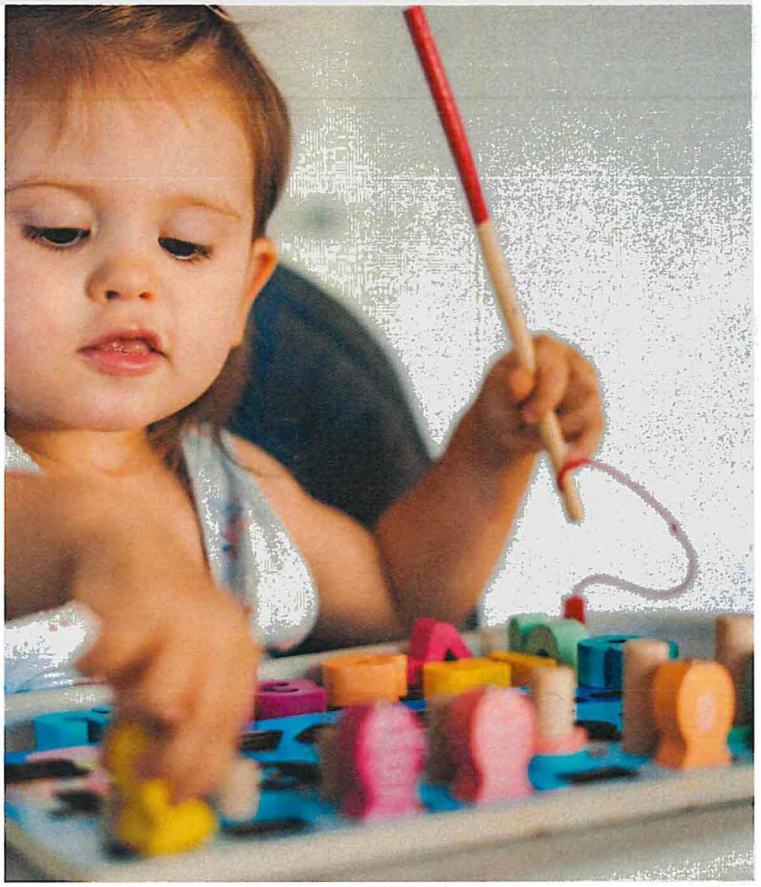
SB 2012 Section 7
Estimated Income – Legacy Earnings Fund (ND Child Care Proposal)

SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
EARLY CHILDHOOD SERVICES SECTION

SECTION 7 (SECTION 9 of Governor's Recommendation). ESTIMATED INCOME - ~~HEALTH CARE TRUST~~LEGACY EARNINGS FUND. The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of ~~$1,000,000~~13,000,000 from the ~~health care trust~~legacy earnings fund ~~and $1,150,538 from federal funds~~ for ~~nursing facility operating margin adjustments~~defraying expenses for the child care assistance programs.

EBR includes Legacy Earnings Fund as source for the following 3 elements of the ND Child Care Proposal

- *$7 million – grants and shared svcs for early childhood programs*
- *$1 million – partnership to pilot approach for care during non-traditional hours*
- *$5 million – employer-led cost share program for working parents child care benefit*



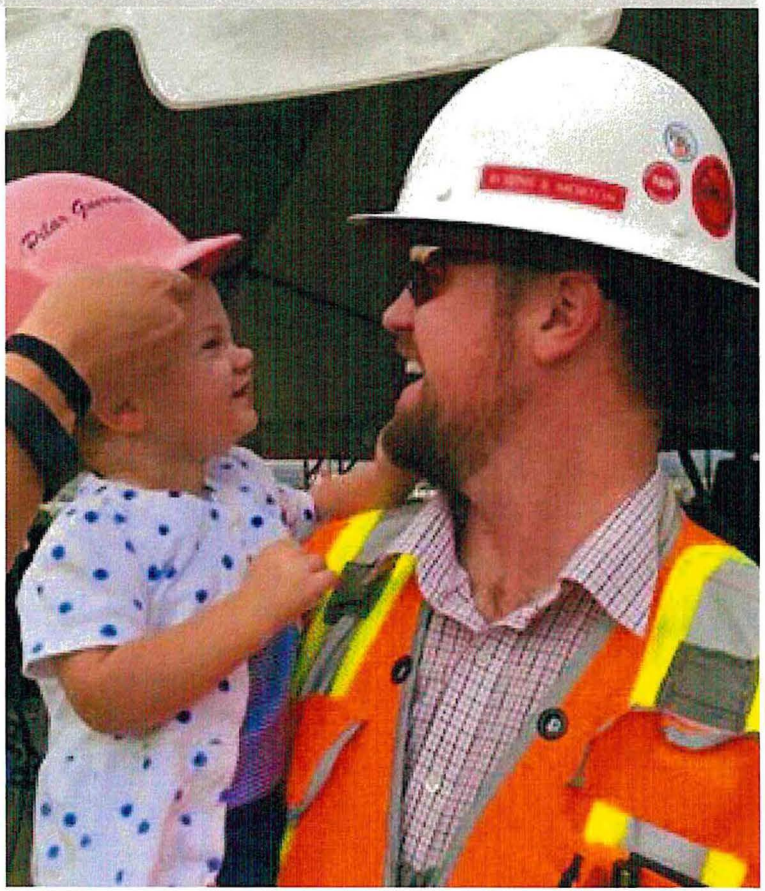
NORTH Dakota | Health & Human Services
Be Legendary.

SB 2012 Section 13

Estimated Income – Child Care Financial Assistance-Direct Payments (ND Child Care Proposal)

SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
EARLY CHILDHOOD SERVICES SECTION

SECTION 13 (Governor's Recommendation). CHILD CARE FINANCIAL ASSISTANCE – DIRECT PAYMENTS. Subdivision 2 of section1 of this Act includes the sum of $5,000,000, for the purpose of financial assistance and direct payments, for child care services for the biennium beginning July 1, 2023, and ending June 30, 2025. Notwithstanding subsection 3 of section 50-11.1-14.1, the department may provide financial assistance to beneficiaries related to child care services. The requirements of chapter 54-44.4 do not apply to this subsection, including the selection of recipients and the disbursement of funds.



NORTH Dakota | Health & Human Services
Be Legendary.

SB 2012 Section 21
Exemption



SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
EARLY CHILDHOOD SERVICES SECTION

SECTION 21 (Governor's Recommendation). EXEMPTION. The requirements of chapter 54-44.4 do not apply to the selection of a vendor, the procurement award, or payments made under this section regarding an early childhood workforce and professional development information system or an early childhood resource and referral information system.

NORTH Dakota | Health & Human Services
Be Legendary.

SB 2012 Section 39
Legislative Management Report – Four-Year Old Program – Early Childhood Grants

SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
EARLY CHILDHOOD SERVICES SECTION

SECTION 39 (Governor's Recommendation). LEGISLATIVE MANAGEMENT REPORT - FOUR-YEAR OLD PROGRAM - EARLY CHILDHOOD GRANTS. During the 2023-24 interim, the department of health and human services shall provide reports to the legislative management regarding the status of four-year old program approvals, the North Dakota early childhood council, and the early childhood grant for best-in-class four-year old experiences.



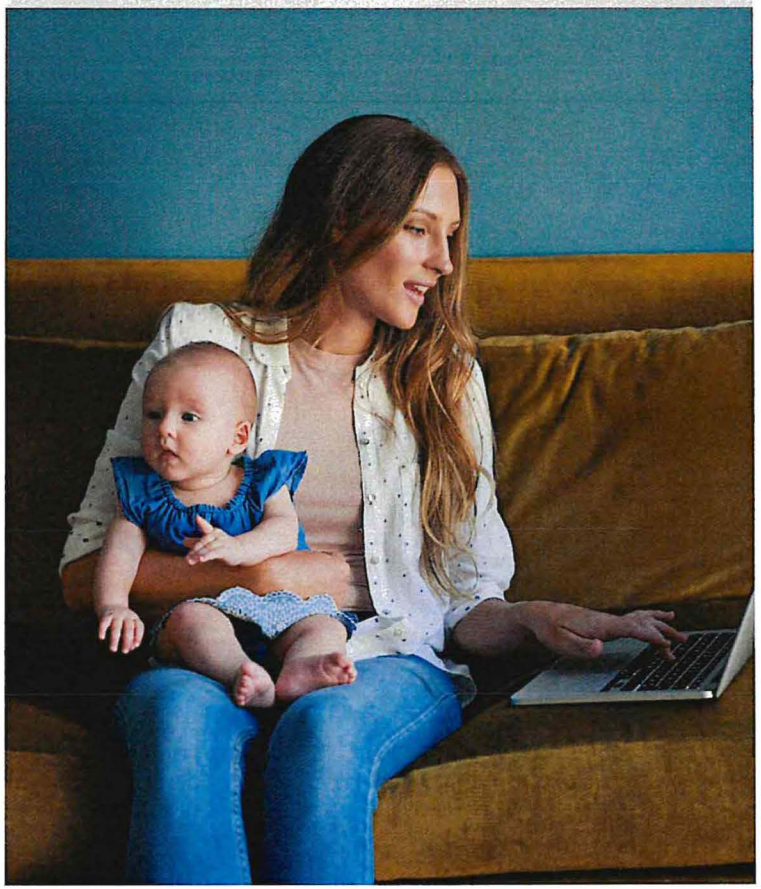
NORTH Dakota | Health & Human Services
Be Legendary.

SB 2012 Section 29
Exemption – Intent (Child Care)

SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
EARLY CHILDHOOD SERVICES SECTION

SECTION 29 (Governor's Recommendation). EXEMPTION - INTENT. The amount appropriated for the purpose of projects, financial assistance, grants, and services including Medicaid eligibility system upgrades, child care services, to provide community-based behavioral health services, and for substance use disorder treatment voucher system grants in chapter 550 of the 2021 Special Session Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for projects, financial assistance, grants, and services during the biennium beginning July 1, 2023, and ending June 30, 2025. Notwithstanding subsection 3 of section 50-11.1-14.1, the department may provide financial assistance to beneficiaries related to child care services. Notwithstanding subsection 2 of section 50-06-42.1, the department may award up to four grants rather than two grants for substance use disorder treatment voucher system grants. The requirements of chapter 54-44.4 do not apply to this subsection, including the selection of recipients and the disbursement of funds.

NORTH Dakota | Health & Human Services
Be Legendary.



Continued progress includes an enhanced focus on early childhood access, affordability and quality



Best in Class

Expanding opportunities in the year before kindergarten ensuring every child whose family is interested has access



Inclusive Child Care

Business solutions, facility grants and resources to create environments for children with special needs



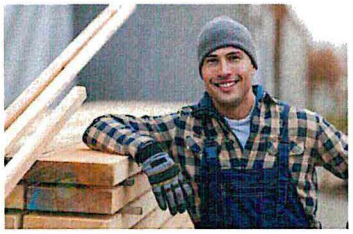
Support for Sustainable Child Care

Grants, incentives, training, and shared service resources with focus on infant toddler care and meeting quality standards



Early Childhood Career Path

Partnerships with CTE, K-12, and Higher Education to offer on-the-job training and certification in early childhood careers



Support for Working Parents

Partnerships with employers to offer child care benefits and find creative solutions for parents working non-typical hours. Expanding Child Care Assistance Program to more families and increasing parental choice by creating quality-based payment tiers in the Child Care Assistance Program.

NORTH Dakota | Health & Human Services
Be Legendary.

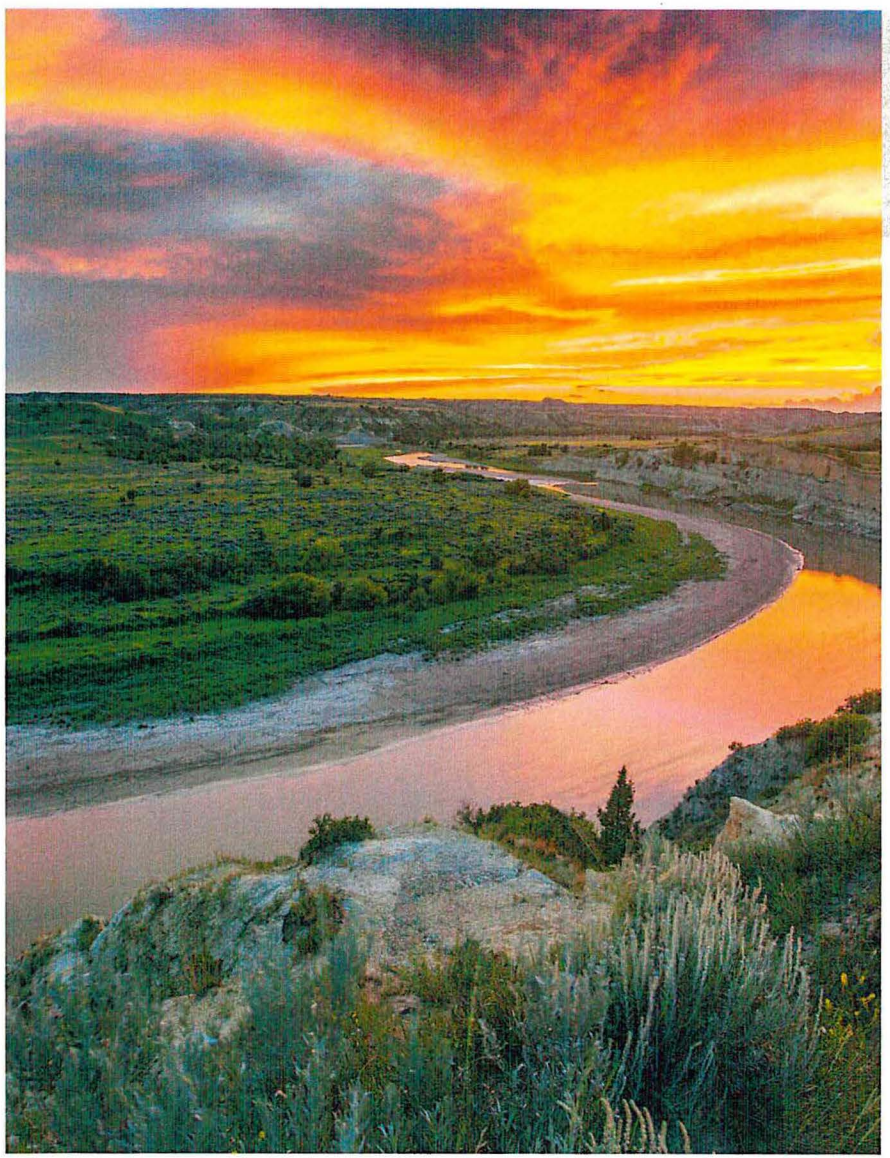
Early Childhood: What's on the horizon?

We'll be keeping an eye on

- Processing time of licensing applications and correction orders
- Workforce retention grants and how many participate for all eligible quarters
- Quality early childhood experiences and impact on school readiness



NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Kay Larson

Director, Early Childhood

kaylarson@nd.gov

https://www.hhs.nd.gov/cfs/early-childhood-services

NORTH Dakota Be Legendary. | Health & Human Services

NORTH Dakota | Health & Human Services
Be Legendary.

EARLY CHILDHOOD Best in Class



The 67th Legislative Assembly made a targeted state investment in programs serving children in the year before kindergarten that are committed to delivering the highest quality experiences to the children and families they serve, and whose actions can demonstrate the return on investment that is possible with intentional, research-supported investments in early childhood.

Best in Class is built on program characteristics that drive results – high quality, supported interactions between adults and children based on developmentally appropriate experiences. Teaching staff are coached and supported in implementing developmentally appropriate environments, play based curriculum, and authentic observation-based assessments to drive individualized experiences to support children in reaching widely held expectations in the year before kindergarten.

Eligible Programs

- HHS **approved four-year-old programs operated by educational facilities, public or private**. These entities must be compliant with ND Department of Public Instruction's desk audits and federal Title program monitoring
- Federally funded **Head Start programs**. Head Start grantees must be compliant with Federal Head Start Monitoring Protocol
- **Licensed child care settings** (center or group), inclusive of those operated in connection with a church, business, or organization. These entities must be participating in our state's Quality Rating and Improvement System (QRIS) with a current rating of Step 3 or higher

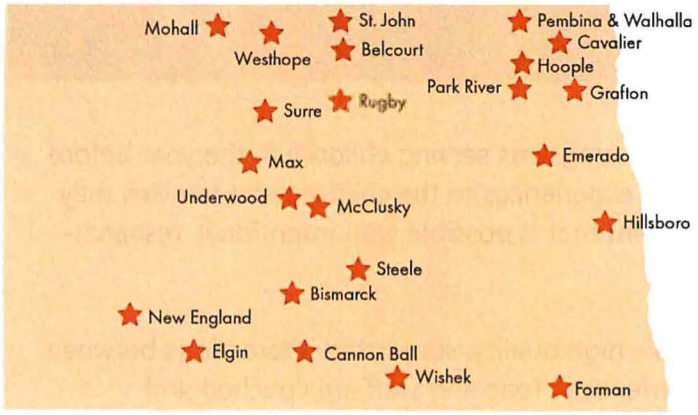
Best in Class Program Expectations

- Operate for a minimum of 400 hours over 32 consecutive weeks, serving children that are 4 years old before August 1st of the program year. Programs operating at least 800 hours over 32 consecutive weeks are encouraged.
- Conduct a randomized selection process for enrollment, prioritizing 50% of slots in each section for children whose family's household income is less than 60% of state median income or children who have an identified developmental delay or disability.
- If charging tuition, use the HHS-approved sliding fee scale
- Maintain 1:10 ratio of staff to children
- Implement a research-based curriculum appropriate for the age of children served
- Utilize Teaching Strategies GOLD for observations and assessment of progress
- Coordinate and/or offer onsite health screenings and referrals (developmental, hearing, vision, dental & physical)
- Incorporate at least ten hours of research-based family engagement
- Participate in programmatic research, including randomized studies that examine core components of program design and program outcomes.

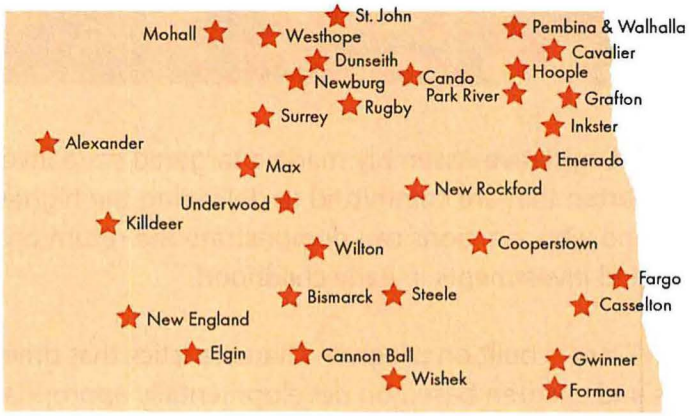
Participation

In our pilot thus far, we have fully committed the resources made available, serving 915 children in 36 different communities, utilizing two Best in Class coaches to serve 42 teachers. 99% of families completing the 2021-2022 parent survey felt their child had a successful year and were provided a quality experience and many mention t child's readiness for kindergarten.

Pilot Year 1 2021-2022



Pilot Year 2 2022-2023



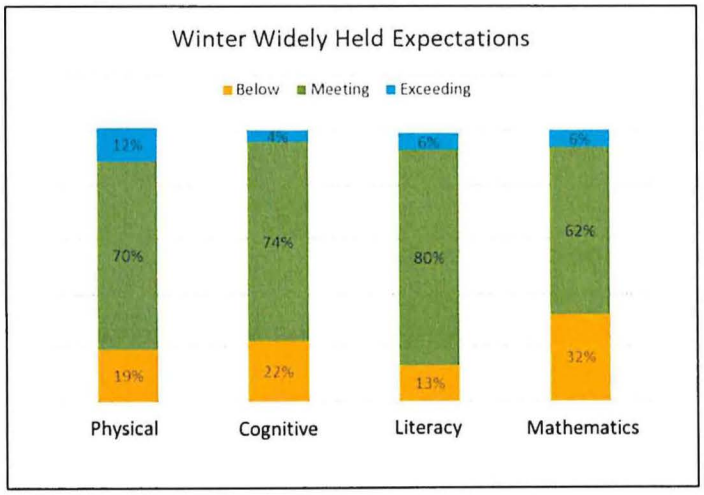
Child Outcomes

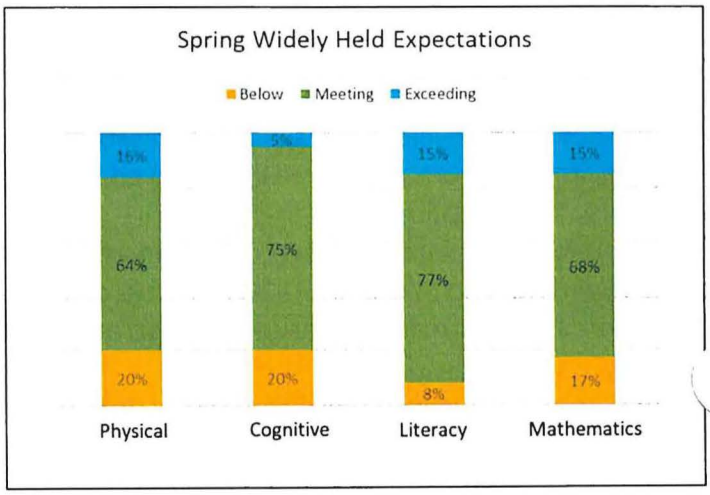
Developmentally appropriate, ongoing, observation-based assessment occurs when teachers are observing children during regular, everyday play-based activities on a continuous basis throughout the year. Best in Class teachers use authentic observation-based assessments to complete three checkpoints using Teaching Strategies GOLD® to document children's learning over time, inform instruction, and facilitate communication with famili

GOLD® developmental progressions are based on widely held expectations that describe the range of knowledge, skills, and abilities that children of a particular age typically demonstrate over a year of life. These expectations are based on the latest research in early childhood and are frames of reference that help parents and teachers focus on the development of the individual child.

Beginning Trend Line Data

Programs in the first pilot year completed two checkpoints. Scale scores correlate moderately strongly with age and since the tool being used in meant to measure progress across skills that follow a developmental progression, these results are positive and promising.





NORTH Dakota | Health & Human Services
Be Legendary.

EARLY CHILDHOOD Best in Class



Spotlight on Grafton Public School Best in Class

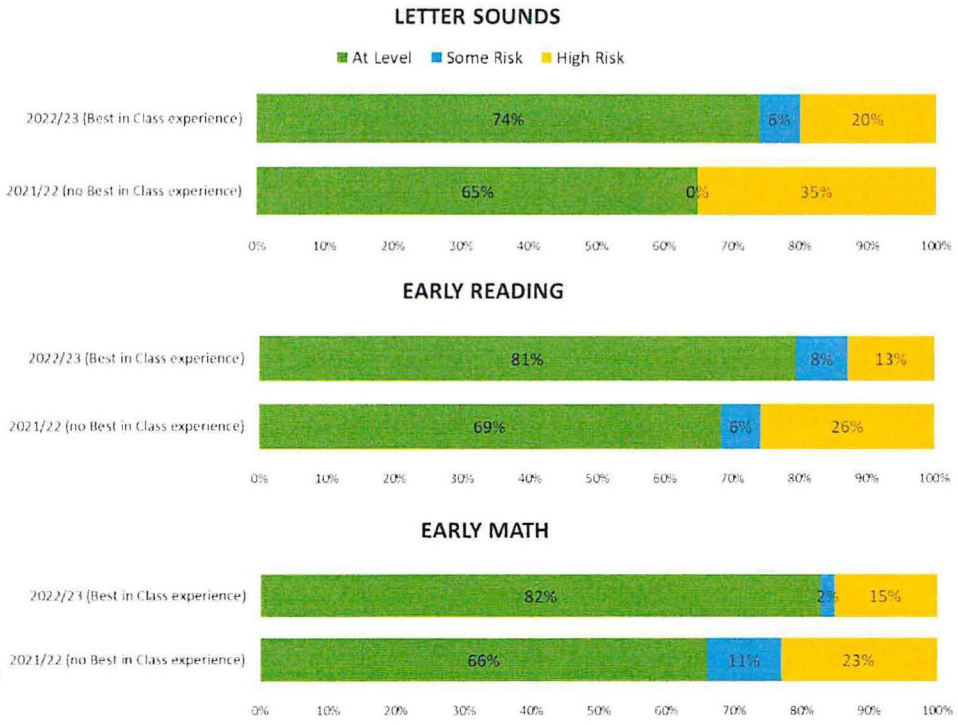
Grafton Public Schools participated in the inaugural year of Best in Class (2021/22).

They were awarded **four** sections of the program's small group size (8 – 10 kids). They decided to operate two additional sections of pre-kindergarten that utilized Best in Class teachers and the same resourced environment in the time slot that was opposite of their Best in Class- funded sessions.

Based on the school's fall kindergarten assessment data, the children who had a Best in Class experience in the year before kindergarten **STARTED kindergarten an average of 12% AHEAD** of where the children without a Best in Class experience started.

Start-of-Kindergarten assessments show early signs of positive impact

Best in Class cohort (2022-23) compared to cohort without Best in Class experience (2021-22)



The **Best in Class** program represents a targeted state investment in programs that are committed to delivering the highest quality experiences to the children and families they serve, and whose actions can demonstrate the return on investment that is possible with intentional, research-supported investments in early childhood.

Best in Class is built on program characteristics that drive results:

- Staff to child ratio of 1:10 or better; class size of 20 children or lower
- Evidence based curriculum appropriate for the age of children served and aligned with early learning standards
- Specialized teacher education with training in early childhood instruction and child development
- Coaching and ongoing professional development for staff
- Regular assessment of child progress
- Vision, hearing and health screenings and referrals

NORTH Dakota | Health & Human Services
Be Legendary.

EARLY CHILDHOOD
Child Care and Development Fund

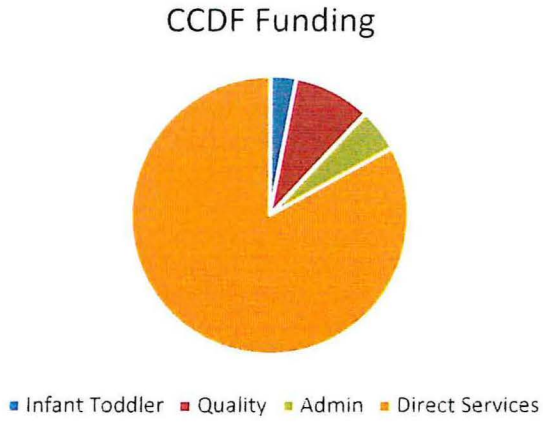


The Child Care and Development Block Grant Act (CCDBG) is the law that authorizes the Child Care and Development Fund (CCDF) program, which is administered by states, territories, and tribes. The U.S. Department of Health and Human Services provides CCDF program funds to support North Dakota's efforts to provide child care services for low-income families and enhance the quality of child care for all children.

The CCDF State Plan serves as the application for funds, details the State's response to federal requirements, and describes early childhood programs and services available to eligible families. North Dakota's 2022-2024 State Plan can be found online at: https://www.hhs.nd.gov/cfs/early-childhood-services/child-care-development-fund.

Child Care Assistance Program (CCAP)

Statewide, CCDF dollars benefit more than 4,100 children from 2600 families receiving child care subsidies, as well as children cared for alongside them who receive no direct assistance from [illegible] but benefit from safer child care settings with better skilled [illegible]iers and staff.



To receive CCDF Funds

The State must establish requirements and training in eleven health and safety standards. All licensed and self-declared providers in North Dakota are eligible to receive CCDF funding and must follow these standards:

- Prevention and control of infectious diseases (including immunization)
- SIDS prevention and use of safe sleep practices
- Administration of medication
- Prevention/response to emergencies due to food and allergic reactions
- Building and physical premises safety
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
- Emergency preparedness and response planning
- Handling and storage of hazardous materials and the appropriate disposal of biocontaminants
- Transportation (if applicable)
- Pediatric first aid and CPR
- Recognition and reporting of child abuse and neglect
- Child development

Monitoring visits must include both announced and unannounced visits to ensure health and safety standards are being met. Comprehensive background checks are also required as a basic safeguard to protect the safety of children in child care and minimize children's risk of abuse and neglect.

NORTH Dakota | Health & Human Services
Be Legendary.

EARLY CHILDHOOD
Child Care Licensing



North Dakota law states that a child care provider must be licensed if they care for more than 3 infants (0-2 years) or 5 children (0-12 years). The provider must count their own children who are under 13 years of age in this total. Anyone caring for more than three infants or six or more children without a license is operating against North Dakota state law.

Child Care Licensing is a form of consumer protection that reduces the risk of children being cared for in an unsafe environment. North Dakota state laws, and local ordinances in some locations, regulate child care licensing. Licensing sets minimum requirements and ensures that programs are monitored for compliance with these requirements.

Child care licensing regulations cover many topics, including the following:

- The number of children one adult can care for a time (child-staff ratio) and the number of children allowed in a class (group size)
- Supervision of children
- Safety of the building (such as emergency exits, cleanliness and repairs, and potential dangers)
- Immunizations, handwashing, diapering, and other methods to stop the spread of disease
- Nutrition of food served to children
- Training, health, and other requirements such as background checks for the staff working at the child care programs

Licensing determines the number of children that can be cared for by providers. Adult-to-child ratio, total square footage, ages of the children and group size are all considered.

Child care licenses are issued by the state. A Child Care Licensing Specialist performs the licensing study and monitoring visits, one announced and one unannounced. Child Care Licensing Specialists work with providers to understand regulations, issue correction orders when necessary and support providers to satisfy and maintain licensing compliance. They also investigate concerns and participate in CPS investigations involving child care staff.

Licensed providers are required to display their current license, allowing parents to verify that a program has pleted the licensing process and holds a current license. Licensed child care programs can enroll children se care is subsidized by federal financial assistance, participate in state quality initiatives, grants, and stipends, and the Child and Adult Care Food Program.

Licensed Child Care Program Types

Family License: Individuals caring for 7 or fewer children in the provider's own home. Family providers are required to include their own children in the adult-to-child ratio.

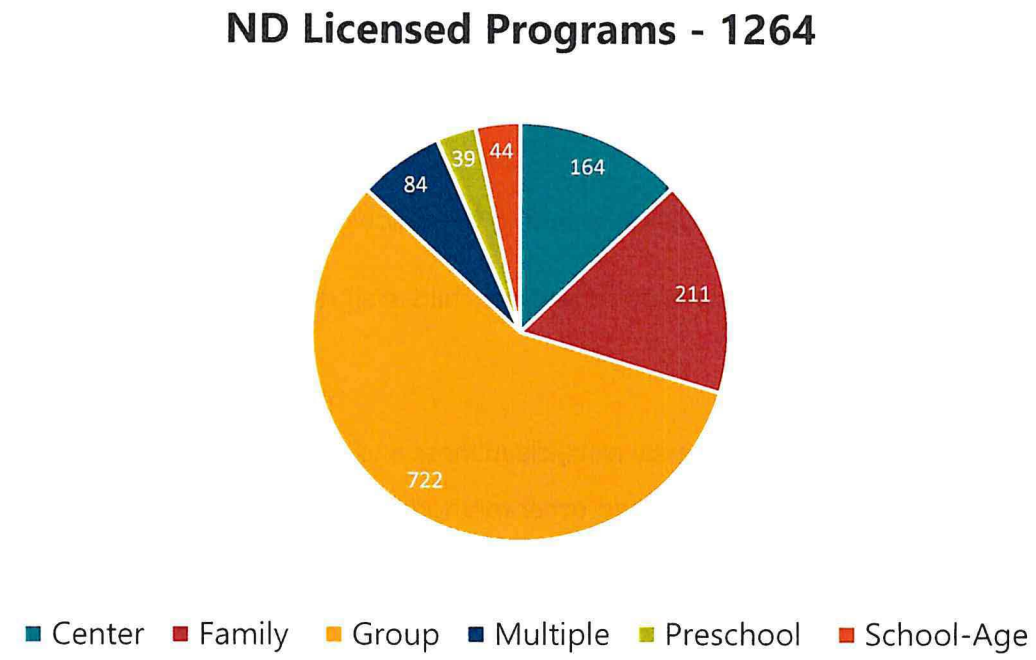
Group License: Programs caring for up to 30 children in their home or a public/private building. Maximum group size may be restricted based on square footage of facility, adult-to-child ratios or local ordinances.

Center License: Programs caring for 19 or more children in a public/private building. The total number of children who can attend at any given time is based on square footage of facility and adult-to-child ratios.

Preschool License: Programs providing education and social experiences for children ages 2 to 5. A child's attendance is limited to 3 hours per day.

School Age: Programs providing care for school-age children before and after school, during school holidays and summer vacation.

A program with a **multiple license** is most often a family, group, or center license that also offers preschool.



License Exempt Program Types

Self-declared Providers: Individuals caring for 5 or fewer children can enroll children whose care is subsidized by federal financial assistance and participate in the Child and Adult Care Food Program. These providers are subject to background checks and monitoring visits like licensed providers. The difference between a family license and self-declaration is the number of children that can be cared for, and the hours of annual training required.

In-home Providers: Individuals caring for up to 5 children, of which no more than 3 may be under the age of 24 months. Care is provided in the children's home.

Approved-Relatives: Individuals may care for 5 or fewer children or 3 children under 24 months in a home. The approved relatives must be related by marriage, blood relationship or court order and include grandparents, great-grandparents, aunts, and uncles. A sibling who is age 18 or older and who does not live in the same hom as the children for whom care is being provided, can also become an approved relative.

NORTH Dakota | Health & Human Services
Be Legendary.

EARLY CHILDHOOD Workforce Registry + Training



Since 2012, the Growing Futures Early Childhood Workforce Registry (Registry) has been the state system for approval of all training accepted toward annual child care licensing requirements and state initiative projects such as the QRIS. In addition to serving as the system of record for training approval and completion, the registry also tracks, verifies, and reports the Career Pathways placement, education levels, professional qualifications, and employment history of individual members of the workforce. The Career Pathway is designed to support individuals toward completing the national CDA Credentialing requirements of 120 hours of informal non-credit training and includes formal preparatory tracks for individuals completing for-credit coursework or who hold degrees in early childhood and related fields.

Registry Membership and Career Pathway Placement

The Registry includes 7523 individuals, of whom 5541 have verified employment as a director, teacher, assistant teacher, aide, or family/group caregiver in an early childhood program.

Career Pathway	No. of GF Members
Category A	4969
Category B	255
Category C	62
Category D	93
Category E	215
Category F	19
Category G	230
Category G+	7
Category H	179
Category H+	7
Category I	25
Category I+	4
Category J	2
Not Placed	1456
Total	**7523**

Basic Licensing and Paraprofessional

Career Pathway Categories A – D

Professional Qualification Categories

E: Child Development Associate Credential

F: Center Director Credential

G: Associate Degree

H: Bachelor's Degree

I: Master's Degree

J: Doctorate Degree

Registry data shows that 66.3% of registry members have met only the minimum requirements for child care licensing. Just 5.4% have completed some informal clock hour training beyond the minimum requirements but

not enough to meet the 120 hours of training needed to earn the national CDA Credential, and only 3% have an early childhood professional credential such as the CDA Credential or Aim4Excellence Center Director Credential and just 6% have an associate degree or higher in early childhood or a related field with an early childhood mino Moreover, registry data suggests that turnover of the workforce may be as high as 40% annually.

The Registry is not a training sponsor.

All training delivered for the Early Childhood workforce in North Dakota is provided by other organizations and agencies. These organizations provide training voluntarily and set their own policies for the training they deliver (e.g. fees, registration policies, and so on). While training must meet the Growing Futures standards, the organizations that deliver training are free to deliver the topics they wish, in the areas of the state they chose.

HHS-EC sponsors the federally mandated health and safety pre-service training as well as the state mandated safe sleep course and makes them available to providers at no cost to them.

The Registry hosts an online training calendar that shows all currently available training approved for child care licensing and ongoing professional development in North Dakota. There are currently **87** approved training sponsors**.** In the last quarter they delivered **820.50** hours of training.

Training offered in the previous quarter – October through December 2022

Core Competencies by Training Level and Clock Hours

Core Name	Level 1 Basic Licensing	Level 2 Professional Training	Clock Hours
Assessment And Planning For Individual Needs	23.00	10.00	**33.00**
Child Growth And Development	41.50	56.50	**98.00**
Families And Communities	20.00	4.00	**24.00**
Health, Safety, and Nutrition	77.00	24.00	**101.00**
Interactions With Children	198.50	10.00	**208.50**
Learning Environments And Curriculum	64.50	77.00	**141.50**
Principles of Child Development	9.50	2.00	**11.50**
Professional Development And Leadership	22.00	147.00	**169.00**
Program Planning And Evaluation	12.00	22.00	**34.00**
Total Clock Hours	**468.00**	**352.50**	**820.50**

NORTH Dakota | Health & Human Services
Be Legendary.

EARLY CHILDHOOD
Quality Rating & Improvement System



Introduction

Bright & Early ND is North Dakota's Quality Rating and Improvement System (QRIS). A QRIS is a systemic approach to assess, improve, and communicate the level of quality in early childhood programs.

Bright & Early ND was developed to help early childhood programs offer high-quality care that supports each child's learning and development.

Bright & Early ND is designed to:

- Ensure that children have high-quality early experiences that help them develop the skills they need to be successful in school, work, and life.
- Support early childhood professionals to provide high-quality care by offering resources such as professional development opportunities, coaching, and financial supports.
- Help families find high-quality in early childhood programs that fit their needs by providing information about program quality.

The Department of Health & Human Services (HHS) administers Bright & Early ND as a key strategy for quality improvement with funding from the Child Care and Development Fund (CCDF).

Framework

Bright & Early ND uses a block system approach which includes four levels, or steps, to quality. Each step focuses on a component of quality care and must be demonstrated by the program before moving to the next step. The outcome is a program that maximizes a child's readiness for school, work, and life.

The Bright & Early ND Quality Standards are aligned with Child Care Licensing and include:



Step 1
Health and Safety



Step 2
Space and Materials



Step 3
Activities and Experiences



Step 4
Relationships and Interactions

Step 1: Health and Safety

Meeting and maintaining child care licensing regulations is the foundation of the Bright & Early ND Steps to Quality. These regulations are designed to protect and promote child safety and well-being i all types of settings. Licensed child care and early education programs are required to maintain at leas minimum standards related to; physical space, safety features, cleanliness, staff qualifications and staff-to-child ratios. Children need to be healthy and feel safe to learn and grow. It is the first step in preparing children to be ready for school, work, and life.

An automated process for Step 1 Quality Ratings was launched in October 2022. Step 1 automation allows all programs who hold a current license issued by HHS to be automatically welcomed into Bright & Early ND as a Step 1 Quality Rated program.

Step 2: Space and Materials

A safe, responsive, and engaging environment sets the stage for optimal early childhood experiences. An intentionally designed environment allows opportunities for children to experiment, practice their skills, analyze, socialize and problem solve. When the environment supports children's learning and development, they are better prepared for school, work, and life.

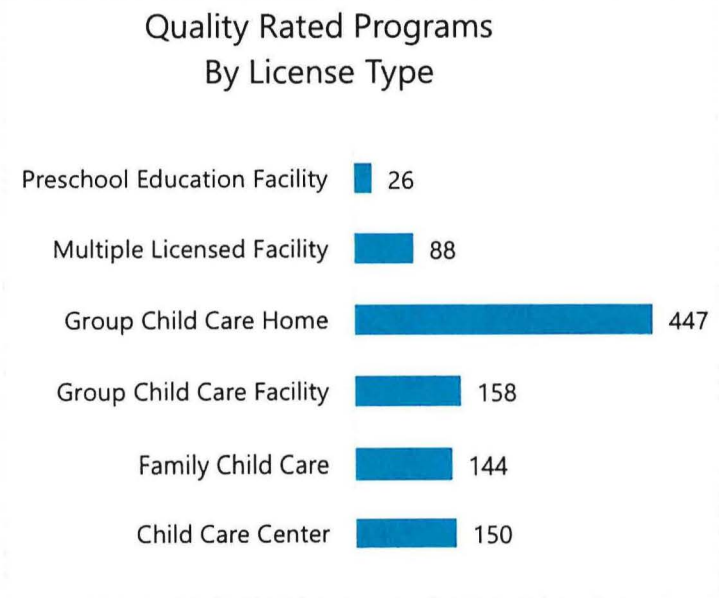
Step 3: Activities and Experiences

Children succeed when their providers know them well, understand their levels of development, and provide meaningful activities and experiences that build upon children's strengths and development. When children have meaningful experiences, they are better prepared for school, work, and life.

Step 4: Relationships and Interactions

All children benefit from being in warm, supportive environments where they can take risks, learn new things, and develop strong relationships with their caregivers and peers. When children experience high-quality interactions, they are better prepared for school, work, and life.

Participation







SB 2012
Senate Appropriations – Human Resources Division Committee
Senator Dever, Chairman

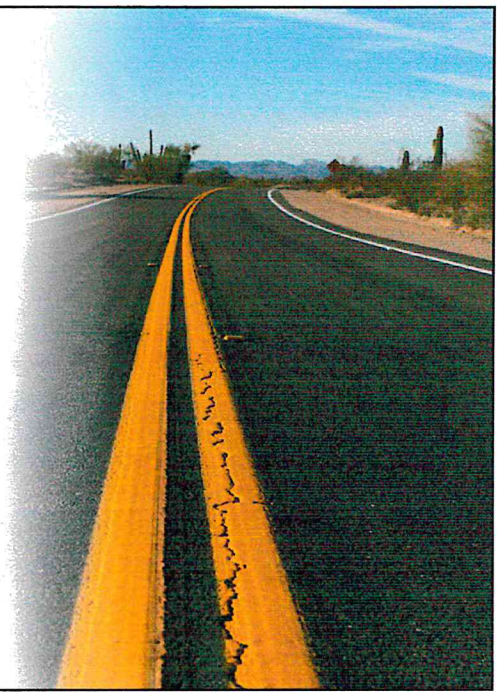
NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health Division, **Human Service Centers** | February 7, 2023

1

Roadmap

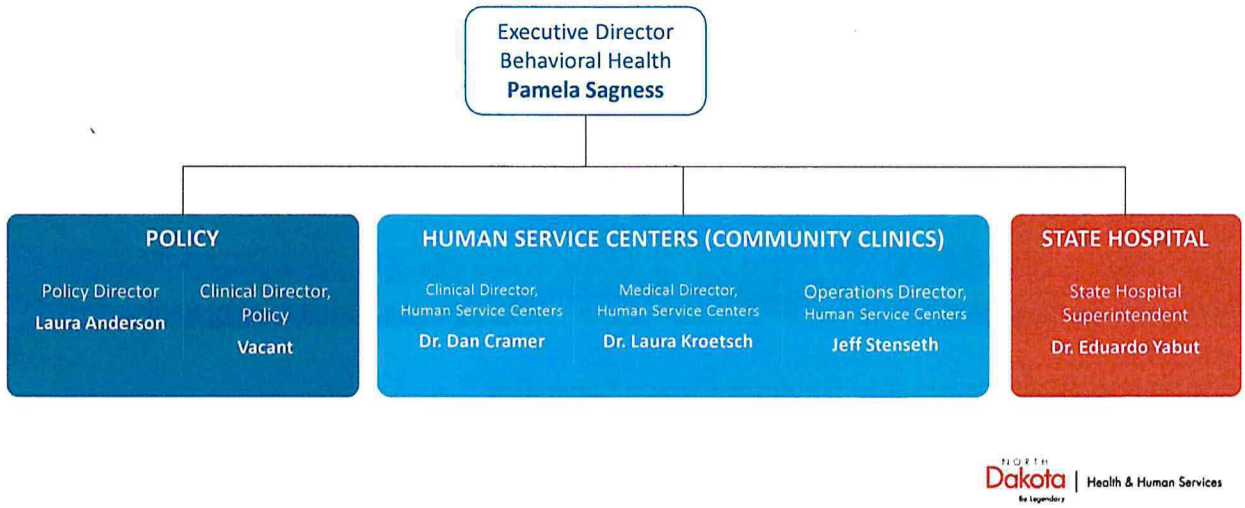
- HSC Clinic Leadership Restructure
- Services
- Essential Elements to Align with Future Vision
- Workforce
- Contract
- Budget
  - Itemized List of Changes



NORTH Dakota Be Legendary. | Health & Human Services

2

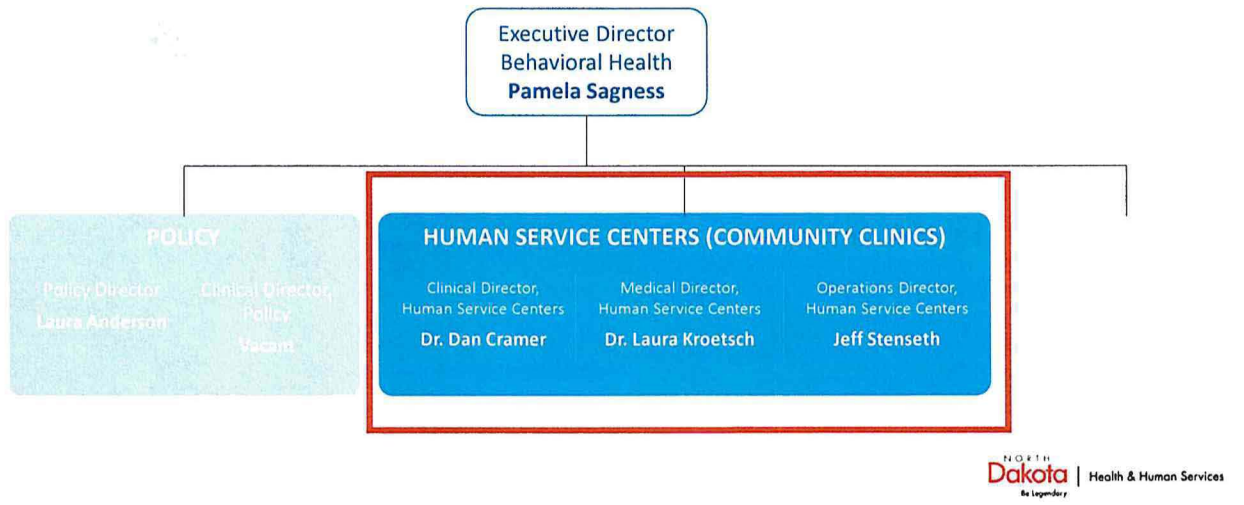
Behavioral Health Organizational Chart



NORTH Dakota | Health & Human Services
Be Legendary

3

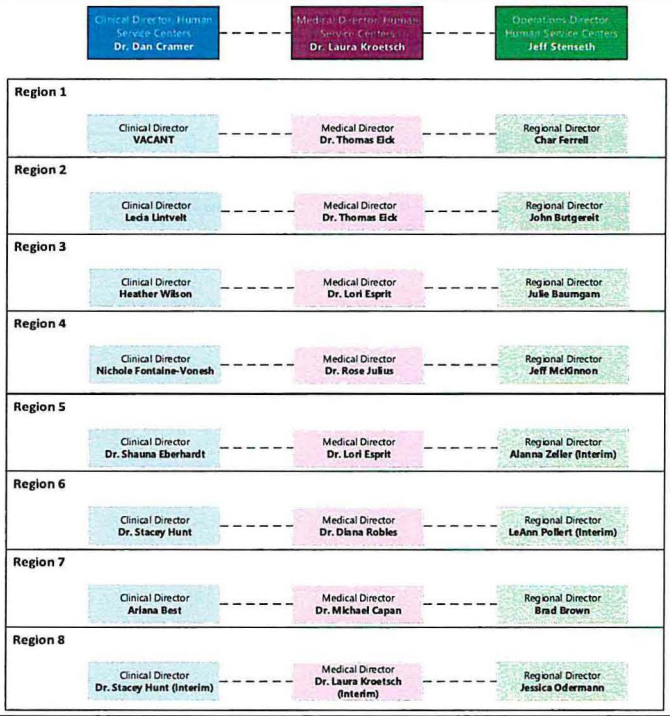
Behavioral Health Organizational Chart



NORTH Dakota | Health & Human Services
Be Legendary

4

Human Service Center Leadership Structure



5

50-06-05.3. Regional human service centers - Powers - Duties - Human service advisory groups.

1. Regional human service centers shall provide human services to all eligible individuals and families to help individuals and families achieve or maintain social, emotional, and economic self-sufficiency by providing human services to:

a. Prevent, reduce, or eliminate dependency;

*b. Prevent or remedy the neglect, abuse, or exploitation of children and of adults unable to protect their own interests;

*c. Aid in the preservation, rehabilitation, and reuniting of families;

d. Prevent or reduce inappropriate institutional care by providing for care while institutionalized or providing for community-based or other forms of less restrictive care;

e. Secure referral or admission for institutional care;

f. Provide outpatient diagnostic and treatment services;

*g. Provide information concerning guardianship to people interested in becoming or who are guardians; and

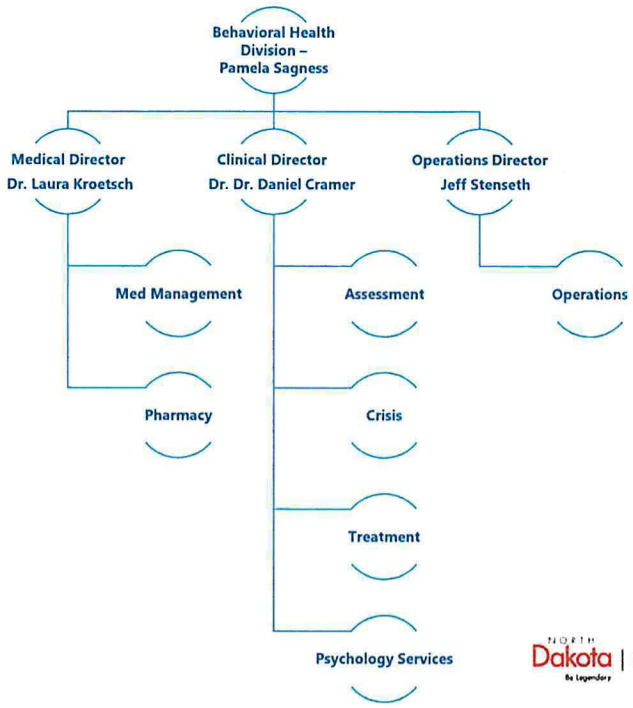
h. Provide rehabilitation and crisis services for patients with mental, emotional, or substance use disorders, an intellectual disability, and other psychiatric conditions, particularly for those patients who have received prior treatment in an inpatient facility

**Engrossed SB 2083 to remove subdivisions*

NORTH Dakota | Health & Human Services

6

HUMAN SERVICE CENTERS



NORTH Dakota Be Legendary | Health & Human Services

7

What Human Service Centers Do

(Data from July 1, 2021 – December 31, 2022)

Assessment Services

- Walk-in Availability, 8am - 5pm
- 13,626 individuals triaged and screened
- 5,086 individuals met the need for full assessments

Treatment Services

- Serving those with greatest complexity
- 250,041 services provided to 7,136 individuals

Crisis Services

- Call Center
  - 22,318 Crisis Calls
- Mobile Crisis
  - 19,620 crisis services provided
- Stabilization Units
  - 2,237 admissions to crisis stabilization units

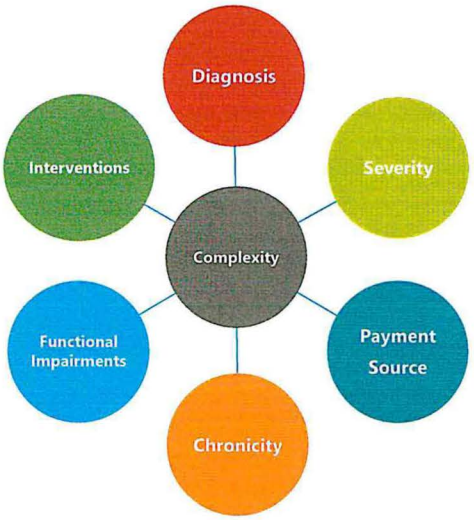
Specialized Services

- Psychiatric Services
- Psychological Evaluations
- 50,266 services provided to 5,793 individuals

NORTH Dakota Be Legendary | Health & Human Services

8

Treatment Services
Serving those with greatest need



- **Complexity:** Individuals who are experiencing moderate to severe/extreme functional impairment secondary to a behavioral health condition
- **Safety Net:** Individuals and families with limited access to other services or resources in their community.

NORTH Dakota | Health & Human Services
Be Legendary

9

Treatment Handout

Behavioral Health Division
Human Service Centers (Community Behavioral Health Clinics)

Treatment Overview

The Regional Human Service Centers (HSC) serve North Dakota citizens with the greatest behavioral health care needs. This includes individuals who otherwise would not be served or would be significantly underserved. The goal is to not compete with private providers, but instead to complement treatments already available within local communities and assure availability of a full array of required treatment options.

A different approach to care:

Health
- Help foster health, growth, and community connections.

Outcomes: 73% of individuals served reported, "I am better able to take care of my needs."

Home
- Help connect to safe and supportive living environments

Outcomes:
Homeless at entry: 28% Homeless current: 13%

Community/ Purpose
- Help connect to work, community groups or activities which facilitate meaning.

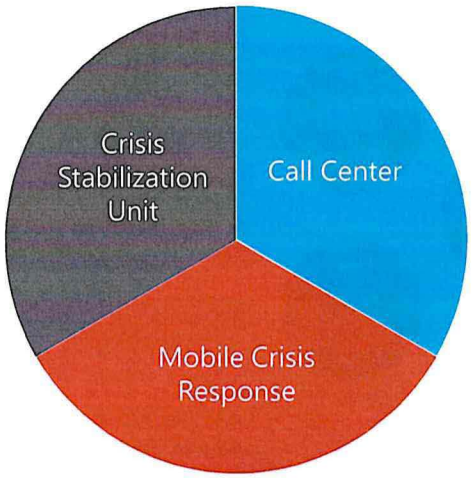
Outcomes: 75% of individuals report that as a result of services they are better able to do things they want to do.

NORTH Dakota | Health & Human Services
Be Legendary

10

Behavioral Health Crisis Care

Core Services & Best Practices



NORTH Dakota | Health & Human Services

11

Crisis Stabilization Units: Best Practice Anchors

Purpose:
To manage risk at lowest level of care and avoid unneeded hospitalizations/ER visits.

- Do not require medical clearance prior to admission but will assess for and support medical stability while in the program *
- Design their services to address mental health and substance use crisis issues
- Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges *
- Staff at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community *
- Offer walk-in and first responder drop-off options
- Ensure timely access to licensed and/or credentialed clinicians capable of completing assessments
- Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated

Full Implementation
Partial Implementation
Not Implemented

** Included in Crisis Enhancement funding*

NORTH Dakota | Health & Human Services

(SAMSHA Best Practice Tool Kit, 2020)

12

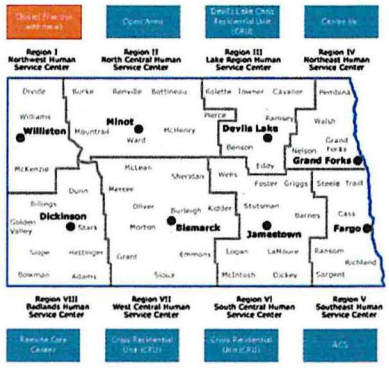
Crisis Services Handout

Behavioral Health Division
Human Service Centers (Community Behavioral Health Clinics)

Crisis Services

Crisis stabilization units:

- provide "someplace to go" for individuals in crisis
- currently operating 24/7/365 in 7 of the 8 regions
- approximately 95 beds total
- staffed with direct care associates who help monitor and connect with licensed clinicians to assess and match individuals to behavioral health services.



NORTH Dakota | Health & Human Services
Be Legendary

13

National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit

Minimum Expectations to Operate a Crisis Receiving and Stabilization Service

Crisis receiving and stabilization services must:

1. Accept all referrals;
2. Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program;
3. Design their services to address mental health and substance use crisis issues;
4. Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway in order to transfer the individual to more medically staffed services if needed;
5. Be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community; including:
   a. Psychiatrists or psychiatric nurse practitioners (telehealth may be used)
   b. Nurses
   c. Licensed and/or credentialed clinicians capable of completing assessments in the region; and
   d. Peers with lived experience similar to the experience of the population served.
6. Offer walk-in and first responder drop-off options;
7. Be structured in a manner that offers capacity to accept all referrals at least 90% of the time with a no rejection policy for first responders;
8. Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated; and
9. Screen for violence risk and complete more comprehensive violence risk assessments and planning when clinically indicated.

NORTH Dakota | Health & Human Services
Be Legendary

14

Crisis Service Enhancement: Shrinking the Gap

In order to shrink the gap and meet SAMHSA crisis service Anchors for both Stabilization Facilities and Mobile Crisis Response the following budget enhancements have been brought forward:

Stabilization Facilities

- Contract for on-call psychiatry – 24x7 to stabilization units statewide: $3,874,500.
- Contract for nursing telehealth service to stabilization units statewide: $2,080,000.
- Contract for general physician support to stabilization units statewide: $132,000.
- 1 Registered Nurse for NWHSC: $194,000.

NORTH Dakota | Health & Human Services
Be Legendary

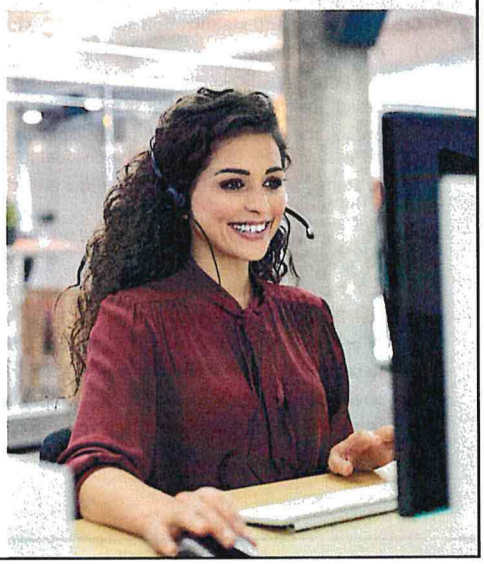
15

Crisis Service Enhancement

In order to shrink the gap and meet SAMHSA crisis service Anchors for both Mobile Crisis Response and Stabilization Facilities the following budget enhancements have been brought forward:

Mobile Crisis Response

- 4 position to expand mobile crisis evening, weekend, holiday coverage: $1,115,695.
- 16 Peer Support Specialists (current temporary positions): $1,646,474.



NORTH Dakota | Health & Human Services
Be Legendary

16

Human Service Center Behavioral Health Service: Maintaining Current Service Levels

In order to address the inability to recruit and retain temporary employees in the current competitive job market the following budget enhancements have been brought forward:

- NC Behavioral Health FTE Temp to FTE: 1.5 - $118,000.
- NE Behavioral Health FTE Temp to FTE: 4.0 - $101,270.
- SE Temps converted to FTEs Temp to FTE: 16 - $393,611.
- SC Behavioral Health FTE Temp to FTE: 2 - $85,576.
- WC Direct Care Associates (DCA) - Temps to FTE: 5 - $264,720.

NORTH Dakota | Health & Human Services

17

Adult Mental Illness



20.79% had any **mental illness** in the past year.[3]

Approximately 118,000 ND adults (18+) had any mental illness in the past year.[3]



6.1% reported a **serious mental illness** in the past year.[3]

Approximately 34,000 ND adults (18+) have serious mental illness in the past year.[3]

NORTH Dakota | Health & Human Services

18

The need for behavioral healthcare across the state is great

- Communities are not able to keep pace with the number of citizens in need of behavioral health services. Even if all our FTEs were filled, we would still struggle to fill community service gaps.
- Services need to be timely to be effective. To ensure timely services to those accessing higher levels of care and frequent encounters with law enforcement, we have had to refer patients to community partners when their presenting symptoms are less intense/severe.
- Common gap → individuals who need to be served quicker:
  - Individuals who have moderate functional impairment fall into the community waitlists as they aren't severe enough to obtain quick entry to a HSC and then have difficulty finding a community partner able to quickly assume care.
- Common community service gaps
  - Some private organizations are booking out 3-6 months for prescription management and/or therapy services
  - Some private organizations will not schedule psychiatric appointments for those with active substance use.

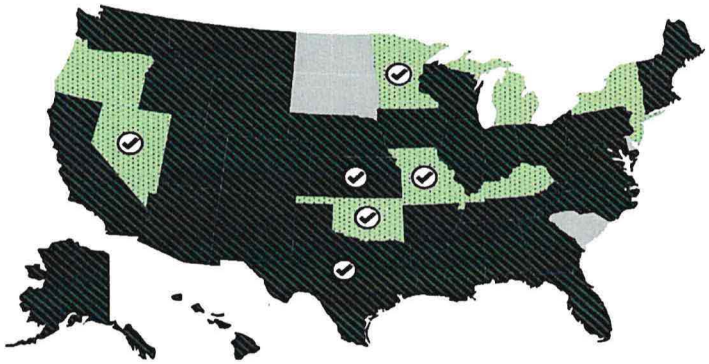
NORTH Dakota | Health & Human Services
Be Legendary

19

Certified Community Behavioral Health Clinics

CCBHCs Across the United States

Currently, there are over 450 CCBHCs operating across the country, as either CCBHC-E grantees or clinics participating in their states' Medicaid demonstration.

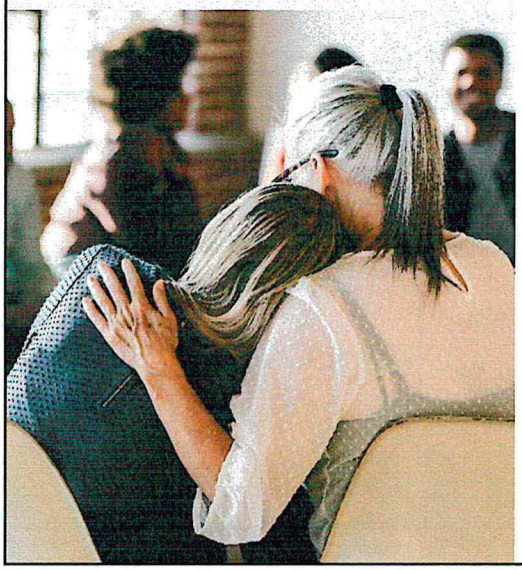


No CCBHCs | Federal CCBHC Medicaid Demonstration (and SAMHSA Expansion Grants) | States with at least one local CCBHC grantee | CMS approved payment method for CCBHCs via a SPA or 1115 waiver

NORTH Dakota | Health & Human Services
Be Legendary

20

Human Service Clinics – Related Policy Bills with Budget Impact



SB 2128 – Requiring each Human Service Center to Become Certified Community Behavioral Health Clinics

Total	General	Federal
$17,605,298	$17,605,298	$0

Request of additional 61 FTE

- 1 Project Director
- 8 Regional Project Coordinators
- 32 Peer Support Specialists
- 8 Case Managers
- 12 Licensed Addiction Counselors

NORTH Dakota Be Legendary | Health & Human Services

21

Certified Community Behavioral Health Clinics - Enhancements

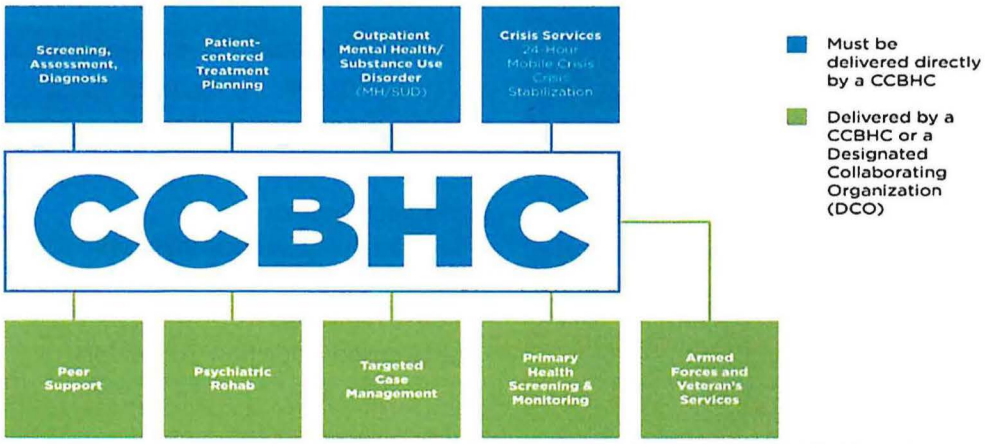
1. Staffing	• Staffing plan driven by local needs assessment. • Licensing and training to support service delivery.
2. Availability and Accessibility of Services	• Standards for timely and meaningful access to services, outreach and engagement. • 24/7 access to crisis services, treatment planning and acceptance of all patients regardless of ability to pay.
3. Care Coordination	• Care coordination agreements across services and providers. • Defining accountable treatment team, health information technology and care transitions.
4. Scope of Services	• Nine required services, as well as person-centered, family-centered and recovery-oriented care.
5. Quality and Other Reporting	• 21 quality measures, a plan for quality improvement and tracking of other program requirements.
6. Organizational Authority, Governance and Accreditation	• Consumer representation in governance. • Appropriate state accreditation.

NORTH Dakota Be Legendary | Health & Human Services

22

Certified Community Behavioral Health Clinics - Enhancements

CCBHC Scope of Services



23

Early Impact

Since inception of the model, CCBHCs report:

- **STAFFING:** Increased recruitment and hiring of staff, greater staff satisfaction and retention, redesigning care teams.
- **ACCESS:** Decreased wait times for care and elimination of wait lists, targeted outreach to vulnerable, underserved and complex populations, expanding services offered outside the four walls of the clinic.
- **COMMUNITY IMPACT:** Improved partnerships with schools, primary care, law enforcement, hospitals.
- **HEALTH IMPACT:** Reduced hospitalizations/ED visits, improvements in physical health indicators.

CCBHCs expand service delivery services outside the clinic. The top locations included clients' homes (78%), schools (97%), courts, police offices and other justice-related facilities (86%), and emergency departments (20%).

NORTH Dakota | Health & Human Services
Be Legendary

24

Certified Community Behavioral Health Clinics - Enhancements

CCBHC Demonstration/PPS: Driving Value

CCBHC Demo

- **Certification** = standardized core requirements
- **PPS** = Medicaid reimbursement that supports costs associated with expanded access & enhanced operations

Enhanced Operations

- Expansion of service lines (e.g., crisis response, SUD treatment)
- Ability to hire and retain specialty providers (e.g., child psychiatrists, MAT prescribers)
- Same-day access to care
- High-impact, flexible staffing models targeted to patient need
- Technology adoption, electronic health info exchange
- Data tracking & analytics
- Collaboration/coordination with law enforcement, schools, others
- Population health management, data-driven care

Improved Outcomes

- 25% more clients served on average
- Elimination of waitlists
- Reduced hospitalization, ED visits
- Reduced incarceration, recidivism
- Improved physical health

TheNationalCouncil.org

NATIONAL COUNCIL for Mental Wellbeing

25

Data needed for CCBHC

CCBHC presents an opportunity to reimagine service delivery

- Collection of new data/quality metrics required, standardized across all states
- Requirements of CCBHCs to engage in care coordination, meaning they need to be able to communicate electronically across partners and understand service utilization across partners
- Opportunity to move beyond care coordination and promote population health management, which relies on
- Payment model that allows clinics to build in costs of improved technology platforms that make these activities possible

Data challenges for states

NORTH Dakota Be Legendary | Health & Human Services

26

Workforce Handout

Behavioral Health Division
Human Service Centers (Community Behavioral Health Clinics)

Workforce

Reasons for Critical Staffing Shortages:



The North Dakota Human Service Centers (HSC) are experiencing a major staffing shortage. The need for mental health care is outpacing the additions to the workforce. Nationally, the mental health workforce shortage affects more people than primary care & dental workforce shortages combined.[2] North Dakota ranks 38 for mental health workforce availability.

Behavioral health workforce shortages result in unmet need for services. Workforce shortages creates disincentives for people to seek care; if a provider is not readily accessible, people may forego care until a crisis results in an emergency response.

20.79% of ND adults have any mental illness and 16.36% have a substance use disorder.[1]

48.4% of ND adults with any mental illness and 44.9% of ND youth with major depression did not receive treatment.[1]

Currently there are more than 90 vacant positions among the eight HSCs. These vacancies include nearly 43 vacant independent licensed individuals (LCSW, LMSW, LPCC, LPC, LAPC, Licensed Psychologist, Psychiatrists, APRN). These licensed professionals are required to provide therapy, rehabilitative, and psychiatric services in addition to court ordered psychological evaluations. These vacancies, along with high turnover rates and inability to recruit qualified applicants, have led to client waitlists and a higher rate of referral of treatment to community providers.

NORTH Dakota Be Legendary | Health & Human Services

27

Vacancies impacting revenue

Licensed Addiction Counselor

- 15 vacancies
- Vacant for 175 days on average
- 9 positions vacant greater than 3 months
- Average revenue for position is $40,687 a month
- Estimated loss due to vacancies: $610,305 a month

Advanced Clinical Specialists

- 15 vacancies
- Vacant for 214 days on average
- 14 positions vacant greater than 3 months
- Average revenue for position is $39,153 a month
- Estimated loss due to vacancies: $587,295 a month

Human Relation Counselors

- 15 vacancies
- Vacant for 242 days on average
- 10 positions vacant greater than 3 months
- Average revenue for position is $30,523 a month
- Estimated loss due to vacancies: $457,845 a month

NORTH Dakota Be Legendary | Health & Human Services

28

Factors Significantly Impacting Revenue Targets

- **Workforce Challenges**: Shortage of trained/licensed workforce

Higher vacancy rates	Length of vacancy for critical positions continues to increase (6 months to 1 year+)	Hiring at a training level or entry level (lower billable rate or at times not billable)
Even higher vacancy rates for temporary positions and in current job market not getting applicants.	*Key positions impacted: Licensed Addiction Counselor, Master level Counselors and Social Workers, Licensed Psychologist, and Psychiatrist*	*Supervision of these staff also takes away from licensed practitioner client facing time*

- **Reduced staffing** at both state run and contracted residential facilities due to workforce shortage and COVID outbreaks
- **Increased Services to Jails** *(unable to bill for those services)*
- **Lingering COVID related impacts** *(extended staff vacancy following CDC healthcare guidelines)*
- Internal **operational barriers** related to improving practice around coding, credentialing, and other billing practices
- **Increased Crisis Service** *(free service to citizens)*
- Challenges related to those with the **most extreme/severe conditions**
  - High No Show Rate (even with assertive outreach)
  - At times needing to have two staff attend a community-based appointment due to identified risk factors/Safety concerns

NORTH Dakota | Health & Human Services
Be Legendary

29

Strategies Employed to Mitigate the Workforce Shortage and Resulting Revenue Impacts

Strategies Employed to Overcome Workforce Challenges:

- Partnership with various clinical training programs for hosting internships
- Increased participation in local, virtual, and national career fairs
- Increased usage of retention bonus program for hard to recruit positions
- Collaborating with HHS Talent Acquisition team and receiving focused recruiting support from them
- Increased usage of tuition assistance and loan repayment programs.
- Engaging in employee wellness, staff wellbeing efforts or other strategies to improve staff satisfaction and retention while using Gallup survey to guide strategic initiatives

Working on refinement of practices related to coding, credentialing, and other clinical practice

- Increased risk management enhancements for safety
- Currently participating in a Rev Cycle review with a contracted Vendor
- Utilizing local/state partnership to have on-site benefits navigators assist individuals with applying for healthcare coverage

NORTH Dakota | Health & Human Services
Be Legendary

30

SB 2012 Section 2. One-Time Funding

SECTION 2. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-NINETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items approved by the sixty-seventh legislative assembly for the 2021-23 biennium and the one-time funding items included in the appropriation in section 1 of this Act:

One-Time Funding Description	2021-23	2023-25
Deferred Maintenance	0	735,154

The 2023-25 biennium one-time funding amounts are not a part of the entity's base budget for the 2025-27 biennium. The department of health and human services shall report to the appropriations committees of the sixty-nineth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2023, and ending June 30, 2025.

NORTH Dakota Be Legendary | Health & Human Services

31

SB 2012 Section 6. Contingent Appropriation and Authorization

SECTION 6. CONTINGENT APPROPRIATION AND AUTHORIZATION. Subject to the availability of generated income, the department of health and human services may adjust or increase full-time equivalent positions of the department of health and human services approved by the sixty-eighth legislative assembly up to fifty full-time equivalent positions for field services to provide direct services. The generated income by the department of health and human services must cover the costs of any additional full-time equivalent positions. The department of health and human services shall notify the office of management and budget and shall report to legislative council each time one or more full-time equivalent positions are authorized under this section.

NORTH Dakota Be Legendary | Health & Human Services

32

SB 2012 Section 17. Building Project-Lease

SECTION 17. BUILDING PROJECT - LEASE. The department of health and human services is authorized to enter into agreements with vendors for vendors to build to suit two buildings for the department to lease for the lake region human service center and northwest human service center.

NORTH Dakota | Health & Human Services
Be Legendary

33

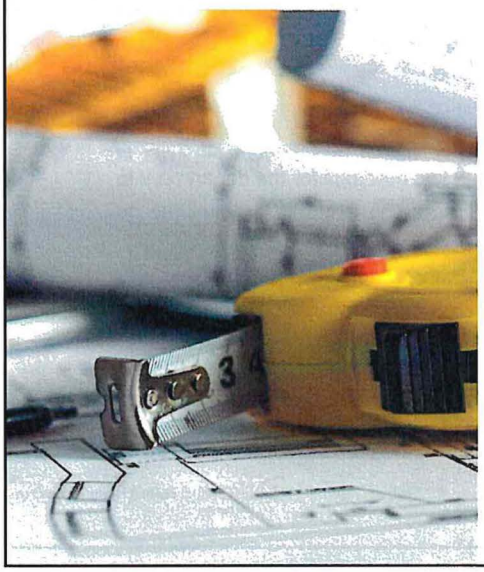
SB 2012 New Section

- **New Section** The requirements of chapter 54-44.4 do not apply to the purchase of consumables at the department of health and human services twenty-four hour staffed residential units during low census time periods.

NORTH Dakota | Health & Human Services
Be Legendary

34

One Time Funding Items for Current Biennium



SEHSC Capital Projects

- Carpet Replacement ($269,000)
- Heat Pump Replacement ($455,000)

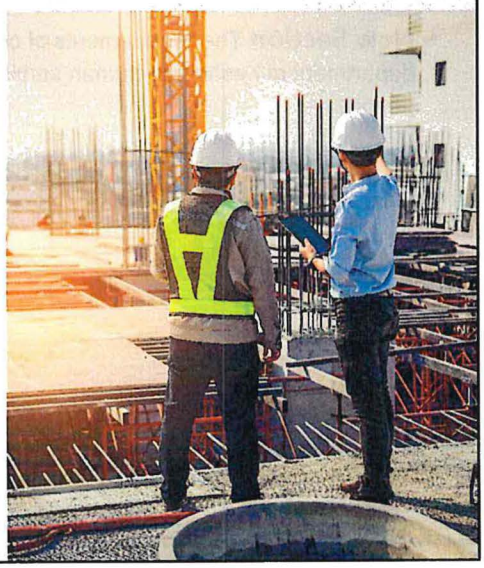
NORTH Dakota | Health & Human Services

35

One Time Funding Items Requested

Southeast Human Service Center

- Resurface Parking Lot (estimated at $462,500)
  - Last time resurfaced was 2005
- Fire Alarm Panel Replacement (estimated at $272,654)



NORTH Dakota | Health & Human Services

36

Contracts Handout

Behavioral Health Division
Human Service Centers (Community Behavioral Health Clinics)

Contracts

Human Service Center Clinic Contracts

- Crisis Stabilization Facilities
  - 6 contracts. 1 pending RFP in Northwest Region.
  - Progress. Centre. Dacotah Foundation
    - Northwest crisis stabilization facility RFP is currently in process. If we are not able to identify a contracted provider, we have the dollars in our budget for operations; however if the facility becomes state owned versus contract will require additional FTEs.
- Adult Transitional Living
  - 5 contacts
  - Progress. Dacotah Foundation
- Adult Addiction Residential
  - 2 contracts
  - Dacotah Foundation
- Adult Drug Court
  - 1 contract
  - Sharehouse
- Medication Delivery Service
  - 2 contracts
  - Dacotah Foundation
- Adult Recovery Centers
  - 7 contracts
  - Trinity Health, Progress, Mental Health of America, Dacotah Foundation, Community Action
- Adult Transitional Employment Service
  - 1 contract
  - Progress

NORTH Dakota | Health & Human Services

37

Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 121,419,280	$ 10,699,136	$ 132,118,416
Operating	14,784,067	5,930,069	20,714,136
IT Services	857,167	386,893	1,244,060
Capital Asset Expense	80,000	735,154	815,154
Capital Assets	-	-	-
Grants	26,073,310	723,129	26,796,439
Total	$ 163,213,824	$ 18,474,381	$ 181,688,205
General Fund	$ 91,958,854	$ 49,134,985	$ 141,093,839
Federal Funds	44,666,940	(18,896,503)	25,770,437
Other Funds	26,588,030	(11,764,101)	14,823,929
Total Funds	$ 163,213,824	$ 18,474,381	$ 181,688,205
Full Time Equivalent (FTE)	630.25	49.50	679.75

NORTH Dakota | Health & Human Services

38

Human Service Centers Detail Budget

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	$ 77,535,373	$ 9,142,990	$ 86,678,364
512x Salaries - Other	96,768	19,394	116,162
513x Salaries Temp	4,448,559	0	4,448,559
514x Salaries Overtime	723,604	281,934	1,005,538
516x Salaries Benefits	38,614,975	1,254,818	39,869,793
Total Salaries & Benefits	$ 121,419,280	$ 10,699,136	$ 132,118,416
52x Travel	1,597,443	190,806	1,788,249
53x Supply	901,176	(4,895)	896,281
54x Postage & Printing	219,547	(41,410)	178,137
55x Equipment under $5,000	82,580	27,000	109,580
56x Utilities	216,008	514	216,522
57x Insurance	8,057	(411)	7,646
58x Rent/Leases - Bldg/Equip	7,255,661	151,462	7,407,123
59x Repairs	466,182	215,900	682,082
61x Professional Development	222,411	80,401	302,812
62x Fees - Operating & Professional	3,726,620	5,308,001	9,034,621
53x Supplies	88,381	2,702	91,083
60x IT Expenses	857,167	386,893	1,244,060
68x Land, Building, Other Capital	80,000	735,154	815,154
71x Grants, Benefits, & Claims	26,073,310	723,129	26,796,439
Total Operating	$ 41,794,544	$ 7,775,245	$ 49,569,789
Total	$ 163,213,824	$ 18,474,381	$ 181,688,205

NORTH Dakota Be Legendary | Health & Human Services

39

Human Service Centers Detail Budget

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular		9,142,990	$ 86,678,364
512x Salaries - Other		19,394	116,162
513x Salaries Temp		0	4,448,559
514x Salaries Overtime		281,934	1,005,538
516x Salaries Benefits	38,614,975	1,254,818	39,869,793
Total Salaries & Benefits	$ 121,419,280	$ 10,699,136	$ 132,118,416
52x Travel	1,597,443	190,806	1,788,249
53x Supply	901,176	(4,895)	
54x Postage & Printing	219,547	(41,410)	
55x Equipment under $5,000	82,580	27,000	
56x Utilities		514	
57x Insurance		(411)	
58x Rent/Leases - Bldg/Equip		151,462	
59x Repairs		215,900	
61x Professional Development		80,401	
62x Fees - Operating & Professional		5,308,001	
53x Supplies	88,381	2,702	91,083
60x IT Expenses	857,167	386,893	1,244,060
68x Land, Building, Other Capital	80,000	735,154	815,154
71x Grants, Benefits, & Claims	26,073,310	723,129	26,796,439
Total Operating	$ 41,794,544	$ 7,775,245	$ 49,569,789
Total	$ 163,213,824	$ 18,474,381	$ 181,688,205

- 6%/4% Increases
- Crisis Service Enhancement
- 28.5 Temp to FTE Conversion

- Crisis Services Enhancement (contracts)
- Contracted Provider Inflation 4%/3%
- Travel due to community-based work
- IT Services- Cell Phone Expansion
- Rent increase due to renegotiated leases

- Southeast HSC parking lot resurface
- Southeast HSC Mechanical/Safety System Upgrade (fire panel)

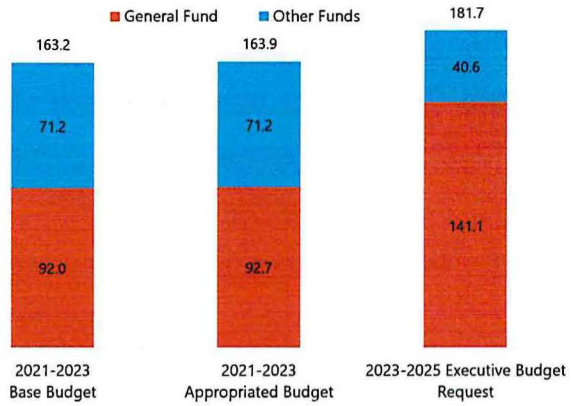
NORTH Dakota Be Legendary | Health & Human Services

40

Overview of budget changes (IN MILLIONS)

INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION $ 18.5MILLION

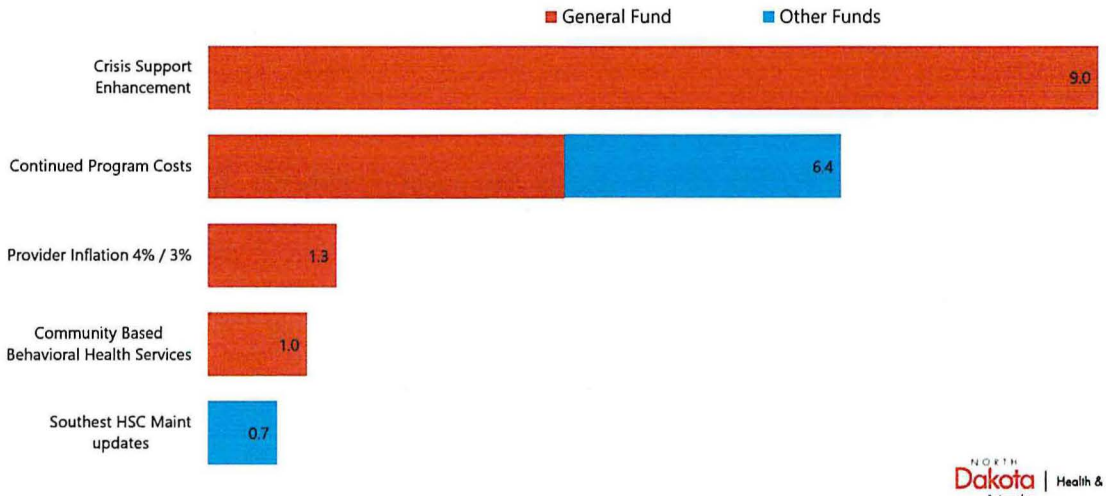
- Crisis Support Enhancement
- Community-Based Behavioral Health Services
- Revenue Shortfall



NORTH Dakota Be Legendary | Health & Human Services

41

Overview of budget changes (IN MILLIONS)



NORTH Dakota Be Legendary | Health & Human Services

42

Maintain Current Service Delivery Level (Cost to Continue)

- $34,200,815- Revenue Shortfall
- $976,496- Operating increase for 8 clinics
- $3,985,391-Salary Increase for 8 clinics
- $2,891,071-Salary Underfunding
- $5,265,517 Continuing Temporary staff services
- $963,377- Conversion of 28.5 long term temporary staff to FTE

NORTH Dakota | Health & Human Services
Be Legendary

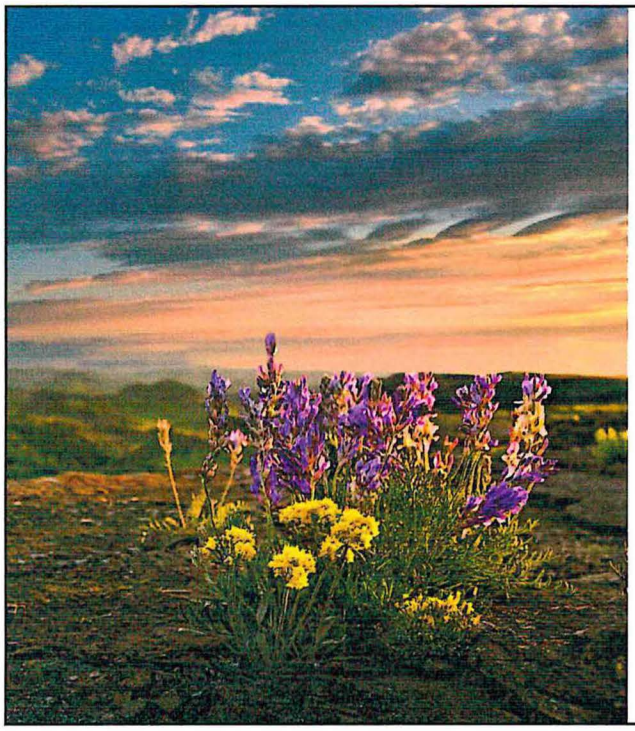
43

Enhance Current Service Delivery Level

- 2.8M- Staffing for mobile crisis teams and crisis stabilization supports
- 6.1M- Crisis stabilization facility clinical enhancements
- Authority to add up to 50 FTE if client demand exceeds resources

NORTH Dakota | Health & Human Services
Be Legendary

44



Contact Information

Clinical Director, Human Service Centers

- Dr. Dan Cramer
- dcramer@nd.gov

Medical Director, Human Service Centers

- Dr. Laura Kroetsch
- lkroetsch@nd.gov

Operations Director, Human Service Centers

- Jeff Stenseth
- jstenseth@nd.gov

NORTH Dakota | Health & Human Services

45

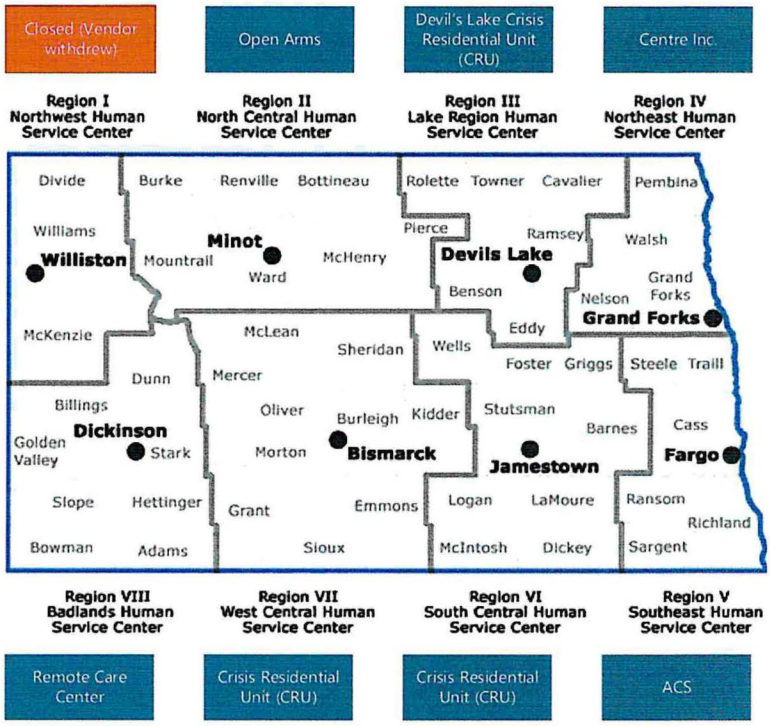
NORTH Dakota | Health & Human Services
Be Legendary.

Behavioral Health Division
Human Service Centers (Community Behavioral Health Clinics)

Crisis Services

Crisis stabilization units:

- provide "someplace to go" for individuals in crisis
- currently operating 24/7/365 in 7 of the 8 regions
- approximately 95 beds total
- staffed with direct care associates who help monitor and connect with licensed clinicians to assess and match individuals to behavioral health services.



Challenges

- Different regions are at different stages of adoption of first responder drop off availability
- While these facilities are currently clinically managed there are no after hours, holidays or weekends on call nursing*, peer supports, primary care or psychiatric physicians to meet best practice guidelines (*RN telehealth available for 2 state owned facilities).
- The work environment at the crisis stabilization units is challenging as team members work to engage individuals into treatment services when they are intoxicated, withdrawing from substances, or experiencing a mental health crisis.
  - Individuals who present for crisis stabilization services are more likely to carry their belongings on their person including knives and firearms.
  - Team members universally experience verbal assaults and threatened physical aggression.
  - Training on how to de-escalate conflict and violent situations is ongoing, but with turnover at an all-time high there is constant concern for the safety of individuals served and team members.

Executive Budget Request*

As per the National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit, "Adequate staffing for the number and clinical needs of individuals under care is foundational to safety. Access to a sufficient number of qualified staff (clinicians, nurses, providers and peer support professionals) promotes timely crisis intervention and risk management for persons in crisis who are potentially dangerous to themselves or others".

Mobile Crisis Response	Peer Support	Stabilization Facility Staffing
• 4 position to expand mobile crisis evening, weekend, holiday coverage: $1,115,695. *Decision package objective: Ensure adequate mobile crisis response in all regions to meet individuals where they are (e.g., home, ED, street) with the goal of stabilizing and maintaining them (when safely able to do so) in their preferred home/community environment.*	• 16 Peer Support Specialists (current temporary positions): $1,646,474. *Decision package objective: Increase access to peer support specialists employed with the state. Peer supports have a unique ability to engage with citizens and help those served build connections to community resources and offer hope along the way.*	• Contract for on-call psychiatry – 24/7 to stabilization units statewide: $3,874,500. • Contract for nursing telehealth service to stabilization units statewide: $2,080,000. • Contract for general physician support to stabilization units statewide: $132,000. • Registered Nurse for NWHSC: $194,000.

As substance use and mental health rates rise across the nation, the ability to operate safely with primarily clinical (non-medical staff) isn't meeting the community needs. By enhancing staffing patterns to meet these minimum expectations, crisis stabilization units will be able to safely expand services, add to community resources, and reduce the burden on urgent care and emergency rooms currently being used to medically screen for crisis stabilization placement.

**This level of staffing is supported by National Guidelines for minimum expectations to operate crisis and stabilization services.*

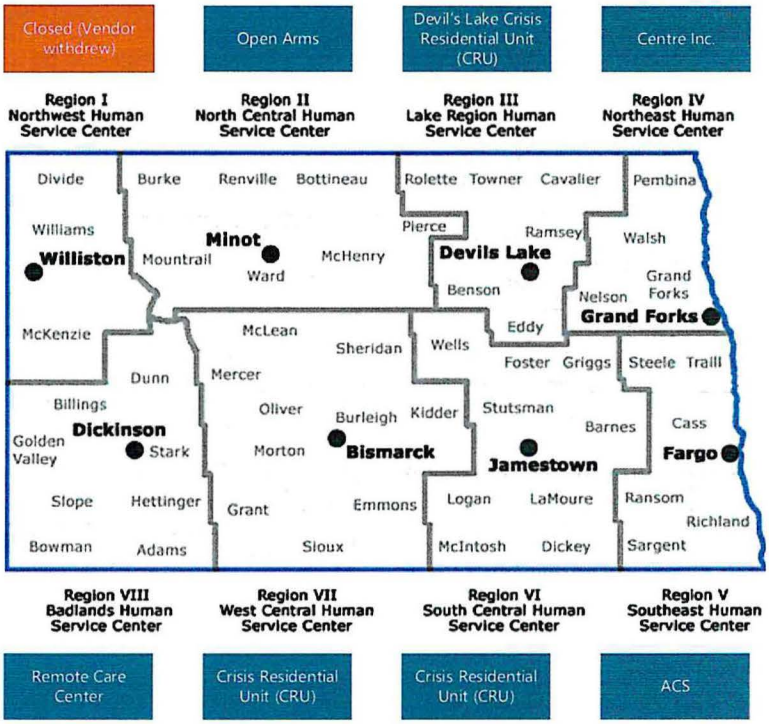
NORTH Dakota | Health & Human Services
Be Legendary.

Behavioral Health Division
Human Service Centers (Community Behavioral Health Clinics)

Crisis Services

Crisis stabilization units:

- provide "someplace to go" for individuals in crisis
- currently operating 24/7/365 in 7 of the 8 regions
- approximately 95 beds total
- staffed with direct care associates who help monitor and connect with licensed clinicians to assess and match individuals to behavioral health services.



Challenges

- Different regions are at different stages of adoption of first responder drop off availability
- While these facilities are currently clinically managed there are no after hours, holidays or weekends on call nursing*, peer supports, primary care or psychiatric physicians to meet best practice guidelines (*RN telehealth available for 2 state owned facilities).
- The work environment at the crisis stabilization units is challenging as team members work to engage individuals into treatment services when they are intoxicated, withdrawing from substances, or experiencing a mental health crisis.
  - Individuals who present for crisis stabilization services are more likely to carry their belongings on their person including knives and firearms.
  - Team members universally experience verbal assaults and threatened physical aggression.
  - Training on how to de-escalate conflict and violent situations is ongoing, but with turnover at an all-time high there is constant concern for the safety of individuals served and team members.

Executive Budget Request*

As per the National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit, "Adequate staffing for the number and clinical needs of individuals under care is foundational to safety. Access to a sufficient number of qualified staff (clinicians, nurses, providers and peer support professionals) promotes timely crisis intervention and risk management for persons in crisis who are potentially dangerous to themselves or others".

Mobile Crisis Response	Peer Support	Stabilization Facility Staffing
• 4 position to expand mobile crisis evening, weekend, holiday coverage: $1,115,695. *Decision package objective: Ensure adequate mobile crisis response in all regions to meet individuals where they are (e.g., home, ED, street) with the goal of stabilizing and maintaining them (when safely able to do so) in their preferred home/community environment.*	• 16 Peer Support Specialists (current temporary positions): $1,646,474. *Decision package objective: Increase access to peer support specialists employed with the state. Peer supports have a unique ability to engage with citizens and help those served build connections to community resources and offer hope along the way.*	• Contract for on-call psychiatry – 24/7 to stabilization units statewide: $3,874,500. • Contract for nursing telehealth service to stabilization units statewide: $2,080,000. • Contract for general physician support to stabilization units statewide: $132,000. • Registered Nurse for NWHSC: $194,000.

As substance use and mental health rates rise across the nation, the ability to operate safely with primarily clinical (non-medical staff) isn't meeting the community needs. By enhancing staffing patterns to meet these minimum expectations, crisis stabilization units will be able to safely expand services, add to community resources, and reduce the burden on urgent care and emergency rooms currently being used to medically screen for crisis stabilization placement.

**This level of staffing is supported by National Guidelines for minimum expectations to operate crisis and stabilization services.*

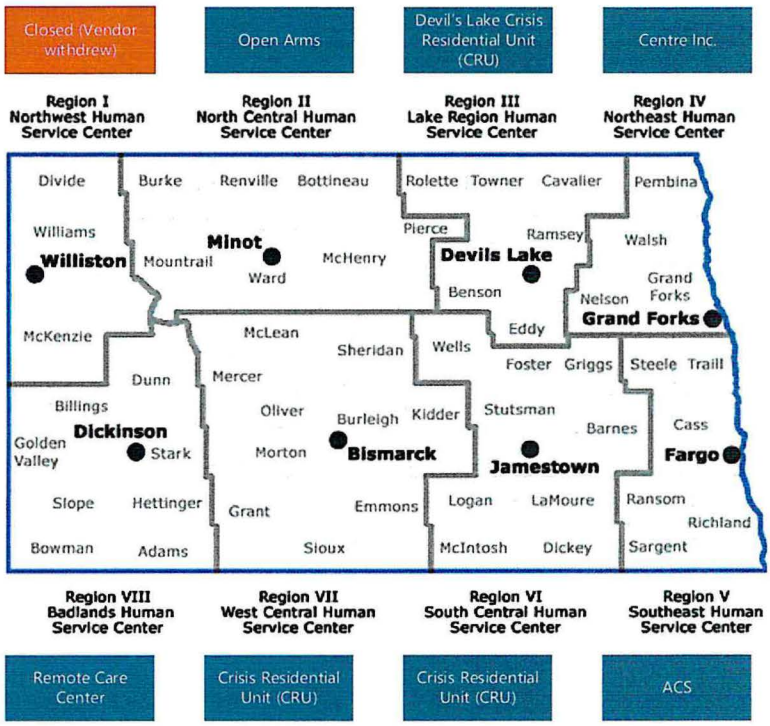
NORTH Dakota | Health & Human Services
Be Legendary.

Behavioral Health Division
Human Service Centers (Community Behavioral Health Clinics)

Crisis Services

Crisis stabilization units:

- provide "someplace to go" for individuals in crisis
- currently operating 24/7/365 in 7 of the 8 regions
- approximately 95 beds total
- staffed with direct care associates who help monitor and connect with licensed clinicians to assess and match individuals to behavioral health services.



Challenges

- Different regions are at different stages of adoption of first responder drop off availability
- While these facilities are currently clinically managed there are no after hours, holidays or weekends on call nursing*, peer supports, primary care or psychiatric physicians to meet best practice guidelines (*RN telehealth available for 2 state owned facilities).
- The work environment at the crisis stabilization units is challenging as team members work to engage individuals into treatment services when they are intoxicated, withdrawing from substances, or experiencing a mental health crisis.
  - Individuals who present for crisis stabilization services are more likely to carry their belongings on their person including knives and firearms.
  - Team members universally experience verbal assaults and threatened physical aggression.
  - Training on how to de-escalate conflict and violent situations is ongoing, but with turnover at an all-time high there is constant concern for the safety of individuals served and team members.

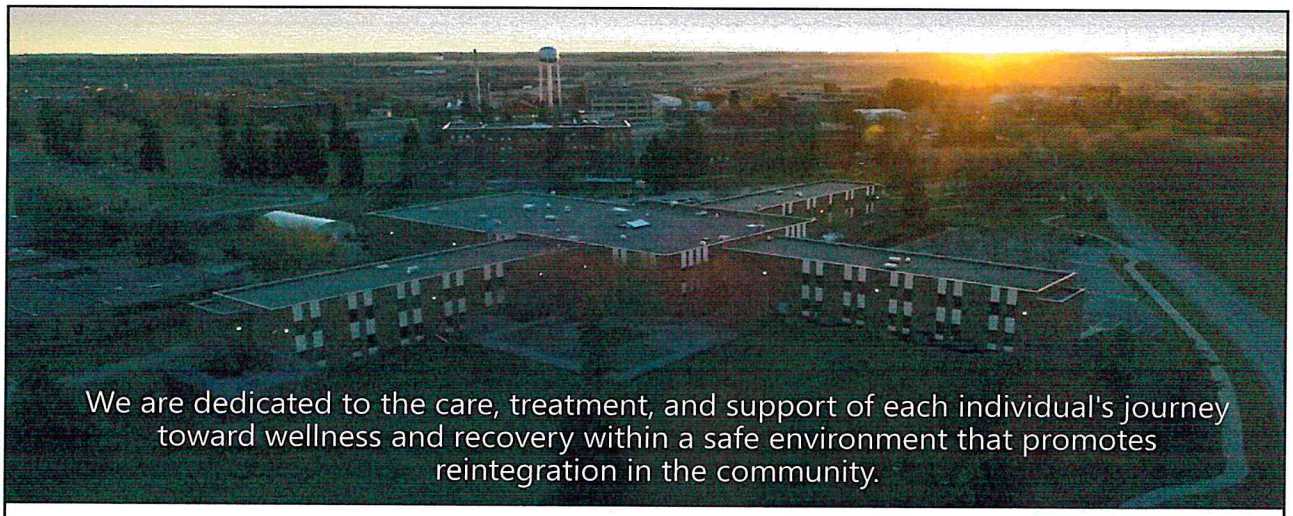
Executive Budget Request*

As per the National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit, "Adequate staffing for the number and clinical needs of individuals under care is foundational to safety. Access to a sufficient number of qualified staff (clinicians, nurses, providers and peer support professionals) promotes timely crisis intervention and risk management for persons in crisis who are potentially dangerous to themselves or others".

Mobile Crisis Response	Peer Support	Stabilization Facility Staffing
• 4 position to expand mobile crisis evening, weekend, holiday coverage: $1,115,695. *Decision package objective: Ensure adequate mobile crisis response in all regions to meet individuals where they are (e.g., home, ED, street) with the goal of stabilizing and maintaining them (when safely able to do so) in their preferred home/community environment.*	• 16 Peer Support Specialists (current temporary positions): $1,646,474. *Decision package objective: Increase access to peer support specialists employed with the state. Peer supports have a unique ability to engage with citizens and help those served build connections to community resources and offer hope along the way.*	• Contract for on-call psychiatry – 24/7 to stabilization units statewide: $3,874,500. • Contract for nursing telehealth service to stabilization units statewide: $2,080,000. • Contract for general physician support to stabilization units statewide: $132,000. • Registered Nurse for NWHSC: $194,000.

As substance use and mental health rates rise across the nation, the ability to operate safely with primarily clinical (non-medical staff) isn't meeting the community needs. By enhancing staffing patterns to meet these minimum expectations, crisis stabilization units will be able to safely expand services, add to community resources, and reduce the burden on urgent care and emergency rooms currently being used to medically screen for crisis stabilization placement.

**This level of staffing is supported by National Guidelines for minimum expectations to operate crisis and stabilization services.*



We are dedicated to the care, treatment, and support of each individual's journey toward wellness and recovery within a safe environment that promotes reintegration in the community.

SB 2012

Senate Appropriations – Human Resources Division Committee
Senator Dever, Chairman

North Dakota State Hospital February 7, 2023

NORTH Dakota Be Legendary. | Health & Human Services

1

New State Hospital Phases
($10,000,000 Executive Budget Request)

Phase 1 – Internal market assessment, including prevalence and projected demand by service line along with supply analysis to determine gaps (external consultant)

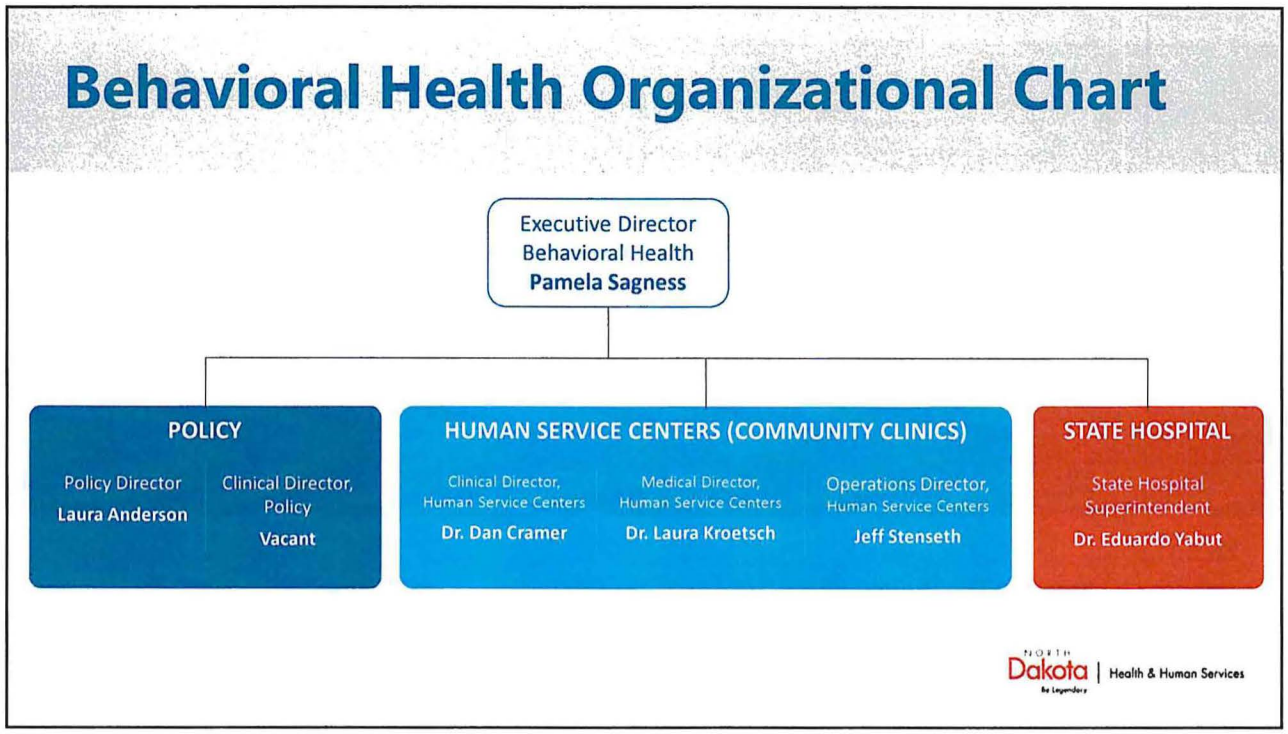
Phase 2 – Private market assessment to further refine gaps with needs for service (external consultant)

Phase 3 – Work with advocates and private providers to develop options for service line array and meet current unmet demand

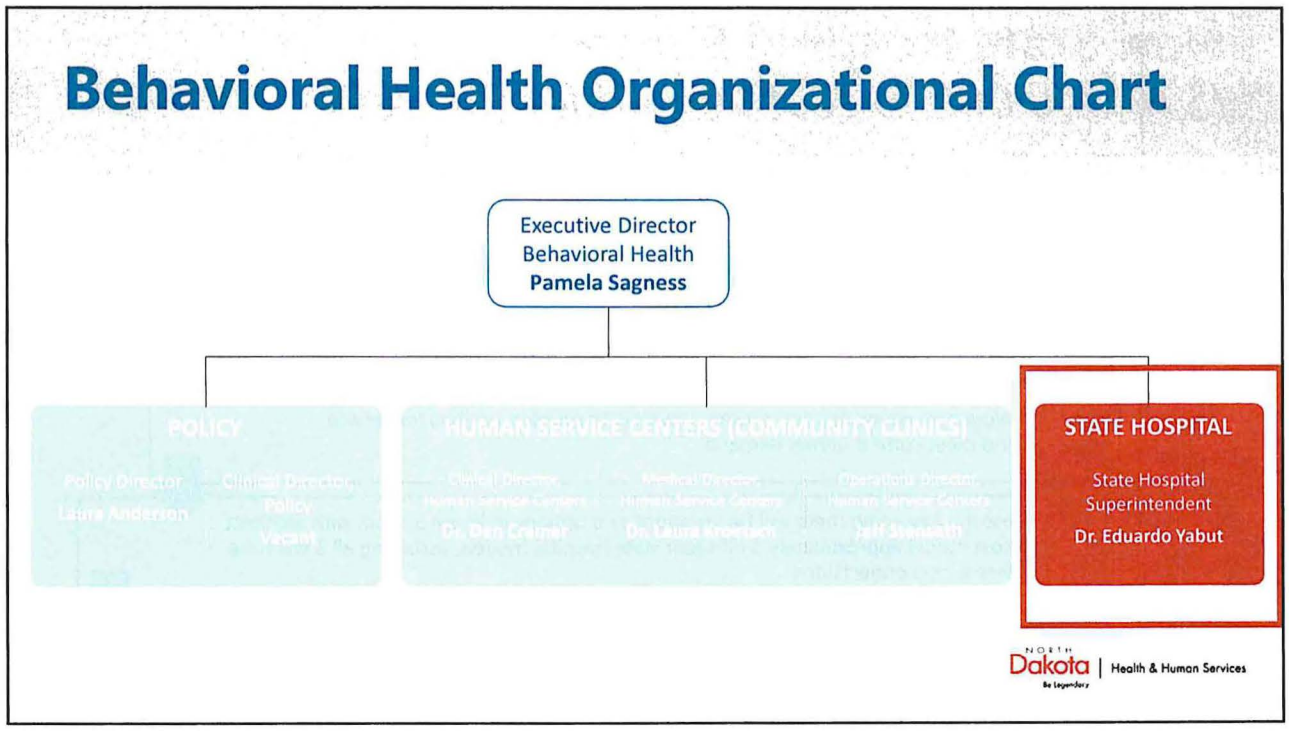
Phase 4 – Assuming there will be variations and options in Phase 3, work with architect to cost model approximately 3 different state hospital models; assuming all 3 will have different cost projectsions

Phase 5 – Present at next legislative session preferred models

2


Behavioral Health Organizational Chart
Executive Director
Behavioral Health
Pamela Sagness
POLICY
Policy Director
Laura Anderson
Clinical Director, Policy
Vacant
HUMAN SERVICE CENTERS (COMMUNITY CLINICS)
Clinical Director, Human Service Centers
Dr. Dan Cramer
Medical Director, Human Service Centers
Dr. Laura Kroetsch
Operations Director, Human Service Centers
Jeff Stenseth
STATE HOSPITAL
State Hospital Superintendent
Dr. Eduardo Yabut
NORTH Dakota Be Legendary | Health & Human Services

3


Behavioral Health Organizational Chart
Executive Director
Behavioral Health
Pamela Sagness
STATE HOSPITAL
State Hospital Superintendent
Dr. Eduardo Yabut
NORTH Dakota Be Legendary | Health & Human Services

4

Programs and Services



Acute Psychiatric Services



Forensic Services



Psychiatric Rehabilitation Services



Geriatric Psychiatric Services



Sex Offender Residential Treatment



SUD Residential Treatment

NORTH Dakota Be Legendary | Health & Human Services

5

TURNOVER

REGION	HOSPITAL TURNOVER	FULL/PART TIME TURNOVER
North East – (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT)	25.7% (+10.0%)	21.8% (+8.5%)
North Central – (IA, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, WI & WY)	28.6% (+4.8%)	24.7% (+3.5%)
South East – (AL, FL, GA, KY, MS, NC, SC, TN, VA & WV)	27.9% (+3.3%)	24.0% (+2.9%)
South Central – (AR, CO, LA, NM, OK, & TX)	22.9% (+3.9%)	19.4% (+3.1%)
West – (AK, AZ, CA, HI, ID, NV, OR, UT & WA)	23.1% (+7.3%)	18.3% (+5.2%)
BED SIZE		
<200 Beds	24.4% (+4.5%)	20.3% (+3.2%)
200-349 Beds	27.2% (+4.2%)	22.4% (+2.6%)
350-500 Beds	25.0% (+5.0%)	20.6% (+3.7%)
>500 Beds	26.2% (+7.8%)	22.6% (+6.7%)
NATIONAL AVERAGE	25.9% (+6.4%)	22.0% (+5.3%)

Turnover Rates



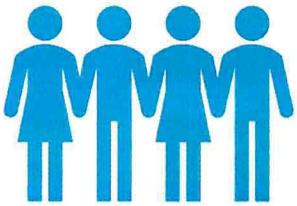
NORTH Dakota Be Legendary | Health & Human Services

6

Employee Vacancies

(As of December 31, 2022 = 67.9)

- Direct Care and Nursing
  - Account for majority of vacancies
- Competitive Avenues for Employees
  - Fast Food and Service Industries
  - Other available opportunities
- Working environments
  - Employee Satisfaction



State Hospital Employees

Average Age	Average Years of Service
46 years	10 years

NORTH Dakota | Health & Human Services
Be Legendary

7

COVID-19 Response

Total Clients Served During Pandemic

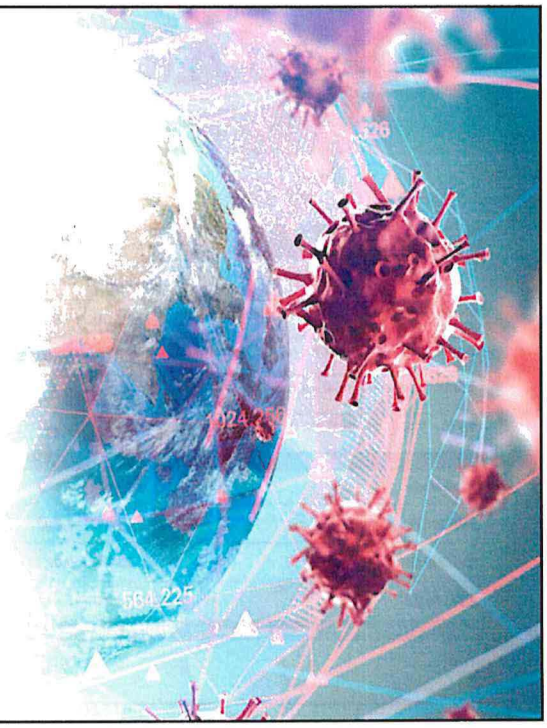
- **1,332**

Positive COVID-19 Clients Served

- **85 days**

Days COVID Unit Open

- **139**



NORTH Dakota | Health & Human Services
Be Legendary

8



2023-2025 Budget request

The **program, systems and workforce support** necessary to continue to serve North Dakotans

NORTH Dakota Be Legendary. | Health & Human Services

9

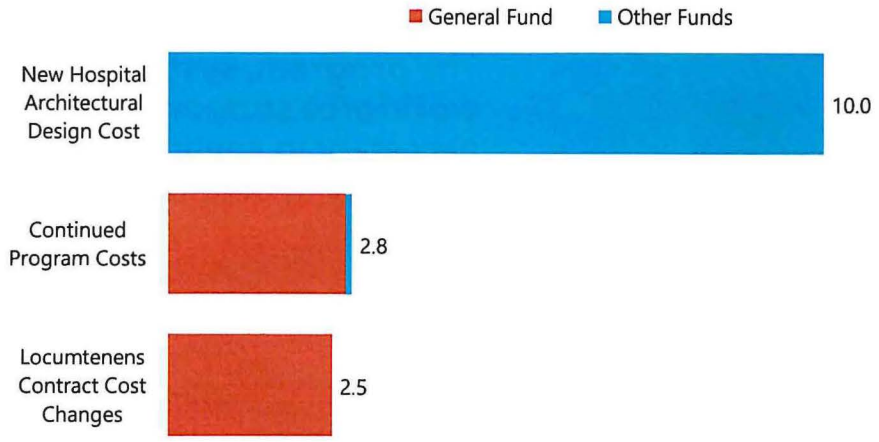
State Hospital
Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 56,179,732	$ 2,479,420	$ 58,659,152
Operating	10,921,272	2,746,195	13,667,467
IT Services	250,505	-	250,505
Capital Asset Expense	1,292,499	-	1,292,499
Capital Assets	60,800	10,000,000	10,060,800
Grants	-	-	-
Total	$ 68,704,808	$ 15,225,615	$ 83,930,423
General Fund	$ 52,821,030	$ 7,051,222	$ 59,872,252
Federal Funds	1,215,507	2,126,351	3,341,858
Other Funds	14,668,270	6,048,043	20,716,313
Total Funds	$ 68,704,807	$ 15,225,616	$ 83,930,423
Full Time Equivalent (FTE)	319.52	-	319.52

NORTH Dakota Be Legendary. | Health & Human Services

10

State Hospital
Overview of budget changes (in millions)



NORTH Dakota | Health & Human Services
Be Legendary

11

Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	$ 35,793,437	$ 1,652,947	$ 37,446,384
512x Salaries - Other	479,194	-	479,194
513x Salaries Temp	711,743	-	711,743
514x Salaries Overtime	1,150,900	-	1,150,900
516x Salaries Benefits	18,044,457	826,474	18,870,931
Total Salaries & Benefits	$ 56,179,732	$ 2,479,420	$ 58,659,152
52x Travel	369,290	(39,063)	330,227
53x Supply	2,467,555	134,824	2,602,379
54x Postage & Printing	38,715	-	38,715
55x Equipment under $5,000	92,467	52,800	145,267
56x Utilities	1,374,076	-	1,374,076
57x Insurance	138,453	-	138,453
58x Rent/Leases - Bldg/Equip	49,996	5,000	54,996
59x Repairs	385,961	71,460	457,421
61x Professional Development	311,184	40,974	352,158
62x Fees - Operating & Professional	5,693,575	2,480,200	8,173,775
53x Supplies	17,977	-	17,977
60x IT Expenses	232,528	-	232,528
68x Land, Building, Other Capital	1,292,499	10,000,000	11,292,499
69x Over	60,800	-	60,800
Total Operating	$ 12,525,076	$ 12,746,195	$ 25,271,271
Total	$ 68,704,808	$ 15,225,615	$ 83,930,423

NORTH Dakota | Health & Human Services
Be Legendary

12

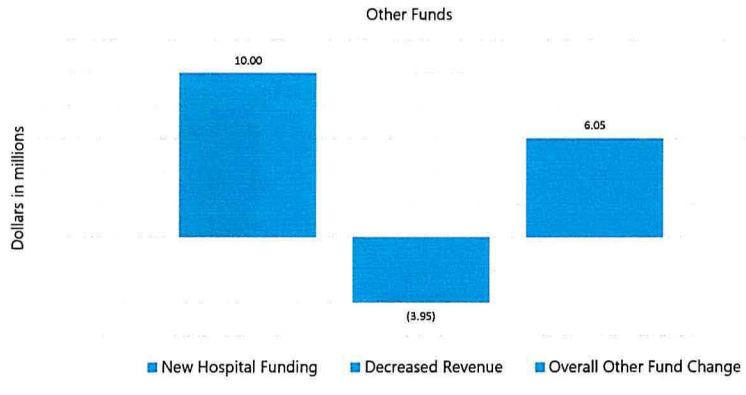
Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	$ 52,821,030	$ 7,051,222	$ 59,872,252
Federal Funds	1,215,507	2,126,351	3,341,858
Other Funds	14,668,270	6,048,043	20,716,313
Total Funds	$ 68,704,807	$ 15,225,616	$ 83,930,423

NORTH Dakota Be Legendary | Health & Human Services

13

Overview of budget changes



NORTH Dakota Be Legendary | Health & Human Services

14

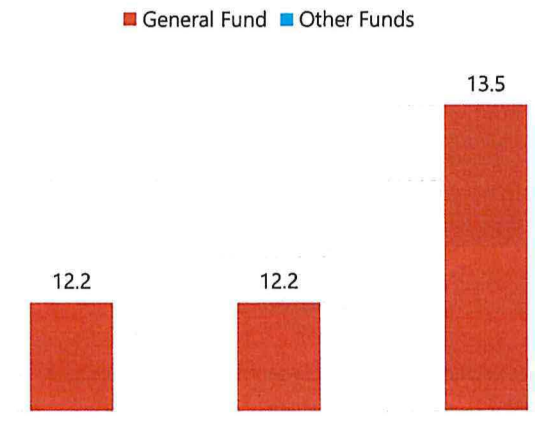
Sex Offender Residential Treatment (SOTEP)
Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 10,662,432	$ 1,235,330	$ 11,897,762
Operating	1,528,871	9,270	1,538,141
IT Services	40,314	-	40,314
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	-	-	-
Total	$ 12,231,617	$ 1,244,600	$ 13,476,217
General Fund	$ 12,231,617	$ 1,244,600	$ 13,476,217
Federal Funds	-	-	-
Other Funds	-	-	-
Total Funds	$ 12,231,617	$ 1,244,600	$ 13,476,217
Full Time Equivalent (FTE)	67.50	-	67.50

NORTH Dakota Be Legendary. | Health & Human Services

15

Sex Offender Residential Treatment (SOTEP)
Overview of budget changes (in millions)



NORTH Dakota Be Legendary. | Health & Human Services

16

Sex Offender Residential Treatment (SOTEP)
Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	$ 6,597,881	$ 823,553	$ 7,421,434
512x Salaries - Other	106,678	-	106,678
513x Salaries Temp	200,592	-	200,592
514x Salaries Overtime	75,904	-	75,904
516x Salaries Benefits	3,681,377	411,777	4,093,154
Total Salaries & Benefits	$ 10,662,432	$ 1,235,330	$ 11,897,762
52x Travel	52,270	-	52,270
53x Supply	178,379	-	178,379
54x Postage & Printing	7,725	-	7,725
55x Equipment under $5,000	13,250	-	13,250
56x Utilities	95,926	-	95,926
57x Insurance	16,829	-	16,829
58x Rent/Leases - Bldg/Equip	6,386	7,200	13,586
59x Repairs	2,669	-	2,669
61x Professional Development	14,450	-	14,450
62x Fees - Operating & Professional	1,140,987	2,070	1,143,057
53x Supplies	500	-	500
60x IT Expenses	39,814	-	39,814
Total Operating	$ 1,569,185	$ 9,270	$ 1,578,455
Total	$ 12,231,617	$ 1,244,600	$ 13,476,217

NORTH Dakota | Health & Human Services

17

Sex Offender Residential Treatment (SOTEP)
Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	$ 12,231,617	$ 1,244,600	$ 13,476,217
Federal Funds	-	-	-
Other Funds	-	-	-
Total Funds	$ 12,231,617	$ 1,244,600	$ 13,476,217

NORTH Dakota | Health & Human Services

18

State Hospital Unmet Need 2023 – 2025 biennium



$1,577,436 Salary Underfunding

$3,735,992 Continuing current biennium salary cost to retain employees

$2,162,589 Continuing Travel Nurse contract

$98,264 Patient Beds

$12,000 Replacement Dishware

$7,586,281 Total

NORTH Dakota Be Legendary. | Health & Human Services

19

North Dakota State Hospital

Sections Included and/or Requested/ Recommended

SECTION 2 (SECTION 2 of Governor's Recommendation). ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-NINTH LEGISLATIVE ASSEMBLY.

One-Time Funding Description	2021-23	2023-25
North Dakota State Hospital Architect and Master Plan	0	$10,000,000

NORTH Dakota Be Legendary. | Health & Human Services

20

North Dakota State Hospital
Sections Included and/or Requested/ Recommended

SECTION 11 (Governor' s Recommendation). CAPITAL PROJECTS - EMERGENCY COMMISSION APPROVAL. During the biennium beginning July 1, 2023, and ending June 30, 2025, the department of health and human services is authorized to proceed with the demolition of the administrative building and employee building and associated tunnels at the state hospital. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1012, any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly. The department may transfer funds for the demolition of the identified buildings and associated tunnels and for emergency capital projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $5,000,000 for emergency projects under this section and may seek emergency commission approval to spend more than $5,000,000 under this section.

NORTH Dakota Be Legendary | Health & Human Services

21

North Dakota State Hospital
Sections Included and/or Requested/ Recommended

SECTION 18 (Governor's Recommendation). LEASE OF LAND - STATE HOSPITAL. The department of health and human services and national guard may enter an agreement to lease up to twenty acres of real property associated with the state hospital for the national guard to construct a new training and storage facility.

NORTH Dakota Be Legendary | Health & Human Services

22

About State Hospital Contracts

Medical Contracts- $ 230,676

- Jamestown Region Medical Center
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Xray
- Northern Plains Laboratory

Plant Services Contracts - $1,747,481

- Montana Dakota Utilities
- Trane U.S. Inc.
- Otis Elevator Corp.
- Nalco Company LLC.
- Guardian Pest

Religious Contracts- $31,480

Staffing Contracts- $4,561,031

- Worldwide Travel Staffing
- Locumtenens
- UND – Residency
- Progress Enterprises

Psychologist Contracts- $447,598

- Michael Vitacco
- Richard Travis
- Deirdre D'Orazio
- Erik Fox
- Monarch Assessment

Other Contracts- $118,641

- Dalstad and Ryan

NORTH Dakota Be Legendary | Health & Human Services

23

Client / Family Comments

Wonderful Caring People. Staff are professional and Kind. Thank you

I enjoyed the sense of community I felt here. I learned a lot during my stay and positive things to say about staff. Thank you

I am very grateful for the time and attention State Hospital staff have given to my family member in their care and to the rest of us!

Staff were sincere in their regard for the patient's and family's wellbeing and had trustworthy expertise and ability to arrange guardianship and other formal matters.

Staff were consistently communicative in an open and direct way.

I would like to thank all the Doctors and Treatment Teams for helping me change my future for the better.

This place was helpful with my meds, they worked fast with other agencies.

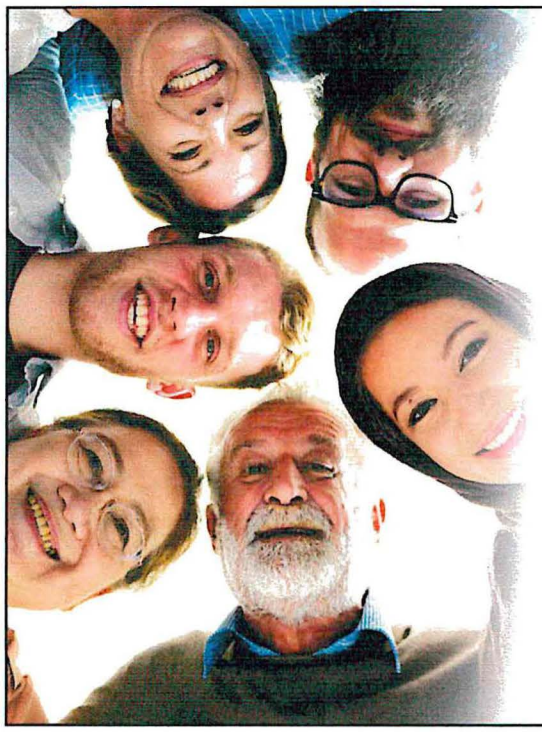
My Stay at the hospital was very fulfilling.

The staff are amazing people, Incredible people.

My experience here has been positive and Helpful.

NORTH Dakota Be Legendary | Health & Human Services

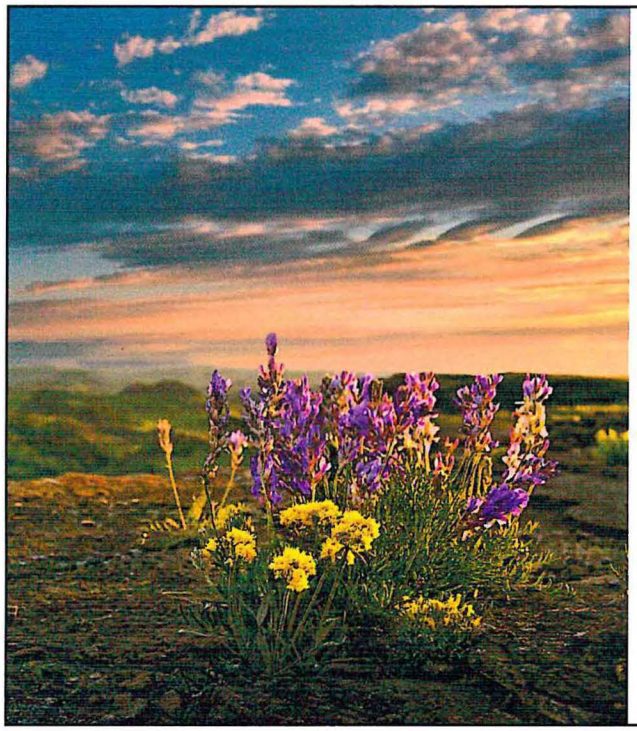
24



A future of continued progress

NORTH Dakota | Health & Human Services

25



Contact Information

Superintendent

- Dr. Eduardo Yabut
- eyabut@nd.gov

NORTH Dakota | Health & Human Services

26



SB 2012
Senate Appropriations – Human Resources Division Committee
Senator Dever, Chairman

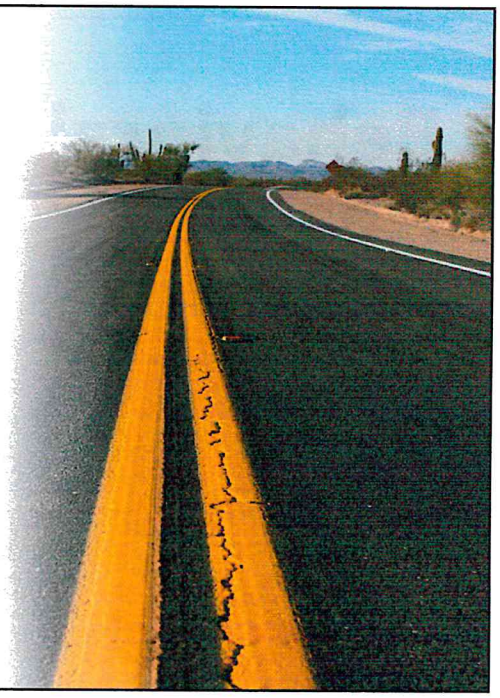
Behavioral Health Division, **Policy** | February 7, 2023

NORTH Dakota Be Legendary. | Health & Human Services

1

Roadmap

- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Proposed section additions to SB 2012
- Additional considerations
- Relevant policy bills
- Budget review



NORTH Dakota Be Legendary. | Health & Human Services

2

Behavioral Health is Health!



NORTH Dakota | Health & Human Services
Be Legendary

3

Behavioral Health Division

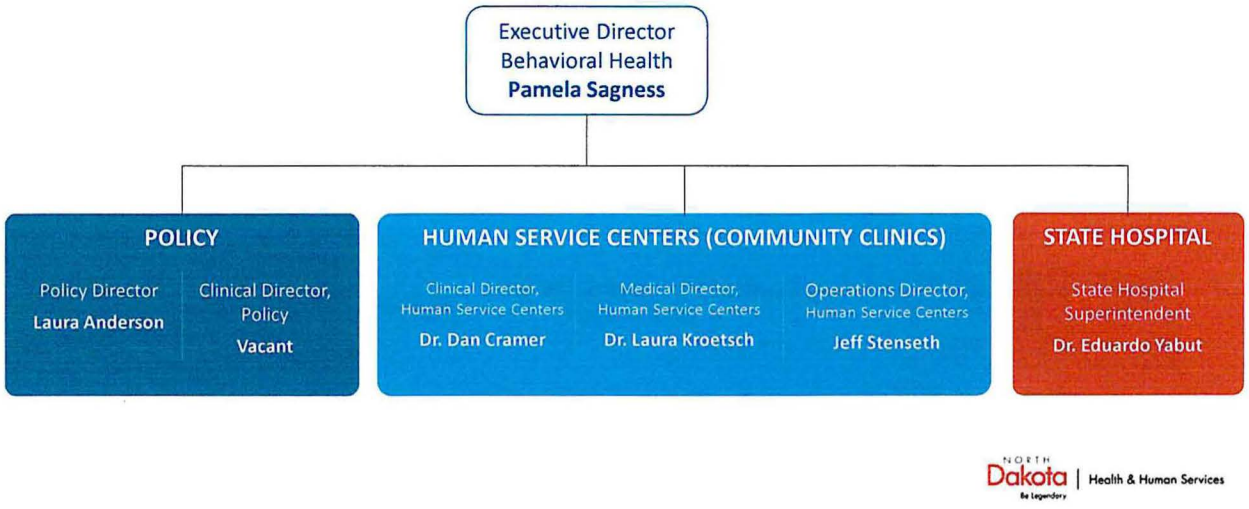
Who we are



NORTH Dakota | Health & Human Services
Be Legendary

4

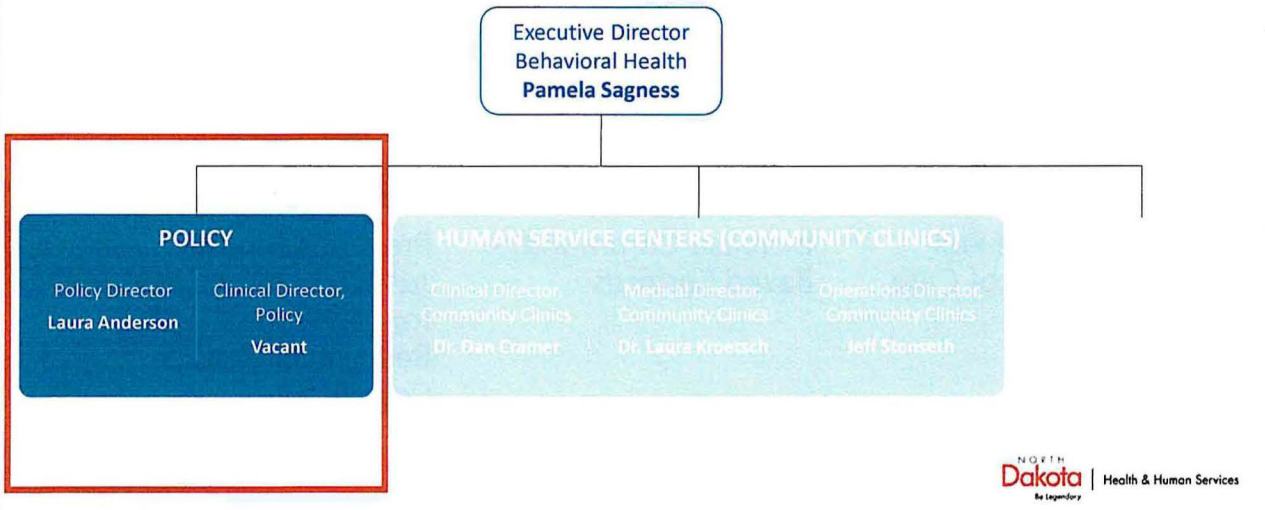
Behavioral Health Organizational Chart



NORTH Dakota | Health & Human Services
Be Legendary

5

Behavioral Health Organizational Chart



NORTH Dakota | Health & Human Services
Be Legendary

6

Behavioral Health Division Policy Team
Purpose & NDCC References

NDCC 50-06-01.43 establishes a Policy Division responsible for:



Reviewing and **identifying service needs and activities** in the state's behavioral health system in an effort to:

- ensure health and safety,
- access to services, and
- quality services.



Establishing **quality assurance standards** for the licensure of substance use disorder program services and facilities

NDCC 50-31

Substance Abuse Treatment Programs



Providing **policy leadership** in partnership with public and private entities

NORTH Dakota | Health & Human Services
Be Legendary

7

Improving the lives of North Dakotans



Support the Full Continuum of Care



Increase Community-Based Services

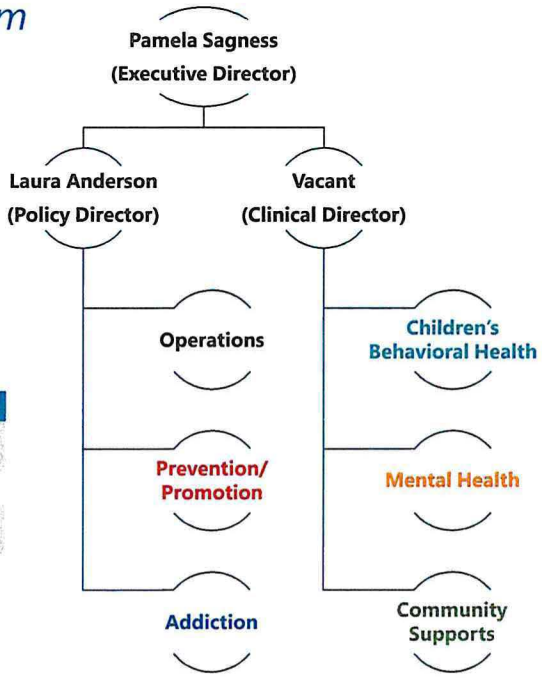


Prevent Criminal Justice Involvement for Individuals with a Behavioral Health Condition

NORTH Dakota | Health & Human Services
Be Legendary

8

Behavioral Health Division Policy Team
Staffing & Team Structure



Behavioral Health - Policy			
21-23 Authorized FTE Base	23-25 Executive Budget FTE	12-31-22 Vacancies *(from base)*	
37.0	39.0	6	
Average Age	**Average Yrs of Service**	**Turnover 2021**	**Turnover 2022**
43 Years	6 years	3.03%	12.12%

9

Our role is to provide policy leadership, regulate providers, administer programs, and provide training and technical assistance to meet the following goals:

PREVENTION AND PROMOTION

Supporting the full continuum of care

Increase implementation of effective prevention statewide [2,3,12]

Decrease underage drinking[2]

Decrease adult binge drinking and related consequences[2]

Decrease opioid misuse and overdose[2]

Increase access to community-based services

Promote mental health[2]

Decrease death by suicide[2,3,4]

CHILDREN'S BEHAVIORAL HEALTH

Supporting the full continuum of care

Partner with schools to support children's behavioral health across the continuum[4]

Increase access to community-based services

Develop early intervention capacity[2,3]

Increase capacity for community-based services[3,4,9,12]

Improve access to quality services[12]

Improve family-driven services and supports[4]

Prevent criminal justice involvement

Develop diversion capacity and support children with behavioral health conditions in the justice system[6]

ADULT ADDICTION

Supporting the full continuum of care

Develop and enhance recovery support services[4]

Develop early intervention capacity[2,3]

Increase access to community-based services

Improve access to quality services[12]

Increase capacity for community-based services[3,4,7,8]

Stop shame and stigma surrounding addiction[12]

ADULT MENTAL HEALTH

Supporting the full continuum of care

Develop and enhance recovery support services[4]

Develop early intervention capacity[2,3]

Increase access to community-based services

Increase capacity for community-based services[3,4,7,8]

Stop shame and stigma surrounding mental health[12]

COMMUNITY SUPPORTS

Supporting the full continuum of care

Develop and enhance recovery support services[4]

Increase access to community-based services

Increase capacity for community-based services[3,4,8,10,12]

Prevent criminal justice involvement

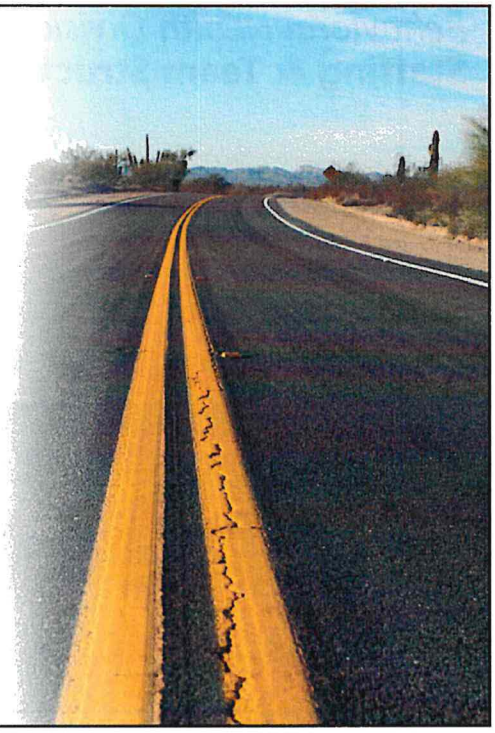
Develop diversion capacity and support individuals with behavioral health conditions in the justice system[6]

The superscript numbers referenced behind each goal align with the ND Behavioral Health System Study 13 Recommendations

10

Roadmap

- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Proposed section additions to SB 2012
- Additional considerations
- Relevant policy bills
- Budget review



NORTH Dakota | Health & Human Services

11

FREE THROUGH Recovery

Free Through Recovery is a community based behavioral health program designed to increase recovery support services to individuals involved with the criminal justice system who have behavioral health concerns.

The mission of Free Through Recovery is to:
- improve healthcare outcomes
- reduce recidivism

Pay for Wellness

Non-Traditional Providers (currently 38 providers)

NORTH Dakota | Health & Human Services

12

FREE THROUGH Recovery

ELIBILITY

- 18+
- criminal justice system involvement
- behavioral health condition
- daily living challenges

4,973 participants since **February 2017**

1,311 active participants *(as of 12/30/22)*

REFERRALS

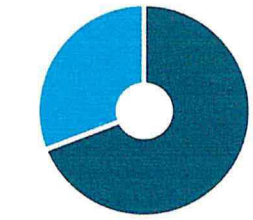
- by a parole and probation officer
- if the person is transitioning from prison, through an internal assessment process at DOCR

NORTH Dakota | Health & Human Services

13

FREE THROUGH Recovery

March 2018 - October 2022 Outcomes



Met 3 or 4 outcomes - 68%
Met < 3 outcomes- 32%

Positive outcomes were achieved by:

- **75%** of the participants in the housing domain
- **66%** of the participants in the employment domain
- **69%** of the participants in the recovery domain
- **72%** of the participants in the law enforcement domain

FTR corresponds with reduced reincarceration rates for participating individuals.*

NORTH Dakota | Health & Human Services

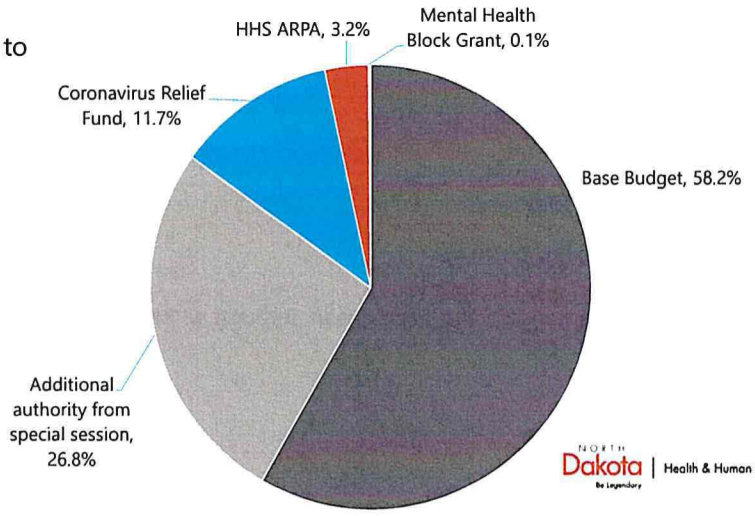
*Stanford Computational Policy Lab; July 27, 2020

14

FREE THROUGH Recovery

2021-2023 Biennium

The following funds are projected to be used for 2021-23 (~$12 million)



NORTH Dakota | Health & Human Services

15

FREE THROUGH Recovery

2023-2025 Biennium Budget Request

	Base Budget $7,173,620 + 4%/3% Provider Inflation	Base Budget + 4%/3% Provider Inflation + $8,326,380 in Executive Budget Request
Approximate Number of People Served per Month	**683**	**1,577**

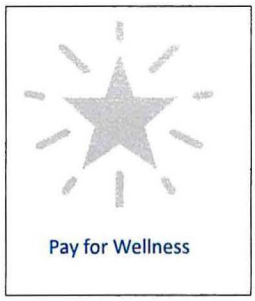
NORTH Dakota | Health & Human Services

16

CommunityConnect
My Recovery My Story

Community Connect is a community based behavioral health program designed to increase recovery support services to individuals who have behavioral health concerns.

The mission of Community Connect is to provide quality, community-based behavioral health services to meet the needs of each person.





NORTH Dakota | Health & Human Services
Be Legendary

17

CommunityConnect
My Recovery My Story

ELIGIBILITY

- Be 18 years of age or older
- Reside in North Dakota
- Have a mental health or substance use disorder impacting functionality in multiple domains, including housing, employment, parenting, physical health, and/or community connections.

4,025 participants since **February 2021**

1,899 active participants

NORTH Dakota | Health & Human Services
Be Legendary

18

CommunityConnect
My Recovery. My Story.

Of participants actively engaged in services:

96% of participants are actively addressing their housing needs.

92% of participants are actively addressing their employment/ financial needs.

92% of participants have had no negative contact with law enforcement.

93% of participants are actively addressing their recovery needs.

Overall, from February 2021, through December 2022, **66%** of the time participants achieved 3 of 4 outcomes.

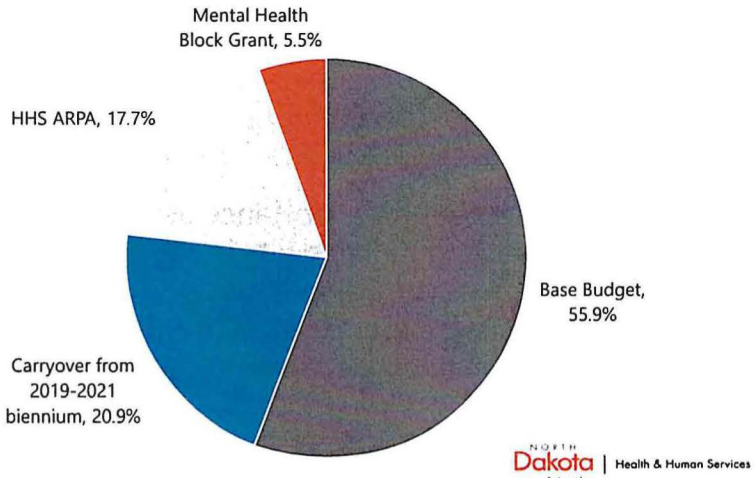
NORTH Dakota | Health & Human Services
Be Legendary

19

CommunityConnect
My Recovery. My Story.

2021-2023 Biennium

The following funds are projected to be used for 2021-23
(~ $14 million)

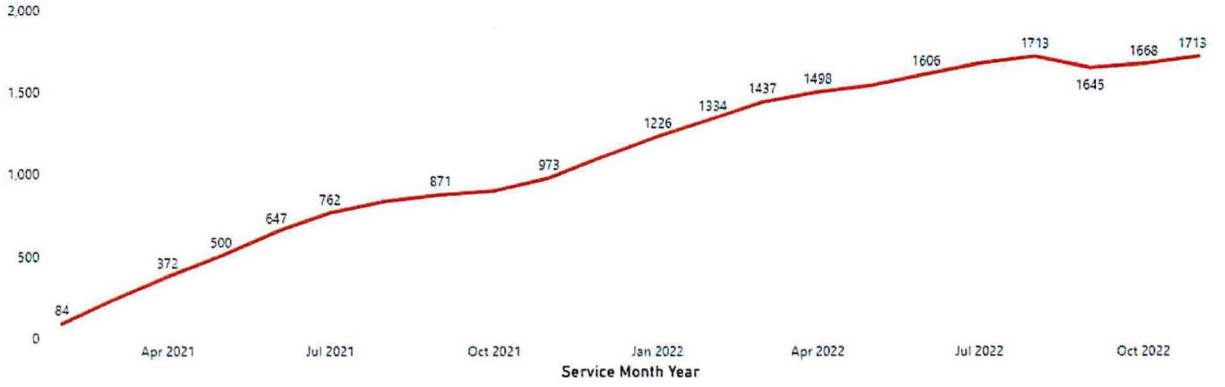


NORTH Dakota | Health & Human Services
Be Legendary

20

CommunityConnect
My Recovery. My Story.

Program Growth



NORTH Dakota | Health & Human Services
Be Legendary

21

CommunityConnect
My Recovery. My Story.

2023-2025 Biennium Budget Request

	Base Budget $8,021,486 + 4%/3% Provider Inflation	Base Budget + Provider Inflation + $7,019,514 in Executive Budget Request
Approximate Number of People Served per Month	**815**	**1,595**

NORTH Dakota | Health & Human Services
Be Legendary

22

Peer Support
What is it?

A Peer Support Specialist is a person or family member who uses his or her lived experience of recovery from mental illness, substance use and/or brain injury and skills learned in formal training to deliver services to promote mind-body recovery and resiliency.

Peer Support is **Effective**

Peer Support compliments and is supplemental to clinical services. The role of a peer support specialist is distinct and does not replace the clinician.

Role of a Peer Support Specialist

- Provide support and encouragement to achieve goals
- Assist with connecting to clinical care and community resources
- Teach skills such as stress management, conflict resolution, and parenting
- Offer proactive, flexible, and long-term follow-up

NORTH Dakota | Health & Human Services
Be Legendary

23

Peer Support
A part of Behavioral Health Workforce





NORTH Dakota | Health & Human Services
Be Legendary

24

Peer Support
Behavioral Health Policy Team Role

TRAINING

Since 2018 the Behavioral Health Division has hosted 28 trainings and trained over 790 individuals.

CERTIFICATION

As of December 30, 2022, the Behavioral Health Division has certified:

- 169 CPSS I
- 26 CPSS II

2023-2025 Base Budget Request: **$162,010**
No proposed change from 2021-2023 biennium

REIMBURSEMENT

- Community Connect
- Free Through Recovery
- Substance Use Disorder (SUD) Voucher

(Other: 1915(i) Medicaid State Plan Amendment & Medicaid Expansion)

NORTH Dakota | Health & Human Services
Be Legendary

25

Substance Use Disorder (SUD) Voucher

The SUD Voucher program was established to:

- improve access to quality services
- allow for individual choice of providers.

The SUD Voucher is a payer of addiction treatment and recovery services when funding is a barrier to accessing services.

As of February 1, 2023, there are **35 providers** participating.
(an increase from 27 in February 2022)

Since its inception in July 2016 approximately **5,800** individuals have received services.

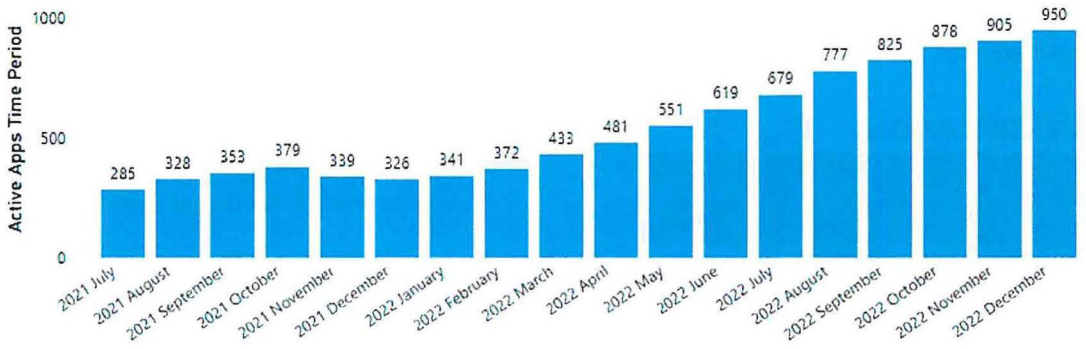
As of December 31, 2022, **1,207** individuals are actively being served.

NORTH Dakota | Health & Human Services
Be Legendary

26

Substance Use Disorder (SUD) Voucher

Active Applications July 2021 – December 2022

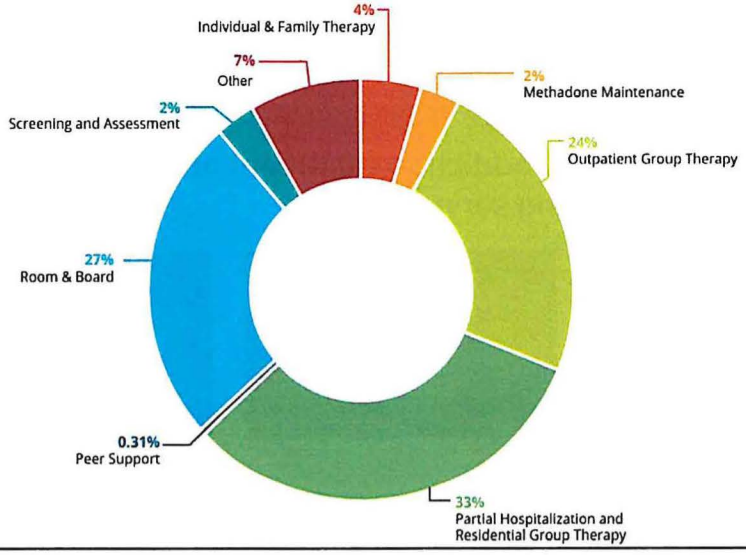


NORTH Dakota | Health & Human Services

27

SUD Voucher

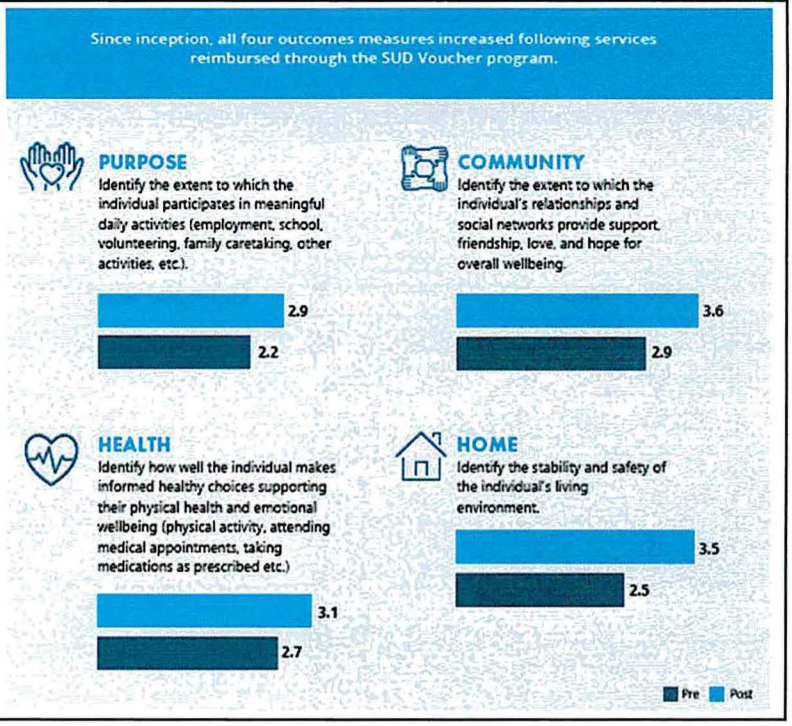
Expenditures by Service Type (July 1, 2021 – December 31, 2022)



NORTH Dakota | Health & Human Services

28

Substance Use Disorder (SUD) Voucher



29

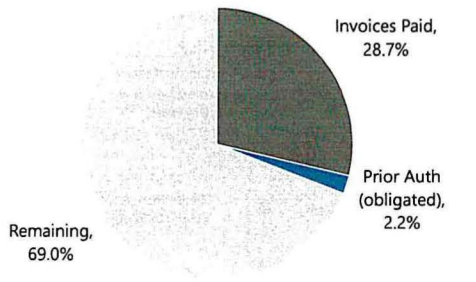
SUD Voucher

2021-2023 Biennium Appropriation $15,358,911

During 67th Legislative Assembly, NDCC 50-06-42. was updated to include:

5. *The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:*
   a) *No more than **forty-five percent** of the appropriated amount may be allocated for **residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.***
   b) *The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.*

45% IMD ($6,911,510)
Expenditures through 1/31/2023



NORTH Dakota Be Legendary. | Health & Human Services

30

SUD Voucher



During 2021 Legislative Assembly, NDCC 50-06-42. was updated to include:

- *The department shall deny a licensed substance abuse treatment program's substance use disorder treatment voucher system application and deny reimbursement by the substance use disorder treatment voucher system if the licensed substance abuse treatment program is an institution for mental diseases and reimbursement is requested for residential beds added on or after July 1, 2020*

NORTH Dakota | Health & Human Services
Be Legendary

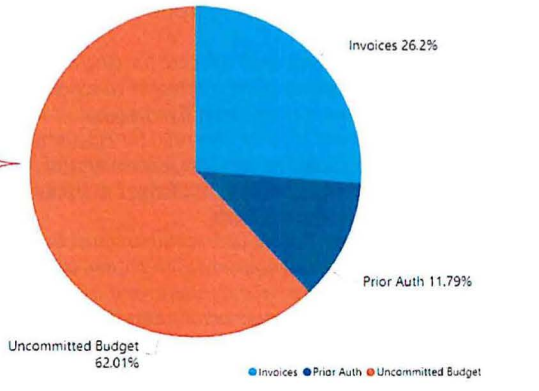
31

SUD Voucher

(expenditures through 1-31-2023)

2021-2023 Biennium Appropriation $15,358,911

Increasing the number of participants on Medicaid (1 FTE)	• Eligible individuals are assisted in completing the Medicaid enrollment process • Since December 2021, 219 individuals have been enrolled in Medicaid.
Medicaid coverage	• On October 1, 2020, methadone maintenance coverage began for opioid use disorder.
Provider reductions	• Reduction in providers billing most intensive levels of care
Delayed invoice submission	• Provider workforce causing delays in billing



NORTH Dakota | Health & Human Services
Be Legendary

32

SUD Voucher
Executive Budget Request



SUD Voucher 1.0 FTE

- Request to convert the current temporary position working in the SUD Voucher system to permanent status.

NORTH Dakota | Health & Human Services
Be Legendary

33

SUD Voucher Audit
Audit Report SFY 2021

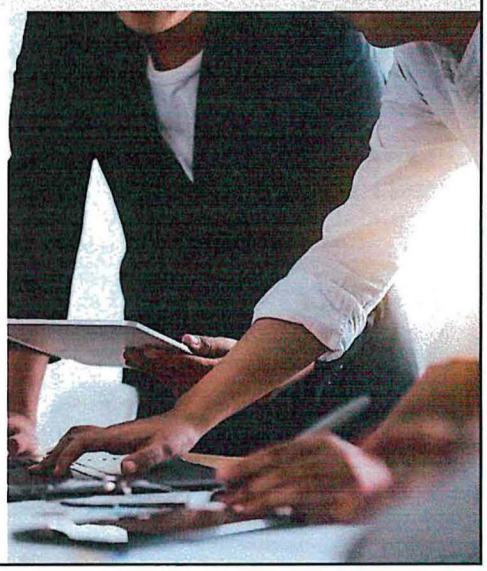
Two primary findings:

1. Income verification
2. Incorrect payments

Response:

- A new full-time employee was hired, Medicaid Eligibility Specialist, who verifies if a participant is eligible for both SUD and Medicaid.
- A link to Medicaid Guidance that lists approved services added to the provider guidance for billing purposes.
- In July 2021, a documented process was implemented for a quarterly update on client status. If a client became Medicaid eligible or obtains other insurance, this would be identified in the update. This would initiate the Department to review all expenses paid to determine if a refund is appropriate.

NORTH Dakota | Health & Human Services
Be Legendary



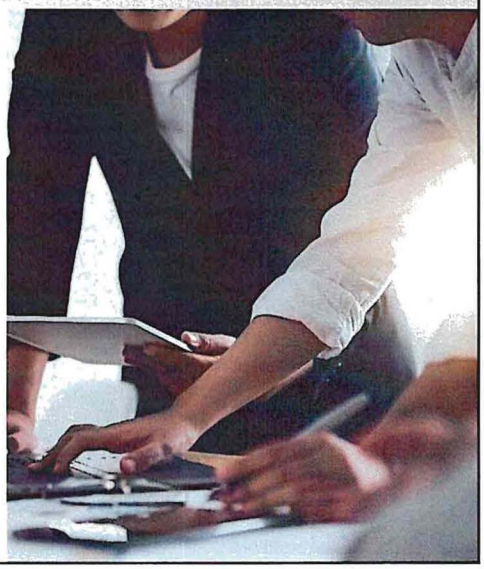
34

SUD Voucher Audit

Audit Report SFY 2021

Considerations:

- Retroactive eligibility of Medicaid
  - It appears the policies the auditor referenced Eligibility-Current and Retroactive 510-03-25-10, which identifies both a 3 month and a 1-year retroactive eligibility; however, the eligibility cannot be generalized to be retroactive 1 year for anyone that qualifies for Medicaid.
  - In review of 10 samples from the audit findings list – 7 of 10 individuals should not have been included in the audit total of "incorrectly paid".
- "Up to 293 people could have benefitted from the SUD program services it they had not been denied because the program ran out of funds."
  - The SUD Voucher continued to fund individuals approved in the program until June 30, 2020 at which time new applications were not taken. However, DHS had additional funds to serve individuals (309 served) during this period with other grant funds approved. (Regular updates provided to legislators, interim committees, and funding approved by budget committee.)



NORTH Dakota | Health & Human Services

35

SUD Voucher – Grants

NDCC 50-06-42.1.

$2,000,000 appropriated during 2021 legislative session; up to 2 grants
$3,000,000 appropriated during 2021 special session; change to up to 4 grants

RFP posted and Heartview Foundation Awarded	March 1, 2022 – February 28, 2027 **$2,027,167** Dickinson residential treatment program – expected open date May 2023
Current Request for Proposal (4th time)	RFP 325-22-810-066; closes February 15, 2023 • For the period of April 1, 2023, through March 31, 2028 • **No more than three awards** not to exceed **$2,972,833** total for all awards • Grant funds for a licensed addiction treatment program with <17 beds in an underserved area

NORTH Dakota | Health & Human Services

36

Pregnant and Parenting Women Addiction Treatment

Executive Budget Request includes:

- $1,000,000 one-time special fund
- $600,000 general fund



NORTH Dakota | Health & Human Services

37

Permanent Supportive Housing

During the 2021 legislative session, the North Dakota Department of Health & Human Services' Behavioral Health Division was directed to develop a methodology to distribute funds to qualified entities that:

- utilize best practices for permanent supportive housing,
- provide recovery-oriented and person-centered services, and
- submit process and outcome measures to the department

New grant agreements initiated on January 1, 2022, encompassing best practices in Permanent Supportive Housing:

- Prioritizes individuals with most needs
- Reduces barriers to stable housing within limits of federal mandated policies
- Housing stabilization plans
- Ongoing outreach and engagement with tenants
- Access to training and technical assistance
- Reporting on process and outcome measures

NORTH Dakota | Health & Human Services

38

Permanent Supportive Housing

Current Contracts
2021-23 biennium

PRAIRIE HARVEST MENTAL HEALTH
- Stern Place: 9 units
- Harvest Homes: 12 units

GRAND FORKS HOUSING AUTHORITY
- La Grave on First: 42 units

FARGO HOUSING
- Cooper House: 42 units

BURLEIGH CO HOUSING
- Edwinton: 40 units

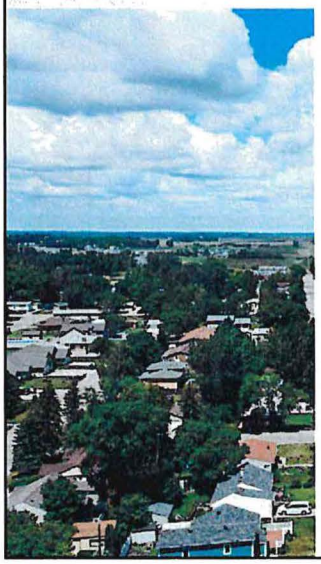
2023-2025 Base Budget Request: **$4,672,536**
No proposed change from 2021-2023 biennium

- **174** tenants supported (7/1/2022 - 12/14/2022)
- **100%** of tenants have either a substance use disorder or mental health condition and were considered chronically homeless at the time of admission
- Less than **20%** of tenants move, of the tenants that move, **56%** leave for other permanent housing.

NORTH Dakota | Health & Human Services

39

Recovery Housing Assistance Program (RHAP)



Stable housing plays a vital role in people's recovery from substance use disorders.

The Recovery Housing Assistance Program (RHAP) provides financial support for individuals to access Recovery Housing.

The program pays for up to 12 weeks of the individual's stay at an approved Recovery Housing Provider.

RECOVERY HOUSING PROVIDES

Substance-free home environment	Space to focus on continued growth and healing	24-hour peer-led support and connection	Resources to support individual life goals

NORTH Dakota | Health & Human Services

40

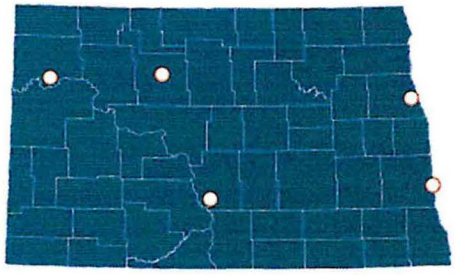
Recovery Housing Assistance Program (RHAP)

Participant Eligibility

- ND Resident *and*
- Age 18 or older *and*
- Experiencing a substance use disorder *and*
- Has not been a participant of the program within the last 365 days *and*
- One of the following:
  - Currently enrolled in a Department of Health & Human Services Public Assistance Program or
  - Household income is at or below 200% Federal Poverty Guidelines

CURRENT RHAP PROVIDERS (10)

(as of January 5, 2023)



Minot – 1
Bismarck/Mandan – 5
Watford City – 1
Fargo – 2
Grand Forks - 1

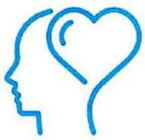
NORTH Dakota | Health & Human Services

41

Recovery Housing Assistance Program (RHAP)



69% of participants experienced an improvement in their **employment** status



49% of participants saw an improvement in their **mental health**



50% of participants saw an improvement in the impact their **substance use** has on their lives

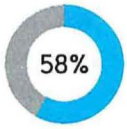
NORTH Dakota | Health & Human Services

42

Recovery Housing Assistance Program (RHAP)

RHAP Launched May 2022

actively serving individuals for 58% of the biennium



2021-2023 Biennium Appropriation	$350,000 *($200,000 base budget + $150,000 carryover from 2019-2021 biennium)*
Expenditures through 1/31/2023	$165,821
Invoices in process (as of 2/3/2023)	$103,642
Approximate obligation based on current applications approved and average length of stay of 6.5 weeks	$118,909
REMAINING	*(38,372)*

268 individuals approved during the 2021-2023 biennium (as of 2/3/2023)

NORTH Dakota | Health & Human Services

43

Recovery Housing Assistance Program (RHAP)

2023-2025 Biennium Projections

	ESTIMATED NUMBER OF PEOPLE	BUDGET
Base Budget	**174**	**$200,000**
Potential Need*	1,132	$1,304,455.75

**Estimations based on current utilization of current providers*

NORTH Dakota | Health & Human Services

44

Brain Injury



North Dakota Brain Injury Network (NDBIN)	$474,719
Pre-Vocational Services	$256,714
Return to Work Services	$265,123

NORTH Dakota | Health & Human Services
Be Legendary

45

Mental Health Directory

During the 67th Legislative Assembly, Senate Bill 2161 was passed which required the Department to develop and administer a Mental Health Program Directory.

The goal of this directory is to assist North Dakota citizens with locating and accessing mental health services.

As of January 30, 2023, **226 mental health programs** are registered in the directory.

The directory allows users to search for mental health programs by:

- location
- population served
- type of mental health specialty and interventions
- telehealth availability

The directory is online at
hhs.nd.gov/behavioral-health/directory

46

Executive Budget Request – Behavioral Health Navigator 1.0 FTE



Position Responsibilities:

- assist with the navigation and connection to the needs of people across the continuum of care.
- maintain relationships with a wide variety of community agencies

NORTH Dakota | Health & Human Services

47

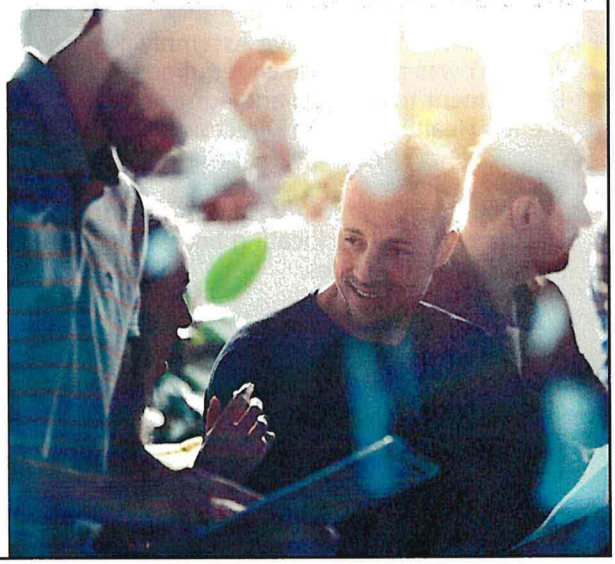
Additional Consideration – Public Testimony

1.0 FTE request for 1915(i)

Number of Enrolled Individual Providers

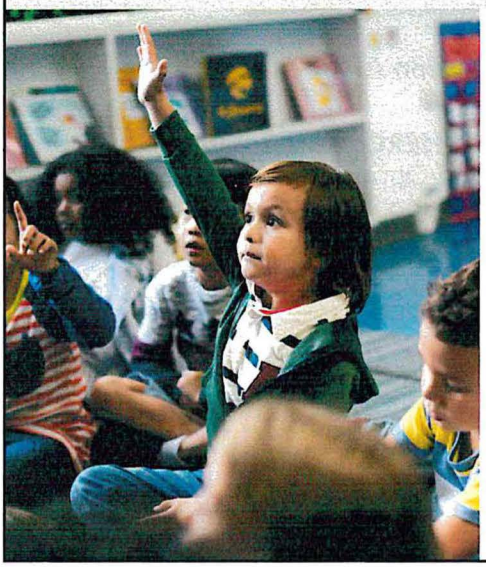


NORTH Dakota | Health & Human Services



48

Behavioral Health and Education
Overview of Efforts & Budget



	General Fund	Other Fund
Behavioral Health Resource Coordinators (B-HERO)		$400,000*
Virtual Behavioral Health Professional Development – Education System (Kognito)	$300,000**	
Behavioral Health School Grant	$3,000,000**	
Prevention and Early Intervention Pilot	$300,000**	

** Governor's Emergency Education Fund (GEER), spending authority is needed*
*** No changes from 2021-2023 biennium appropriation*

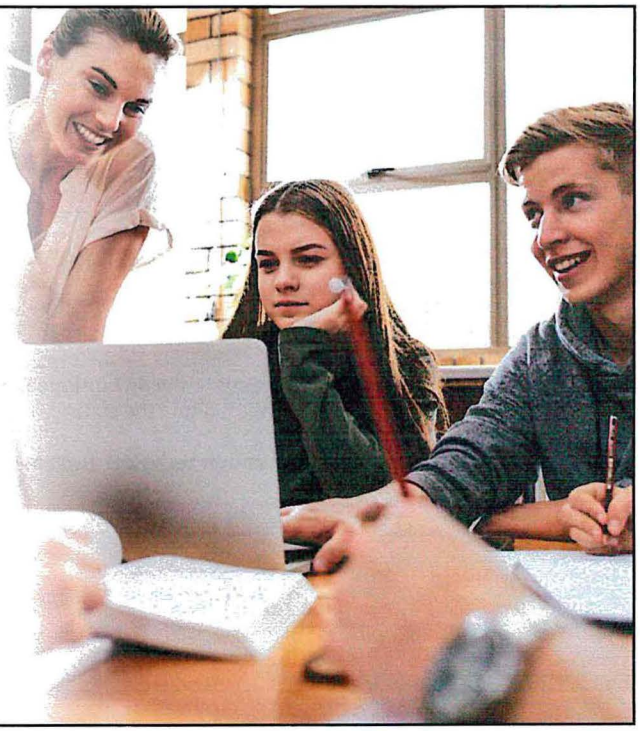
NORTH Dakota Be Legendary | Health & Human Services

49

Behavioral Health Resource Coordinators

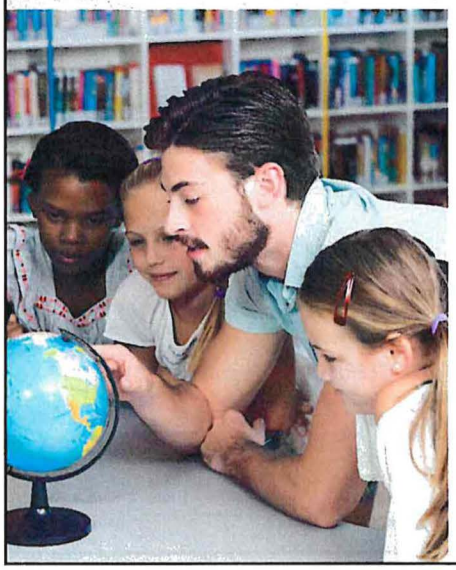
During the 2019 legislative session:

- Senate bill 2149 established the requirement for each school within a district to designate an individual as a behavioral health resource coordinator.
- Senate bill 2313 required the Behavioral Health Division to provide resources to behavioral health resource coordinators



50

Supporting Behavioral Health Resource Coordinators



- **Central Regional Education Association (CREA)** awarded contract
- From this partnership, **B-HERO** (Behavioral Health and Education: Resources and Opportunities) was formed to provide resources, training, and technical assistance to identified Behavioral Health Resource Coordinators.

What B-HERO does.

Training. Technical Assistance. Opportunities.

bhero.crea@k12.nd.us
b-hero.org

NORTH Dakota | Health & Human Services

51

BHERO TECHNICAL ASSISTANCE CENTER

WEEKLY COMMUNICATION TO BEHAVIORAL HEALTH RESOURCE COORDINATORS

Since inception in Spring of 2021, B-HERO has:

- disseminated weekly communications to the **365 unique Behavioral Health Resource Coordinators** throughout the state
- has supported **135 educators through technical assistance**.

TRAINING OPPORTUNITIES

- Suicide Prevention and Intervention
- Trauma
- Relationship Building and Drop-Out
- Prevention
- School Crisis Prevention and Intervention

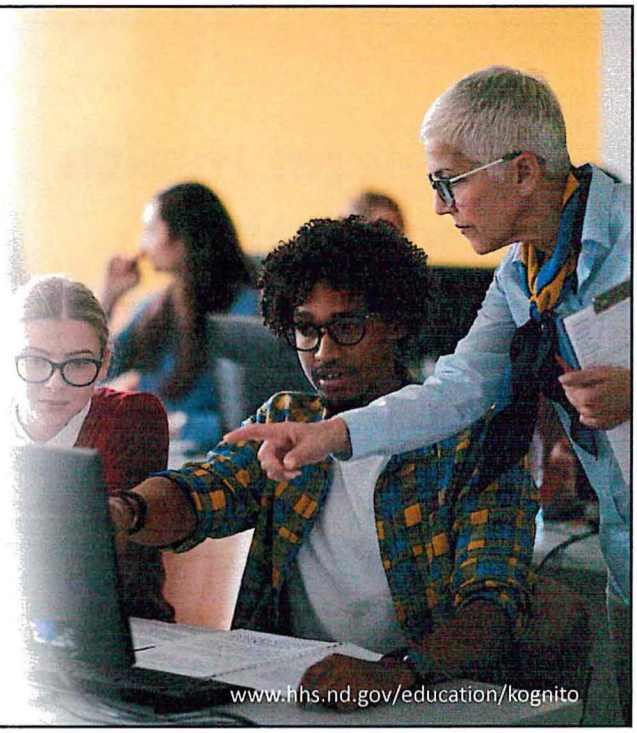
NORTH Dakota | Health & Human Services

52

Kognito

During the 2021 legislative session, Senate Bill 2311 amended Subsection 28 of section 50-06-05.1. to include:

"online virtual mental health and suicide prevention simulation-based training program that incorporates hands-on practice, contextual learning, and personalized feedback through interactive role-playing."



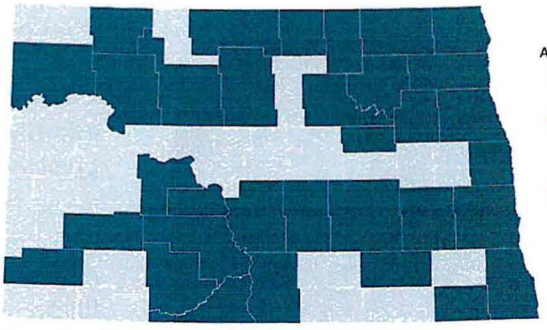
53

Virtual Behavioral Health Professional Development – Education System (Kognito)

Kognito is an **online, role-playing simulation** for educators that:

- builds awareness, knowledge, and skills about mental health and suicide prevention, and
- prepares users to lead real-life conversations with students to build resilience, strengthen relationships, and connect them with support.

Usage & Staff Activity



*Blue represents at least one activation by a staff member per county

As of December 2022,

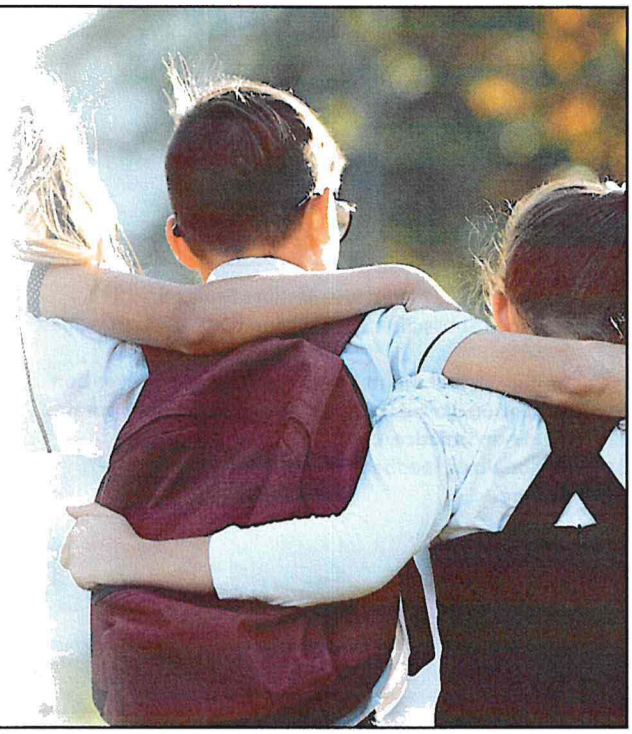
- 813 activations (started a module)
- 134 schools or special education units have utilized Kognito
- 32 counties have at least one school utilizing Kognito

NORTH Dakota Be Legendary | Health & Human Services

54

Behavioral Health School Grant

During the 2019 legislative session, Senate Bill 2012 appropriated general fund dollars for the purpose of providing behavioral health services and support grants to school districts to address student behavioral health needs.



55

Behavioral Health School Grant

Project Goal



Identify and address gaps along the behavioral health continuum of care.

This includes:

- identifying prevention and early intervention services that have no other funding source,
- using funds to reimburse clinical or treatment services that are effective but not currently covered services
- filling gaps in service coverage for populations that do not qualify for other forms of reimbursement.

NORTH Dakota | Health & Human Services

56

Behavioral Health School Grant
Eligible Applicants

- Utilize ND State Medicaid reimbursement the previous school year
- Submit a plan detailing collaboration with other regional school districts

**A school district may not use grant funding to duplicate or fund existing services.*



NORTH Dakota | Health & Human Services
Be Legendary

57

Behavioral Health School Grant
2021-2022 School Year Participation (20)

School districts/special education units eligible 2021-2022 school year (22)

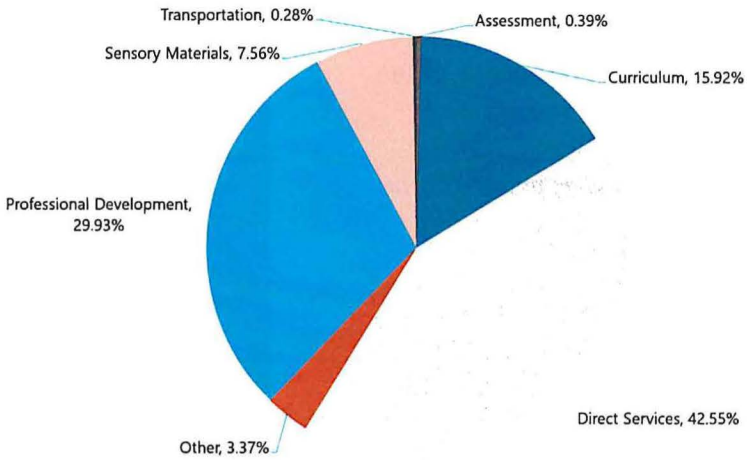
- Bismarck Public School
- Carrington School District
- Dickinson Public School
- East Central Special Education Unit (Fessenden-Bowdon, Kensal, & Pingree-Buchanan)
- Fargo Public School
- Grand Forks Public School
- Jamestown Special Education Unit
- James River Special Education Unit
- Lake Region Special Education Unit
- Mandan Public School
- Minot Public School
- New Rockford – Sheyenne District
- Oliver-Mercer Special Education Unit
- Rural Cass Special Education Unit
- Sheyenne Valley Special Education Unit
- South Valley Special Education Unit
- Wahpeton Public School
- West Fargo Public School

NORTH Dakota | Health & Human Services
Be Legendary

58

Behavioral Health School Grant
2021-2022 School Year Participation

Grant Utilization by Category



NORTH Dakota | Health & Human Services

59

Behavioral Health School Grant
2022-2023 School Year Participation

School districts/special education units eligible this 2022-2023 school year (25)
(highlighted are currently in contract as of 1-31-2023 [21])

- Bismarck Public School
- Carrington Public School
- Dickinson Public School
- Fargo Public School
- Fessenden-Bowdon
- Grand Forks & Grand Forks Special Education Unit
- Griggs Steele Traill Special Education Unit
- James River Special Education Unit
- Jamestown Special Education Unit
- Kensal
- Lake Region Special Education Unit
- Mandan Public School
- Minot Public School
- New Rockford – Sheyenne
- Oberon
- Oliver – Mercer Special Education Unit
- Pingree – Buchanan
- Rural Cass Special Education Unit
- Sheyenne Valley Special Education Unit
- South Central Prairie Special Education Unit
- South Valley Special Education Unit
- Souris Valley Special Education Unit
- Upper Valley Special Education Unit
- Wahpeton Public School
- West Fargo & West Fargo Special Education Unit

NORTH Dakota | Health & Human Services

60

Behavioral Health School Grant
Budget Review

2021 – 2023 Biennium Appropriation: $3,000,000

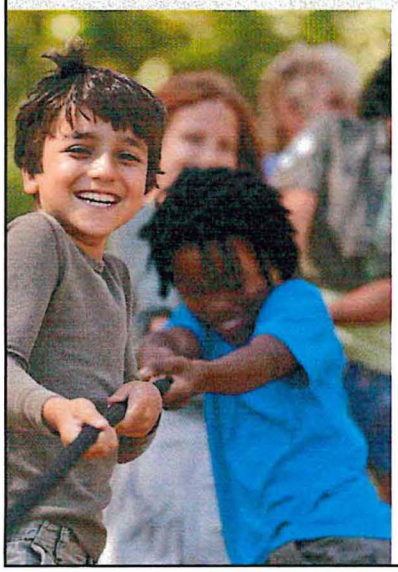
2021-2022 School Year		2022-2023 School Year	
Funding Eligibility Based on Medicaid Reimbursements (22 schools eligible)	$2,073,653.00	Funding Eligibility Based on Medicaid Reimbursements (25 schools eligible)	$2,486,851.00
Funds Expended (20 school districts/special ed units participated)	$1,724,864.95	Funds Obligated* (21 schools as of 1-31-2023)	$1,056,218.95
Remaining	*$1,275,135.05*	*Remaining*	*$218,916.10*

*To ensure all eligible districts and units can apply for funding for behavioral health needs of students during the 2022-2023 school year, eligible funding amounts determined by the previous school year Medicaid billing amount **was reduced by 50%.**

NORTH Dakota | Health & Human Services
Be Legendary

61

Behavioral Health School Grant
Budget Review



School Year	2020-2021	2021-2022	2022-2023
Total Medicaid Paid	$1,757,517.37	$2,073,653	$2,486,851
Number of Districts/ Units	25	22	25
Appropriation	*$1,500,000*	*$3,000,000*	

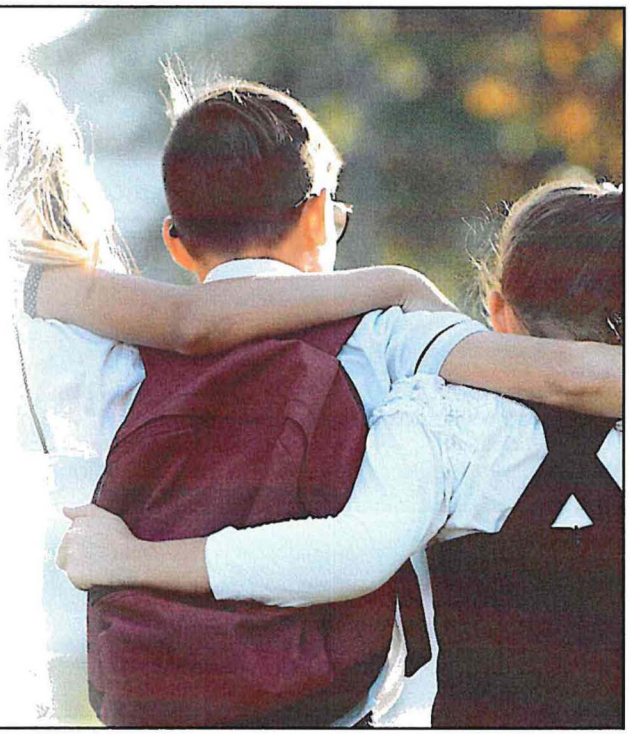
NORTH Dakota | Health & Human Services
Be Legendary

62

Prevention and Early Intervention Pilot

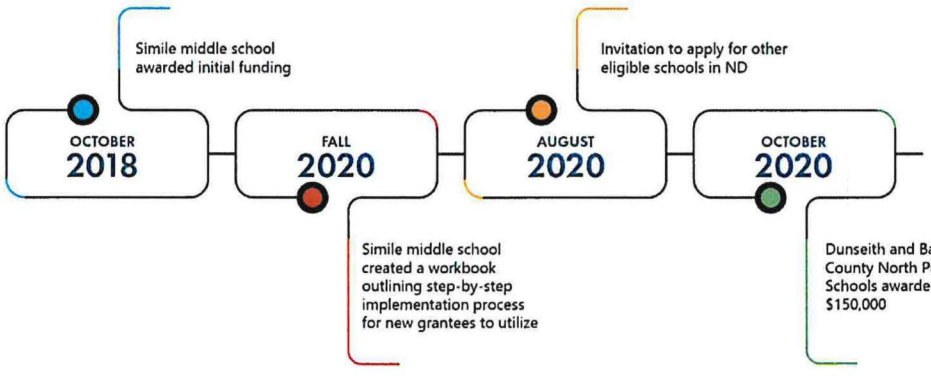
During the 2017 legislative session, House Bill 1040 appropriated $150,000 to the Department for the purpose of establishing a children's behavioral health prevention and early intervention pilot project in a school system.

During the 2019 legislative session, Senate Bill 2012 appropriated $300,000 to continue and expand this project to two schools in rural and tribal areas.



63

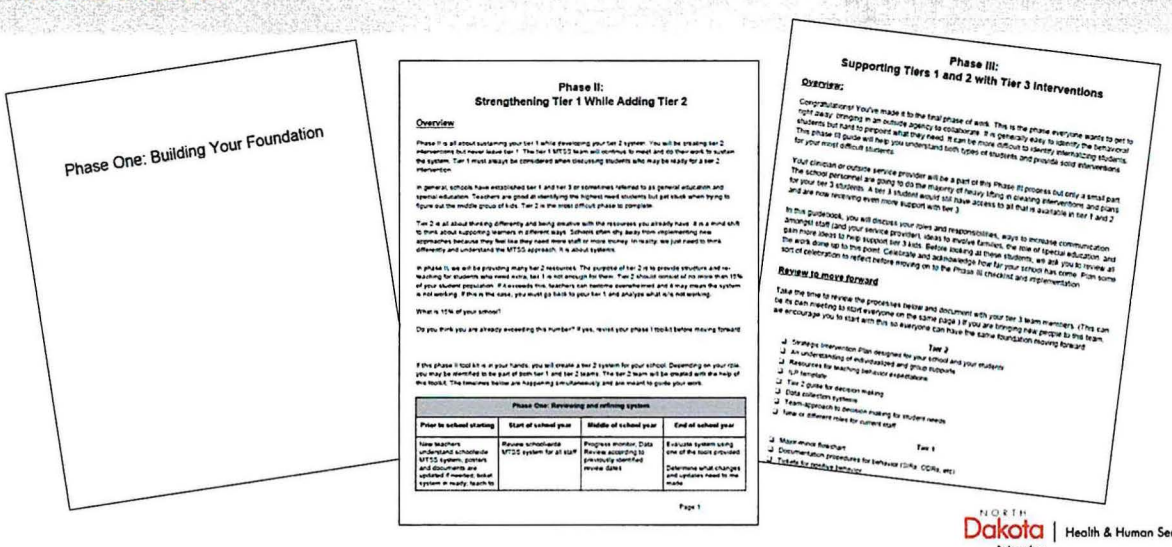
Prevention and Early Intervention Pilot
Timeline



NORTH Dakota | Health & Human Services
Be Legendary

64

Prevention and Early Intervention Pilot
Toolkits



NORTH Dakota | Health & Human Services
Be Legendary

65

Prevention and Early Intervention Pilot
Schools Participating

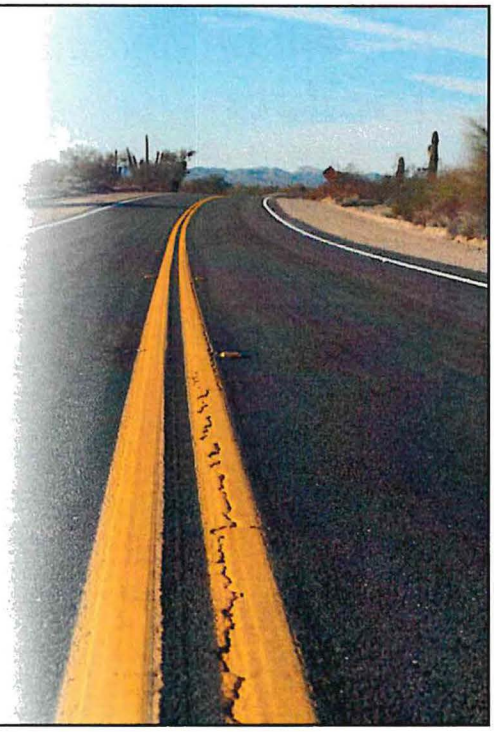
Simle Middle School	Created and provided a 3-Phase Workbook to be utilized by other pilot schools. They continue to support students with Tier 1, 2, and 3 interventions.	Number of behavior referrals decreased from: • 905 in the 14-15 school year • to 141 in the 21-22 school year
Dunseith Elementary School	• Provide updated behavioral health materials • Counselor and elementary room classes • Contract with a local mental health provider to offer on-site behavioral health services to students who are underinsured, uninsured, or those with copays.	Number of behavior referrals decreased from: • 140 in the 19-20 school year • to 35 in the 21-22 school year
Barnes County North	• Provides professional development to staff • Purchase materials for a counseling room • Contract with a mental health provider to offer on-site behavioral health services to students who are underinsured, uninsured, or those with copays.	Number of behavior referrals decreased from • 50 in the 21-22 school year • to 36 in the 22-23 school year

NORTH Dakota | Health & Human Services
Be Legendary

66

Roadmap

- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Proposed section additions to SB 2012
- Additional considerations
- Relevant policy bills
- Budget review



NORTH Dakota | Health & Human Services

67

Federal Funding for 23-25 Biennium

Federal Funding Source	Purpose	Current Award Deadline	Current Award
Substance Use Prevention, Treatment and Recovery Services Grant (SUPTR)	Provide priority treatment and support services for individuals without insurance; provide primary prevention for persons not identified as needing treatment.	September 2023	$6,534,169
Mental Health Block Grant (MHBG)	Provide comprehensive, community-based mental health services to adults with serious mental illnesses (SMI) and to children with serious emotional disturbances (SED) and to monitor progress in implementing a comprehensive, community-based mental health system.	September 2023	$1,466,936
State Opioid Response Grant (SOR)	Address the opioid overdose crisis by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders.	September 2023	$4,000,000
System of Care Grant (SOC)	Provide resources to improve the mental health outcomes for children and youth, birth through age 21, with serious emotional disturbances (SED), and their families.	September 2023	$3,000,000
988 Grant	Improve state and territory response to 988 contacts (including calls, chats, and texts)	April 2024	$708,333

NORTH Dakota | Health & Human Services

68

Federal Funding for 23-25 Biennium

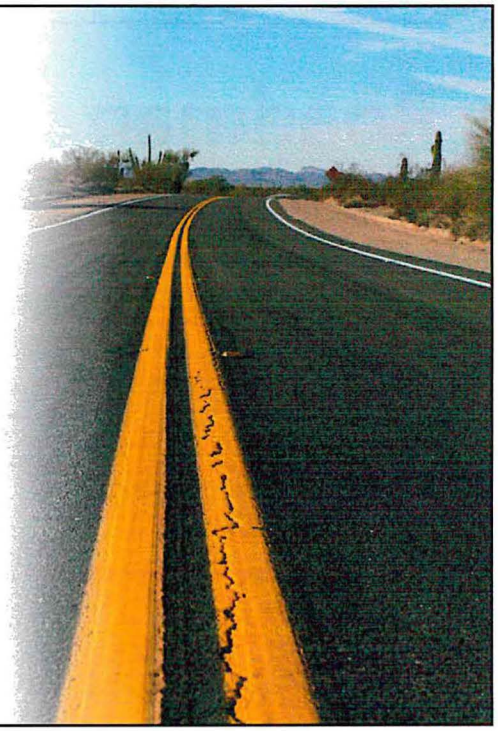
Federal Funding Source	Purpose	Current Award Deadline	Current Award
PATH	Support community-based outreach, mental health and substance abuse referral/treatment, case management and other support services, as well as a limited set of housing services for adults who are homeless or at imminent risk of homelessness and have a serious mental illness.	July 2023	$311,974.00
Traumatic Brain Injury State Partnership Program	Create and strengthen person-centered, culturally competent systems of services and supports that maximize the independence and overall health and well-being of all people with TBI across the lifespan, their family members, and their support networks.	September 2024	$286,578.00
Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants	Support states to develop and implement certification systems for CCBHCs, establish Prospective Payment Systems (PPS) for Medicaid reimbursable services, and prepare an application to participate in a four-year CCBHC Demonstration program	*not yet awarded Potential for $1,000,000	
Strategic Prevention Framework-Partnerships for Success	Reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention and mental health promotion services.	*not yet awarded Potential for $2,500,000	

NORTH Dakota | Health & Human Services
Be Legendary

69

Roadmap

- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Proposed section additions to SB 2012
- Additional considerations
- Relevant policy bills
- Budget review



NORTH Dakota | Health & Human Services
Be Legendary

70

One-time funding being requested (2023-2025)



Pregnant and Parenting Women Treatment Program

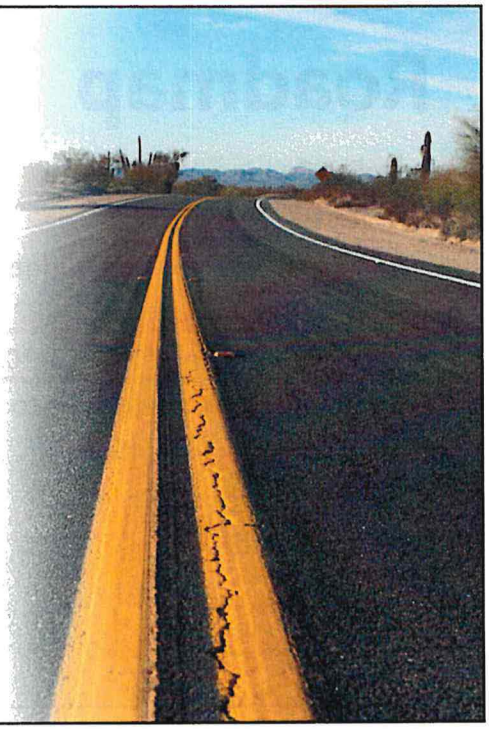
- $1 million in Strategic Investment and Improvements Fund (SIIF)

NORTH Dakota | Health & Human Services
Be Legendary

71

Roadmap

- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Proposed section additions to SB 2012
- Additional considerations
- Relevant policy bills
- Budget review

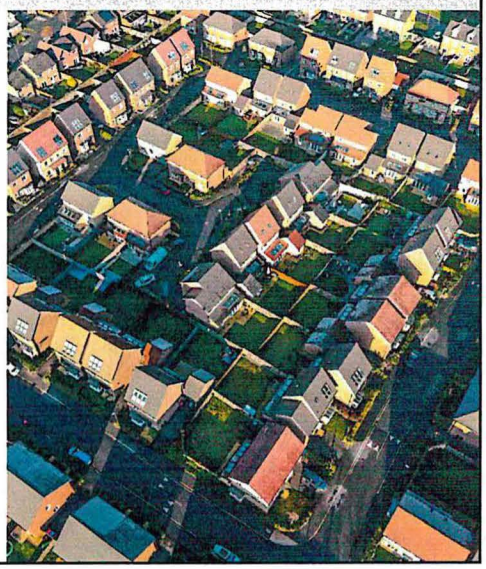


NORTH Dakota | Health & Human Services
Be Legendary

72

SB 2012 Section 12
Permanent Supportive Housing Grants

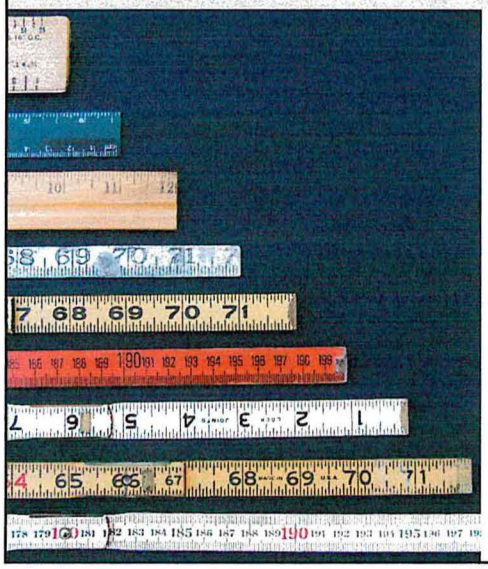
SECTION 12 (Governor's Recommendation). PERMANENT SUPPORTIVE HOUSING GRANTS. Subdivision 2 of section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department, and authorize the department to conduct onsite visits to review program operations.



NORTH Dakota | Health & Human Services

73

SB 2012 Section 19
Provider Process and Outcome Measures



SECTION 19 (Governor's Recommendation). PROVIDER PROCESS AND OUTCOME MEASURES. Providers that receive funding from the department of health and human services shall submit process and outcome measures, as required by the department, to the department for programs and services supported by state funding during the biennium beginning July 1, 2023, and ending June 30, 2025, for the department to evaluate the administration of the programs and services using the appropriation for the program or service.

NORTH Dakota | Health & Human Services

74

SB 2012 Section 20
Community Behavioral Health Program

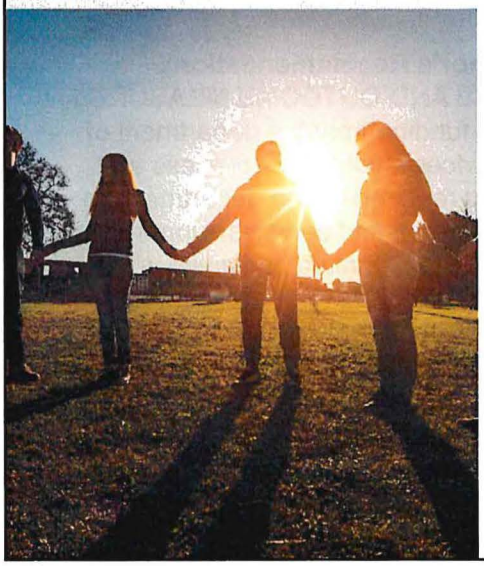
SECTION 20 (Governor's Recommendation). COMMUNITY BEHAVIORAL HEALTH PROGRAM. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department may transfer funds for the continuation of the community behavioral health program pursuant to subsection 2 of section 54-23.3-10.



NORTH Dakota | Health & Human Services

75

SB 2012 Section 22
Exemption – Suicide Prevention



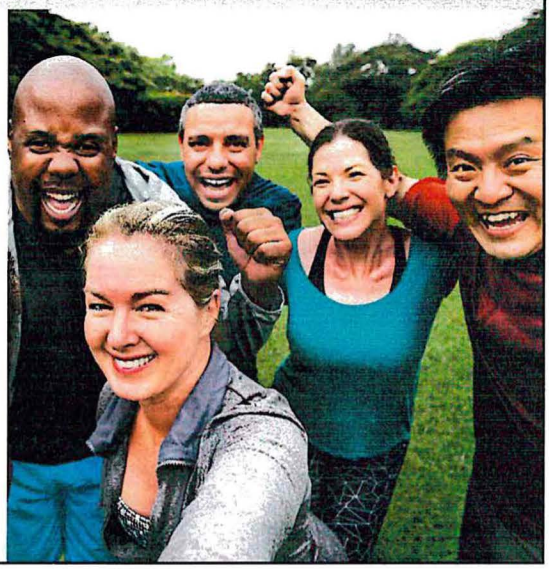
SECTION 22 (Governor's Recommendation). EXEMPTION. The sum of $750,000 from the general fund appropriated to the department of health and human services for the purpose of providing suicide prevention grants in chapter 37 of the 2019 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation approved under section 54-44.1-11 for continuation into the 2021-23 biennium are available for the suicide prevention grants during the biennium beginning July 1, 2023, and ending June 30, 2025.

NORTH Dakota | Health & Human Services

76

SB 2012 Section 26
Exemption – Free Through Recovery

SECTION 26 (Governor's Recommendation). EXEMPTION. The amount appropriated for the purpose of free through recovery program in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the free through recovery program during the biennium beginning July 1, 2023, and ending June 30, 2025.



NORTH Dakota | Health & Human Services

77

SB 2012 Section 29
Exemption – Intent. SUD Voucher Grants



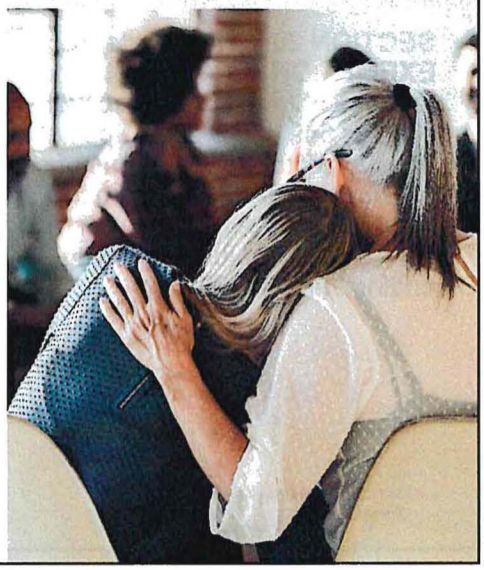
SECTION 29 (Governor's Recommendation). EXEMPTION - INTENT. The amount appropriated for the purpose of projects, financial assistance, grants, and services including Medicaid eligibility system upgrades, child care services, to provide community-based behavioral health services, and for substance use disorder treatment voucher system grants in chapter 550 of the 2021 Special Session, Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for projects, financial assistance, grants, and services during the biennium beginning July 1, 2023, and ending June 30, 2025. Notwithstanding subsection 3 of section 50-11.1-14.1, the department may provide financial assistance to beneficiaries related to child care services. Notwithstanding subsection 2 of section 50-06-42.1, the department may award up to four grants rather than two grants for substance use disorder treatment voucher system grants. The requirements of chapter 54-44.4 do not apply to this subsection, including the selection of recipients and the disbursement of funds.

NORTH Dakota | Health & Human Services

78

New Section: SB 2012
Exemption

NEW SECTION. EXEMPTION. The amount appropriated for substance use disorder treatment voucher system grants in chapter 12 of the 2021 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation are available for the substance use disorder treatment voucher system grants pursuant to section 50-06-42.1 during the biennium beginning July 1, 2023, and ending June 30, 2025.

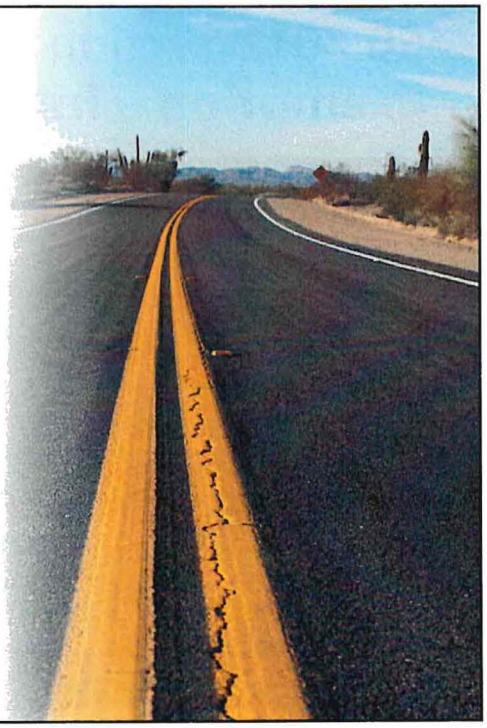


NORTH Dakota | Health & Human Services
Be Legendary

79

Roadmap

- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Proposed section additions to SB 2012
- Additional considerations
- Relevant policy bills
- Budget review



NORTH Dakota | Health & Human Services
Be Legendary

80

SB 2012
Additional considerations

- Recovery Housing Assistance Program (RHAP)
- B-HERO spending authority
- Opioid Settlement spending authority
- Brain Injury funding flexibility
- Move Free Through Recovery appropriation from DOCR to HHS budget*
- FTE to assist with 1915(i) provider outreach/enrollment/training

NORTH Dakota | Health & Human Services
Be Legendary

*(not including DOCR FTE salary and admin)

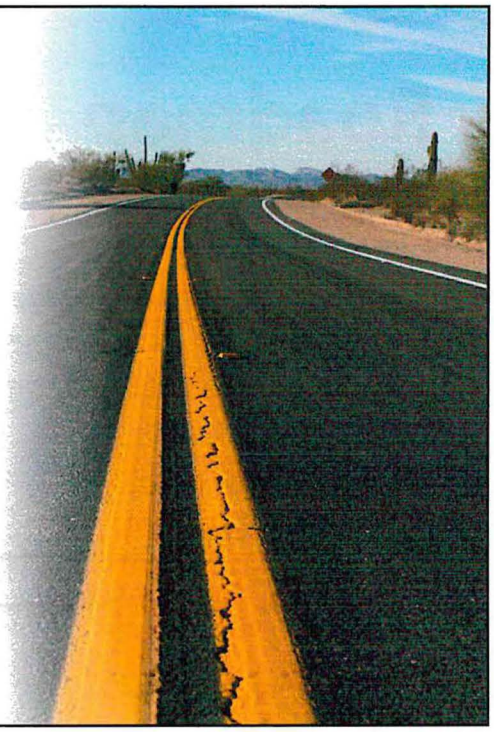


81

Roadmap

- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Proposed section additions to SB 2012
- Additional considerations
- Relevant policy bills
- Budget review

NORTH Dakota | Health & Human Services
Be Legendary



82

Relevant policy bills being considered & budget impact

Bill	General Fund*
HB 1312: Kognito	0
HB 1390: suicide fatality review commission	$15,000
SB 2322: mental health & well-being advisory committee	$5,000,000
SB 2149: 988	0
SB 2152: recovery residences	0
SB 2166: recovery grants	$3,000,000**

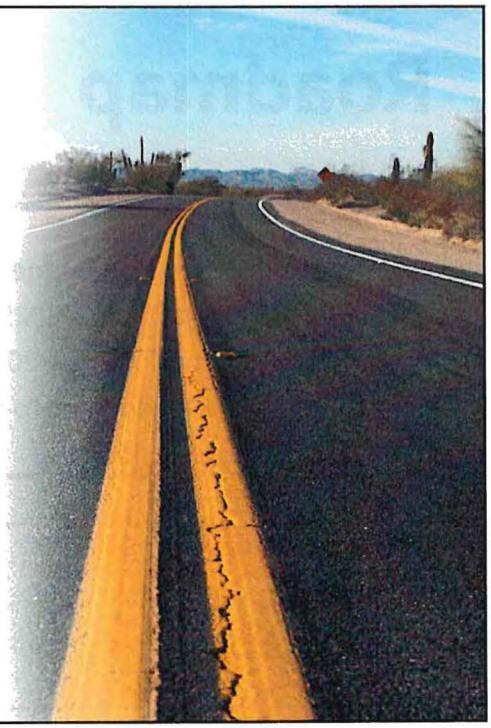
**Current State*
***appropriation is to Department of Commerce*

NORTH Dakota | Health & Human Services

83

Roadmap

- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Proposed section additions to SB 2012
- Additional considerations
- Relevant policy bills
- Budget review



NORTH Dakota | Health & Human Services

84

Overview of Budget Changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$7,193,820	$1,256,196	$8,450,016
Operating	56,684,267	12,074,085	68,758,352
IT Services	-	-	-
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	28,220,135	5,932,356	34,152,491
Total	$92,098,222	$19,262,637	$111,360,859
General Fund	**$42,025,043**	**$9,877,067**	**$51,902,110**
Federal Funds	**42,297,585**	**(1,774,062)**	**40,523,523**
Other Funds	**7,775,594**	**11,159,632**	**18,935,226**
Total Funds	**$92,098,222**	**$19,262,637**	**$111,360,859**
Full Time Equivalent (FTE)	37.00	2.00	39.00

NORTH Dakota Be Legendary | Health & Human Services

85

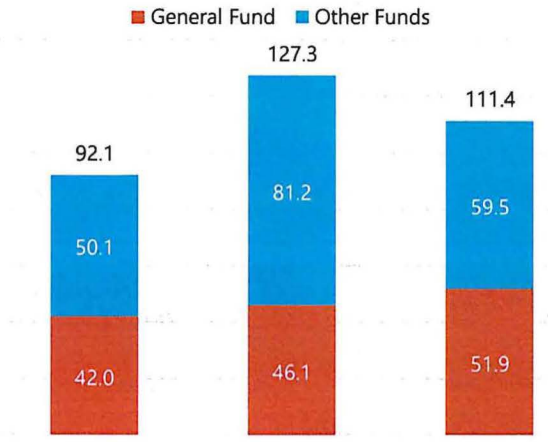
Overview of Budget Changes by Funding Source

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	42,025,043	9,877,067	51,902,110
Federal Funds	42,297,585	(1,774,062)	40,523,523
Other Funds	7,775,594	11,159,632	18,935,226
Total Funds	**$92,098,222**	**$19,262,637**	**$111,360,859**

NORTH Dakota Be Legendary | Health & Human Services

86

Overview of Budget Changes (IN MILLIONS)



NORTH Dakota | Health & Human Services

87

Overview of Budget Changes

Budget detail by account

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	4,914,324	611,037	5,525,361
513x Salaries Temp	68,640	236,060	304,700
516x Salaries Benefits	2,210,856	409,099	2,619,955
Total Salaries & Benefits	$7,193,820	$1,256,196	$8,450,016
52x Travel	25,000	-	25,000
53x Supply	6,000	-	6,000
54x Postage & Printing	2,500	12,500	15,000
61x Professional Development	64,458	(4,458)	60,000
62x Fees - Operating & Professional	56,586,309	12,066,044	68,652,352
71x Grants, Benefits, & Claims	28,220,135	5,932,355	34,152,491
Total Operating	$84,904,402	$18,006,441	$102,910,843
Total	$92,098,222	$19,262,637	$111,360,859

NORTH Dakota | Health & Human Services

88

Overview of Budget Changes

Budget detail by account

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular		611,037	5,525,361
513x Salaries Temp		236,060	304,700
516x Salaries Benefits	2,210,856	409,099	2,619,955
Total Salaries & Benefits	$7,193,820	$1,256,196	6
52x Travel	25,000	-	0
53x Supply		-	6,000
54x Postage & Printing		12,500	15,000
61x Professional Developmer		(4,458)	60,000
62x Fees - Operating & Profe		12,066,044	68,652,352
71x Grants, Benefits, & Claim		5,932,355	34,152,491
Total Operating		$18,006,441	$102,910,843
Total	$92,098	$19,262,637	$111,360,859

- 6%/4% Increases
- 2 new FTEs
- Minor additional shifting

- Minor shifting based on current expenditures/ need

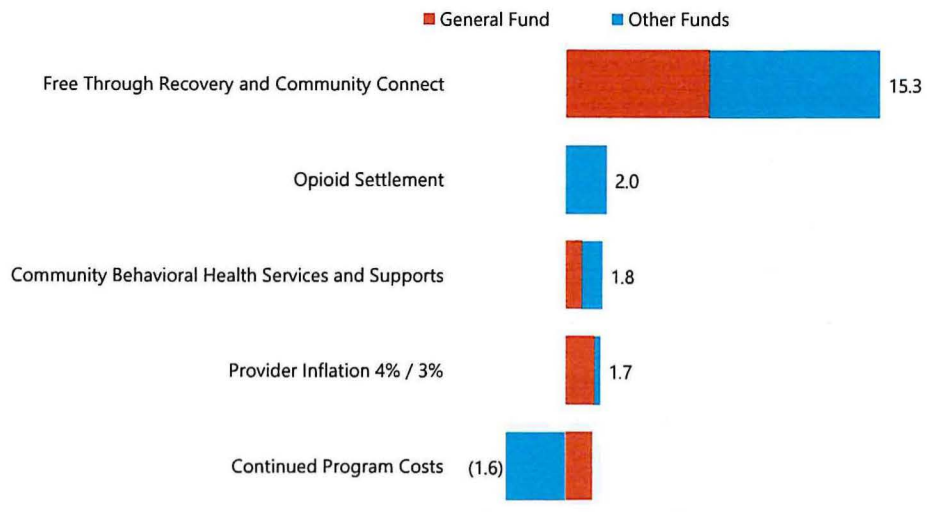
- Maintenance of & provider rate inflation for FTR and Community Connect services
- Opioid Settlement authority
- Pregnant & Parenting Women
- Shifting in federal grant authority

- Additional federal authority for CCBHC federal grant
- Provider rate inflation for SUD Voucher

NORTH Dakota | Health & Human Services

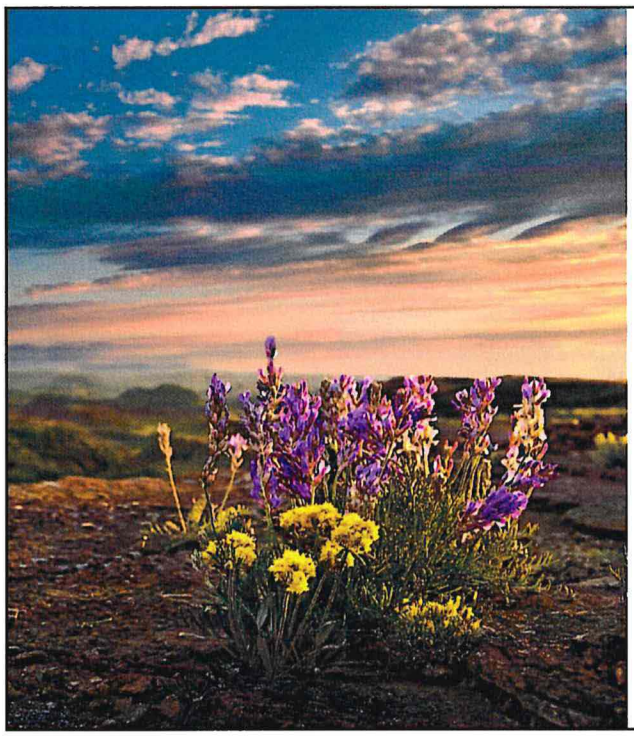
89

Overview of Budget Changes (IN MILLIONS)



NORTH Dakota | Health & Human Services

90



Contact Information

Behavioral Health Executive Director

- Pamela Sagness
- psagness@nd.gov

Policy Director

- Laura Anderson
- lauranderson@nd.gov

www.behavioralhealth.nd.gov

NORTH Dakota | Health & Human Services
Be Legendary

91



SB2012

Senate Appropriations Committee – HR Section
Senator Dever, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Administration and Operations – Deputy Commissioner Sara Stolt
Feb. 9, 2023

Presentation roadmap

- HHS administration and operations divisions | shared services model
- FTE overview
- Division impacts highlights
- 2023-2025 Budget request
- Policy bills
- HHS IT overview



HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the **FOUNDATIONS** of well-being

- Economic Health
- Behavioral Health
- Physical Health

Ensure everyone has the opportunity to realize their **POTENTIAL**

- Strong, Stable Families
- Services Closer to Home
- Early Childhood Experiences

Give everyone the **OPPORTUNITY** to decide to:

- Be Healthy
- Be Active
- Find & Prevent Disease Early

Efficiency Through Redesign

High-Performing Team

NORTH Dakota Be Legendary. | Health & Human Services

Shared Services (Administration and Operations)



Executive Office

- Commissioner
- Deputy Commissioner
- Project Management
- Quality and Data Governance
- IT Governance
- Change Management



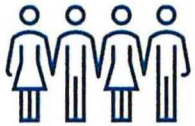
Finance

- 4 Asst CFO's
- Budget Management
- Audit Management
- Procurement & Contracts
- Logistics Management
- General Accounting



Legal

- General Council
- Administrative Rules/Legislation
- Estate/Third Party Recovery
- Appeals
- ADA Compliance/ Civil Rights
- HIPAA Compliance
- Records Management



Human Resources

- Business Partners
- Ops & Digital
- Talent Acquisition
- Total Rewards
- Talent Mgmt/ Learning & Development
- Employee Health/Safety/Risk Mgmt



Communications

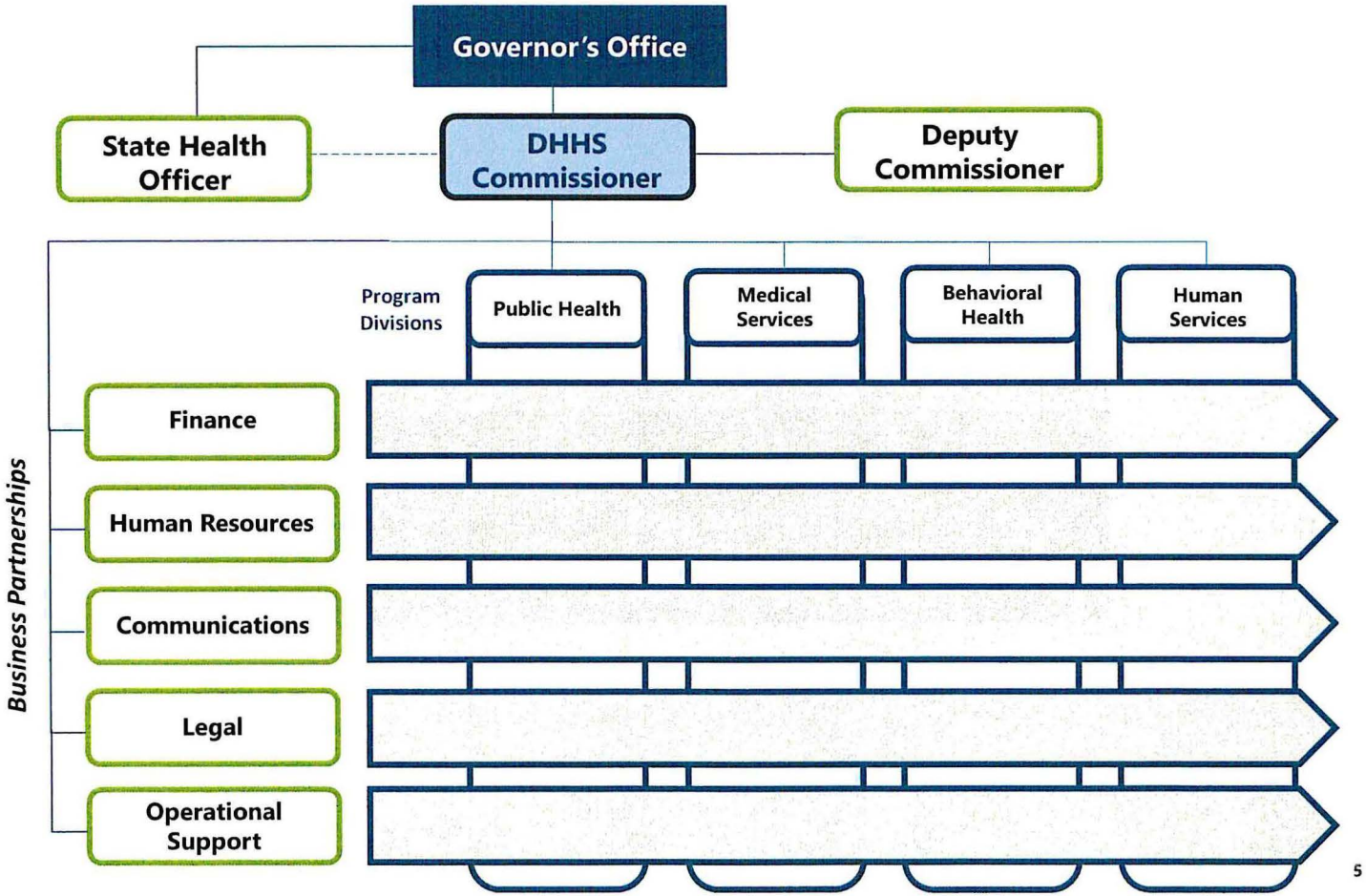
- Strategic communications and change management
- Marketing, outreach and education
- Media relations
- Multi-media support
- Team member communications

North Dakota's HHS **Shared Services Model**

Why?

Our shared services model...

- ***Supports optimized policy and service delivery*** *for program Divisions.*
- *Supports business partners (Finance, HR, Communications, and Legal) in providing* ***strategic business functions across HHS.***
- ***Structures service delivery based on the service provided*** *to best meet organizational need.*



Health and Human Services

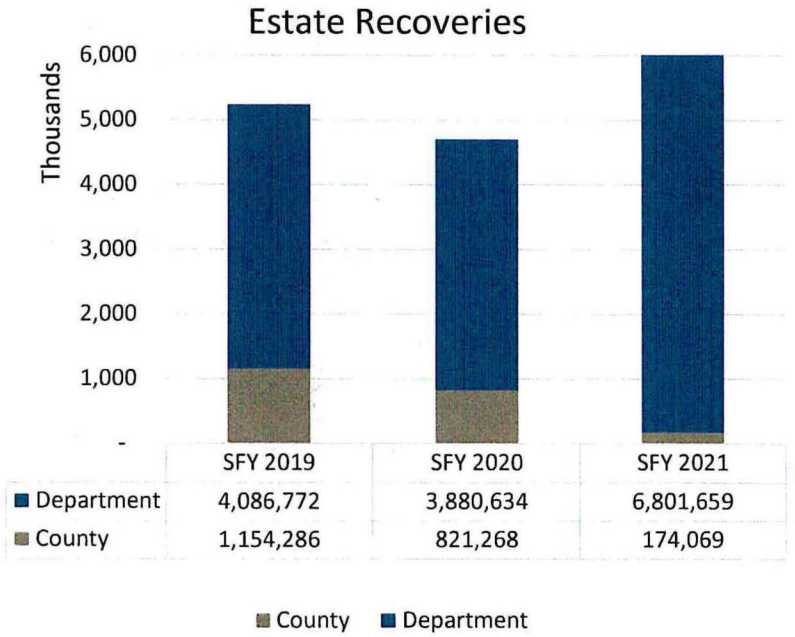
Administration-Support

Administration Exec Office, Finance, Legal, Human Resources and Communications		
21-23 **Authorized FTE** **Base**	**23-25** **Executive Budget FTE**	**# vacancies 12-31-22** **(from base)**
140.90	147.40	17.00

Ensure program compliance

To reinvest in those we serve

Case Type	SFY 2020	SFY 2021
Requests for Fair Hearings	284	343
Provider Appeals	569	1,399
Intentional Program Violations	78	96
Civil Rights	14	11
Administrative Rules	13	13
Trust Review Files	91	68



NORTH Dakota | Health & Human Services
Be Legendary.

Ensure quality service delivery

Recruit and retain a high-performing workforce to help ensure that North Dakotans are served on time and safely

Updated HR Operational Model	Bring strategic focus to planning and carrying out work
Developed Talent Acquisition Team	Streamline processes, focus resources, hire good people faster
Developed Technology Strategy	Data-driven decision making, and leverage statewide systems
Expanded the scope of instructional designers	Increase variety, access and effectiveness of learning solutions

NORTH Dakota | Health & Human Services
Be Legendary.

Ensure quality service delivery

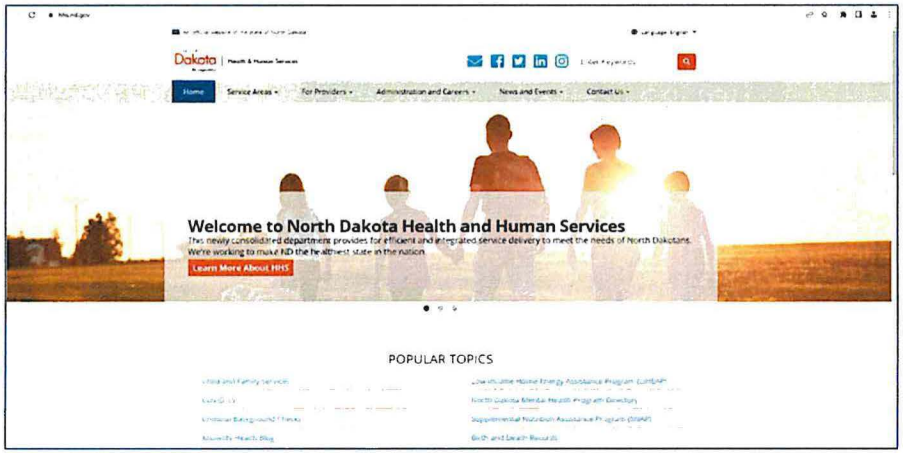
Recruit and retain a high-performing workforce to help ensure that North Dakotans are served on time and safely

Implemented Workforce Planning process and tool	Provide a roadmap for each segment of the organization
Developed Engagement Strategy using Gallup platform	Identify areas that need attention
Participated in creation of Communities of Practice	Leverage best practices in all agencies
Focused resources on Total Rewards	Improve quality and access to information about total rewards

NORTH Dakota | Health & Human Services
Be Legendary.

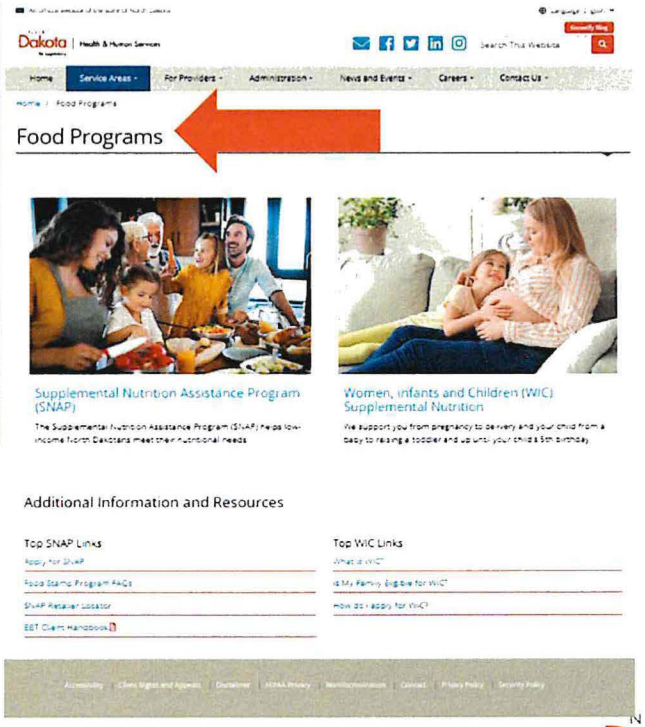
Improve access: Create one point of entry

HHS.nd.gov is a centralized source of information, programs and services, making it easier for North Dakotans to meet their health and well-being needs



HHS.nd.gov consolidated three legacy websites:

- Department of Health
- Department of Human Services
- Behavioral Health Division



One path to food programs:

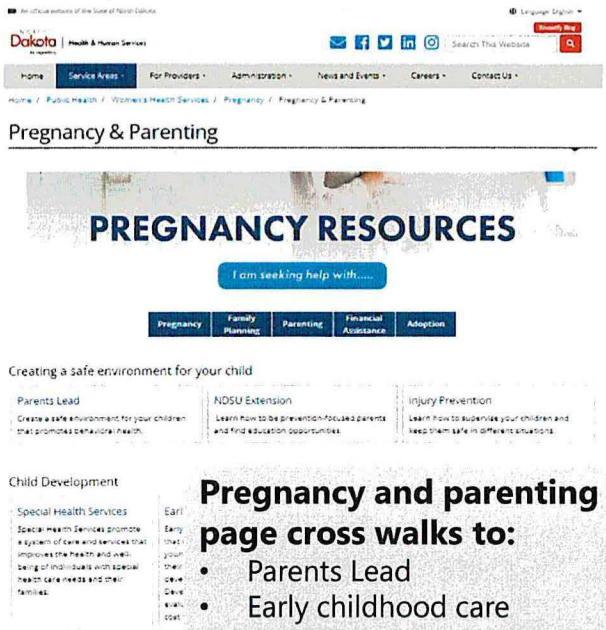
- Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants, and Children (WIC) Supplemental Nutrition

NORTH Dakota | Health & Human Services
Be Legendary.

Improve access: Strengthen communications touchpoints

Cross walk programs and services to connect North Dakotans to more ways to meet their health and well-being needs

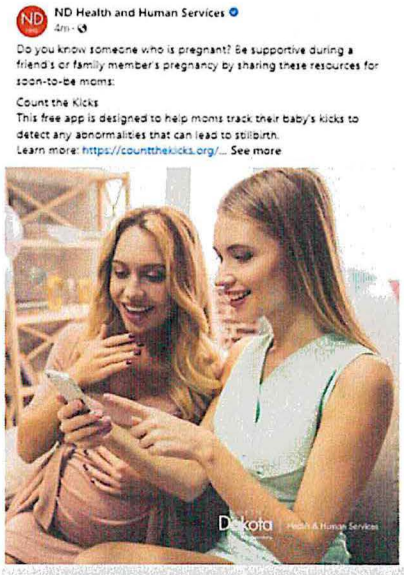
HHS.nd.gov



Pregnancy and parenting page cross walks to:

- Parents Lead
- Early childhood care
- Health Tracks
- Injury prevention
- And more

HHS social media examples



- Count the Kicks app
- ND Medicaid extended health coverage for moms and babies



Heart health month video features content from:

- ND Quits
- Behavioral Health
- Physical health (diet and exercise)

NORTH Dakota | Health & Human Services
Be Legendary.

Improve access: Enhance points of service

Enhance communications at points of service to connect North Dakotans to more ways to meet their health and well-being needs

- Represents a collaboration among Maternal and Child Health and Medical Services teams.
- Outreach materials for new Medicaid extended health care coverage for moms and infants will be placed in:
  - Local public health units
  - Human service centers
  - Human service zones
  - WIC offices (Women, Infants and Children Supplemental Nutrition)





Outreach materials include:

- Floor banners
- Rack cards
- Flyers
- Wallet cards

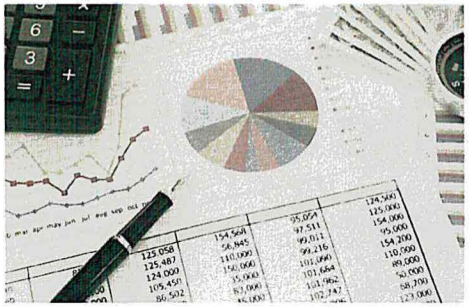
NORTH Dakota | Health & Human Services
Be Legendary.

Drive quality

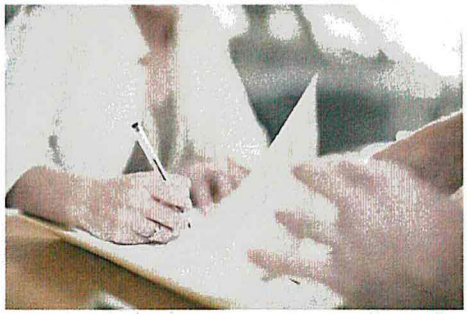
Through a strong procurement process and efficient provider payments



Drive quality while doubling accounts payable with no staff increases



Decreased audit findings since 2015



Successfully managed over 3,700 hundred procurements and contracts to ensure efficient use of taxpayer dollars

NORTH Dakota | Health & Human Services
Be Legendary.

Decreased audit findings since 2015

Agency Audits

Audit year	No. of Findings
2015	20
2017	21
2019	8
2021	8

Single Audits

Audit year	No. of Findings
2016	61
2018	36
2020	18

Ensuring successful delivery and outcomes for those we serve



Project Management

Tools, resources, best practices and staffing to support DHHS **priority projects**, portfolio management and program projects.

Process Improvement

Techniques, tools, resources, models and staff to redesign a process or system for greater efficiency and effectiveness.

Quality Management

Leading best practices, standards and consistency around how DHHS measures quality and creates a culture of quality.

IT Governance

Ensuring effective use of IT resources and ensuring efficiency with all IT efforts within DHHS.

Data Governance

Leading data strategy efforts and providing standards, training and tools to support data analytics across DHHS.



2023-2025 Budget request

The **program, systems and workforce support** necessary to continue to serve North Dakotans

NORTH Dakota | Health & Human Services
Be Legendary.

There are three areas of inflation impacting the HHS budget



1) Provider Rates



2) State Compensation Plan



3) Operating costs

NORTH Dakota | Health & Human Services
Be Legendary.

Overview of budget changes
Administration-Support

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 27,413,848	$ 6,761,084	$ 34,174,932
Operating	8,070,097	29,741,394	37,811,491
IT Services	1,757,959	2,156,140	3,914,099
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	-	-	-
Total	$ 37,241,904	$ 38,658,618	$ 75,900,522

General Fund	**$ 21,368,312**	**$ 26,129,473**	**$ 47,497,785**
Federal Funds	**15,280,389**	**12,038,909**	**27,319,298**
Other Funds	**593,203**	**490,236**	**1,083,439**
Total Funds	**$ 37,241,904**	**$ 38,658,618**	**$ 75,900,522**

Full Time Equivalent (FTE)	140.90	6.50	147.40

NORTH Dakota Be Legendary. | Health & Human Services

Budget detail by account
Administration-Support

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	$ 18,876,288	$ 3,412,350	$ 22,288,638
513x Salaries Temp	287,583	1,273,190	1,560,773
516x Salaries Benefits	8,249,977	1,806,420	10,056,397
Total Salaries & Benefits	$ 27,413,848	$ 6,761,084	$ 34,174,932
52x Travel	883,385	200,676	1,084,061
53x Supply	126,473	68,862	195,335
54x Postage & Printing	2,150,537	102,733	2,253,270
55x Equipment under $5,000	19,950	(14,150)	5,800
57x Insurance	238,504	39,456	277,960
58x Rent/Leases - Bldg/Equip	499,324	780,937	1,280,261
59x Repairs	33,106	(3,401)	29,705
61x Professional Development	146,769	19,544	166,313
62x Fees - Operating & Professional	3,972,049	28,546,737	32,518,786
53x Supplies	52,081	49,019	101,100
60x IT Expenses	1,705,878	2,107,121	3,812,999
Total Operating	$ 9,828,056	$ 31,897,534	$ 41,725,590
Total	$ 37,241,904	$ 38,658,618	$ 75,900,522

Overview of budget changes by funding source

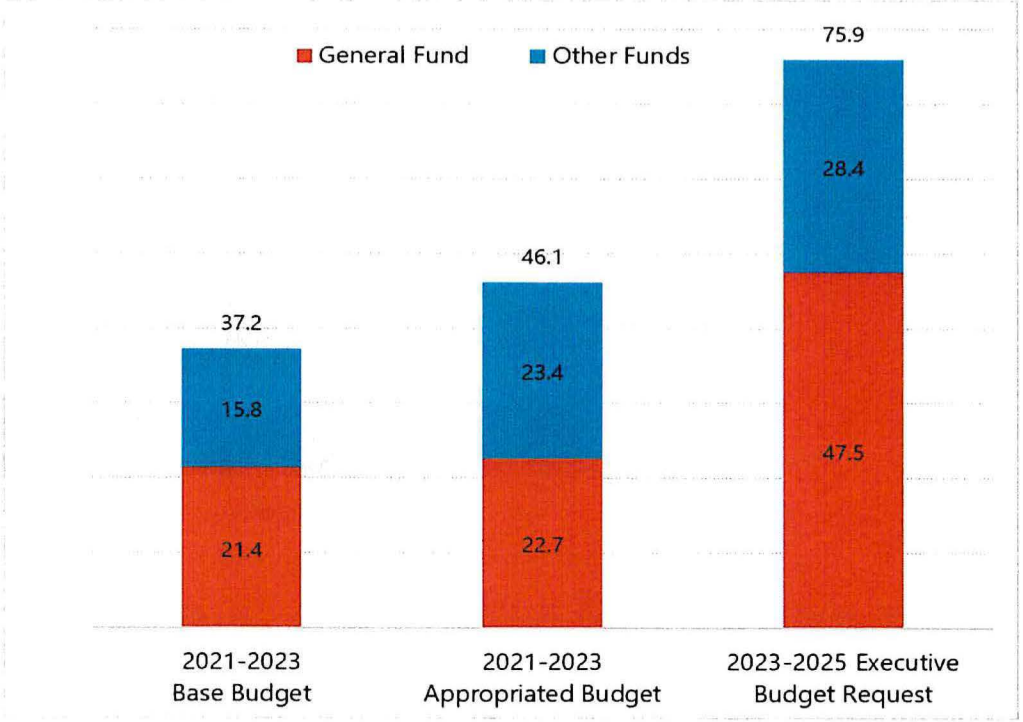
Administration-Support

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	$ 21,368,312	$ 26,129,473	$ 47,497,785
Federal Funds	15,280,389	12,038,909	27,319,298
Other Funds	593,203	490,236	1,083,439
Total Funds	$ 37,241,904	$ 38,658,618	$ 75,900,522

NORTH Dakota Be Legendary. | Health & Human Services

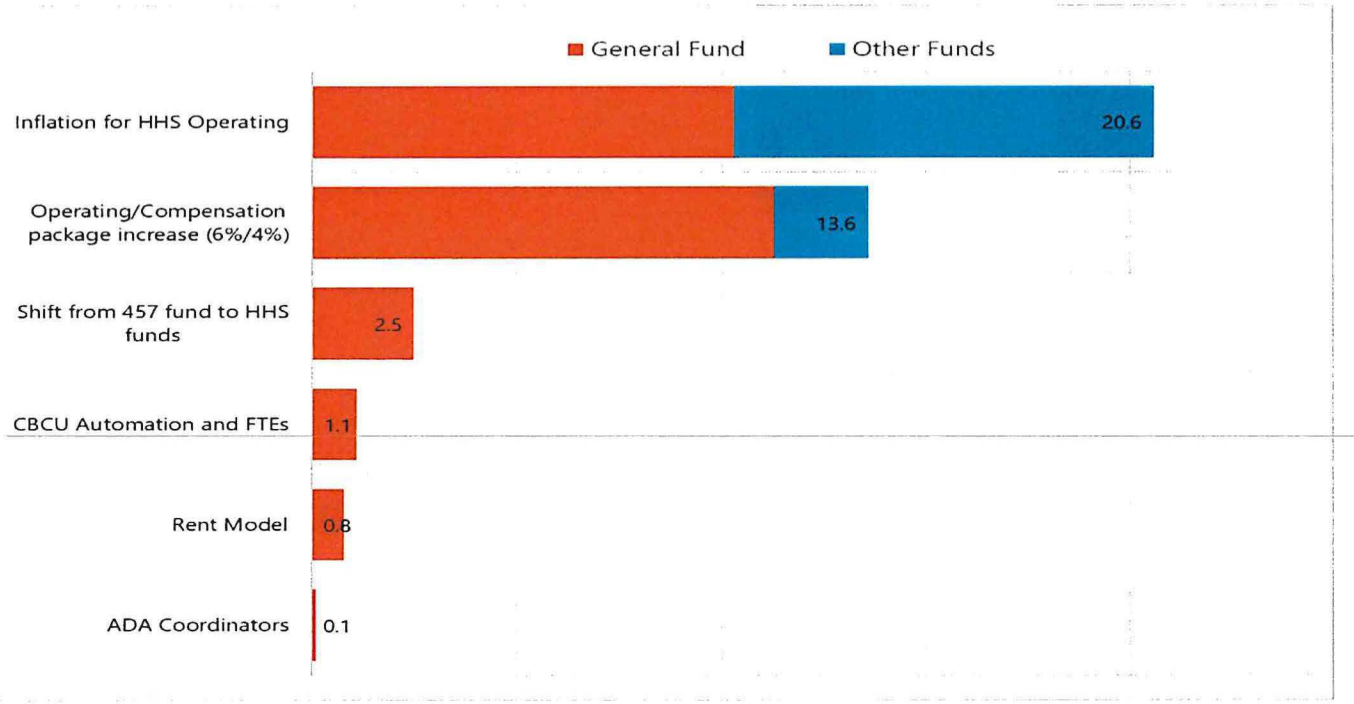
Overview of budget changes (IN MILLIONS)
Administration-Support

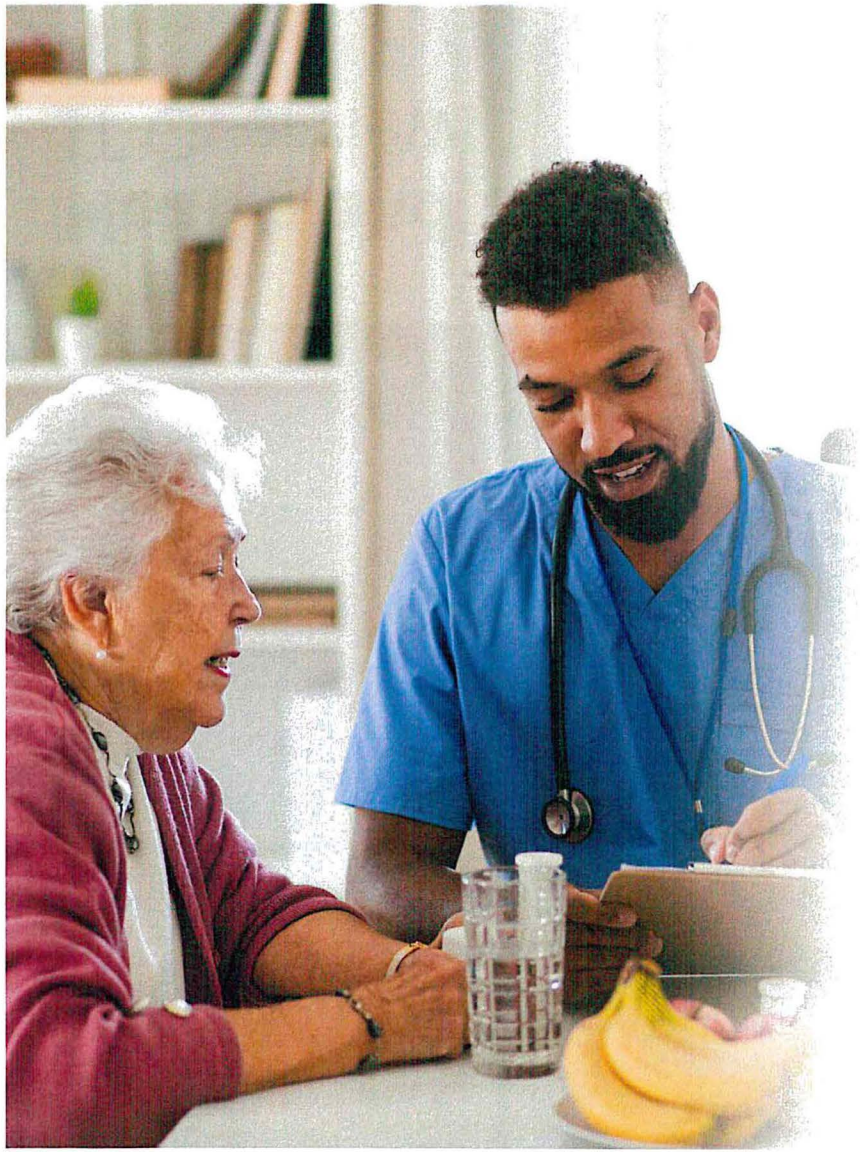
INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION $ 38.7 MILLION



NORTH Dakota Be Legendary. | Health & Human Services

Overview of budget changes (IN MILLIONS)
Administration-Support





Policy Bills – Impact on Appropriations

NORTH Dakota | Health & Human Services
Be Legendary.



Health and Human Services
IT Overview

NORTH Dakota | Health & Human Services
Be Legendary.

Overview of budget changes
Information Technology Services

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ -	$ -	$ -
Operating	314,658	18,342	333,000
IT Services	141,966,634	86,509,291	228,475,925
Capital Asset Expense	-	-	-
Capital Assets	75,000	-	75,000
Grants	-	-	-
Total	$ 142,356,292	$ 86,527,633	$ 228,883,925

General Fund	**$ 60,127,345**	**$ 3,642,017**	**$ 63,769,362**
Federal Funds	**79,809,422**	**51,560,881**	**131,370,303**
Other Funds	**2,419,525**	**31,324,735**	**33,744,260**
Total Funds	**$ 142,356,292**	**$ 86,527,633**	**$ 228,883,925**

Full Time Equivalent (FTE)	-	-	-

Budget detail by account
Information Technology Services

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
54x Postage & Printing	314,659	18,341	333,000
53x Supplies	-	32,000	32,000
60x IT Expenses	141,966,634	86,477,291	228,443,925
69x Equipment Over $5,000	75,000	-	75,000
Total Operating	$ 142,356,293	$ 86,527,632	$ 228,883,925
Total	$ 142,356,293	$ 86,527,632	$ 228,883,925

Overview of budget changes by funding source

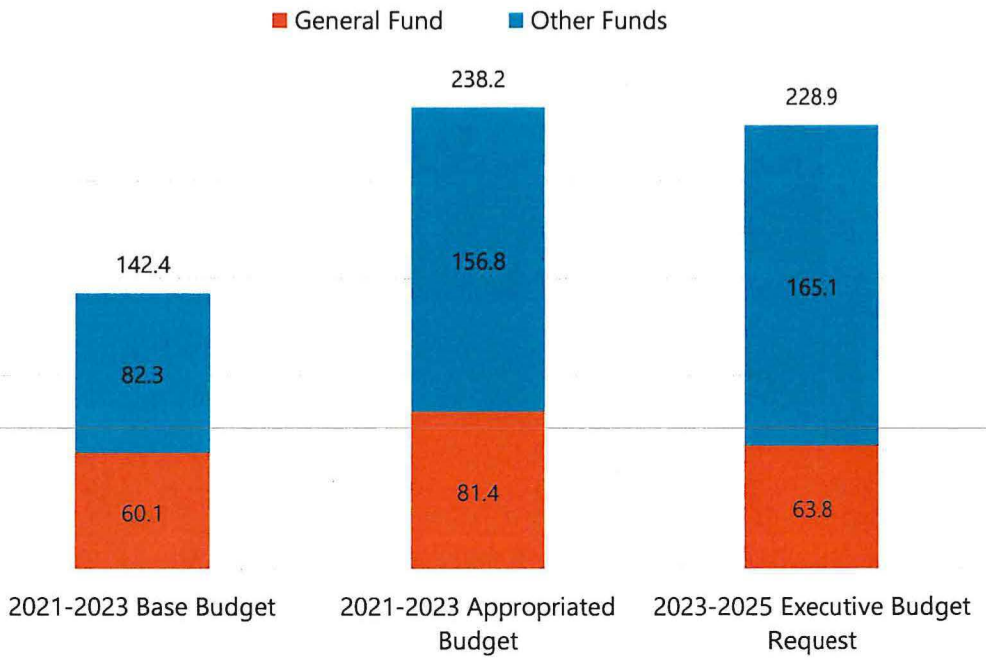
Information Technology Services

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	$ 60,127,345	$ 3,642,017	$ 63,769,362
Federal Funds	79,809,422	51,560,881	131,370,303
Other Funds	2,419,525	31,324,735	33,744,260
Total Funds	$ 142,356,292	$ 86,527,633	$ 228,883,925

Overview of budget changes (IN MILLIONS)
Information Technology Services

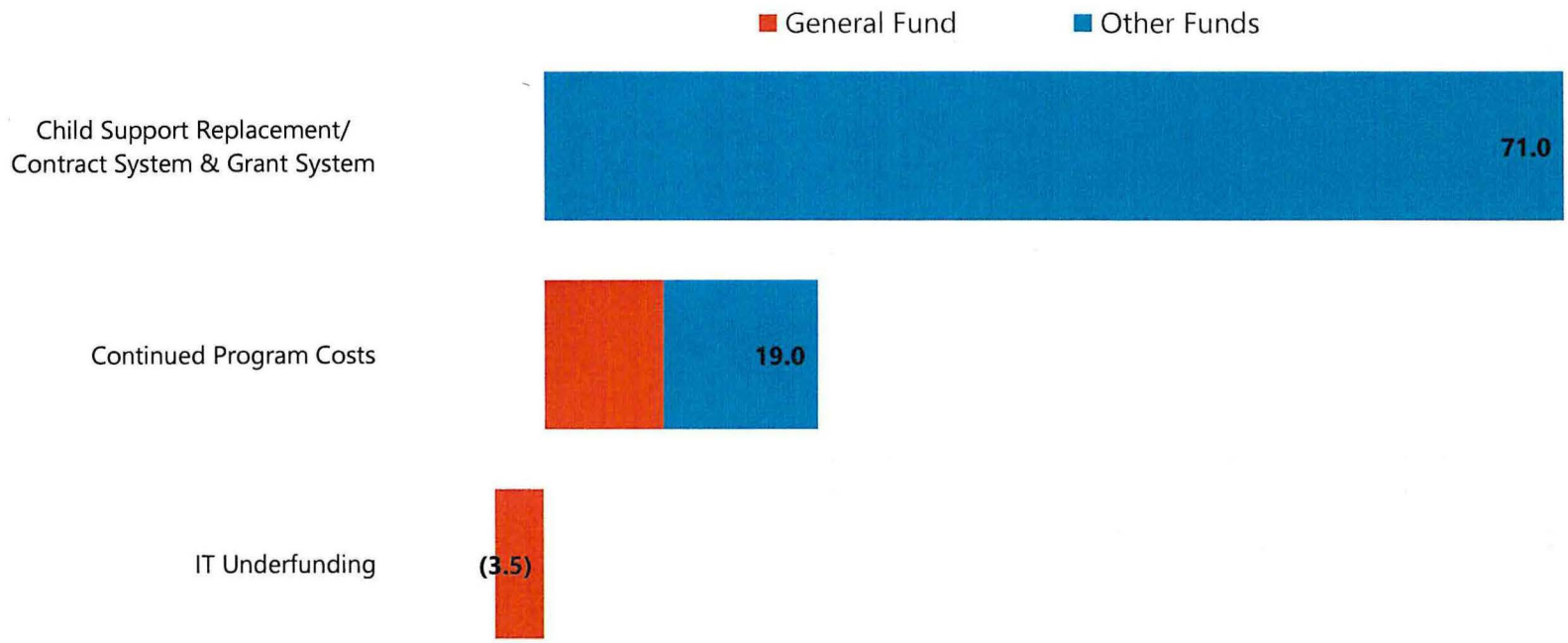
INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION $86.5 MILLION

1 - $60M Child Support System
2 - $11M Contract and Grant System
3 – $19M IT contracts and NDIT increases



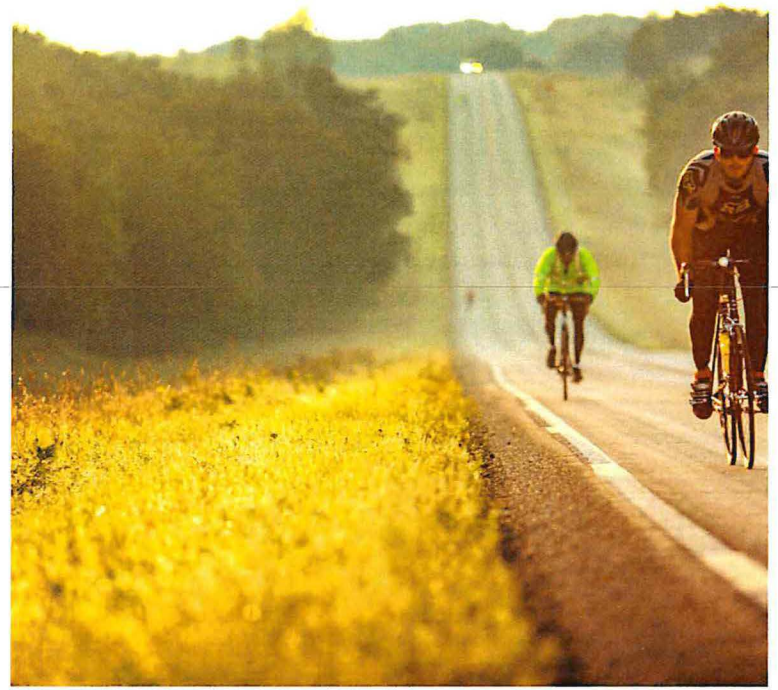
NORTH Dakota Be Legendary. | Health & Human Services

Overview of budget (IN MILLIONS)
Information Technology Services



NORTH Dakota | Health & Human Services
Be Legendary.

Admin + IT Percentage of Total Budget



Total budget $5.793 billion.

- Admin support is $75.9M - 1.3%
- IT is $229M - 4%

NORTH Dakota Be Legendary. | Health & Human Services

One-time funding requests

Admin + IT

- CBCU Automation: $1M
- Inflation $20M
- 2023-2025 Child Support Replacement: $60M
- 2023-2025 Contract and Grant Management System: $11M

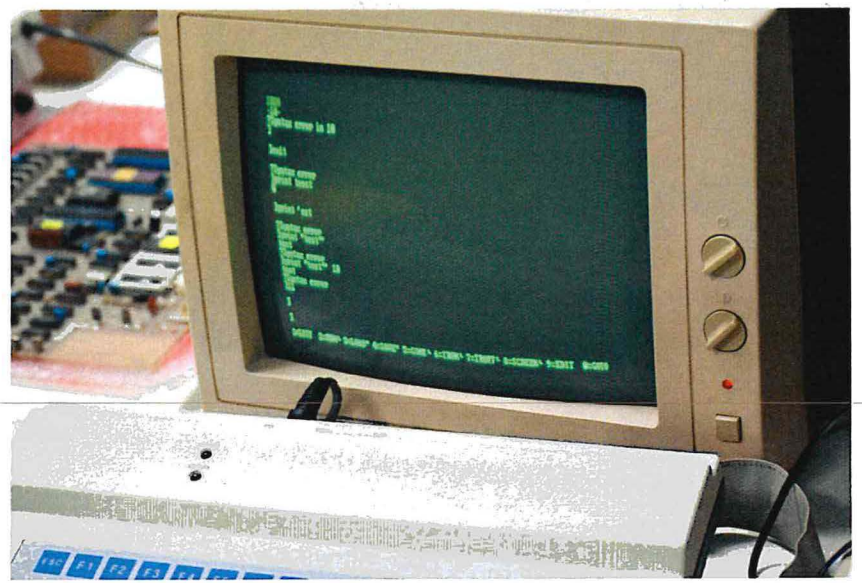


NORTH Dakota | Health & Human Services
Be Legendary.

SB 2012 Section 2: One-Time Expenditures
Child Support System Replacement

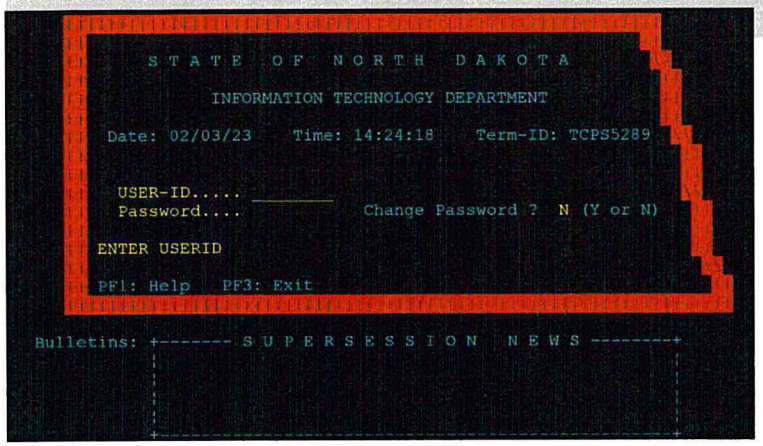
1

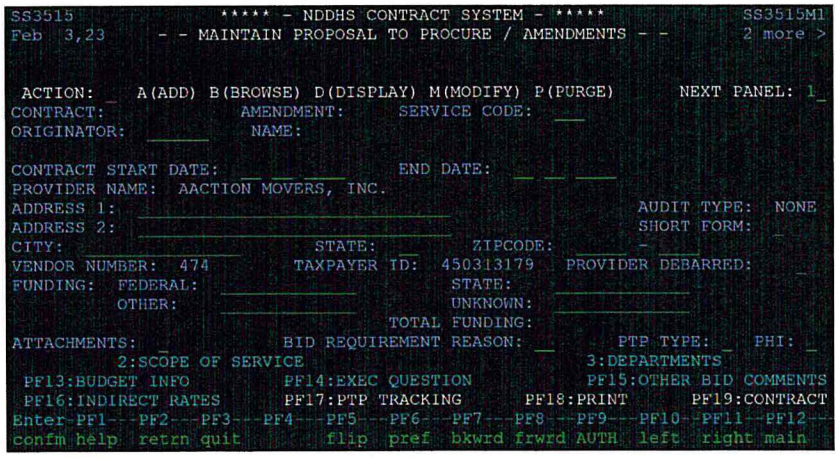
- Fully Automated Child Support Enforcement System (FACSES)
- $60 million estimate, covers:
  - Project Management
  - Design, Development, and Implementation
  - Independent Verification and Validation
  - Quality Assurance
  - User Acceptance Testing
- Integrated case management, electronic case records, and customer interface



Grants + Contracts System

2





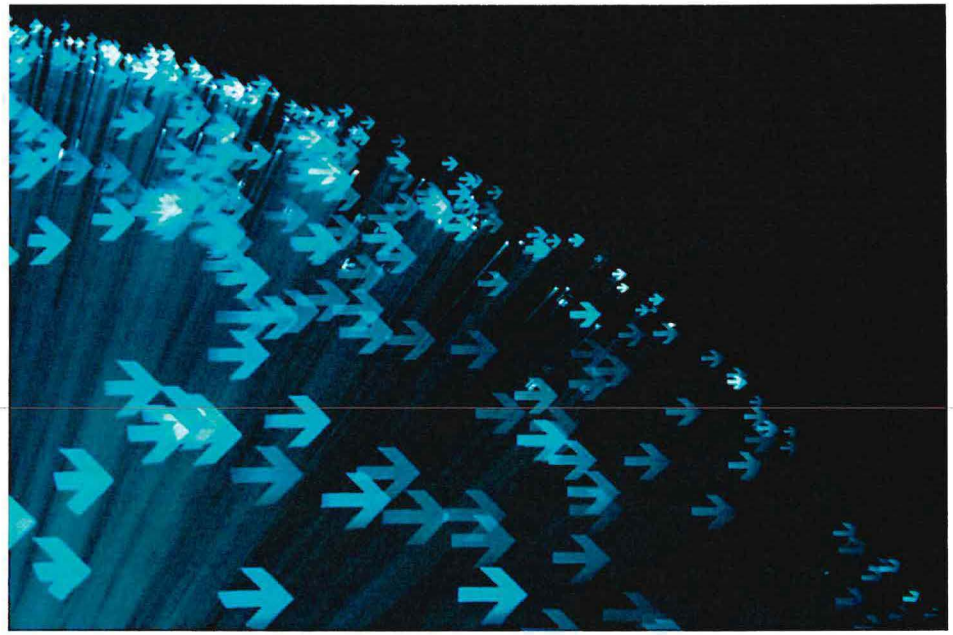
Current system

- Uses antiquated mainframe built in 1996
- Receives limited NDIT support
- Does not support efficient workflows or document storage
- Supports only certain parts of the procurement/ contract process
- Uses multiple spreadsheets to track processes and workflows
- Requires drafting contracts and amendments manually

NORTH Dakota | Health & Human Services
Be Legendary.

Procurement/contracts new system

- One stop shop from beginning of procurement through contracting
- Vendors can submit online payment for processing through system
- No need for multiple tracking spreadsheets
- Up-to-date information available
- Better process for subrecipient monitoring
- Ability to integrate with a grants management system
- Ability for multiple reports and dashboards



NORTH Dakota | Health & Human Services
Be Legendary.

Major IT Project 3: Background Check Automation 3



1. Shift from a paper-driven process to a fully automated system, driven by the program applicant
2. Enhance integration points with fingerprints, CBCU, providers and BCI
3. Increase timeliness and complete background checks

Opportunities and challenges

What will it take for HHS to meet the moment?

Talent

- Managing immense and **continual change**
- Workforce shortage and **talent war** with private sector for key roles:
  - Behavioral health clinicians
  - Child safety and protection case managers
  - Direct support caregivers
  - Nurses
- Our partnership with private partners for **service delivery** = their challenges are our challenges

Systems

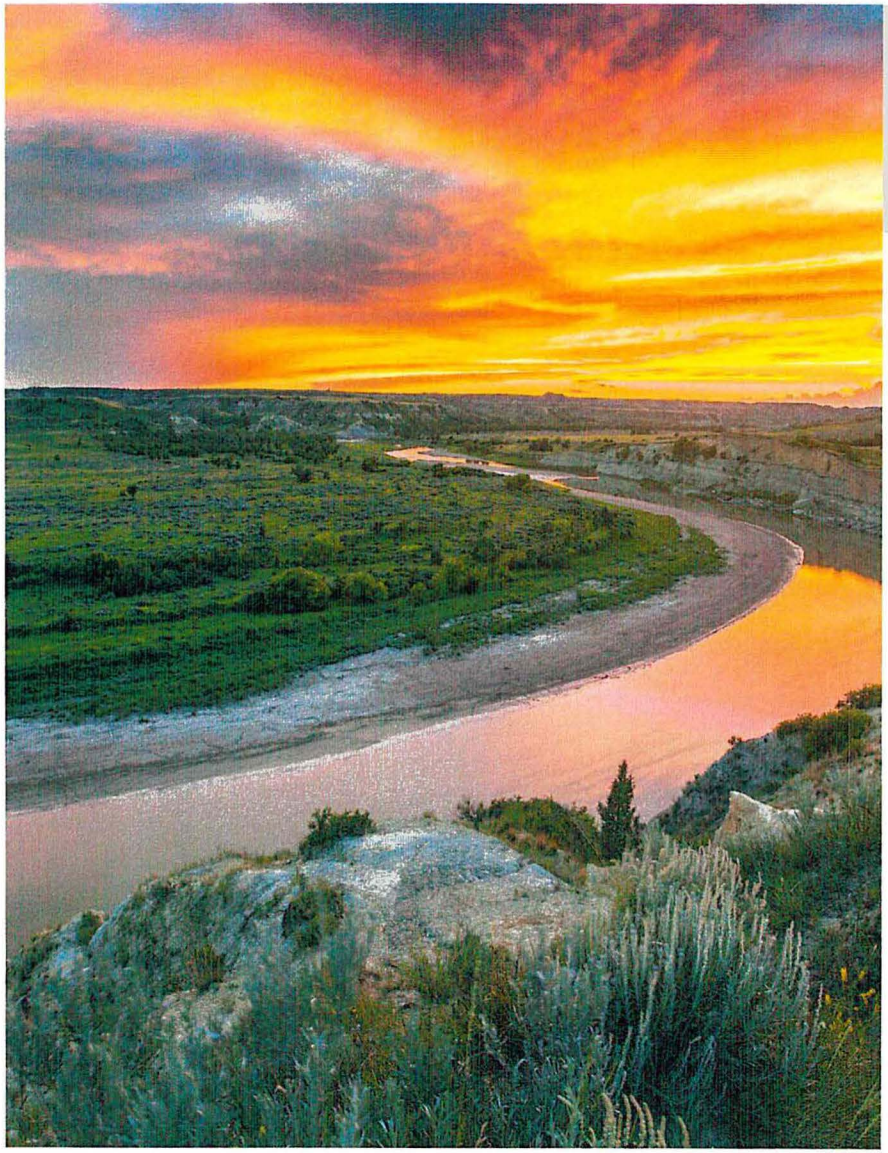
- **Mainframe** environment
- **Data analysis** and **data modernization**
- **Re-design delivery of services** in eligibility determination, case management, provider enrollment
- **Integrate** behavioral health policy and service delivery
- OCR and Bots as **automation tools**
- Update **state lab**
- Phase 2 of **HHS integration effort**

Budget

- **Rates tied to quality** and complexity of care
- **Re-balancing investment** from institutional to non-institutional settings
- Address immediate / acute / urgent needs **without sacrificing investments** in approaches that can prevent crisis
- **Right sizing staff** to meet demand
- **Efficient operations / efficient team**

Policy

- FORWARD PROGRESS: Invest energy, talent and resources in **ongoing strategic initiatives**
- STRATEGIC PRIORITY: **Kids' health,** safety and wellbeing, and childhood obesity
- STRATEGIC PRIORITY: Update **state lab**
- STRATEGIC PRIORITY: Treatment environment at the **State Hospital**



Contact information

Sara Stolt

HHS Deputy Commissioner
sarastolt@nd.gov

www.hhs@nd.gov

NORTH Dakota | Health & Human Services
Be Legendary.



Senate Bill 2012

Senate Appropriations – Human Resources Subcommittee
Senator Dever, Chairman

Medicaid | Krista Fremming, Interim Director, Medical Services | Feb. 6, 2023

NORTH Dakota | Health & Human Services
Be Legendary.

HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the **FOUNDATIONS** of well-being

- Economic Health
- Behavioral Health
- Physical Health

Ensure everyone has the opportunity to realize their **POTENTIAL**

- Strong, Stable Families
- Services Closer to Home
- Early Childhood Experiences
- Efficiency Through Redesign
- High-Performing Team

Give everyone the **OPPORTUNITY** to decide to:

- Be Healthy
- Be Active
- Find & Prevent Disease Early

NORTH Dakota Be Legendary. | Health & Human Services

Presentation roadmap

- ND Century Code chapters and major statutory responsibilities
- Purpose of the programs
- Who we serve
- Differences between fee-for-service Medicaid and Medicaid Expansion
- Improving the lives of North Dakotans:
  - 2021-2023 Accomplishments
  - Current and future challenges
- 2023-2025 budget and other resource requirements

ND Century Code Chapters

The primary NDCC chapters associated with Medicaid are listed here:

Chapter	Chapter Name
50-24.1	Medical Assistance for Needy Persons
50-24.6	Medical Assistance Drug Use Review and Authorization
50-29	Children's Health Insurance Program

Medicaid - a state/federal partnership



Medicaid programs are administered by states under a broad set of federal rules and regulations and are jointly financed by states and the federal government.



The Federal Medical Assistance Percentage (FMAP) rates are used in determining the amount of federal matching funds for state expenditures for assistance payments for certain social services, and state medical and medical insurance expenditures.

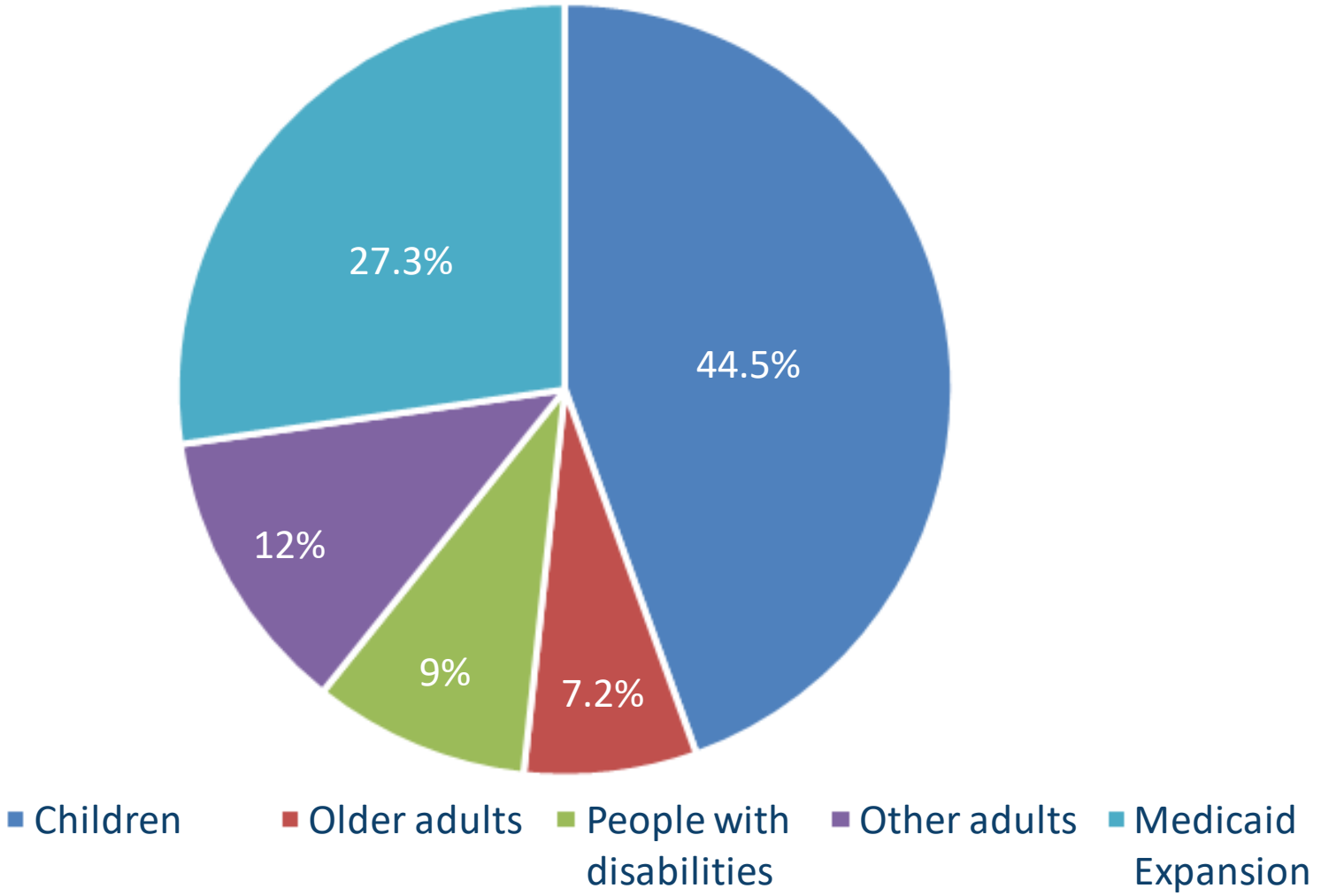


Who we serve

Medicaid members are our friends, family and neighbors. Medicaid provides health care coverage for low-income families, children, pregnant women, people with disabilities, older adults and other low-income adults.

NORTH Dakota | Health & Human Services
Be Legendary.

Who is covered by ND Medicaid?



NORTH Dakota Be Legendary. | Health & Human Services



Faces of Medicaid

Faces of Medicaid was born out of a need to help North Dakotans understand who the ND Medicaid program serves and its life-changing impact.

- Cuwe's Story
- Raya's Story
- Colin's Story
- Sandy's Story

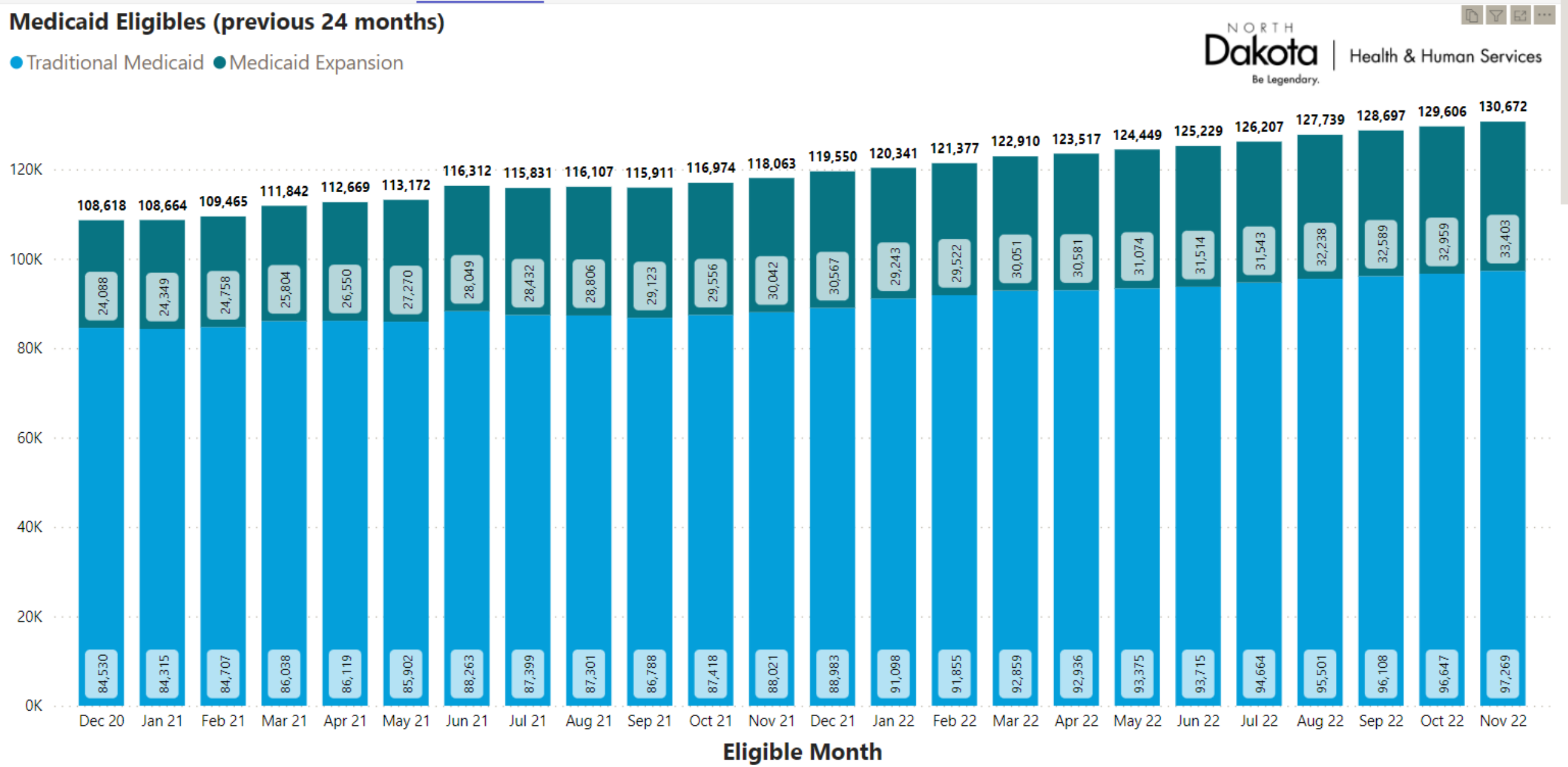
NORTH Dakota | Health & Human Services
Be Legendary.

What services are covered?

- Hospital
- Nursing Facility
- Clinic
- Hospice and home health care
- Professional services (physician/NP/PA)
- Durable medical equipment and supplies
- Mental health and substance use disorder services
- Prescription drugs
- Ambulance and transportation
- Vision
- Dental

NORTH Dakota | Health & Human Services
Be Legendary.

Medicaid Eligibles (previous 24 months)



Medicaid Continuous Enrollment Unwinding

Option C: State begins 12-month unwinding period in April 2023 (the month after the month in which the continuous enrollment requirement ends)



Month 1: Apr. 2023
Begin initiating unwinding-related renewals

Month 12: Mar. 2024
Last month to initiate unwinding-related renewals

Month 14: May 2024
Last month to complete all unwinding-related renewals

NORTH Dakota Be Legendary. | Health & Human Services

How we pay – differences between Traditional Medicaid and Medicaid Expansion

Traditional Medicaid (fee for service)	Medicaid Expansion
State pays providers directly for each covered service received by a Medicaid member.	State pays a monthly fee (called a premium or capitation payment) to the managed care organization (MCO).
Only pay for covered services received by members.	Monthly fee is paid to MCO regardless of member use of services.

21-23 Accomplishments



Design of value-based purchasing programs for Prospective Payment System (PPS) health systems and nursing facilities



Medicaid Expansion – new managed care organization (Blue Cross Blue Shield of ND);
includes value-based payment program



Big steps towards modernization of the Medicaid Management Information System (MMIS)



Extension of postpartum Medicaid coverage for new mothers

NORTH Dakota Be Legendary. | Health & Human Services

Current and Future Challenges

- Medicaid continuous coverage requirement since March 2020; ends March 31, 2023.
- No state has ever had to redetermine eligibility for this many members in a single year.
- Federal government rulemaking will impact Medicaid – eligibility and managed care rule updates expected in 2023
- Finding ways to effectively control health care cost growth

Medicaid's Role in Maternal and Child Health

Medicaid Lever	ND Status
Eligibility and Enrollment	• Pregnant women: 162% FPL; CHIP: 175% FPL • Continuous eligibility for at least 12 months for both pregnant women and children
Education/outreach to members or providers	• Health Tracks Member and Provider Outreach Teams (Health Tracks = EPSDT = Early Periodic Screening Diagnostic and Treatment benefit) • Well-child visit reminders by mail
Covered benefits	Most optional benefits covered; 1915(c) and 1915(i) benefit plans for qualifying individuals
Models of care delivery	Targeted Case Management for High-Risk Pregnant Women
Performance measurement, performance improvement projects and quality improvement projects	• External quality review organization maternal/child focus study • Other issue-specific projects such as fluoride varnish application in medical settings

Medicaid's Role in Behavioral Health Care



Outpatient Services

- Initial level of care / diagnostic interview
- Individual and group counseling and psychotherapy
- Medication Assisted Therapy (MAT) including buprenorphine and methadone treatment.
- Includes Home and Community Based Services through the 1915(i) State Plan Amendment



Intensive Outpatient Services or Partial Hospitalization

- Typically delivered by SUD/MH specialty providers
- Support system including availability of emergency services around the clock



Residential or Inpatient Services

- Different levels of care ranging from low to high-intensity clinically managed residential care to medically monitored high-intensity inpatient services
- Goal is to prepare individual for outpatient treatment
- Provided in structured residential setting staffed 24 hrs per day and are clinically managed



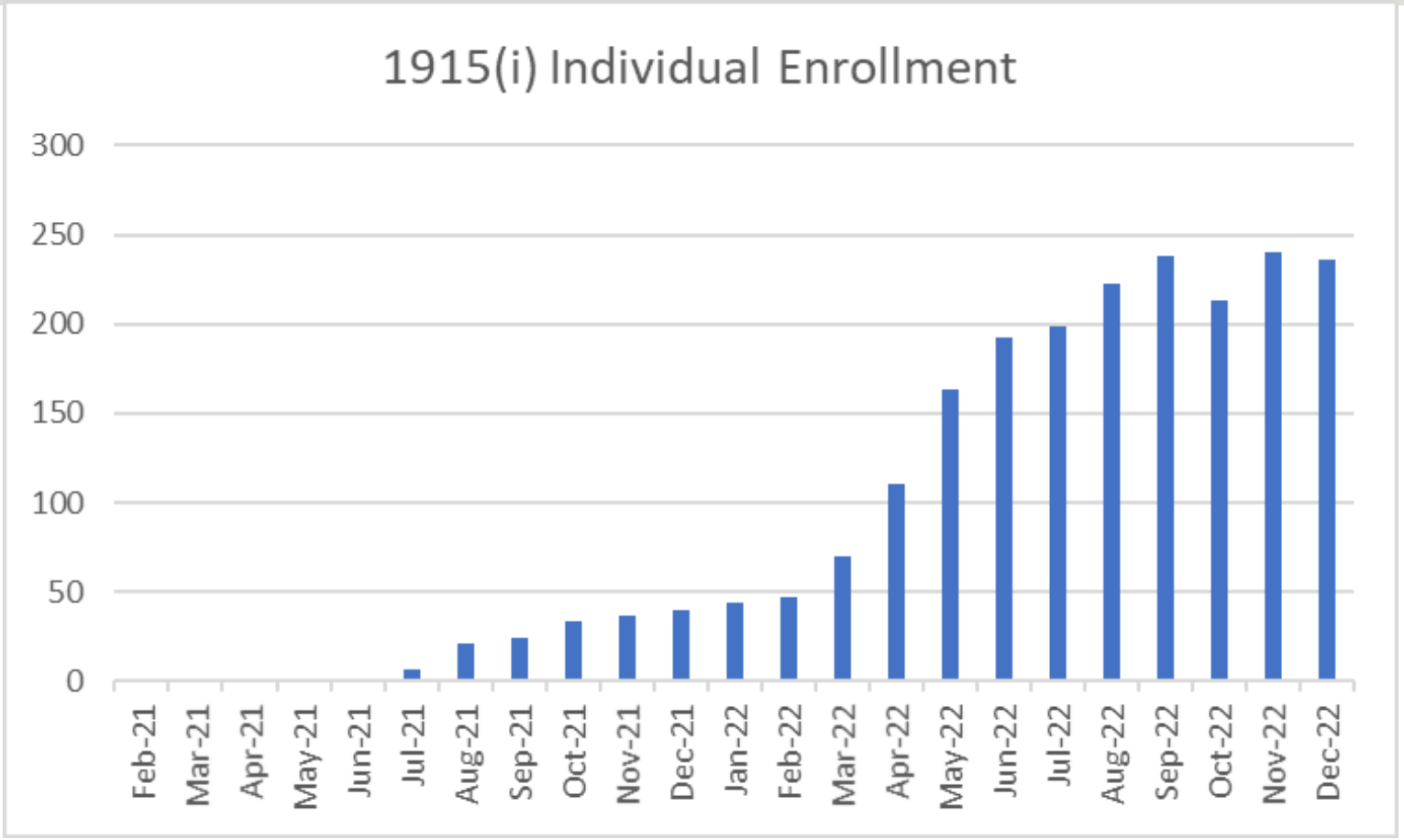
Medically Managed Intensive Inpatient Services

- Primary medical and nursing care.
- Patients receive daily direct care from licensed physician in a hospital-based setting.
- Biomedical, emotional, behavioral, and/or cognitive conditions present

Least restrictive → Most restrictive

NORTH Dakota | Health & Human Services
Be Legendary.

Medicaid's Role in Behavioral Health Care – 1915(i)



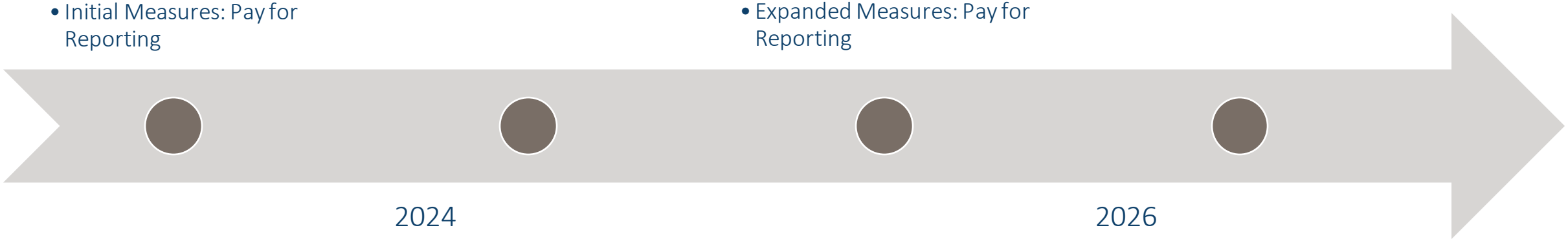
Medicaid's Role in Behavioral Health Care – 1915(i)

Challenge	Response
Federal conflict of interest rules prevented 1915i providers from doing more than one type of 1915i service for members.	Presented data to CMS to show the impacts that the rule is having on access to care. CMS waived rules for all ND counties except Burleigh and Cass.
Non-medical transportation provider payment structure did not incentivize service provision in rural areas.	Submitted a state plan amendment to change the rate from a per trip rate to per unit rate.
Providers need an upfront infusion of resources to get started.	Using ARPA 9817 funds, 12 grants have been provided to new or expanding providers.

Value-Based Purchasing – Progress and Next Steps

- What is value-based purchasing?
- Progress on model development for Prospective Payment System (PPS) health systems:
  - Puts a portion of hospital payments at risk for performance on a set of quality measures.
  - If PPS systems fail to hit the targets, up to 4% of Medicaid revenue for a subset of services and population would be returned to the state. Systems are given a second opportunity to earn back funds back through exceptional performance on measures.
  - To support systems in being successful, the Department is working to provide regular access to data analytics that highlight gaps in care and performance on measures.

Value-Based Payments – Progress and Next Steps



2023

- Measurement Year 1
- Initial Measures: Pay for Reporting

2024

- Measurement Year 2
- Pay for Reporting Baseline

2025

- Measurement Year 3
- Initial Measures: Pay for Performance
- Expanded Measures: Pay for Reporting

2026

- Initial Measures: Pay for Performance
- Expanded Measures: Pay for Performance

NORTH Dakota Be Legendary. | Health & Human Services

Medical Services Full-Time Equivalents (FTE)

Medical Services		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**# vacancies 12-31-22 (from base)**
90.50	93.50	13.0

North Dakota Medicaid ranks among the states with the lowest state Medicaid program administration costs. South Dakota is lowest, followed by Wyoming, Delaware, Montana and North Dakota.*

*Medicaid and CHIP Payment and Access Commission – December 2022 – Medicaid Spending by State, Category and Source of Funds: https://www.macpac.gov/publication/medicaid-spending-by-state-category-and-source-of-funds

Overview of budget changes (in millions)

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	$ 11,287,660	$ 2,200,626	$ 13,488,286
513x Salaries Temp	482,639	861,944	1,344,583
516x Salaries Benefits	5,237,066	1,350,072	6,587,138
Total Salaries & Benefits	$ 17,007,365	$ 4,412,642	$ 21,420,007
52x Travel	47,413	47,411	94,824
54x Postage & Printing	102,218	60,671	162,889
55x Equipment under $5,000	2,100	-	2,100
58x Rent/Leases - Bldg/Equip	12,036	-	12,036
61x Professional Development	77,192	-	77,192
62x Fees - Operating & Professional	57,160,352	16,890,414	74,050,766
53x Supplies	10,334	-	10,334
60x IT Expenses	3,997	-	3,997
71x Grants, Benefits, & Claims	1,511,767,760	362,528,325	1,874,296,085
Total Operating	$ 1,569,204,030	$ 379,526,821	$ 1,948,730,851
Total	$ 1,586,211,395	$ 383,939,463	$ 1,970,150,858

Overview of budget changes (in millions)

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	$ 390,333,440	$ 104,825,433	$ 495,158,873
Federal Funds	1,104,070,486	311,547,367	1,415,617,853
Other Funds	91,807,469	(32,433,337)	59,374,132
Total Funds	$ 1,586,211,395	$ 383,939,463	$ 1,970,150,858

NORTH Dakota Be Legendary. | Health & Human Services

Walkthrough – Medical

	2021-2023 Legislatively Approved Budget	Funding Shift One-Time Funding	Cost to Continue	Underfunding	FMAP	Total Changes	To Governor	Inflation (4/3)	Increase CHIP eligibilty to 210%	Increase FPL for Medically Needy (includes Clawback)	Executive Changes	To Chamber 1
Inpatient Hospital	179,766,425		45,885,646			45,885,646	225,652,071		-		-	225,652,071
Outpatient Hospital	109,157,626		15,351,174			15,351,174	124,508,800		-		-	124,508,800
Professional Services	111,446,608		19,346,895			19,346,895	130,793,503		-		-	130,793,503
Drugs	80,257,098		4,641,207			4,641,207	84,898,305		-		-	84,898,305
Indian Health Services	51,413,696		7,169,668			7,169,668	58,583,364		-		-	58,583,364
1915i State Plan Services	27,004,195		(11,843,807)			(11,843,807)	15,160,388		-		-	15,160,388
PRTF Services	34,657,042		(11,005,338)			(11,005,338)	23,651,704		-		-	23,651,704
Dental Services	28,653,048		6,374,380			6,374,380	35,027,428		-		-	35,027,428
Premiums	37,729,555		17,005,298			17,005,298	54,734,853		-		-	54,734,853
Other Services	192,503,419		(40,022,573)	(24,130,288)		(64,152,861)	128,350,558		4,267,312	10,500,000	14,767,312	143,117,870
Expansion Medicaid	650,966,710		291,583,569			291,583,569	942,550,279		-		-	942,550,279
Provider Inflation								34,483,317			34,483,317	34,483,317
Total	1,503,555,422		344,486,119	(24,130,288)		320,355,830	1,823,911,253	34,483,317	4,267,312	10,500,000	49,250,629	1,873,161,881
General Fund	338,028,690	31,500,000	39,637,782	(10,052,678)	6,097,851	67,182,955	405,211,645	15,654,634	1,389,270	6,300,000	23,343,904	428,555,549

Traditional Medicaid Total	$930,611,603
Medicaid Expansion Total	$942,550,279
Grand Total	$1,873,161,881

NORTH Dakota Be Legendary. | Health & Human Services

One-Time Funding - Medical

21-23 Biennium

- None

23-25 Biennium

- $4.5 million - Vendor contracts for audits related to nursing facilities and hospitals.

Included in Executive Budget Request

Increase eligibility for the Children's Health Insurance Program (CHIP) to 210% of the federal poverty level (FPL).

- Currently CHIP eligibility in ND is 175% FPL.
- Increasing eligibility to 210% FPL would enable about 670 more children to qualify.
- Budget Impact:

Total	General	Federal
$4,267,312	$1,389,270	$2,878,042



NORTH Dakota Be Legendary. | Health & Human Services

Included in Executive Budget Request

Increase FPL for traditional medically needy group (aged, blind, disabled) to 90% FPL.



- Currently this group is eligible at 83% FPL.
- Individuals in the 'medically needy' group must spend down their income in order to qualify for Medicaid coverage.
- This change would enable individuals to retain more of their income for personal use.
- Budget Impact:

Total	General	Federal
$10,500,000	$6,300,000	$4,200,000

Included in Executive Budget Request

Create a provider strike team to offer targeted support and technical assistance to Medicaid providers who employ direct care workers.



- These professionals will provide time-limited customized advice and guidance on billing systems, staffing practices, and service delivery models with the intention of helping them develop more sustainable business models and help address persistent and critical workforce shortages by ultimately growing their businesses.
- Budget Impact:

Total	General	Federal
$344,964	$59,614	$285,350

Included in Executive Budget Request

Vendor contracts for audits related to nursing facilities and hospitals.

- HHS does not have internal capacity or expertise to adequately audit nursing facilities and hospitals. This is a best practice of state Medicaid programs that ND should implement.
- Budget Impact:



Total	General	Federal
$4,500,000	$2,250,000	$2,250,000

Request for Addition to SB2012

Funding for vendor contracts.

- Since HHS built this budget, several vendor contracts have increased in price, mainly due to inflation. In addition, Medical Services has contracts that are out of extensions and when those are procured, the total cost of the contract will increase.
- Budget Impact:

Total	General	Federal
$3,050,352	$1,273,656	$1,776,696

Summary of Medicaid Items Included in Executive Budget Request

	General	Federal	Total
Increase CHIP FPL to 210%	$1,389,270	$2,878,042	$4,267,312
Increase FPL for traditional medically needy group (aged, blind, disabled) to 90% FPL	$6,300,000	$4,200,000	$10,500,000
Provider strike team to offer targeted support and technical assistance to Medicaid providers	$59,614	$285,350	$344,964
Vendor contracts for audits related to nursing facilities and hospitals	$2,250,000	$2,250,000	$4,500,000
TOTAL	**$9,998,884**	**$9,613,392**	**$19,612,276**

Summary of Additional Medicaid Budget Items Being Requested (not in Exec. Budget Request)

	General	Federal	Total
Vendor contract enhancements	$1,273,656	$1,776,696	**$3,050,352**

Legislative Bills and their potential budget impact

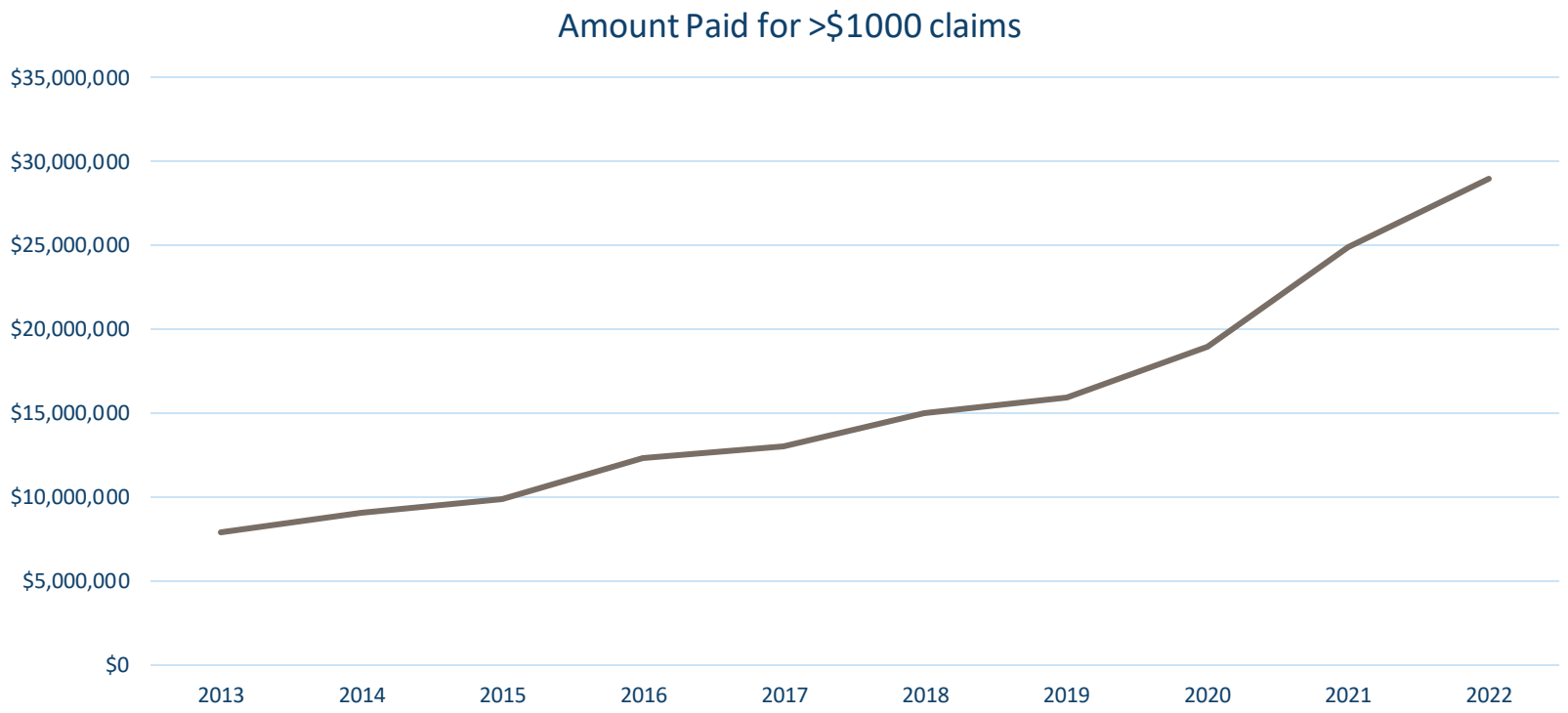
- HB 1029 – requires the Department to establish a community health worker certification program and for Medicaid coverage/reimbursement of services.
- HB 1261 – requires the Department to apply for an 1115 waiver to the Centers for Medicare and Medicaid Services, to fund residential and inpatient behavioral health care provided in institutions for mental diseases (IMD).
- HB 1396 - requires the Department to establish rules and a process for presumptive eligibility for Medicaid.
- SB 2071 – increases the federal poverty limit for pregnant women who qualify for Medicaid to 185%.
- SB 2181 - requires Medicaid coverage for lawfully present, otherwise eligible pregnant women.
- SB 2265 - requires the Department to establish at least one dual special needs plan for dually eligible Medicaid/Medicare members.

Current and Future Challenges - Drugs

- According to a recent JAMA Research Letter (JAMA. 2022;327(21):2145-2147. doi:10.1001/jama.2022.5542)
  - Median launch prices for drugs in 2008
    - $2,115 / year
    - Range $928 - $17,866
  - Median launch prices for drugs in 2021
    - $180,007 / year
    - Range $20,236 - $409,732

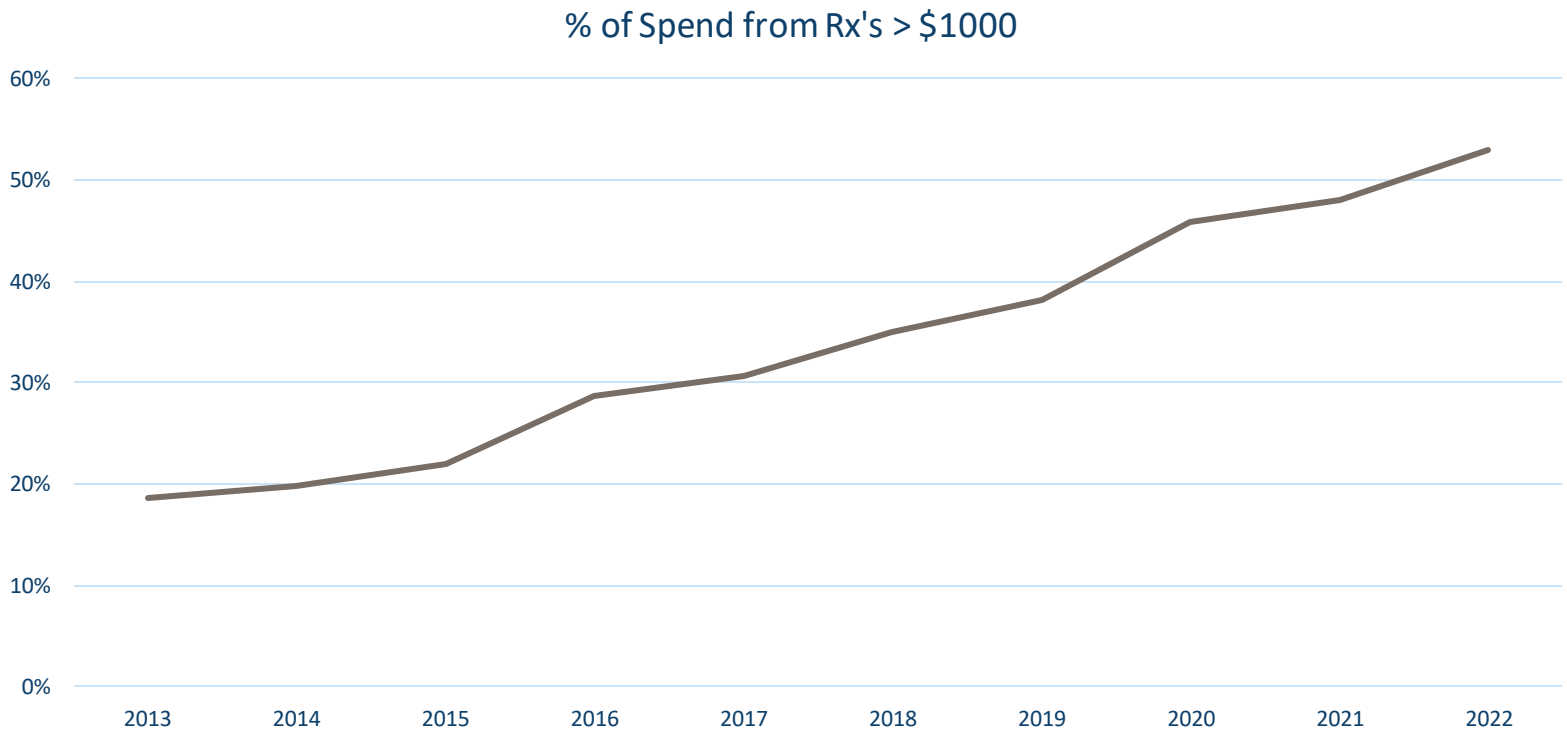
Current and Future Challenges - Drugs

- The spend from hyper-cost drugs continues to climb



Current and Future Challenges - Drugs

- The % spend from hyper-cost drugs continues to climb



NORTH Dakota Be Legendary. | Health & Human Services

Current and Future Challenges - Drugs

- 30 drugs make up 47% of the Medicaid drug budget
  - Stelara, Trikafta, Dupixent, Orkambi, Humira, Vraylar, Invega, Uptravi, Lynparza, Taltz, Mavyret, Abilify, Skyrizi, Kalydeco, Haegarda, Koselugo, Suboxone, Sapropterin, Ingrezza, Sofosbuvir-Velpatasvir, Enspryng, Biktarvy, fluoxetine, guanfacine, albuterol, sertraline, methylphenidate, gabapentin, levothyroxine, trazodone

Current and Future Challenges - Drugs

- 6 drug classes account for 93% of increase in spend since 2019
  - Immunomodulators (e.g. Stelara and Taltz)
  - Oncology
  - Cystic Fibrosis (Trikafta)
  - Antipsychotics (Vraylar and injectable Invega and Abilify)
  - Eczema (Dupixent)
  - HIV
- Our increasing drug spend isn't due to increased number of members – it is from increased use of hyper-cost drugs

Current and Future Challenges - Drugs

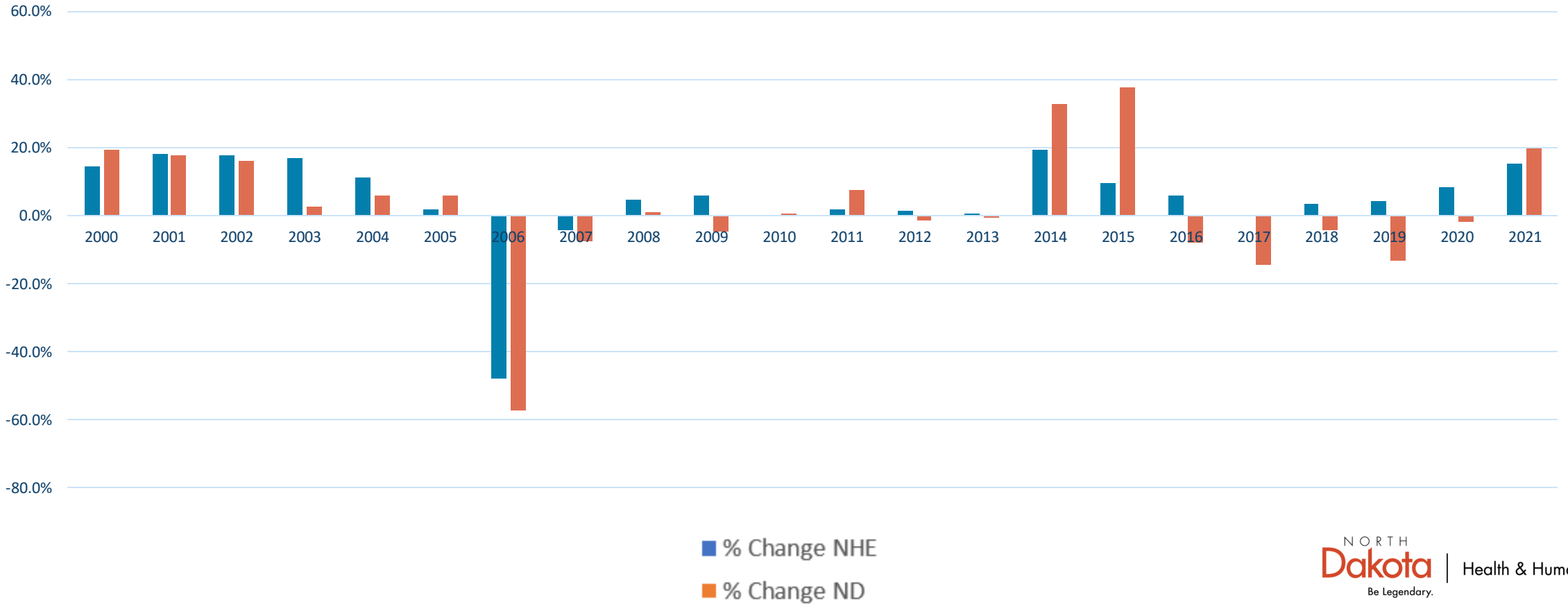
- Pre-rebate spend comparison
- Immunomodulator (e.g. Taltz, Cosentyx, Stelara), Cystic Fibrosis (Trikafta), and Eczema (Dupixent) classes (2020 vs. 2021)
  - 42% increase in paid claims (1775 to 2525)
  - 52% increase in spend ($11.5 to $17.5 million)
- For contrast, antidepressants and statins
  - 4% increase in paid claims (82,350 to 85,607)
  - 11% increase in spend ($1.8 to $2 million)

Current and Future Challenges - Drugs

Year	Pre-Rebate Spend	Post-Rebate Spend
2016	$ 74,296,444	$32,220,654
2017	$ 74,487,829	$27,535,758
2018	$ 74,007,012	$26,373,737
2019	$ 72,734,267	$23,246,652
2020	$ 79,808,200	$22,499,237
2021	$ 100,172,140	$27,393,737
2022	$ 84,551,619 (Projected $114 M)	$24,139,237 (Projected $32.5 M)

Current and Future Challenges - Drugs

- Comparison to National Health Expenditure Medicaid Rx Growth



NORTH Dakota Be Legendary. | Health & Human Services

23.0266.01010
Title.

Prepared by the Legislative Council staff for
Senator Mathern
February 15, 2023

PROPOSED AMENDMENTS TO SENATE BILL NO. 2012

Page 1, line 2, after "services" insert "; to amend and reenact section 50-06-42 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system"

Page 4, after line 17, insert:

"**SECTION 8. AMENDMENT.** Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system. ~~(Retroactive application - See note)~~

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services provided by licensed substance abuse treatment programs, excluding regional human service centers, hospital- or medical clinic-based programs for medical management of withdrawal~~, and any institution for mental diseases in accordance with subsection 2~~. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.

2. ~~The department shall deny a licensed substance abuse treatment program's substance use disorder treatment voucher system application and deny reimbursement by the substance use disorder treatment voucher system if the licensed substance abuse treatment program is an institution for mental diseases and reimbursement is requested for residential beds added on or after July 1, 2020.~~

~~3.~~ Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

~~4.~~3. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

~~5.~~4. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

a. No more than forty-five percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

b. The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs."

Renumber accordingly

23.0266.01012
Title.

Prepared by the Legislative Council staff for
Senator Mathern
February 15, 2023

PROPOSED AMENDMENTS TO SENATE BILL NO. 2012

Page 4, after line 17, insert:

"**SECTION 8. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS.** Beginning with the effective date of this Act, each human service center shall begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department shall pursue additional federal funding as available."

Renumber accordingly

NORTH Dakota | Health & Human Services
Be Legendary.

Testimony
Senate Bill No. 2128
Senate Appropriations
Senator Bekkedahl, Chairman
January 30, 2023

Chairman Bekkedahl, and members of the Senate Appropriations Committee, I am Dan Cramer, a licensed psychologist and Clinical Director of the Human Service Centers within the Department of Health and Human Services. I appear before you today to provide testimony in support of engrossed Senate Bill 2128.

According to the National Council of Wellbeing, A Certified Community Behavioral Health Clinic (CCBHC) is a specially-designated clinic that provides a comprehensive range of mental health and substance use services. CCBHCs serve anyone who walks through the door, regardless of their diagnosis and insurance status.
As an integrated and sustainably-financed model for care delivery, CCBHCs:

- ***Ensure access*** to integrated, evidence-based substance use disorder and mental health services, including 24/7 crisis response and medication-assisted treatment (MAT).
- ***Meet stringent criteria*** regarding timeliness of access, quality reporting, staffing and coordination with social services, criminal justice and education systems.
- ***Receive flexible funding*** to support the real costs of expanding services to fully meet the need for care in their communities.

CCBHCs have dramatically increased access to mental health and substance use disorder treatment, expanded states' capacity to

address the overdose crisis and established innovative partnerships with law enforcement, schools and hospitals to improve care, reduce recidivism and prevent hospital readmissions.

SAMHSA identifies a Certified Community Behavioral Health Clinic (CCBHC) model is designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age - including developmentally appropriate care for children and youth.

CCBHCs must meet standards for the range of services they provide and they are required to get people into care quickly. An important feature of the CCBHC model is that it requires crisis services that are available 24 hours a day, 7 days a week. CCBHCs are required to provide a comprehensive array of behavioral health services so that people who need care are not caught trying to piece together the behavioral health support they need across multiple providers. In addition, CCBHCs must provide care coordination to help people navigate behavioral health care, physical health care, social services, and the other systems they are involved in.

SAMHSA has identified criteria for certifying community behavioral health clinics in compliance with the statutory requirements outlined under Section 223 of the Protecting Access to Medicare Act (PAMA). These criteria, which establish a basic level of service at which a CCBHC should operate, fall into six key program areas:

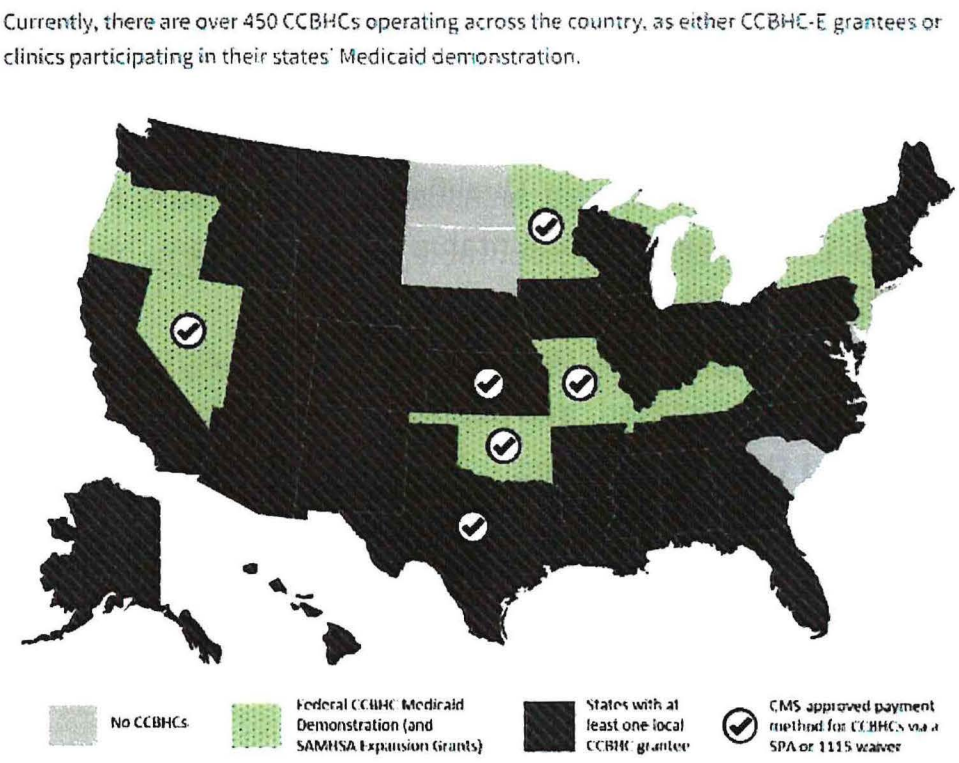
1. **Staffing** – Staffing plan driven by local needs assessment, licensing, and training to support service delivery

2. **Availability and Accessibility of Services** – Standards for timely and meaningful access to services, outreach and engagement, 24/7 access to crisis services, treatment planning, and acceptance of all patients regardless of ability to pay or place of residence
3. **Care Coordination** – Care coordinate agreements across services and providers (e.g., Federally Qualified Health Centers, inpatient and acute care), defining accountable treatment team, health information technology, and care transitions
4. **Scope of Services** – Nine required services, as well as person-centered, family-centered, and recovery-oriented care
5. **Quality and Other Reporting** – 21 quality measures, a plan for quality improvement, and tracking of other program requirements
6. **Organizational Authority and Governance** – Consumer representation in governance, appropriate state accreditation

CCBHCs are required to provide **nine core services**, which they can provide directly or via formal relationships with Designated Collaborating Organizations (DCOs):

1. Crisis Services
2. Treatment Planning
3. Screening, Assessment, Diagnosis & Risk Assessment
4. Outpatient Mental Health & Substance Use Services
5. Targeted Case Management
6. Outpatient Primary Care Screening and Monitoring
7. Community-Based Mental Health Care for Veterans
8. Peer, Family Support & Counselor Services
9. Psychiatric Rehabilitation Services

Currently, there are over 450 CCBHCs operating across the country in 46 states.



For the past year the Department has been working to become CCBHC's by applying for the SAMHSA grants that support the planning, development, and implementation. We have not been awarded funding at this time. However, these grants would have provided $1,000,000/year for up to 4 years for each clinic. The Department has 8 clinics in North Dakota called regional Human Service Centers (HSCs).

This concludes my testimony. I would be happy to answer any questions. Thank you.

NORTH Dakota | Health & Human Services
Be Legendary.

IMPACT of INCREASE to DEVELOPMENTAL DISABILITIES RATES

2023 - 2025 Biennium

INCREASE FROM THE LEGISLATIVE BASE			
SCENARIO	GENERAL	OTHER	TOTAL
Exec. Recommendation (EBR) Year 1 - 4% | Year 2 - 3%	$ 18,652,467	$ 20,831,720	$ 39,484,187
Year 1 - 4% | Year 2 - 4%	$ 20,416,563	$ 22,808,856	$ 43,225,419
Year 1 - 5% | Year 2 - 4%	$ 23,824,457	$ 26,609,978	$ 50,434,435
Year 1 - 6% | Year 2 - 4%	$ 27,232,351	$ 30,411,100	$ 57,643,451
Year 1 - 7% | Year 2 - 4%	$ 30,640,244	$ 34,212,222	$ 64,852,467
NDCP 11% amendment Year 1 - 15% | Year 2 - 4%	$ 57,903,394	$ 64,621,199	$ 122,524,593

INCREASE FROM THE EXECUTIVE BUDGET RECOMMENDATION		
GENERAL	OTHER	TOTAL
$ -	$ -	$ -
$ 1,764,097	$ 1,977,136	$ 3,741,232
$ 5,171,990	$ 5,778,258	$ 10,950,248
$ 8,579,884	$ 9,579,380	$ 18,159,264
$ 11,987,778	$ 13,380,502	$ 25,368,280
$ 39,250,927	$ 43,789,479	$ 83,040,406

TOTAL DEVELOPMENTAL DISABILITIES GRANTS			
SCENARIO	GENERAL	OTHER	TOTAL
Exec. Recommendation (EBR) Year 1 - 4% | Year 2 - 3%	$ 347,684,489	$ 385,889,105	$ 733,573,594
Year 1 - 4% | Year 2 - 4%	$ 368,101,052	$ 408,697,961	$ 776,799,013
Year 1 - 5% | Year 2 - 4%	$ 371,508,946	$ 412,499,083	$ 784,008,029
Year 1 - 6% | Year 2 - 4%	$ 374,916,840	$ 416,300,205	$ 791,217,045
Year 1 - 7% | Year 2 - 4%	$ 378,324,733	$ 420,101,327	$ 798,426,061
NDCP 11% amendment Year 1 - 15% | Year 2 - 4%	$ 405,587,883	$ 450,510,304	$ 856,098,187

NORTH Dakota | Health & Human Services
Be Legendary.

Impact to Increase Non-Physician Practitioners (NPP) Services

2023 - 2025 Biennium

TRADITIONAL MEDICAID ONLY			
SCENARIO	**GENERAL**	**OTHER**	**TOTAL**
Move from 75% to 100%	$ 2,671,753	$ 2,952,991	$ 5,624,744

This change will only be applied to the Non-Physician Practitioners (NPPs) for Services Reimbursed on **Professional Services Fee Schedule**.

Major Senate increases (decreases) in Senate Bill No. 2012 compared to executive budget:

	General Fund	
	Current	Proposed
Restoration of items removed in agency budget request	$31,870,118	$0
4/4 provider inflation (excludes basic care)	1,973,531	1,973,531
Increase DD inflation to 7/4	10,223,681	10,223,681
Free through recovery (special funds to general funds)	15,500,000	0
School behavioral health grants	6,500,000	3,500,000
Behavioral health recovery housing	1,300,000	1,300,000
Behavioral health practitioner rates	1,362,070	1,362,070
Community behavioral health clinics	9,650,000	9,650,000
Western ND behavioral health facilities	10,200,000	0
Adjust child care initiatives	(6,400,000)	(6,400,000)
Salary adjustment	(4,199,269)	(4,199,269)
Operating underfunding		(19,900,262)
Total	$77,980,131	($2,490,249)

State Hospital - Reduce from $10 million to $5 million SIIF.

23.0266.01005
Title.

Fiscal No. 2

Prepared by the Legislative Council staff for
the Senate Appropriations - Human Resources
Division Committee
February 20, 2023

PROPOSED AMENDMENTS TO SENATE BILL NO. 2012

Page 1, line 2, after "exemption" insert "; to amend and reenact sections 50-06-42, 50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-06-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study"

Page 1, line 2, remove the second "and"

Page 1, line 3, after "report" insert "; and to provide an effective date"

Page 1, remove lines 13 through 24

Page 2, remove lines 1 through 30

Page 3, replace lines 1 through 6 with:

"

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,363,556	$3,045,900	$24,409,456
Operating expenses	151,161,924	89,904,000	241,065,924
Capital assets	75,000	0	75,000
Total all funds	$172,600,480	$92,949,900	$265,550,380
Less estimated income	92,905,426	93,255,417	186,160,843
Total general fund	$79,695,054	($305,517)	$79,389,537

Subdivision 2.

PROGRAM AND POLICY

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$122,081,310	$19,537,197	$141,618,507
Operating expenses	176,078,719	55,722,549	231,801,268
Capital assets	10,000	0	10,000
Grants	467,144,387	190,506,682	657,651,069
Grants - medical assistance	3,028,666,463	556,176,867	3,584,843,330
Opioid prevention	0	2,000,000	2,000,000
Total all funds	$3,793,980,879	$823,943,295	$4,617,924,174
Less estimated income	2,499,452,627	489,283,991	2,988,736,618
Total general fund	$1,294,528,252	$334,659,304	$1,629,187,556

Subdivision 3.

FIELD SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Human service centers	$163,213,829	$26,160,626	$189,374,455
Institutions	130,383,428	33,139,340	163,522,768

Total all funds	$293,597,257	$59,299,966	$352,897,223
Less estimated income	114,273,300	(18,574,719)	95,698,581
Total general fund	$179,323,957	$77,874,685	$257,198,642

Subdivision 4.

COUNTY SOCIAL SERVICE FINANCING

	Base Level	Adjustments or Enhancements	Appropriation
County social services	$189,917,386	$35,444,200	$225,361,586
Total all funds	$189,917,386	$35,444,200	$225,361,586
Less estimated income	188,676,995	35,333,519	224,010,514
Total general fund	$1,240,391	$110,681	$1,351,072

Subdivision 5.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total general fund	$1,554,787,654	$412,339,153	$1,967,126,807
Grant total special funds	2,895,308,348	599,298,208	3,494,606,556
Grant total all funds	$4,450,096,002	$1,011,637,361	$5,461,733,363
Full-time equivalent positions	2,265.33	94.00	2,359.33"

Page 3, replace line 10 with:

"Technology projects	$67,596,372	$72,000,000"

Page 3, replace line 14 with:

"Human service center projects	724,000	735,154"

Page 3, replace lines 16 through 19 with:

"Special session one-time appropriations	138,389,558	0
State hospital design	0	5,000,000
Operating inflation	0	20,564,344
Field services revenue replacement	0	36,028,141
Program integrity audits	0	4,500,000
Pregnant and parenting residential	0	1,000,000
Workforce initiative	0	13,000,000
Total all funds	$216,080,305	$152,827,639
Less estimated income	191,847,089	97,267,326
Total general fund	$24,233,216	$55,560,313"

Page 3, line 23, after "Act" insert ", section 1 of House Bill No. 1004 as approved by the sixty-eighth legislative assembly, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly"

Page 3, line 24, after the period insert "Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority from line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1004 as approved by the sixty-eighth legislative assembly and any remaining appropriation

authority for the department of health and human services approved by the sixty-eighth legislative assembly to subdivision 4 of section 1 of this Act for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services."

Page 3, remove lines 29 through 31

Page 4, replace lines 1 through 6 with:

"**SECTION 4. TRANSFER OF APPROPRIATION AUTHORITY.** Section 1 of this Act and section 1 of House Bill No. 1004 include appropriation authority for the department of health and human services for the biennium beginning July 1, 2023, and ending June 30, 2025. On July 1, 2023, the office of management and budget shall combine the appropriation authority contained in section 1 of this Act and section 1 of House Bill No. 1004, and any other appropriation authority for the department of health and human services in other bills approved by the sixty-eighth legislative assembly, into one budget for the department of health and human services. The department of health and human services shall submit one budget request for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 5. TRANSFER - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - HUMAN SERVICE FINANCE FUND. The office of management and budget shall transfer the sum of $21,600,000 from the strategic investment and improvements fund to the human service finance fund during the biennium beginning July 1, 2023, and ending June 30, 2025."

Page 4, line 8, replace "$187,223,092" with "$221,600,000"

Page 4, line 12, replace "$31,500,000" with "$20,400,000"

Page 4, line 13, replace "in the medical services division" with "of the child support computer replacement project"

Page 4, replace lines 14 through 17 with:

"**SECTION 8. ESTIMATED INCOME - LEGACY EARNINGS FUND.** The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $7,000,000 from the legacy earnings fund for defraying expenses for the child care assistance programs.

SECTION 9. ESTIMATED INCOME - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND. The estimated income line item in subdivision 5 of section 1 of this Act includes the sum of $17,735,154 from the strategic investment and improvements fund for the following purposes:

1. The sum of $11,000,000 for the procurement and grants management system;

2. The sum of $5,000,000 for the design of a new state hospital;

3. The sum of $1,000,000 for pregnant and parenting women residential facilities; and

4. The sum of $735,154 for projects at the southeast human service center.

SECTION 10. CAPITAL PAYMENTS. During the biennium beginning July 1, 2023, and ending June 30, 2025, the department of health and human services is

authorized to expend funds for the payment of special assessments at the state hospital and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1004, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly. The department may transfer funds for the payment of special assessments at the state hospital and life skills and transition center ahead of the special assessments schedule. Notwithstanding section 54-27-12, the department may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 11. CAPITAL PROJECTS - EMERGENCY COMMISSION APPROVAL. During the biennium beginning July 1, 2023, and ending June 30, 2025, the department of health and human services is authorized to proceed with the demolition of the administrative building and employee building and associated tunnels at the state hospital. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1004, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly. The department may transfer funds for the demolition of the identified buildings and associated tunnels and for emergency capital projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $5,000,000 for emergency projects under this section and may seek emergency commission approval to spend more than $5,000,000 under this section.

SECTION 12. CHILD CARE FINANCIAL ASSISTANCE - DIRECT PAYMENTS. Subdivision 2 of section 1 of this Act includes the sum of $1,000,000 for the purpose of financial assistance and direct payments for child care services for the biennium beginning July 1, 2023, and ending June 30, 2025. Notwithstanding subsection 3 of section 50-11.1-14.1, the department may provide financial assistance to beneficiaries related to child care services. The requirements of chapter 54-44.4 do not apply to this subsection, including the selection of recipients and the disbursement of funds.

SECTION 13. PERMANENT SUPPORTIVE HOUSING GRANTS. Subdivision 2 of section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department, and authorize the department to conduct onsite visits to review program operations.

SECTION 14. STATE HOSPITAL PROJECT - COMMUNITY ACUTE PSYCHIATRY - REPORT. Subdivision 3 of section 1 of this Act includes the sum of $5,000,000 from the strategic investment and improvements fund for the design of a new state hospital. As part of the design process, the department of health and human services shall consider statewide acute psychiatric needs, including the establishment of acute psychiatric facilities in Dickinson, Williston, Minot, Devils Lake, and Grand Forks and shall consider collaborating and entering partnerships with local mental health and substance use disorder providers. The department shall present a report to the sixty-ninth legislative assembly regarding options for a new state hospital.

SECTION 15. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Subdivision 2 of section 1 of this Act includes the sum of $942,550,279, of which $94,225,028 is from the general fund, for the medical assistance expansion program for the biennium beginning July 1, 2023, and ending June 30, 2025. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.

2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and unwinding of the federal Medicaid continuous enrollment requirement, and reduction in federal medical assistance percentage.

3. The managed care organization under contract with the department to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs.

4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers, and rural health clinics meet the federally required minimum levels of reimbursement.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance of adequate capacity and services, and coordination and continuity of care.

SECTION 16. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system. ~~(Retroactive application - See note)~~

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services provided by licensed substance abuse treatment programs, excluding regional human service centers~~,~~ and hospital- or medical clinic-based programs for medical management of withdrawal~~, and any institution for mental diseases in~~

~~accordance with subsection 2~~. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.

2. ~~The department shall deny a licensed substance abuse treatment program's substance use disorder treatment voucher system application and deny reimbursement by the substance use disorder treatment voucher system if the licensed substance abuse treatment program is an institution for mental diseases and reimbursement is requested for residential beds added on or after July 1, 2020.~~

~~3.~~ Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

~~4.~~3. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

~~5.~~4. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

a. No more than forty-five percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

b. The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

SECTION 17. AMENDMENT. Section 50-24.1-26 of the North Dakota Century Code is amended and reenacted as follows:

50-24.1-26. Medicaid waivers - In-home services.

The department shall administer Medicaid waivers to provide in-home services to children with extraordinary medical needs and to children up to the age of ~~sixteen~~eighteen diagnosed with an autism spectrum disorder who would otherwise meet institutional level of care. The department may prioritize applicants for the waiver for children with extraordinary medical needs by degree of need.

SECTION 18. AMENDMENT. Section 50-29-04 of the North Dakota Century Code is amended and reenacted as follows:

50-29-04. Plan requirements.

The plan:

1. Must be consistent with coverage provided to children eligible for medical assistance in the state; and

2. Must provide:

   a. A modified adjusted gross income eligibility limit of ~~one~~two hundred ~~seventy-five~~ten percent of the poverty line; and

   b. Current eligibility may be established from the first day of the month in which the application was received. Retroactive eligibility may be established for the three calendar months that immediately preceded the month in which the application was received even if there is no eligibility in the month of application. Eligibility can be established if all factors of eligibility are met during each month.

SECTION 19. REPEAL. Section 50-06-32.1 of the North Dakota Century Code is repealed.

SECTION 20. BUILDING PROJECT - LEASE. The department of health and human services is authorized to enter into agreements with vendors to build two buildings for the department to lease for the lake region human service center and northwest human service center for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 21. LEASE OF LAND - STATE HOSPITAL. The department of health and human services and national guard may enter an agreement to lease up to twenty acres of real property associated with the state hospital for the national guard to construct a new training and storage facility.

SECTION 22. PROVIDER PROCESS AND OUTCOME MEASURES. Providers that receive funding from the department of health and human services shall submit process and outcome measures, as required by the department, to the department for programs and services supported by state funding during the biennium beginning July 1, 2023, and ending June 30, 2025, for the department to evaluate the administration of the programs and services using the appropriation for the program or service.

SECTION 23. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - CONTINGENT FULL-TIME EQUIVALENT POSITIONS - REPORT. Beginning with the effective date of this Act, the department of health and human services shall select three human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department shall pursue additional federal funding as available. Subject to the availability of generated income, the department may add up to fifty full-time equivalent positions for field services to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2025. The department shall report to the office of management and budget and legislative council each time a position is added.

SECTION 24. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and may be continued into the biennium beginning July 1, 2023, and ending June 30, 2025:

1. The sum of $750,000 appropriated from the general fund for suicide prevention grants in chapter 37 of the 2019 Session Laws;

2. The sum of $1,776,000 appropriated from the strategic investment and improvements fund and the sum of $5,328,000 appropriated from federal funds for the Medicaid management information system technology stack upgrade in chapter 37 of the 2019 Session Laws;

3. The sum of $600,000 appropriated from the general fund and the sum of $1,800,000 appropriated from federal funds for the Medicaid management information system technology stack upgrade in chapter 12 of the 2021 Session Laws;

4. The sum of $4,326,686 appropriated from the general fund and the sum of $30,673,314 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;

5. Any amounts appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Session Laws of which the amount appropriated for medical assistance percentage adjustments may be used for the home- and community-based services 10 percent enhancement plan;

6. Any amounts appropriated to the department of health and human services in chapter 550 of the 2021 Special Session Session Laws;

7. Any amounts appropriated to the department of health and human services for COVID-19 relief in chapters 27 and 28 of the 2021 Session Laws;

8. The amount appropriated for the modification of the department of human services' eligibility systems in chapter 578 of the 2011 Special Session Session Laws which was continued into the 2013-15 biennium, then the 2015-17 biennium, then the 2017-19 biennium, then the 2019-21 biennium, and then 2021-23 biennium; and

9. The sum of $2,000,000 appropriated for substance use disorder voucher system grants in chapter 12 of the 2021 Session Laws which may be continued and spent pursuant to section 50-06-42.1.

SECTION 25. EXEMPTION - EARLY CHILDHOOD INFORMATION SYSTEM. The requirements of chapter 54-44.4 do not apply to the selection of a vendor, the procurement award, or payments made under this section regarding an early childhood workforce and professional development information system or an early childhood resource and referral information system for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 26. EXEMPTION - PURCHASE OF CONSUMABLES. The requirements of chapter 54-44.4 do not apply to the purchase of consumables at the department of health and human services continuously staffed residential units during

low-census time periods for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 27. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-eighth legislative assembly that the department of health and human services seeks a deficiency appropriation from the sixty-ninth legislative assembly for any expenditures that exceed appropriated amounts as a result of utilization rates, discontinuation of the federal Medicaid continuous enrollment requirement, value-based purchasing for nursing facilities, and reduction in federal medical assistance percentage, during the biennium beginning July 1, 2023, and ending June 30, 2025, if funding is not sufficient to pay actual expenses.

SECTION 28. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of four percent for each year of the biennium beginning July 1, 2023, and ending June 30, 2025. Section 1 of this Act includes funding for developmental disability service payment inflation increases of seven percent the first year of the biennium and four percent the second year of the biennium beginning July 1, 2023, and ending June 30, 2025. The provider inflation increase in this section does not apply to nursing and basic care facilities.

SECTION 29. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 30. LEGISLATIVE MANAGEMENT STUDY - EARLY CHILDHOOD PROGRAMS AND SERVICES. During the 2023-24 interim, the legislative management shall consider studying the early child care programs and child care services to identify major needs and systemic approaches to stabilize child care infrastructure. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

SECTION 31. LEGISLATIVE MANAGEMENT REPORT - EARLY CHILDHOOD PROGRAMS. During the 2023-24 interim, the department of health and human services shall provide reports to the legislative management regarding the status of early childhood programs managed by the department.

SECTION 32. EFFECTIVE DATE. Section 19 of this Act becomes effective on January 1, 2024."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of Senate Action

	Base Budget	Senate Changes	Senate Version
DHHS - Management			
Total all funds	$172,600,480	$92,949,900	$265,550,380
Less estimated income	92,905,426	93,255,417	186,160,843
General fund	$79,695,054	($305,517)	$79,389,537

FTE	97.85	16.05	113.90
DHHS - Program/Policy			
Total all funds	$3,793,980,879	$823,943,295	$4,617,924,174
Less estimated income	2,499,452,627	489,283,991	2,988,736,618
General fund	$1,294,528,252	$334,659,304	$1,629,187,556
FTE	666.17	21.15	687.32
DHHS - County Social Services Financing			
Total all funds	$189,917,386	$35,444,200	$225,361,586
Less estimated income	188,676,995	35,333,519	224,010,514
General fund	$1,240,391	$110,681	$1,351,072
FTE	159.00	5.00	164.00
DHHS - Field Services			
Total all funds	$293,597,257	$59,299,966	$352,897,223
Less estimated income	114,273,300	(18,574,719)	95,698,581
General fund	$179,323,957	$77,874,685	$257,198,642
FTE	1,342.31	51.80	1,394.11
Bill total			
Total all funds	$4,450,096,002	$1,011,637,361	$5,461,733,363
Less estimated income	2,895,308,348	599,298,208	3,494,606,556
General fund	$1,554,787,654	$412,339,153	$1,967,126,807
FTE	2,265.33	94.00	2,359.33

Senate Bill No. 2012 - DHHS - Management - Senate Action

	Base Budget	Senate Changes	Senate Version
Salaries and wages	$21,363,556	$3,045,900	$24,409,456
Operating expenses	151,161,924	89,904,000	241,065,924
Capital assets	75,000		75,000
Total all funds	$172,600,480	$92,949,900	$265,550,380
Less estimated income	92,905,426	93,255,417	186,160,843
General fund	$79,695,054	($305,517)	$79,389,537
FTE	97.85	16.05	113.90

Department 326 - DHHS - Management - Detail of Senate Changes

	Adjusts Funding for Management[1]	Total Senate Changes
Salaries and wages	$3,045,900	$3,045,900
Operating expenses	89,904,000	89,904,000
Capital assets		
Total all funds	$92,949,900	$92,949,900
Less estimated income	93,255,417	93,255,417
General fund	($305,517)	($305,517)
FTE	16.05	16.05

[1] Funding for management is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes	14.55	$5,995,189	$11,524,138	$17,519,327
Adds funding for salary increases of 4 percent on July 1, 2023, and July 1, 2024		$862,063	$283,496	$1,145,559

Adds funding for increases in monthly health insurance rates from $1,429 to $1,648 per month		436,667	139,099	575,766
Converts 1 temporary position and adds an additional 0.50 FTE position for criminal background check processing	1.50	120,780	26,512	147,292
Adds funding for Americans with Disabilities Act coordination		55,200		55,200
Adds funding for a new Capitol space rent model		842,674		842,674
Reduces funding for overall agency operations		(19,900,262)		(19,900,262)
Total ongoing funding changes	16.05	($11,587,689)	$11,973,245	$385,556
One-Time Funding Items				
Adds one-time funding to continue to automate the criminal background check process		$1,000,000		$1,000,000
Provides one-time funding for operating inflation		10,282,172	$10,282,172	20,564,344
Adds one-time funding from the strategic investment and improvements fund for a procurement and grants software project			11,000,000	11,000,000
Provides one-time funding of $60.0 million, of which $20.4 million is from the community health trust fund and $39.6 million is from federal funds to replace the child support case management system			60,000,000	60,000,000
Total one-time funding changes	0.00	$11,282,172	$81,282,172	$92,564,344
Total changes to base level funding	16.05	($305,517)	$93,255,417	$92,949,900

Senate Bill No. 2012 - DHHS - Program/Policy - Senate Action

	Base Budget	Senate Changes	Senate Version
Salaries and wages	$122,081,310	$19,537,197	$141,618,507
Operating expenses	176,078,719	55,722,549	231,801,268
Capital assets	10,000		10,000
Grants	467,144,387	190,506,682	657,651,069
Grants - Medical assistance	3,028,666,463	556,176,867	3,584,843,330
Opioid prevention		2,000,000	2,000,000
Total all funds	$3,793,980,879	$823,943,295	$4,617,924,174
Less estimated income	2,499,452,627	489,283,991	2,988,736,618
General fund	$1,294,528,252	$334,659,304	$1,629,187,556
FTE	666.17	21.15	687.32

Department 328 - DHHS - Program/Policy - Detail of Senate Changes

	Adjusts Funding for Program and Policy[1]	Total Senate Changes
Salaries and wages	$19,537,197	$19,537,197
Operating expenses	55,722,549	55,722,549
Capital assets		
Grants	190,506,682	190,506,682
Grants - Medical assistance	556,176,867	556,176,867
Opioid prevention	2,000,000	2,000,000
Total all funds	$823,943,295	$823,943,295
Less estimated income	489,283,991	489,283,991
General fund	$334,659,304	$334,659,304
FTE	21.15	21.15

[1] Funding for program and policy is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes	9.15	$11,576,010	$9,505,488	$21,081,498
Adds funding for salary increases of 4 percent on July 1, 2023, and July 1, 2024		2,661,463	3,528,496	6,189,959
Adds funding for increases in monthly health insurance rates from $1,429 to $1,648 per month		1,338,470	1,865,110	3,203,580
Adds funding for estimated cost and caseload increases		122,273,747	381,790,377	504,064,124
Adds funding for annual provider inflation increases of 4 percent		47,443,941	50,139,879	97,583,820
Adds funding for federal medical assistance percentage adjustments based on a rate of 52.50 percent for federal fiscal years 2024 and 2025.		21,621,657	(21,621,657)	0
Economic Assistance				
Transfers temporary assistance for needy families funding currently used for foster care funding			7,496,368	7,496,368
Adds funding to increase the utilization of the child care assistance program for children ages 0 to 3		22,000,000		22,000,000
Adds funding to improve the ability of low-income parents to obtain child care		12,900,000		12,900,000
Increases federal funds authority for the child care and development fund ($2,491,435) and the low-income home energy assistance program ($12,700,000)			15,191,435	15,191,435
Medical Services				
Adds positions to provide assistance to Medicaid providers that employ direct care workers	2.00	48,642	266,995	315,637
Increases the eligibility level for the children's health insurance program from 170 to 210 percent of the federal poverty level		1,389,270	2,878,042	4,267,312
Increases the eligibility level for medically needy individuals from 83 to 90 percent of the federal poverty level		6,300,000	4,200,000	10,500,000

Long-Term Care				
Increases funding for home- and community-based services, including an increase in the personal needs allowance, an increase in adult foster care rates, increasing the family home care rate to $72.50 per day, and other enhancements		8,288,319	2,402,565	10,690,884
Eliminates the autism spectrum disorder voucher program and increases funding for the autism waiver program		4,168,959	4,607,797	8,776,756
Increases the maximum benefit level and available slots for the medically fragile waiver		186,400	206,022	392,422
Aging Services				
Adds 2 FTE home- and community-based services navigator positions and 1 FTE home- and community-based services generalist position	3.00	143,912	143,912	287,824
Increases senior meal rates from $4.60 to $8.89 for home-delivered meals and from $4.60 to $7.62 for congregate meals and provides for up to two home-delivered meals per day		12,992,444		12,992,444
Adds funding to increase aging services guardianship rates		70,500		70,500
Adds an FTE position for compliance and quality assurance	1.00	103,868	103,868	207,736
Adds an FTE position using existing federal funds for services to be provided due to a federal Department of Justice lawsuit	1.00			0
Increases funding for dementia care services grants to provide a total of $1.6 million		305,000		305,000
Children and Family Services				
Adds general fund support for foster care to allow temporary assistance for needy families funding to be redirected to economic assistance programs		7,496,368	(7,496,368)	0
Increases funding for children's advocacy centers to provide total funding of $4.1 million		2,500,000		2,500,000
Adds funding to provide assistance to unlicensed kin caregivers		960,000		960,000
Adds funding for grants to organizations that provide family-to-family support services		175,000		175,000
Behavioral Health				
Adds 1 FTE service navigator position and 1 FTE voucher processor position	2.00	223,946		223,946
Increases funding for the free through recovery program for funds to be received from the Department of Corrections and Rehabilitation for the program to provide total funding of $15.5 million			8,326,380	8,326,380
Increases funding for the community connect program to provide total funding of $15 million		7,019,514		7,019,514
Adds funding related to an opioid settlement			2,000,000	2,000,000

Adds funding for pregnant and parenting women residential services		600,000		600,000
Adds funding for school behavioral health grants to provide total funding of $6.5 million		3,500,000		3,500,000
Adds funding for recovery housing		1,300,000		1,300,000
Adds federal funds spending authority for the B-HERO program			400,000	400,000
Increases the Medicaid reimbursement rate for behavioral health practitioners from 75 to 100 percent of the Medicaid professional services fee schedule effective the 2nd year of the 2023-25 biennium		1,362,070	1,505,446	2,867,516
Developmental Disabilities				
Adds funding for guardianship establishment		300,000		300,000
Adds 1 FTE position for compliance and quality assurance	1.00	103,868	103,868	207,736
Adds 1 FTE early intervention position	1.00	86,602	86,602	173,204
Adds additional funding to increase developmental disability provider rates by 7 percent the 1st year of the biennium		10,223,681	11,403,366	21,627,047
Increases corporate guardianship slots by 30 to provide for 529 total slots and increases the daily reimbursement rate by 5 percent per year		808,748		808,748
Early Childhood				
Expands the best in class program		12,000,000		12,000,000
Adds funding for early childhood career grants		2,000,000		2,000,000
Adds 1 FTE program administrator for early childhood programs	1.00	236,905		236,905
Total ongoing funding changes	21.15	$326,709,304	$479,033,991	$805,743,295
One-Time Funding Items				
Adds one-time funding for program integrity audits		$2,250,000	$2,250,000	$4,500,000
Adjusts funding for autism programs		(300,000)		(300,000)
Adds funding from the strategic investment and improvements fund for a pregnant and parenting women facility			1,000,000	1,000,000
Add one-time funding to increase capacity for the early childhood rating infrastructure		3,000,000		3,000,000
Add one-time funding to create quality tiers in the child care reimbursement program		3,000,000		3,000,000
Expands public-private child care benefits using one-time funding from the legacy earnings fund			1,000,000	1,000,000
Provides child care business operating grants using one-time funding from the legacy earnings fund			5,000,000	5,000,000
Creates a pilot program for child care during nontraditional hours using one-time funding from the legacy earnings fund			1,000,000	1,000,000
Total one-time funding changes	0.00	$7,950,000	$10,250,000	$18,200,000
Total changes to base level funding	21.15	$334,659,304	$489,283,991	$823,943,295

Senate Bill No. 2012 - DHHS - County Social Services Financing - Senate Action

	Base Budget	Senate Changes	Senate Version
County social services	$189,917,386	$35,444,200	$225,361,586
Total all funds	$189,917,386	$35,444,200	$225,361,586
Less estimated income	188,676,995	35,333,519	224,010,514
General fund	$1,240,391	$110,681	$1,351,072
FTE	159.00	5.00	164.00

Department 333 - DHHS - County Social Services Financing - Detail of Senate Changes

	Adjusts Funding for County Social Services Program[1]	Total Senate Changes
County social services	$35,444,200	$35,444,200
Total all funds	$35,444,200	$35,444,200
Less estimated income	35,333,519	35,333,519
General fund	$110,681	$110,681
FTE	5.00	5.00

[1] Funding is adjusted for the county social services program as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes	(2.00)	$18,434	$1,240,493	$1,258,927
Adds funding for state employee salary increases of 4 percent on July 1, 2023, and July 1, 2024		61,440	1,486,858	1,548,298
Adds funding for increases in monthly health insurance rates from $1,429 to $1,648 per month		30,807	721,687	752,494
Adds funding for human service zone employee salary increases of 4 percent on July 1, 2023, and July 1, 2024			6,240,680	6,240,680
Adds funding for human services zone employee salary equity adjustments			1,000,000	1,000,000
Adjusts federal and special funds spending authority, including an additional $20 million for human service zone operations and $600,000 for increases in indigent burial assistance			23,541,770	23,541,770
Adds 4 FTE home- and community-based services management positions the 1st year of the biennium and 3 FTE positions the 2nd year of the biennium	7.00		1,102,031	1,102,031
Total ongoing funding changes	5.00	$110,681	$35,333,519	$35,444,200

Senate Bill No. 2012 - DHHS - Field Services - Senate Action

	Base Budget	Senate Changes	Senate Version
Human service centers	$163,213,829	$26,160,626	$189,374,455
Institutions	130,383,428	33,139,340	163,522,768
Total all funds	$293,597,257	$59,299,966	$352,897,223
Less estimated income	114,273,300	(18,574,719)	95,698,581
General fund	$179,323,957	$77,874,685	$257,198,642
FTE	1,342.31	51.80	1,394.11

Department 349 - DHHS - Field Services - Detail of Senate Changes

	Adjusts Funding for Field Services[1]	Total Senate Changes
Human service centers	$26,160,626	$26,160,626
Institutions	33,139,340	33,139,340
Total all funds	$59,299,966	$59,299,966
Less estimated income	(18,574,719)	(18,574,719)
General fund	$77,874,685	$77,874,685
FTE	51.80	51.80

[1] Funding is adjusted for field services as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes	(21.70)	$5,365,003	$7,438,385	$12,803,388
Adds funding for salary increases of 4 percent on July 1, 2023, and July 1, 2024		8,926,423	2,830,652	11,757,075
Adds funding for increases in monthly health insurance rates from $1,429 to $1,648 per month		4,161,185	1,449,231	5,610,416
Converts 28.5 temporary human service center positions to FTE positions to provide behavioral health services	28.50	950,906		950,906
Increases funding for crisis support services to convert 16 temporary positions to FTE peer support positions, to add 1 FTE nurse for residential crisis services, to add 4 FTE mobile crisis positions, to increase funding for locum tenens contracts, and to increase funding for contracted providers	21.00	11,375,536		11,375,536
Adds funding for annual provider inflation increases of 4 percent		1,417,491		1,417,491
Adds funding for three human service centers to become certified community behavioral health clinics	24.00	9,650,000		9,650,000
Total ongoing funding changes	51.80	$41,846,544	$11,718,268	$53,564,812
One-Time Funding Items				
Provides one-time funding from the strategic investment and improvements fund for the architectural design of a new state hospital			$5,000,000	$5,000,000
Provides one-time funding from the strategic investment and improvements fund to replace the fire alarm system and resurface the parking lot at the Southeast Human Service Center			735,154	735,154
Adds one-time funding to replace federal and special fund revenue with funding from the general fund due to decreased revenues and increased operating costs at human service centers and the State Hospital		$36,028,141	(36,028,141)	0
Total one-time funding changes	0.00	$36,028,141	($30,292,987)	$5,735,154
Total changes to base level	51.80	$77,874,685	($18,574,719)	$59,299,966

This amendment also:

- Transfers $21.6 million from the strategic investment and improvements fund to the human service finance fund.
- Identifies $221.6 million from the human service finance fund for the county social services program.
- Identifies $20.4 million from the community health trust fund for the child support case management system project.
- Identifies $7 million from the legacy earnings fund for child care assistance program.
- Identifies $17,735,154 from the strategic investment and improvements fund for the procurement and grants computer project ($11,000,000), the design of a new state hospital ($5,000,000), pregnant and parenting women residential facilities ($1,000,000), and Southeast Human Service Center deferred maintenance projects ($735,154).
- Authorizes capital payments for special assessment costs at the State Hospital and Life Skills and Transition Center.
- Authorizes the demolition of certain buildings at the State Hospital.
- Authorizes direct assistance for beneficiaries of child care assistance.
- Provides guidelines for the the use of behavioral health facility grants.
- Identifies $4,672,536 from the general fund for permanent supportive housing grants.
- Provides that expenditures for the Medicaid Expansion program may not exceed legislative appropriations.
- Amends North Dakota Century Code Section 50-06-42 to remove the moratorium on new substance use disorder voucher program providers.
- Amends Section 50-24.1-26 to increase the eligible age of the autism waiver program from 16 to 18.
- Amends Section 50-29-04 to increase the eligibility level of the children's health insurance program from 175 to 210 percent of the federal poverty level.
- Repeals Section 50-06-32.1 relating to the autism voucher.
- Authorizes DHHS to enter into agreements with vendors to build two human service center buildings.
- Authorizes DHHS to lease land at the State Hospital to the National Guard to construct a training and storage building.
- Requires providers receiving funding from DHHS to submit process and outcome measures.
- Provides guidelines for three human service centers to become certified behavioral health clinics.
- Provides exemptions to authorize unexpended appropriations to continue into the 2023-25 biennium.
- Provides an exemption for procurement requirements for an early childhood information system.
- Provides an exemption for procurement for consumables at department residential facilities during low-census time periods.
- Provides intent that DHHS seeks a deficiency appropriation from the 69th Legislative Assembly if utilization rates exceed estimates.
- Identifies provider inflation increases included in the amendment.
- Provides that an individual may not appeal a denial or reduction of service by DHHS if federal COVID-19 funding is no longer available.
- Provides for a Legislative Management study of early childhood programs.
- Provides for DHHS to provide reports to the Legislative Management regarding the status of early childhood programs.

23.0266.01005
Title.

Fiscal No. 2

Prepared by the Legislative Council staff for
the Senate Appropriations - Human Resources
Division Committee
February 20, 2023

PROPOSED AMENDMENTS TO SENATE BILL NO. 2012

Page 1, line 2, after "exemption" insert "; to amend and reenact sections 50-06-42, 50-24.1-26, and 50-29-04 of the North Dakota Century Code, relating to the substance use disorder treatment voucher system, Medicaid in-home services, and the children's health insurance program; to repeal section 50-06-32.1 of the North Dakota Century Code, relating to the autism voucher; to provide a statement of legislative intent; to provide for a study"

Page 1, line 2, remove the second "and"

Page 1, line 3, after "report" insert "; and to provide an effective date"

Page 1, remove lines 13 through 24

Page 2, remove lines 1 through 30

Page 3, replace lines 1 through 6 with:

"

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,363,556	$3,045,900	$24,409,456
Operating expenses	151,161,924	89,904,000	241,065,924
Capital assets	75,000	0	75,000
Total all funds	$172,600,480	$92,949,900	$265,550,380
Less estimated income	92,905,426	93,255,417	186,160,843
Total general fund	$79,695,054	($305,517)	$79,389,537

Subdivision 2.

PROGRAM AND POLICY

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$122,081,310	$19,537,197	$141,618,507
Operating expenses	176,078,719	55,722,549	231,801,268
Capital assets	10,000	0	10,000
Grants	467,144,387	190,506,682	657,651,069
Grants - medical assistance	3,028,666,463	556,176,867	3,584,843,330
Opioid prevention	0	2,000,000	2,000,000
Total all funds	$3,793,980,879	$823,943,295	$4,617,924,174
Less estimated income	2,499,452,627	489,283,991	2,988,736,618
Total general fund	$1,294,528,252	$334,659,304	$1,629,187,556

Subdivision 3.

FIELD SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Human service centers	$163,213,829	$26,160,626	$189,374,455
Institutions	130,383,428	33,139,340	163,522,768

Total all funds	$293,597,257	$59,299,966	$352,897,223
Less estimated income	114,273,300	(18,574,719)	95,698,581
Total general fund	$179,323,957	$77,874,685	$257,198,642

Subdivision 4.

COUNTY SOCIAL SERVICE FINANCING

	Base Level	Adjustments or Enhancements	Appropriation
County social services	$189,917,386	$35,444,200	$225,361,586
Total all funds	$189,917,386	$35,444,200	$225,361,586
Less estimated income	188,676,995	35,333,519	224,010,514
Total general fund	$1,240,391	$110,681	$1,351,072

Subdivision 5.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total general fund	$1,554,787,654	$412,339,153	$1,967,126,807
Grant total special funds	2,895,308,348	599,298,208	3,494,606,556
Grant total all funds	$4,450,096,002	$1,011,637,361	$5,461,733,363
Full-time equivalent positions	2,265.33	94.00	2,359.33"

Page 3, replace line 10 with:

"Technology projects	$67,596,372	$72,000,000"

Page 3, replace line 14 with:

"Human service center projects	724,000	735,154"

Page 3, replace lines 16 through 19 with:

"Special session one-time appropriations	138,389,558	0
State hospital design	0	5,000,000
Operating inflation	0	20,564,344
Field services revenue replacement	0	36,028,141
Program integrity audits	0	4,500,000
Pregnant and parenting residential	0	1,000,000
Workforce initiative	0	13,000,000
Total all funds	$216,080,305	$152,827,639
Less estimated income	191,847,089	97,267,326
Total general fund	$24,233,216	$55,560,313"

Page 3, line 23, after "Act" insert ", section 1 of House Bill No. 1004 as approved by the sixty-eighth legislative assembly, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly"

Page 3, line 24, after the period insert "Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority from line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1004 as approved by the sixty-eighth legislative assembly and any remaining appropriation

authority for the department of health and human services approved by the sixty-eighth legislative assembly to subdivision 4 of section 1 of this Act for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services."

Page 3, remove lines 29 through 31

Page 4, replace lines 1 through 6 with:

"**SECTION 4. TRANSFER OF APPROPRIATION AUTHORITY.** Section 1 of this Act and section 1 of House Bill No. 1004 include appropriation authority for the department of health and human services for the biennium beginning July 1, 2023, and ending June 30, 2025. On July 1, 2023, the office of management and budget shall combine the appropriation authority contained in section 1 of this Act and section 1 of House Bill No. 1004, and any other appropriation authority for the department of health and human services in other bills approved by the sixty-eighth legislative assembly, into one budget for the department of health and human services. The department of health and human services shall submit one budget request for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 5. TRANSFER - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - HUMAN SERVICE FINANCE FUND. The office of management and budget shall transfer the sum of $21,600,000 from the strategic investment and improvements fund to the human service finance fund during the biennium beginning July 1, 2023, and ending June 30, 2025."

Page 4, line 8, replace "$187,223,092" with "$221,600,000"

Page 4, line 12, replace "$31,500,000" with "$20,400,000"

Page 4, line 13, replace "in the medical services division" with "of the child support computer replacement project"

Page 4, replace lines 14 through 17 with:

"**SECTION 8. ESTIMATED INCOME - LEGACY EARNINGS FUND.** The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $7,000,000 from the legacy earnings fund for defraying expenses for the child care assistance programs.

SECTION 9. ESTIMATED INCOME - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND. The estimated income line item in subdivision 5 of section 1 of this Act includes the sum of $17,735,154 from the strategic investment and improvements fund for the following purposes:

1. The sum of $11,000,000 for the procurement and grants management system;

2. The sum of $5,000,000 for the design of a new state hospital;

3. The sum of $1,000,000 for pregnant and parenting women residential facilities; and

4. The sum of $735,154 for projects at the southeast human service center.

SECTION 10. CAPITAL PAYMENTS. During the biennium beginning July 1, 2023, and ending June 30, 2025, the department of health and human services is

authorized to expend funds for the payment of special assessments at the state hospital and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1004, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly. The department may transfer funds for the payment of special assessments at the state hospital and life skills and transition center ahead of the special assessments schedule. Notwithstanding section 54-27-12, the department may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 11. CAPITAL PROJECTS - EMERGENCY COMMISSION APPROVAL. During the biennium beginning July 1, 2023, and ending June 30, 2025, the department of health and human services is authorized to proceed with the demolition of the administrative building and employee building and associated tunnels at the state hospital. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1004, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly. The department may transfer funds for the demolition of the identified buildings and associated tunnels and for emergency capital projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $5,000,000 for emergency projects under this section and may seek emergency commission approval to spend more than $5,000,000 under this section.

SECTION 12. CHILD CARE FINANCIAL ASSISTANCE - DIRECT PAYMENTS. Subdivision 2 of section 1 of this Act includes the sum of $1,000,000 for the purpose of financial assistance and direct payments for child care services for the biennium beginning July 1, 2023, and ending June 30, 2025. Notwithstanding subsection 3 of section 50-11.1-14.1, the department may provide financial assistance to beneficiaries related to child care services. The requirements of chapter 54-44.4 do not apply to this subsection, including the selection of recipients and the disbursement of funds.

SECTION 13. PERMANENT SUPPORTIVE HOUSING GRANTS. Subdivision 2 of section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department, and authorize the department to conduct onsite visits to review program operations.

SECTION 14. STATE HOSPITAL PROJECT - COMMUNITY ACUTE PSYCHIATRY - REPORT. Subdivision 3 of section 1 of this Act includes the sum of $5,000,000 from the strategic investment and improvements fund for the design of a new state hospital. As part of the design process, the department of health and human services shall consider statewide acute psychiatric needs, including the establishment of acute psychiatric facilities in Dickinson, Williston, Minot, Devils Lake, and Grand Forks and shall consider collaborating and entering partnerships with local mental health and substance use disorder providers. The department shall present a report to the sixty-ninth legislative assembly regarding options for a new state hospital.

SECTION 15. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Subdivision 2 of section 1 of this Act includes the sum of $942,550,279, of which $94,225,028 is from the general fund, for the medical assistance expansion program for the biennium beginning July 1, 2023, and ending June 30, 2025. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.

2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and unwinding of the federal Medicaid continuous enrollment requirement, and reduction in federal medical assistance percentage.

3. The managed care organization under contract with the department to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs.

4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers, and rural health clinics meet the federally required minimum levels of reimbursement.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance of adequate capacity and services, and coordination and continuity of care.

SECTION 16. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system. ~~(Retroactive application - See note)~~

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services provided by licensed substance abuse treatment programs, excluding regional human service centers~~,~~ and hospital- or medical clinic-based programs for medical management of withdrawal~~, and any institution for mental diseases in~~

~~accordance with subsection 2~~. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.

2. ~~The department shall deny a licensed substance abuse treatment program's substance use disorder treatment voucher system application and deny reimbursement by the substance use disorder treatment voucher system if the licensed substance abuse treatment program is an institution for mental diseases and reimbursement is requested for residential beds added on or after July 1, 2020.~~

~~3.~~ Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

~~4.~~3. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

~~5.~~4. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

a. No more than forty-five percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

b. The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

SECTION 17. AMENDMENT. Section 50-24.1-26 of the North Dakota Century Code is amended and reenacted as follows:

50-24.1-26. Medicaid waivers - In-home services.

The department shall administer Medicaid waivers to provide in-home services to children with extraordinary medical needs and to children up to the age of ~~sixteen~~eighteen diagnosed with an autism spectrum disorder who would otherwise meet institutional level of care. The department may prioritize applicants for the waiver for children with extraordinary medical needs by degree of need.

SECTION 18. AMENDMENT. Section 50-29-04 of the North Dakota Century Code is amended and reenacted as follows:

50-29-04. Plan requirements.

The plan:

1. Must be consistent with coverage provided to children eligible for medical assistance in the state; and

2. Must provide:

   a. A modified adjusted gross income eligibility limit of ~~one~~two hundred ~~seventy-five~~ten percent of the poverty line; and

   b. Current eligibility may be established from the first day of the month in which the application was received. Retroactive eligibility may be established for the three calendar months that immediately preceded the month in which the application was received even if there is no eligibility in the month of application. Eligibility can be established if all factors of eligibility are met during each month.

SECTION 19. REPEAL. Section 50-06-32.1 of the North Dakota Century Code is repealed.

SECTION 20. BUILDING PROJECT - LEASE. The department of health and human services is authorized to enter into agreements with vendors to build two buildings for the department to lease for the lake region human service center and northwest human service center for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 21. LEASE OF LAND - STATE HOSPITAL. The department of health and human services and national guard may enter an agreement to lease up to twenty acres of real property associated with the state hospital for the national guard to construct a new training and storage facility.

SECTION 22. PROVIDER PROCESS AND OUTCOME MEASURES. Providers that receive funding from the department of health and human services shall submit process and outcome measures, as required by the department, to the department for programs and services supported by state funding during the biennium beginning July 1, 2023, and ending June 30, 2025, for the department to evaluate the administration of the programs and services using the appropriation for the program or service.

SECTION 23. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - CONTINGENT FULL-TIME EQUIVALENT POSITIONS - REPORT. Beginning with the effective date of this Act, the department of health and human services shall select three human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department shall pursue additional federal funding as available. Subject to the availability of generated income, the department may add up to fifty full-time equivalent positions for field services to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2025. The department shall report to the office of management and budget and legislative council each time a position is added.

SECTION 24. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and may be continued into the biennium beginning July 1, 2023, and ending June 30, 2025:

1. The sum of $750,000 appropriated from the general fund for suicide prevention grants in chapter 37 of the 2019 Session Laws;

2. The sum of $1,776,000 appropriated from the strategic investment and improvements fund and the sum of $5,328,000 appropriated from federal funds for the Medicaid management information system technology stack upgrade in chapter 37 of the 2019 Session Laws;

3. The sum of $600,000 appropriated from the general fund and the sum of $1,800,000 appropriated from federal funds for the Medicaid management information system technology stack upgrade in chapter 12 of the 2021 Session Laws;

4. The sum of $4,326,686 appropriated from the general fund and the sum of $30,673,314 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;

5. Any amounts appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Session Laws of which the amount appropriated for medical assistance percentage adjustments may be used for the home- and community-based services 10 percent enhancement plan;

6. Any amounts appropriated to the department of health and human services in chapter 550 of the 2021 Special Session Session Laws;

7. Any amounts appropriated to the department of health and human services for COVID-19 relief in chapters 27 and 28 of the 2021 Session Laws;

8. The amount appropriated for the modification of the department of human services' eligibility systems in chapter 578 of the 2011 Special Session Session Laws which was continued into the 2013-15 biennium, then the 2015-17 biennium, then the 2017-19 biennium, then the 2019-21 biennium, and then 2021-23 biennium; and

9. The sum of $2,000,000 appropriated for substance use disorder voucher system grants in chapter 12 of the 2021 Session Laws which may be continued and spent pursuant to section 50-06-42.1.

SECTION 25. EXEMPTION - EARLY CHILDHOOD INFORMATION SYSTEM. The requirements of chapter 54-44.4 do not apply to the selection of a vendor, the procurement award, or payments made under this section regarding an early childhood workforce and professional development information system or an early childhood resource and referral information system for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 26. EXEMPTION - PURCHASE OF CONSUMABLES. The requirements of chapter 54-44.4 do not apply to the purchase of consumables at the department of health and human services continuously staffed residential units during

low-census time periods for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 27. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-eighth legislative assembly that the department of health and human services seeks a deficiency appropriation from the sixty-ninth legislative assembly for any expenditures that exceed appropriated amounts as a result of utilization rates, discontinuation of the federal Medicaid continuous enrollment requirement, value-based purchasing for nursing facilities, and reduction in federal medical assistance percentage, during the biennium beginning July 1, 2023, and ending June 30, 2025, if funding is not sufficient to pay actual expenses.

SECTION 28. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of four percent for each year of the biennium beginning July 1, 2023, and ending June 30, 2025. Section 1 of this Act includes funding for developmental disability service payment inflation increases of seven percent the first year of the biennium and four percent the second year of the biennium beginning July 1, 2023, and ending June 30, 2025. The provider inflation increase in this section does not apply to nursing and basic care facilities.

SECTION 29. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 30. LEGISLATIVE MANAGEMENT STUDY - EARLY CHILDHOOD PROGRAMS AND SERVICES. During the 2023-24 interim, the legislative management shall consider studying the early child care programs and child care services to identify major needs and systemic approaches to stabilize child care infrastructure. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

SECTION 31. LEGISLATIVE MANAGEMENT REPORT - EARLY CHILDHOOD PROGRAMS. During the 2023-24 interim, the department of health and human services shall provide reports to the legislative management regarding the status of early childhood programs managed by the department.

SECTION 32. EFFECTIVE DATE. Section 19 of this Act becomes effective on January 1, 2024."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of Senate Action

	Base Budget	Senate Changes	Senate Version
DHHS - Management			
Total all funds	$172,600,480	$92,949,900	$265,550,380
Less estimated income	92,905,426	93,255,417	186,160,843
General fund	$79,695,054	($305,517)	$79,389,537

FTE	97.85	16.05	113.90
DHHS - Program/Policy			
Total all funds	$3,793,980,879	$823,943,295	$4,617,924,174
Less estimated income	2,499,452,627	489,283,991	2,988,736,618
General fund	$1,294,528,252	$334,659,304	$1,629,187,556
FTE	666.17	21.15	687.32
DHHS - County Social Services Financing			
Total all funds	$189,917,386	$35,444,200	$225,361,586
Less estimated income	188,676,995	35,333,519	224,010,514
General fund	$1,240,391	$110,681	$1,351,072
FTE	159.00	5.00	164.00
DHHS - Field Services			
Total all funds	$293,597,257	$59,299,966	$352,897,223
Less estimated income	114,273,300	(18,574,719)	95,698,581
General fund	$179,323,957	$77,874,685	$257,198,642
FTE	1,342.31	51.80	1,394.11
Bill total			
Total all funds	$4,450,096,002	$1,011,637,361	$5,461,733,363
Less estimated income	2,895,308,348	599,298,208	3,494,606,556
General fund	$1,554,787,654	$412,339,153	$1,967,126,807
FTE	2,265.33	94.00	2,359.33

Senate Bill No. 2012 - DHHS - Management - Senate Action

	Base Budget	Senate Changes	Senate Version
Salaries and wages	$21,363,556	$3,045,900	$24,409,456
Operating expenses	151,161,924	89,904,000	241,065,924
Capital assets	75,000		75,000
Total all funds	$172,600,480	$92,949,900	$265,550,380
Less estimated income	92,905,426	93,255,417	186,160,843
General fund	$79,695,054	($305,517)	$79,389,537
FTE	97.85	16.05	113.90

Department 326 - DHHS - Management - Detail of Senate Changes

	Adjusts Funding for Management[1]	Total Senate Changes
Salaries and wages	$3,045,900	$3,045,900
Operating expenses	89,904,000	89,904,000
Capital assets		
Total all funds	$92,949,900	$92,949,900
Less estimated income	93,255,417	93,255,417
General fund	($305,517)	($305,517)
FTE	16.05	16.05

[1] Funding for management is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes	14.55	$5,995,189	$11,524,138	$17,519,327
Adds funding for salary increases of 4 percent on July 1, 2023, and July 1, 2024		$862,063	$283,496	$1,145,559

Adds funding for increases in monthly health insurance rates from $1,429 to $1,648 per month		436,667	139,099	575,766
Converts 1 temporary position and adds an additional 0.50 FTE position for criminal background check processing	1.50	120,780	26,512	147,292
Adds funding for Americans with Disabilities Act coordination		55,200		55,200
Adds funding for a new Capitol space rent model		842,674		842,674
Reduces funding for overall agency operations		(19,900,262)		(19,900,262)
Total ongoing funding changes	16.05	($11,587,689)	$11,973,245	$385,556
One-Time Funding Items				
Adds one-time funding to continue to automate the criminal background check process		$1,000,000		$1,000,000
Provides one-time funding for operating inflation		10,282,172	$10,282,172	20,564,344
Adds one-time funding from the strategic investment and improvements fund for a procurement and grants software project			11,000,000	11,000,000
Provides one-time funding of $60.0 million, of which $20.4 million is from the community health trust fund and $39.6 million is from federal funds to replace the child support case management system			60,000,000	60,000,000
Total one-time funding changes	0.00	$11,282,172	$81,282,172	$92,564,344
Total changes to base level funding	16.05	($305,517)	$93,255,417	$92,949,900

Senate Bill No. 2012 - DHHS - Program/Policy - Senate Action

	Base Budget	Senate Changes	Senate Version
Salaries and wages	$122,081,310	$19,537,197	$141,618,507
Operating expenses	176,078,719	55,722,549	231,801,268
Capital assets	10,000		10,000
Grants	467,144,387	190,506,682	657,651,069
Grants - Medical assistance	3,028,666,463	556,176,867	3,584,843,330
Opioid prevention		2,000,000	2,000,000
Total all funds	$3,793,980,879	$823,943,295	$4,617,924,174
Less estimated income	2,499,452,627	489,283,991	2,988,736,618
General fund	$1,294,528,252	$334,659,304	$1,629,187,556
FTE	666.17	21.15	687.32

Department 328 - DHHS - Program/Policy - Detail of Senate Changes

	Adjusts Funding for Program and Policy[1]	Total Senate Changes
Salaries and wages	$19,537,197	$19,537,197
Operating expenses	55,722,549	55,722,549
Capital assets		
Grants	190,506,682	190,506,682
Grants - Medical assistance	556,176,867	556,176,867
Opioid prevention	2,000,000	2,000,000
Total all funds	$823,943,295	$823,943,295
Less estimated income	489,283,991	489,283,991
General fund	$334,659,304	$334,659,304
FTE	21.15	21.15

[1] Funding for program and policy is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes	9.15	$11,576,010	$9,505,488	$21,081,498
Adds funding for salary increases of 4 percent on July 1, 2023, and July 1, 2024		2,661,463	3,528,496	6,189,959
Adds funding for increases in monthly health insurance rates from $1,429 to $1,648 per month		1,338,470	1,865,110	3,203,580
Adds funding for estimated cost and caseload increases		122,273,747	381,790,377	504,064,124
Adds funding for annual provider inflation increases of 4 percent		47,443,941	50,139,879	97,583,820
Adds funding for federal medical assistance percentage adjustments based on a rate of 52.50 percent for federal fiscal years 2024 and 2025.		21,621,657	(21,621,657)	0
Economic Assistance				
Transfers temporary assistance for needy families funding currently used for foster care funding			7,496,368	7,496,368
Adds funding to increase the utilization of the child care assistance program for children ages 0 to 3		22,000,000		22,000,000
Adds funding to improve the ability of low-income parents to obtain child care		12,900,000		12,900,000
Increases federal funds authority for the child care and development fund ($2,491,435) and the low-income home energy assistance program ($12,700,000)			15,191,435	15,191,435
Medical Services				
Adds positions to provide assistance to Medicaid providers that employ direct care workers	2.00	48,642	266,995	315,637
Increases the eligibility level for the children's health insurance program from 170 to 210 percent of the federal poverty level		1,389,270	2,878,042	4,267,312
Increases the eligibility level for medically needy individuals from 83 to 90 percent of the federal poverty level		6,300,000	4,200,000	10,500,000

Long-Term Care				
Increases funding for home- and community-based services, including an increase in the personal needs allowance, an increase in adult foster care rates, increasing the family home care rate to $72.50 per day, and other enhancements		8,288,319	2,402,565	10,690,884
Eliminates the autism spectrum disorder voucher program and increases funding for the autism waiver program		4,168,959	4,607,797	8,776,756
Increases the maximum benefit level and available slots for the medically fragile waiver		186,400	206,022	392,422
Aging Services				
Adds 2 FTE home- and community-based services navigator positions and 1 FTE home- and community-based services generalist position	3.00	143,912	143,912	287,824
Increases senior meal rates from $4.60 to $8.89 for home-delivered meals and from $4.60 to $7.62 for congregate meals and provides for up to two home-delivered meals per day		12,992,444		12,992,444
Adds funding to increase aging services guardianship rates		70,500		70,500
Adds an FTE position for compliance and quality assurance	1.00	103,868	103,868	207,736
Adds an FTE position using existing federal funds for services to be provided due to a federal Department of Justice lawsuit	1.00			0
Increases funding for dementia care services grants to provide a total of $1.6 million		305,000		305,000
Children and Family Services				
Adds general fund support for foster care to allow temporary assistance for needy families funding to be redirected to economic assistance programs		7,496,368	(7,496,368)	0
Increases funding for children's advocacy centers to provide total funding of $4.1 million		2,500,000		2,500,000
Adds funding to provide assistance to unlicensed kin caregivers		960,000		960,000
Adds funding for grants to organizations that provide family-to-family support services		175,000		175,000
Behavioral Health				
Adds 1 FTE service navigator position and 1 FTE voucher processor position	2.00	223,946		223,946
Increases funding for the free through recovery program for funds to be received from the Department of Corrections and Rehabilitation for the program to provide total funding of $15.5 million			8,326,380	8,326,380
Increases funding for the community connect program to provide total funding of $15 million		7,019,514		7,019,514
Adds funding related to an opioid settlement			2,000,000	2,000,000

Adds funding for pregnant and parenting women residential services		600,000		600,000
Adds funding for school behavioral health grants to provide total funding of $6.5 million		3,500,000		3,500,000
Adds funding for recovery housing		1,300,000		1,300,000
Adds federal funds spending authority for the B-HERO program			400,000	400,000
Increases the Medicaid reimbursement rate for behavioral health practitioners from 75 to 100 percent of the Medicaid professional services fee schedule effective the 2nd year of the 2023-25 biennium		1,362,070	1,505,446	2,867,516
Developmental Disabilities				
Adds funding for guardianship establishment		300,000		300,000
Adds 1 FTE position for compliance and quality assurance	1.00	103,868	103,868	207,736
Adds 1 FTE early intervention position	1.00	86,602	86,602	173,204
Adds additional funding to increase developmental disability provider rates by 7 percent the 1st year of the biennium		10,223,681	11,403,366	21,627,047
Increases corporate guardianship slots by 30 to provide for 529 total slots and increases the daily reimbursement rate by 5 percent per year		808,748		808,748
Early Childhood				
Expands the best in class program		12,000,000		12,000,000
Adds funding for early childhood career grants		2,000,000		2,000,000
Adds 1 FTE program administrator for early childhood programs	1.00	236,905		236,905
Total ongoing funding changes	21.15	$326,709,304	$479,033,991	$805,743,295
One-Time Funding Items				
Adds one-time funding for program integrity audits		$2,250,000	$2,250,000	$4,500,000
Adjusts funding for autism programs		(300,000)		(300,000)
Adds funding from the strategic investment and improvements fund for a pregnant and parenting women facility			1,000,000	1,000,000
Add one-time funding to increase capacity for the early childhood rating infrastructure		3,000,000		3,000,000
Add one-time funding to create quality tiers in the child care reimbursement program		3,000,000		3,000,000
Expands public-private child care benefits using one-time funding from the legacy earnings fund			1,000,000	1,000,000
Provides child care business operating grants using one-time funding from the legacy earnings fund			5,000,000	5,000,000
Creates a pilot program for child care during nontraditional hours using one-time funding from the legacy earnings fund			1,000,000	1,000,000
Total one-time funding changes	0.00	$7,950,000	$10,250,000	$18,200,000
Total changes to base level funding	21.15	$334,659,304	$489,283,991	$823,943,295

Senate Bill No. 2012 - DHHS - County Social Services Financing - Senate Action

	Base Budget	Senate Changes	Senate Version
County social services	$189,917,386	$35,444,200	$225,361,586
Total all funds	$189,917,386	$35,444,200	$225,361,586
Less estimated income	188,676,995	35,333,519	224,010,514
General fund	$1,240,391	$110,681	$1,351,072
FTE	159.00	5.00	164.00

Department 333 - DHHS - County Social Services Financing - Detail of Senate Changes

	Adjusts Funding for County Social Services Program[1]	Total Senate Changes
County social services	$35,444,200	$35,444,200
Total all funds	$35,444,200	$35,444,200
Less estimated income	35,333,519	35,333,519
General fund	$110,681	$110,681
FTE	5.00	5.00

[1] Funding is adjusted for the county social services program as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes	(2.00)	$18,434	$1,240,493	$1,258,927
Adds funding for state employee salary increases of 4 percent on July 1, 2023, and July 1, 2024		61,440	1,486,858	1,548,298
Adds funding for increases in monthly health insurance rates from $1,429 to $1,648 per month		30,807	721,687	752,494
Adds funding for human service zone employee salary increases of 4 percent on July 1, 2023, and July 1, 2024			6,240,680	6,240,680
Adds funding for human services zone employee salary equity adjustments			1,000,000	1,000,000
Adjusts federal and special funds spending authority, including an additional $20 million for human service zone operations and $600,000 for increases in indigent burial assistance			23,541,770	23,541,770
Adds 4 FTE home- and community-based services management positions the 1st year of the biennium and 3 FTE positions the 2nd year of the biennium	7.00		1,102,031	1,102,031
Total ongoing funding changes	5.00	$110,681	$35,333,519	$35,444,200

Senate Bill No. 2012 - DHHS - Field Services - Senate Action

	Base Budget	Senate Changes	Senate Version
Human service centers	$163,213,829	$26,160,626	$189,374,455
Institutions	130,383,428	33,139,340	163,522,768
Total all funds	$293,597,257	$59,299,966	$352,897,223
Less estimated income	114,273,300	(18,574,719)	95,698,581
General fund	$179,323,957	$77,874,685	$257,198,642
FTE	1,342.31	51.80	1,394.11

Department 349 - DHHS - Field Services - Detail of Senate Changes

	Adjusts Funding for Field Services[1]	Total Senate Changes
Human service centers	$26,160,626	$26,160,626
Institutions	33,139,340	33,139,340
Total all funds	$59,299,966	$59,299,966
Less estimated income	(18,574,719)	(18,574,719)
General fund	$77,874,685	$77,874,685
FTE	51.80	51.80

[1] Funding is adjusted for field services as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes	(21.70)	$5,365,003	$7,438,385	$12,803,388
Adds funding for salary increases of 4 percent on July 1, 2023, and July 1, 2024		8,926,423	2,830,652	11,757,075
Adds funding for increases in monthly health insurance rates from $1,429 to $1,648 per month		4,161,185	1,449,231	5,610,416
Converts 28.5 temporary human service center positions to FTE positions to provide behavioral health services	28.50	950,906		950,906
Increases funding for crisis support services to convert 16 temporary positions to FTE peer support positions, to add 1 FTE nurse for residential crisis services, to add 4 FTE mobile crisis positions, to increase funding for locum tenens contracts, and to increase funding for contracted providers	21.00	11,375,536		11,375,536
Adds funding for annual provider inflation increases of 4 percent		1,417,491		1,417,491
Adds funding for three human service centers to become certified community behavioral health clinics	24.00	9,650,000		9,650,000
Total ongoing funding changes	51.80	$41,846,544	$11,718,268	$53,564,812
One-Time Funding Items				
Provides one-time funding from the strategic investment and improvements fund for the architectural design of a new state hospital			$5,000,000	$5,000,000
Provides one-time funding from the strategic investment and improvements fund to replace the fire alarm system and resurface the parking lot at the Southeast Human Service Center			735,154	735,154
Adds one-time funding to replace federal and special fund revenue with funding from the general fund due to decreased revenues and increased operating costs at human service centers and the State Hospital		$36,028,141	(36,028,141)	0
Total one-time funding changes	0.00	$36,028,141	($30,292,987)	$5,735,154
Total changes to base level	51.80	$77,874,685	($18,574,719)	$59,299,966

Senate Bill No. 2012 - Other Changes - Senate Action

This amendment also:

- Transfers $21.6 million from the strategic investment and improvements fund to the human service finance fund.
- Identifies $221.6 million from the human service finance fund for the county social services program.
- Identifies $20.4 million from the community health trust fund for the child support case management system project.
- Identifies $7 million from the legacy earnings fund for child care assistance program.
- Identifies $17,735,154 from the strategic investment and improvements fund for the procurement and grants computer project ($11,000,000), the design of a new state hospital ($5,000,000), pregnant and parenting women residential facilities ($1,000,000), and Southeast Human Service Center deferred maintenance projects ($735,154).
- Authorizes capital payments for special assessment costs at the State Hospital and Life Skills and Transition Center.
- Authorizes the demolition of certain buildings at the State Hospital.
- Authorizes direct assistance for beneficiaries of child care assistance.
- Provides guidelines for the the use of behavioral health facility grants.
- Identifies $4,672,536 from the general fund for permanent supportive housing grants.
- Provides that expenditures for the Medicaid Expansion program may not exceed legislative appropriations.
- Amends North Dakota Century Code Section 50-06-42 to remove the moratorium on new substance use disorder voucher program providers.
- Amends Section 50-24.1-26 to increase the eligible age of the autism waiver program from 16 to 18.
- Amends Section 50-29-04 to increase the eligibility level of the children's health insurance program from 175 to 210 percent of the federal poverty level.
- Repeals Section 50-06-32.1 relating to the autism voucher.
- Authorizes DHHS to enter into agreements with vendors to build two human service center buildings.
- Authorizes DHHS to lease land at the State Hospital to the National Guard to construct a training and storage building.
- Requires providers receiving funding from DHHS to submit process and outcome measures.
- Provides guidelines for three human service centers to become certified behavioral health clinics.
- Provides exemptions to authorize unexpended appropriations to continue into the 2023-25 biennium.
- Provides an exemption for procurement requirements for an early childhood information system.
- Provides an exemption for procurement for consumables at department residential facilities during low-census time periods.
- Provides intent that DHHS seeks a deficiency appropriation from the 69th Legislative Assembly if utilization rates exceed estimates.
- Identifies provider inflation increases included in the amendment.
- Provides that an individual may not appeal a denial or reduction of service by DHHS if federal COVID-19 funding is no longer available.
- Provides for a Legislative Management study of early childhood programs.
- Provides for DHHS to provide reports to the Legislative Management regarding the status of early childhood programs.

DHHS - Management - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

2/14/2023

	Executive Budget Recommendation				Senate Version				Senate Changes to Executive Budget Increase (Decrease) - Executive Budget			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	97.85	$79,695,055	$92,905,425	$172,600,480	97.85	$79,695,055	$92,905,425	$172,600,480	0.00	$0	$0	$0
2023-25 Ongoing Funding Changes												
Base payroll and budget changes	14.55	$5,995,189	$11,524,138	$17,519,327	14.55	$5,995,189	$11,524,138	$17,519,327				$0
Salary increase		1,147,998	374,236	1,522,234		862,063	283,496	1,145,559		(285,935)	(90,740)	(376,675)
Health insurance increase		433,004	141,155	574,159		436,667	139,099	575,766		3,663	(2,056)	1,607
Criminal backgroud check positions	1.50	120,780	26,512	147,292	1.50	120,780	26,512	147,292				0
ADA coordinators		55,200		55,200		55,200		55,200				0
New Capitol space rent model		842,674		842,674		842,674		842,674				0
County social services funding shift		19,816,722		19,816,722				0		(19,816,722)		(19,816,722)
Total ongoing funding changes	16.05	$28,411,567	$12,066,041	$40,477,608	16.05	$8,312,573	$11,973,245	$20,285,818	0.00	($20,098,994)	($92,796)	($20,191,790)
One-time funding items												
Criminal background check automation		$1,000,000		$1,000,000		$1,000,000		$1,000,000				$0
Operating inflation		10,282,172	$10,282,172	20,564,344		10,282,172	10,282,172	20,564,344				0
Procurement and grants software - SIIF			11,000,000	11,000,000			11,000,000	11,000,000				0
Child Support computer project			60,000,000	60,000,000			60,000,000	60,000,000				0
Total one-time funding changes	0.00	$11,282,172	$81,282,172	$92,564,344	0.00	$11,282,172	$81,282,172	$92,564,344	0.00	$0	$0	$0
Total Changes to Base Level Funding	16.05	$39,693,739	$93,348,213	$133,041,952	16.05	$19,594,745	$93,255,417	$112,850,162	0.00	($20,098,994)	($92,796)	($20,191,790)
2023-25 Total Funding	113.90	$119,388,794	$186,253,638	$305,642,432	113.90	$99,289,800	$186,160,842	$285,450,642	0.00	($20,098,994)	($92,796)	($20,191,790)
Federal funds included in other funds			*$151,779,384*				*$151,687,727*				*($91,657)*	
Total ongoing changes as a percentage of base level	*16.4%*	*35.7%*	*13.0%*	*23.5%*	*16.4%*	*10.4%*	*12.9%*	*11.8%*				
Total changes as a percentage of base level	*16.4%*	*49.8%*	*100.5%*	*77.1%*	*16.4%*	*24.6%*	*100.4%*	*65.4%*				

Prepared for the Senate Appropriations Committee

Department 325 - Department of Health and Human Services - Human Services Divisions
Senate Bill No. 2012

Executive Budget Comparison to Base Level

	General Fund	Other Funds	Total
2023-25 Executive Budget	$1,990,026,154	$3,458,144,154	$5,448,170,308
2023-25 Base Level	1,554,787,657	2,895,308,345	4,450,096,002
Increase (Decrease)	$435,238,497	$562,835,809	$998,074,306

Selected Budget Changes Recommended in the Executive Budget

	General Fund	Other Funds	Total
Departmentwide			
1. Provides funding for state employee salary and benefit increases, of which $27,595,301 is for salary increases and $9,914,190 is for health insurance increases	$22,572,454	$14,937,037	$37,509,491
2. Adjusts funding to increase general fund support for traditional Medicaid due to changes in the state's federal medical assistance percentage (FMAP)	$21,621,657	$0	$21,621,657
3. Adds funding for Medicaid cost, caseload, and utilization changes, including $344,486,119 for medical services, $108,980,250 for long-term care, and $50,597,755 for developmental disabilities	$122,273,746	$381,790,378	$504,064,124
4. Provides for inflationary increases of 4 percent the 1st year of the biennium and 3 percent the 2nd year of the biennium for human service providers in the 2023-25 biennium	$46,887,871	$46,892,127	$93,779,998
5. Replaces ongoing funding of $31.5 million appropriated during the 2021-23 biennium from the community health trust fund and $1 million of funding from the health care trust fund with funding from the general fund	$32,500,000	($32,500,000)	$0
6. Adds funding for a new Capitol space rent model	$842,674	$0	$842,674
7. Adds **one-time funding** for operating inflation	$10,282,172	$10,282,172	$20,564,344
8. Provides **one-time funding** from the strategic investment and improvements fund (SIIF) for a procurement and grants management system	$0	$11,000,000	$11,000,000
9. Provides **one-time funding** of $60.0 million, of which $20.4 million is from the community health trust fund and $39.6 million is from federal funds, to replace the child support case management system	$0	$60,000,000	$60,000,000
Program and Policy			
1. Increases funding for home- and community-based services (HCBS), including the addition of 14 FTE positions for HCBS case management and other HCBS duties	$9,949,931	$4,749,311	$14,699,242
2. Increases funding to serve vulnerable adults, including guardianship fee increases and the addition of 2 FTE positions for aging services and developmental disabilities investigations	$578,236	$207,736	$785,972
3. Increases senior meal rates from $4.60 to $8.89 for home-delivered meals and from $4.60 to $7.62 for congregate meals and provides for up to two home-delivered meals per day	$12,992,444	$0	$12,992,444
4. Adds funding from the general fund for foster care needs to allow federal temporary assistance for needy families (TANF) funding to be reallocated for economic assistance programs	$7,496,368	$0	$7,496,368
5. Increases funding for child health and well-being to:			
• Add 2 FTE early intervention positions	$173,204	$173,204	$346,408
• Add 4 FTE child response and protection positions	938,472	0	938,472
• Add funding to provide assistance to unlicensed kin caregivers	960,000	0	960,000

• Increase funding for children's advocacy centers to provide total funding of $3.2 million	1,600,000	0	1,600,000
Total	$3,671,676	$173,204	$3,844,880
6. Eliminates the autism spectrum disorder voucher program and increases funding for the autism waiver program	$3,868,959	$4,607,797	$8,476,756
7. Adds funding for medical assistance programs to:			
• Increase the eligibility level the children's health insurance program from 170 to 210 percent of the federal poverty level	$1,389,270	$2,878,042	$4,267,312
• Increase the eligibility level for medically needy individuals from 83 to 90 percent of the federal poverty level	6,300,000	4,200,000	10,500,000
• Increase the maximum benefit level and available slots for the medically fragile waiver	186,400	206,022	392,422
Total	$7,875,670	$7,284,064	$15,159,734
8. Adds 2 FTE positions for developmental disability program management	$162,006	$168,618	$330,624
9. Provides funding for community-based behavioral health and support to:			
• Convert 28.5 temporary human service center positions to FTE positions to provide behavioral health services	$950,906	$0	$950,906
• Add 1 FTE behavioral health services navigator position in the behavioral health division	189,272	0	189,272
• Add 1 FTE substance use disorder voucher program processor position in the behavioral health division	34,674	0	34,674
• Add ongoing funding from the general fund and **one-time funding** from SIIF for pregnant and parenting women residential services, including **one-time funding** for improvements to residential facilities	600,000	1,000,000	1,600,000
Total	$1,774,852	$1,000,000	$2,774,852
10. Increases funding from the general fund for the community connect peer support program and funding from special funds from the Department of Corrections and Rehabilitation for the free through recovery peer support program	$7,019,514	$8,326,380	$15,345,894
11. Provides funding for a workforce initiative to:			
• Add **one-time funding** to increase capacity for the early childhood rating infrastructure	$3,000,000	$0	$3,000,000
• Convert 1 temporary FTE position and add 0.50 FTE position for criminal background check processing	116,473	25,564	142,037
• Add **one-time funding** to further automate the background check process	1,000,000	0	1,000,000
• Add 2 FTE positions to provide assistance to businesses who employ direct care workers to maintain and increase services	49,800	267,941	317,741
• Add **one-time funding** to create quality tiers in the child care reimbursement program	3,000,000	0	3,000,000
• Increase utilization rates of children ages 0 to 3 served by the child care assistance program	22,000,000	0	22,000,000
• Improve the ability of lower income parents to obtain quality child care	12,900,000	0	12,900,000
• Increase funding for kindergarten readiness	2,400,000	0	2,400,000
• Add 2 FTE positions for child care grant and support programs	476,962	0	476,962
• Expand the best in class program	16,000,000	0	16,000,000
• Provide early childhood career development grants	2,000,000	0	2,000,000
• Expand public-private child care benefits using **one-time funding** from the legacy earnings fund	0	5,000,000	5,000,000

• Provide child care business operating grants using **one-time funding** from the legacy earnings fund	0	7,000,000	7,000,000
• Create a pilot program for child care during nontraditional hours using **one-time funding** from the legacy earnings fund	0	1,000,000	1,000,000
Total	$62,943,235	$13,293,505	$76,236,740
12. Adds **one-time funding** for program integrity audits	$2,250,000	$2,250,000	$4,500,000
Field Services			
1. Adds funding for crisis services to:			
• Convert 16 temporary positions to FTE peer support specialist positions	$1,580,901	$0	$1,580,901
• Add 1 FTE nurse position for crisis residential services at the Northwest Human Service Center	182,516	0	182,516
• Add 4 FTE mobile crisis positions	1,050,419	0	1,050,419
• Increase funding for locum tenus contracts	2,475,200	0	2,475,200
• Increase funding for contracted medical providers	6,086,500	0	6,086,500
Total	$11,375,536	$0	$11,375,536
2. Adds **one-time funding** to replace federal and special fund revenue with funding from the general fund due to decreased revenues and increased operating costs at human service centers and the State Hospital	$36,028,141	($36,028,141)	$0
3. Provides **one-time funding** of $735,154 from SIIF to replace the fire alarm system and resurface the parking lot at the Southeast Human Service Center	$0	$735,154	$735,154
4. Provides **one-time funding** of $10 million from SIIF for the architectural design of a new state hospital	$0	$10,000,000	$10,000,000
County Social Services			
1. Transfers $200 million from the tax relief fund to the human service finance fund and appropriates the funding for costs associated with the county social and human services program			
2. Adds funding from the general fund for the costs of 85 FTE positions	$19,816,722	$0	$19,816,723

A summary of the executive budget changes to the agency's base level appropriations is attached as an appendix.

A copy of the draft appropriations bill containing the executive budget recommendations is attached as an appendix.

Selected Bill Sections Recommended in the Executive Budget

Transfers - Sections 3, 4, and 5 would allow the Department of Health and Human Services (DHHS) to transfer appropriation authority between line items in Senate Bill No. 2012 and House Bill No. 1004.

Contingent FTE positions - Section 6 would authorize DHHS to increase direct care FTE positions for field services subject to the availability of funds.

Community health trust fund - Section 7 would identify $20.4 million of funding in the budget is from the community health trust fund for the child support case management system replacement project.

Human service finance fund - Section 8 would identify $200 million of funding in the budget is from the human service finance fund for the county social and human service finance project.

Legacy earning fund - Section 9 would identify $13 million of funding in the budget is from the legacy earnings fund for defraying the expenses of various child care programs.

Special assessments - Section 10 would authorize DHHS to pay special assessments at the State Hospital and Life Skills and Transition Center.

Capital projects - Section 11 would authorize DHHS to proceed with capital projects at the State Hospital.

Permanent supportive housing grants - Section 12 would identify $4,672,536 in the budget is from the general fund for permanent supportive housing grants.

Child care financial assistance - Section 13 would identify $5 million in the budget is for financial assistance and direct payments for child care services.

Medicaid expansion - Section 14 would provide DHHS may not spend more for the Medicaid Expansion program than the amount is appropriated in the bill with certain exceptions.

Children's health insurance program - Section 15 would provide the statutory changes need to increase the eligibility level of the children's health insurance program from 175 to 210 percent of the federal poverty level.

Autism spectrum disorder voucher program - Section 16 would repeal the statutory provisions related to the autism spectrum disorder voucher program.

Building leases - Section 17 would authorize DHHS to enter agreements for the lease of facilities for human service centers.

State Hospital land lease - Section 18 would authorize DHHS to lease land at the State Hospital to the Adjutant General to construct a training and storage facility.

Provider outcomes - Section 19 would provide that DHHS require providers to submit process and outcome measures as requested by the department.

Community behavioral health program - Section 20 would authorize DHHS to transfer funds between line items for the community behavioral health program.

Early childhood information systems - Section 21 would exempt DHHS from state procurement practices for selecting a vendor to develop early childhood information systems.

Carryover exemptions - Sections 22 through 34 would authorize DHHS to continue unexpended appropriations for various purposes into the 2023-25 biennium.

Utilization rate adjustments - Section 35 would provide intent that DHHS seek a deficiency appropriation from the 69th Legislative Assembly if utilization rates exceed estimates used in the budget.

Provider inflation increase - Section 36 would provide for providers to receive an inflationary increase of 4 percent the 1st year and 3 percent the 2nd year of the 2023-25 biennium.

Basic care facility rebasing - Section 37 would provide for DHHS to rebase basic care facility rates.

Federal funding appeal limitation - Section 38 would provide an individual may not appeal a denial of service by DHHS due to the unavailability of federal coronavirus relief funding.

Early childhood program reports - Section 39 would require DHHS to provide reports to the Legislative Management regarding early childhood programs.

Continuing Appropriations

Child support collection and disbursement - North Dakota Century Code Section 14-09-25 - Allows the department to receive child support payments and provide the funds to the custodial parent or appropriate governmental entity for those custodial parents receiving governmental assistance.

Child support improvement account - Section 50-09-15.1 - Allows the department to receive federal child support incentive funds and spend the funds in accordance with its business plan to improve the child support collection process.

Child support cooperative agreements - Section 50-09-33 - Allows the department to accept federal funds and other income generated by the department under a cooperative agreement with an Indian tribe for child support enforcement services for hiring staff and payment of other expenses as necessary for carrying out the department's duties under the agreement.

Transition to independence - Section 50-06-34 - Allows the department to receive grants and other sources of funding for the development of a program for services to transition-aged youth at risk.

Deficiency Appropriations

Senate Bill No. 2025 includes $25 million from the general fund and $285 million from other funds to maintain the current level of Medicaid enrollment during the extension of the public health emergency related to COVID-19.

Significant Audit Findings

The June 30, 2021, State Auditor's report for the Department of Human Services identified the following audit findings:

- **Not verifying income eligibility** - The department is not adequately verifying that individuals applying for the substance use disorder voucher program have income at or below 200 percent of the federal poverty level.
- **Not verifying Medicaid eligibility** - The department paid up to $1,066,655 through the substance use disorder program for services provided to individuals that could have received services through the Medicaid program. This resulted in 293 individuals not being served through the voucher program due to a lack of funding for the program.
- **Employees not properly paid** - Employees at the Life Skills and Transition Center and State Hospital were underpaid by $132,000 due to the department not paying the appropriate shift differential for employees working overnight on a weekend.
- **Noncompliance with performance bonus requirements** - The department paid a total of $157,000 in performance bonuses to employees that were not eligible to receive a bonus. Bonuses were provided to 61 employees who were not employed in state government for at least 1 year before receiving the bonus and 69 bonuses were provided to ineligible temporary employees.

- **Child care correction orders not resolved (prior audit finding)** - The department is not properly monitoring corrective orders issued to child care providers.
- **Timely contact for victims of child abuse (prior audit finding)** - The department is not responding in the required time frame when reports of suspected child abuse are received.
- **Financial statement errors (prior audit finding)** - The department reported incorrect financial statement amounts totaling $629 million to the Office of Management and Budget for the state's annual comprehensive financial report.
- **Drug Rebate and Analysis System receivables balance (prior audit finding)** - There is a lack of internal controls for the Drug Rebate and Analysis Management System which can result in an overstatement of receivables for the Medicaid drug rebate system.

Major Related Legislation

House Bill No. 1026 - Legislative Management study - Provides for a legislative management study regarding the implementation of behavioral health and acute psychiatric treatment recommendations.

House Bill No. 1027 - Community behavioral health clinics - Requires each human service center to become a certified community behavioral health clinic.

House Bill No. 1028 - Community health worker task force - Creates a community worker health task force and provides an appropriation to allow the task force to contract with a third party to provide services to the task force.

House Bill No. 1029 - Community health workers - Provides definitions for the certification of community health workers by DHHS and requires the department to seek a Medicaid state plan amount to authorize Medicaid reimbursement for services provided by community health workers.

House Bill No. 1035 - Cross-disability advisory council - Creates a cross-disability advisory council to advise DHHS regarding the implementation, planning, and design of the cross-disability children's waiver and repeals the autism spectrum disorder task force.

House Bill No. 1036 - TANF benefit level - Establishes the TANF program maximum basis standard of need benefit level to be at least 50 percent of the federal poverty level based on household size.

House Bill No. 1043 - Psychiatric residential treatment facility - Adjusts the admissions requirements for psychiatric residential treatment facilities.

House Bill No. 1044 - Medical assistance primary care provider - Repeals a statutory section that requires the medical assistance program to recognize physician assistants and advanced practice registered nurses as primary care providers.

House Bill No. 1045 - Health care facility survey - Allows the use of a third-party reviewer for health care facility surveys.

House Bill No. 1046 - Human service zone indirect costs - Adjusts the allowable indirect cost payments that may be paid to a human service zone.

House Bill No. 1047 - Health insurance information - Updates the information that needs to be provided to DHHS from health insurers.

House Bill No. 1048 - Developmental disability program administration - Adjusts the duties of DHHS relating to developmental disabilities services, including the requirement for the department to establish funding for family members and corporate guardianships.

House Bill No. 1049 - Adult foster home zoning - Requires adult foster homes to be considered a permitted use in a single-family or equivalent least-density residential zone.

House Bill No. 1050 - Substance use disorder language - Updates language regarding substance use disorder programs.

House Bill No. 1051 - Field services meals - Allows DHHS to provide meals at a fair value or without a charge to employees at the State Hospital, Life Skills and Transition Center, and continually staffed residential units at human service centers.

House Bill No. 1091 - Family foster care for children - Allows for the certification of kinship relatives to provide foster care to children.

House Bill No. 1110 - Autism spectrum disorder voucher program - Increases the eligibility level of the autism spectrum disorder voucher program from 200 to 250 percent of federal poverty level.

Senate Bill No. 2026 - State Hospital building demolition - Appropriates funding to demolish buildings at the State Hospital.

Senate Bill No. 2030 - Study of value-based purchasing - Requires DHHS to study value-based purchasing and to report its funding to the Legislative Management.

Senate Bill No. 2031 - Prescription drug reference rate pilot program - Requires the Insurance Commissioner to create a prescription drug reference rate pilot program.

Senate Bill No. 2034 - Children's Cabinet membership - Adjusts the legislative membership of the Children's Cabinet and adds the Executive Director of DHHS to the membership of the cabinet.

Senate Bill No. 2035 - Guardianship services - Provides an appropriation to DHHS to increase funding for developmental disability guardianships and provides an appropriation to the Office of Management and Budget to increase funding for indigent guardianship grants.

Senate Bill No. 2051 - Criminal history checks - Adjusts the requirements of DHHS to conduct criminal history records checks.

Senate Bill No. 2052 - Life Skills and Transition Center - Adjusts the duties and requirements to access services at the Life Skills and Transition Center.

Senate Bill No. 2071 - Medical assistance for pregnant women - Increases the Medicaid eligibility level for medical assistance for pregnant women from 162 to 200 percent of the federal poverty level.

Senate Bill No. 2077 - Gambling disorder prevention - Allows DHHS to administer a gambling disorder program rather than contracting for services.

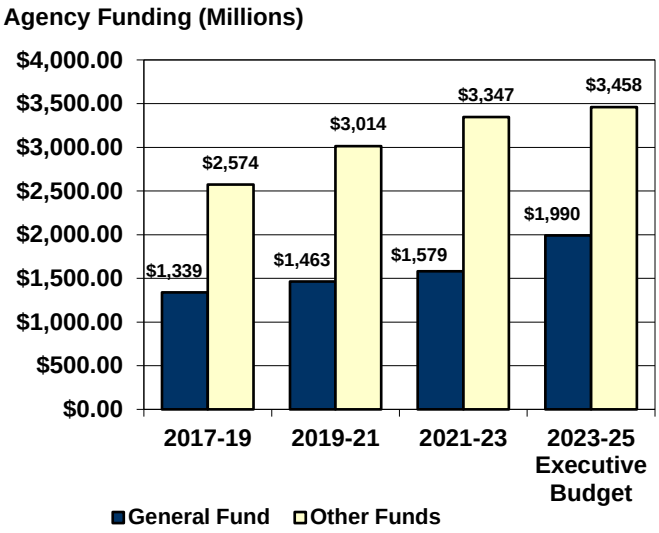
Senate Bill No. 2083 - Behavioral health collaborative care - Authorizes the State Hospital and human service centers to provide behavioral health collaborative care and consultation services.

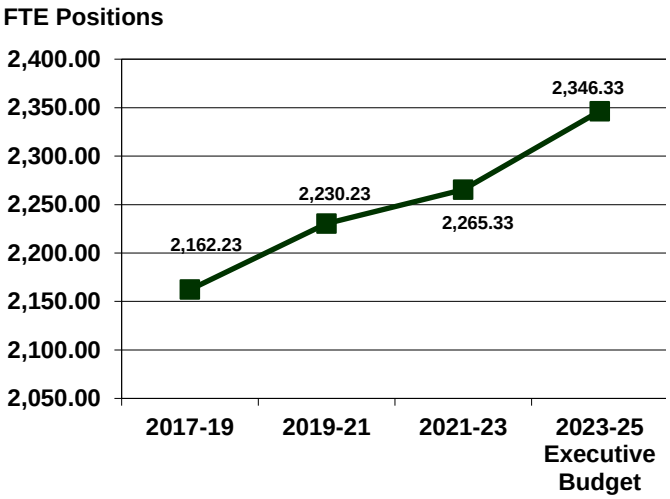
Senate Bill No. 2087 - TANF household size - Removes a provision that prevents an increase in benefits when a child is born to an individual enrolled in the TANF program.

Senate Concurrent Resolution No. 4001 - Public institutions terminology - Adjusts the terminology used in the constitution for public institutions, including the State Hospital and Life Skills and Transition Center.

Historical Appropriations Information

Agency Appropriations and FTE Positions





Ongoing General Fund Appropriations

	2015-17	2017-19	2019-21	2021-23	2023-25 Executive Budget
Ongoing general fund appropriations	$1,262,925,021	$1,313,081,350	$1,461,150,884	$1,554,787,654	$1,934,765,841
Increase (decrease) from previous biennium	N/A	$50,156,329	$148,069,534	$93,616,770	$379,978,187
Percentage increase (decrease) from previous biennium	N/A	4.0%	11.3%	6.4%	24.4%
Cumulative percentage increase (decrease) from 2015-17 biennium	N/A	4.0%	15.7%	23.1%	53.2%

Major Increases (Decreases) in Ongoing General Fund Appropriations

2017-19 Biennium

1. Removed 33 FTE positions from the department	($3,127,902)
2. Reduced funding for staff overtime	($1,082,857)
3. Adjusted funding for child care assistance eligibility	($2,160,357)
4. Adjusted the professional fee schedule to 100 percent of Medicare and provided other policy changes	($10,612,966)
5. Added funding to continue Medicaid Expansion for 19- and 20-year-olds as managed care	$1,653,008
6. Changed a portion of funding sources for various programs from the general fund to the community health trust fund ($18,000,000) and the tobacco prevention and control trust fund ($22,175,000)	($40,175,000)
7. Added funding for nursing home operating margin, rebasing, and incentives	$1,783,181
8. Added funding for money follows the person grants	$527,954
9. Added funding to increase the autism waiver maximum age to 11 years old	$183,609
10. Reduced funding for vacant positions and employee turnover at institutions	($3,250,499)

2019-21 Biennium

1. Added funding for provider inflationary increases of 2 percent the 1st year of the biennium and 2.5 percent the 2nd year of the biennium	$30,155,090
2. Adjusted funding for anticipated changes in the regular FMAP	($25,682,840)
3. Adjusted funding for anticipated changes in the FMAP for Medicaid Expansion ($20,254,376) and the children's health insurance program ($6,152,757)	$26,407,133
4. Added funding for grant cost and caseload changes	$51,128,377

5. Replaced funding provided in the 2017-19 biennium from the tobacco prevention and control trust fund — $34,175,000
6. Replaced one-time funding provided in the 2017-19 biennium for Medicaid Expansion commercial rates — $13,300,000
7. Adjusted funding sources to use funding from the community health trust fund rather than the general fund — ($32,400,000)
8. Added funding for the free through recovery program to provide services to individuals outside of the corrections system — $4,000,000
9. Added funding to expand crisis services — $4,096,174
10. Added funding for the substance use disorder voucher program — $3,053,523

2021-23 Biennium

1. Added funding for cost, caseload, and utilization changes, including $156,789,851 for medical services, $77,698,712 for long-term care, and $41,567,021 for developmental disabilities — $124,345,846
2. Increased funding for substance use disorder vouchers to $15 million and added $2 million for substance use disorder grants — $9,000,000
3. Added funding for a new early childhood program — $1,500,000
4. Reduced funding for long-term care estimated utilization rates — ($9,395,558)
5. Transferred 19- and 20-year old individuals in Medicaid Expansion to fee-for-service arrangement — ($2,413,379)
6. Adjusted funding based on estimated federal medical assistance percentage rates — ($45,779,364)
7. Added provider inflation funding to provide a 2.0 percent increase the 1st year of the biennium and a 0.25 percent increase the 2nd year of the biennium — $18,998,506
8. Added funding for technology contractual services and repairs — $4,010,886

2023-25 Biennium (Executive Budget Recommendation)

1. Adjusts funding to increase general fund support for traditional Medicaid due to changes in the state's FMAP — $21,621,657
2. Adds funding for Medicaid cost, caseload, and utilization changes, including $344,486,119 for medical services, $108,980,250 for long-term care, and $50,597,755 for developmental disabilities — $122,273,746
3. Provides for inflationary increases of 4 percent the 1st year of the biennium and 3 percent the 2nd year of the biennium for human service providers in the 2023-25 biennium — $46,887,871
4. Replaces ongoing funding of $31.5 million appropriated during the 2021-23 biennium from the community health trust fund and $1 million of funding from the health care trust fund with funding from the general fund — $32,500,000
5. Transfer the costs of 85 FTE positions from the human service finance fund to the general fund and other funds — $19,816,722
6. Increases funding for crisis support services — $11,518,430
7. Adds funding for a workforce initiative — $54,566,998
8. Increases funding for senior nutrition services — $12,992,44
9. Adds funding for home- and community-based services — $9,894,731
10. Adds funding to adjust the use of federal TANF funds — $7,496,368

One-Time General Fund Appropriations

	2015-17	2017-19	2019-21	2021-23	2023-25 Executive Budget
One-time general fund appropriations	$18,172,167	$26,000,000	$1,512,603	$24,233,216	$55,260,313

Major One-Time General Fund Appropriations

2017-19 Biennium

1. Added one-time funding for a county social services pilot program — $26,000,000

2019-21 Biennium

1. Added one-time funding for a medically complex children provider funding adjustment — $977,603
2. Added one-time funding for a hyperbaric oxygen therapy pilot project — $335,000

2021-23 Biennium

1. Added one-time funding for the first phase of upgrading the Medicaid management information system $4,326,686
2. Added one-time funding for a child welfare technology project $15,000,000
3. Added one-time funding for changes associated with the implementation of a new nursing facility payment methodology $3,348,000
4. Added one-time funding for heat pump and carpet replacement projects at the Southeast Human Service Center $724,000

2023-25 Biennium (Executive Budget Recommendation)

1. Adds one-time funding to replace federal and special fund revenue with funding from the general fund due to decreased revenues and increased operating costs at human service centers and the State Hospital $36,028,141
2. Adds one-time funding for child care programs associated with a workforce initiative, including funding to expand background checks, to add capacity for early childhood rating infrastructure, and to create quality tiers in the child care reimbursement program $7,000,000
3. Adds one-time funding for program integrity audits $2,250,000
4. Adds one-time funding for inflation $10,282,172

DHHS - Management - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Executive Budget Recommendation			
	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	97.85	$79,695,055	$92,905,425	$172,600,480
2023-25 Ongoing Funding Changes				
Base payroll and budget changes		$5,995,189	$11,524,138	$17,519,327
Salary increase		1,147,998	374,236	1,522,234
Health insurance increase		433,004	141,155	574,159
Workforce initiative	3.00	376,235	26,509	402,744
Home- and community-based services		55,200		55,200
New Capitol space rent model		842,674		842,674
County social services funding shift		19,816,722		19,816,722
Total ongoing funding changes	3.00	$28,667,022	$12,066,038	$40,733,060
One-time funding items				
Workforce initiative one-time		$1,000,000		$1,000,000
Operating inflation		10,282,172	$10,282,172	20,564,344
Procurement and grants software - SIIF			11,000,000	11,000,000
Total one-time funding changes	0.00	$11,282,172	$21,282,172	$32,564,344
Total Changes to Base Level Funding	3.00	$39,949,194	$33,348,210	$73,297,404
2023-25 Total Funding	100.85	$119,644,249	$126,253,635	$245,897,884
Federal funds included in other funds			*$112,179,381*	
Total ongoing changes as a percentage of base level	*3.1%*	*36.0%*	*13.0%*	*23.6%*
Total changes as a percentage of base level	*3.1%*	*50.1%*	*35.9%*	*42.5%*

DHS - Program and Policy - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Executive Budget Recommendation			
	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	682.17	$1,294,528,253	$2,499,452,626	$3,793,980,879
2023-25 Ongoing Funding Changes				
Base payroll and budget changes		$11,576,010	$8,970,473	$20,546,483
Salary increase		3,528,965	4,743,438	8,272,403
Health insurance increase		1,331,062	1,789,141	3,120,203
Cost and caseload increases		122,273,747	381,790,377	504,064,124
FMAP changes		21,621,657	(21,621,657)	0
Provider inflation increase		45,591,613	46,892,127	92,483,740
Home- and community-based services	3.00	9,894,731	2,546,477	12,441,208
Vulnerable adult services	2.00	578,236	207,736	785,972
Senior nutrition services		12,992,444		12,992,444
TANF program adjustments		7,496,368		7,496,368
Child health and well-being	6.00	3,671,676	173,204	3,844,880
Autism waiver and voucher adjustments		4,168,959	4,607,797	8,776,756
Medical assistance program eligbility increase		7,875,670	7,284,064	15,159,734
Developmental disability program management	2.00	162,006	168,618	330,624
Community connect and free through recovery		7,019,514	8,326,380	15,345,894
Community-based behavioral health	2.00	823,946		823,946
Opioid prevention			2,000,000	2,000,000
County social services funding adjustments			535,015	535,015
Workforce initiative	2.50	55,566,998	266,998	55,833,996
Total ongoing funding changes	17.50	$316,173,602	$448,680,188	$764,853,790
One-time funding items				
Workforce initiative one-time		$6,000,000	$13,000,000	$19,000,000
Program integrity audits		2,250,000	2,250,000	4,500,000
Child support project - SIIF			60,000,000	60,000,000
Pregnant and parenting women - SIIF			1,000,000	1,000,000
Autism programs adjustment		(300,000)		(300,000)
Total one-time funding changes	0.00	$7,950,000	$76,250,000	$84,200,000
Total Changes to Base Level Funding	17.50	$324,123,602	$524,930,188	$849,053,790
2023-25 Total Funding	699.67	$1,618,651,855	$3,024,382,814	$4,643,034,669
Federal funds included in other funds			*$2,882,865,322*	
Total ongoing changes as a percentage of base level	*2.6%*	*24.4%*	*18.0%*	*20.2%*
Total changes as a percentage of base level	*2.6%*	*25.0%*	*21.0%*	*22.4%*

DHHS - Field Services - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Executive Budget Recommendation			
	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	1,342.31	$179,323,958	$114,273,299	$293,597,257
2023-25 Ongoing Funding Changes				
Base payroll and budget changes		$5,365,003	$7,438,385	$12,803,388
Salary increase		11,951,565	3,779,803	15,731,368
Health insurance increase		4,067,614	1,416,642	5,484,256
Community based behavioral health	28.50	950,906		950,906
Crisis support services	21.00	11,375,536		11,375,536
Provider inflation adjustment		1,296,258		1,296,258
Total ongoing funding changes	49.50	$35,006,882	$12,634,830	$47,641,712
One-time funding items				
State Hospital design - SIIF			$10,000,000	$10,000,000
Human Service Center deferred maintenance - SIIF			735,154	735,154
Revenue enhancement and staffing		$36,028,141	(36,028,141)	0
Total one-time funding changes	0.00	$36,028,141	($25,292,987)	$10,735,154
Total Changes to Base Level Funding	49.50	$71,035,023	($12,658,157)	$58,376,866
2023-25 Total Funding	1,391.81	$250,358,981	$101,615,142	$351,974,123
Federal funds included in other funds			*$63,157,110*	
Total ongoing changes as a percentage of base level	*3.7%*	*19.5%*	*11.1%*	*16.2%*
Total changes as a percentage of base level	*3.7%*	*39.6%*	*(11.1%)*	*19.9%*

DHHS - County Social Services - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Executive Budget Recommendation			
	FTE Positions	**General Fund**	**Other Funds**	**Total**
2023-25 Biennium Base Level	143.00	$1,240,391	$188,676,995	$189,917,386
2023-25 Ongoing Funding Changes				
Base payroll and budget changes		$18,434	$1,040,347	$1,058,781
Salary increase - State employees		82,130	1,987,165	2,069,295
Health insurance increase - State employees		30,114	705,458	735,572
Zone employee salary increase			8,337,993	8,337,993
Funding adjustments			2,941,770	2,941,770
Home- and community-based services	11.00		2,202,834	2,202,834
Total ongoing funding changes	11.00	$130,678	$17,215,567	$17,346,245
One-time funding items				
No one-time funding items				$0
Total one-time funding changes	0.00	$0	$0	$0
Total Changes to Base Level Funding	11.00	$130,678	$17,215,567	$17,346,245
2023-25 Total Funding	154.00	$1,371,069	$205,892,562	$207,263,631
Federal funds included in other funds			*$3,542,273*	
Total ongoing changes as a percentage of base level	*7.7%*	*10.5%*	*9.1%*	*9.1%*
Total changes as a percentage of base level	*7.7%*	*10.5%*	*9.1%*	*9.1%*

Department of Health and Human Services - Budget No. 325
Senate Bill No. 2012
Other Sections

	Executive Budget Recommendation
Transfers	Sections 3, 4, and 5 would allow the DHHS to transfer appropriation authority between line items in Senate Bill No. 2012 and House Bill No. 1004.
Contingent FTE positions	Section 6 would authorize DHHS to increase direct care FTE positions for field services subject to the availability of funds.
Community health trust fund	Section 7 would identify $20.4 million of funding in the budget is from the community health trust fund for the child support case management system replacement project.
Human service finance fund	Section 8 would identify $200 million of funding in the budget is from the human service finance fund for the county social and human service finance project.
Legacy earnings fund	Section 9 would identify $13 million of funding in the budget is from the legacy earnings fund for defraying the expenses of various child care programs.
Special assessments	Section 10 would authorize DHHS to pay special assessments at the State Hospital and Life Skills and Transition Center.
Capital projects	Section 11 would authorize DHHS to proceed with capital projects at the State Hospital.
Permanent supportive housing grants	Section 12 would identify $4,672,536 in the budget is from the general fund for permanent supportive housing grants.
Child care financial assistance	Section 13 would identify $5 million in the budget is for financial assistance and direct payments for child care services.
Medicaid expansion	Section 14 would provide DHHS may not spend more for the Medicaid Expansion program than the amount is appropriated in the bill with certain exceptions.
Children's health insurance program	Section 15 would provide the statutory changes need to increase the eligibility level of the children's health insurance program from 175 to 210 percent of the federal poverty level.
Autism spectrum disorder voucher program	Section 16 would repeal the statutory provisions related to the autism spectrum disorder voucher program.
Building leases	Section 17 would authorize DHHS to enter agreements for the lease of facilities for human service centers.
State Hospital land lease	Section 18 would authorize DHHS to lease land at the State Hospital to the Adjutant General to construct a training and storage facility.
Provider outcomes	Section 19 would provide that DHHS require providers to submit process and outcome measures as requested by the department.
Community behavioral health program	Section 20 would authorize DHHS to transfer funds between line items for the community behavioral health program.
Early childhood information systems	Section 21 would exempt DHHS from state procurement practices for selecting a vendor to develop early childhood information systems.
Carryover exemptions	Sections 22 through 34 would authorize DHHS to continue unexpended appropriations for various purposes into the 2023-25 biennium.
Utilization rate adjustments	Section 35 would provide intent that DHHS seek a deficiency appropriation from the 69th Legislative Assembly if utilization rates exceed estimates used in the budget.

Provider inflation increases	Section 36 would provide for providers to receive an inflationary increase of 4 percent the 1st year and 3 percent the 2nd year of the 2023-25 biennium.
Basic care facility rate rebasing	Section 37 would provide for DHHS to rebase basic care facility rates.
Federal funding appeal limitation	Section 38 would provide an individual may not appeal a denial of service by DHHS due to the unavailability of federal coronavirus relief funding.
Early childhood program reports	Section 39 would require DHHS to provide reports to the Legislative Management regarding early childhood programs.

Sixty-eighth
Legislative Assembly
of North Dakota

SENATE BILL 2012
(Governor's Recommendation)

Introduced by

Appropriations Committee

(At the request of the Governor)

A bill for an Act to provide an appropriation for defraying the expenses of the department of health and human services; to amend and reenact section 50-29-04 of the North Dakota Century Code, relating to the children's health insurance program; to repeal section 50-06-32.1 of the North Dakota Century Code, relating to autism spectrum disorder voucher program pilot project; to provide an exemption; to provide a statement of legislative intent; to provide a limitation; to provide for a report; to provide for a transfer; to provide an application; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from special funds derived from federal funds and other income, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2023, and ending June 30, 2025, as follows:

Subdivision 1.

MANAGEMENT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries	$ 21,363,562	$ 23,493,136	$ 44,856,698
Operating	151,161,924	49,804,262	200,966,186
Capital Assets	75,000	0	75,000
Total All Funds	$172,600,486	$73,297,399	$245,897,885
Less Estimated Income	92,905,41	33,348,22	126,253,636
Total General Fund	$79,695,070	$39,949,179	$119,644,249

Subdivision 2.

PROGRAM AND POLICY

	Base Level	Adjustments or Enhancements	Appropriation
Salaries	$122,231,310	$22,810,018	$145,041,328
Operating	136,155,763	103,796,398	239,952,161
Capital Assets	10,000	0	10,000
Medicaid Clawback	$39,922,956	9,368,767	49,291,723
Grants	466,994,386	182,584,087	649,578,473
Grants Medical Assistance	3,028,666,457	528,494,527	3,557,160,984
Opioid Prevention	0	2,000,000	2,000,000
Total All Funds	$3,793,980,872	$849,053,797	$4,643,034,669
Less Estimated Income	2,499,452,636	524,930,196	3,024,382,814
Total General Fund	$1,294,528,236	$324,123,601	$1,618,651,855

Subdivision 3.

FIELD SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Institutions - HSC	$293,597,252	$58,376,871	$351,974,123
Total All Funds	$293,597,252	$58,376,871	$351,974,123
Less Estimated Income	114,273,295	(12,658,153)	$101,615,142
Total General Fund	$179,323,957	$71,035,024	$250,358,981

Subdivision 4.

COUNTY SOCIAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
County Social Services	$189,917,386	$17,346,245	$207,263,631
Total All Funds	$189,917,386	$17,346,245	$207,263,631
Less Estimated Income	188,676,995	17,215,567	$205,892,562
Total General Fund	$1,240,391	$130,678	$1,371,069

TOTAL – SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand Total General Fund	$1,554,787,654	$435,238,500	$1,990,026,154
Grand Total Special Funds	2,895,308,342	562,835,812	3,458,144,154
Grand Total All Funds	$4,450,095,996	$998,074,312	$5,448,170,308
Full-Time Equivalent Positions	2,249.33	97.00	2,346,33

SECTION 2. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-NINETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items approved by the sixty-seventh legislative assembly for the 2021-23 biennium and the one-time funding items included in the appropriation in section 1 of this Act:

One-Time Funding Description	2021-23	2023-25
Technology Projects	$67,641,747	0
North Dakota State Hospital Architect and Master Plan	0	$10,000,000
Child Support System Replacement	0	60,000,000
Capital Projects – Southeast Human Service Center	724,000	0
Developmental Disabilities Provider Stabilization Grants	125,000	0
Home And Community-Based Youth Programs	0	(300,000)
Grants, Contracts and Procurement System Replacement	0	11,000,000
Child Care Programs	0	20,000,000
Program Integrity Audits	0	4,500,000
Pregnant and Parenting Women	0	1,000,000
Deferred Maintenance	0	735,154
Inflation	0	20,564,344
Nursing Facility Payment Methodology	7,200,000	0
Total All Funds	$75,690,747	$127,499,498
Less Estimated Income	51,457,531	72,239,185
Total General Fund	$24,233,216	$55,260,313

The 2023-25 biennium one-time funding amounts are not a part of the entity's base budget for the 2025-27 biennium. The department of health and human services shall report to the appropriations committees of the sixty-nineth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2 and 3 of section 1 of this Act, section 1 of House Bill No. 1004, and any remaining appropriation authority for the department of health and human services approved by the sixty-

eighth legislative assembly for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2024, any transfer made in excess of $50,000 and to the appropriations committees of the sixty-nineth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority from line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1004, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly to subdivision 4 of this Act for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2024, any transfer made in excess of $50,000 and to the appropriations committees of the sixty-nineth legislative assembly regarding any transfers made pursuant to this section.

SECTION 5. TRANSFER OF APPROPRIATION AUTHORITY. Section 1 of this Act and section 1 of House Bill No. 1004 includes appropriation authority for the department of health and human services for the biennium beginning July 1, 2023, and ending June 30, 2025. On July 1, 2023, the office of management and budget shall combine the appropriation authority contained in section 1 of this Act section 1 of House Bill No. 1004, and any remaining appropriation authority for the department of health and human services in other bills approved by the sixty-eighth legislative assembly, into one budget for the department of health and human services. The department of health and human services shall submit one budget for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 6. CONTINGENT APPROPRIATION AND AUTHORIZATION. Subject to the availability of generated income, the department of health and human services may adjust or increase full-time equivalent positions of the department of health and human services approved by the sixty-eighth legislative assembly up to fifty full-time equivalent positions for field services to provide direct services. The generated income by the department of health and human services must cover the costs of any additional full-time equivalent positions. The department of health and human services shall notify the office of management and budget and shall report to legislative council each time one or more full-time equivalent positions are authorized under this section.

SECTION 7. ESTIMATED INCOME - COMMUNITY HEALTH TRUST FUND. The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $20,400,000 from the community health trust fund for defraying expenses for the replacement of the child support system.

SECTION 8. ESTIMATED INCOME - HUMAN SERVICE FINANCE FUND. The estimated income line item in subdivision 4 of section 1 of this Act includes the sum of $200,000,000 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 9. ESTIMATED INCOME - LEGACY EARNINGS FUND. The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $13,000,000 from the legacy earnings fund for defraying expenses for the child care assistance programs.

SECTION 10. CAPITAL PAYMENTS. During the biennium beginning July 1, 2023, and ending June 30, 2025, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1012, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly. The department may transfer funds for the payment of special assessments at the state hospital and life skills and transition center ahead of the special assessments schedule. Notwithstanding section 54-27-12, the department may spend for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 11. CAPITAL PROJECTS - EMERGENCY COMMISSION APPROVAL. During the biennium beginning July 1, 2023, and ending June 30, 2025, the department of health and human services is authorized to proceed with the demolition of the administrative building and employee building and associated tunnels at the state hospital. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1012, any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly. The department may transfer funds for the demolition of the identified buildings and associated tunnels and for emergency capital projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $5,000,000 for emergency projects under this section and may seek emergency commission approval to spend more than $5,000,000 under this section.

SECTION 12 PERMANENT SUPPORTIVE HOUSING GRANTS. Subdivision 2 of section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department, and authorize the department to conduct onsite visits to review program operations.

SECTION 13. CHILD CARE FINANCIAL ASSISTANCE – DIRECT PAYMENTS. Subdivision 2 of section1 of this Act includes the sum of $5,000,000, for the purpose of financial assistance and direct payments, for child care services for the biennium beginning July 1, 2023, and ending June 30, 2025. Notwithstanding subsection 3 of section 50-11.1-14.1, the department may provide financial assistance to beneficiaries related to child care services. The requirements of chapter 54-44.4 do not apply to this subsection, including the selection of recipients and the disbursement of funds.

SECTION 14. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Subdivision 2 of section 1 of this Act includes the sum of $942,550,279, of which $94,225,028 is from the general fund, for the medical assistance expansion program for the biennium beginning July 1, 2023, and ending June 30, 2025. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and unwinding of the federal public health emergency, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs.
4. The managed care organization and the department of human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers, and rural health clinics meet the federally required minimum levels of reimbursement.
5. The department of human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance of adequate capacity and services, and coordination and continuity of care.

SECTION 15. AMENDMENT. Section 50-29-04 of the North Dakota Century Code is amended and reenacted as follows:

50-29-04. Plan requirements.

The plan:

1. Must be consistent with coverage provided to children eligible for medical assistance in the state; and
2. Must provide:
   a. A modified adjusted gross income eligibility limit of ~~one~~two hundred ~~seventy-five~~ten percent of the poverty line; and
   b. Current eligibility may be established from the first day of the month in which the application was received. Retroactive eligibility may be established for the three calendar months that immediately preceded the month in which the application was received even if there is no eligibility in the month of application. Eligibility can be established if all factors of eligibility are met during each month.

SECTION 16. REPEAL. Section 50-06-32.1 of the North Dakota Century Code is repealed.

SECTION 17. BUILDING PROJECT - LEASE. The department of health and human services is authorized to enter into agreements with vendors for vendors to build to suit two buildings for the department to lease for the lake region human service center and northwest human service center.

SECTION 18. LEASE OF LAND - STATE HOSPITAL. The department of health and human services and national guard may enter an agreement to lease up to twenty acres of real property associated with the state hospital for the national guard to construct a new training and storage facility.

SECTION 19. PROVIDER PROCESS AND OUTCOME MEASURES. Providers that receive funding from the department of health and human services shall submit process and outcome measures, as required by the department, to the department for programs and services supported by state funding during the biennium beginning July 1, 2023, and ending June 30, 2025, for the department to evaluate the administration of the programs and services using the appropriation for the program or service.

SECTION 20. COMMUNITY BEHAVIORAL HEALTH PROGRAM. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department may transfer funds for the continuation of the community behavioral health program pursuant to subsection 2 of section 54-23.3-10.

SECTION 21. EXEMPTION. The requirements of chapter 54-44.4 do not apply to the selection of a vendor, the procurement award, or payments made under this section regarding an early childhood workforce and professional development information system or an early childhood resource and referral information system.

SECTION 22. EXEMPTION. The sum of $750,000 from the general fund appropriated to the department of health and human services for the purpose of providing suicide prevention grants in chapter 37 of the 2019 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation approved under section 54-44.1-11 for continuation into the 2021-23 biennium are available for the suicide prevention grants during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 23. EXEMPTION. The amount appropriated for the purpose of vulnerable adult protection services program in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the vulnerable adult protection services program during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 24. EXEMPTION. The amount appropriated for the purpose of children and family services transition program in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the children and family services transition program during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 25. EXEMPTION. The amount appropriated for the purpose of money follows the person capacity program in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the money follows the person capacity program during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 26. EXEMPTION. The amount appropriated for the purpose of free through recovery program in chapter 549 of the 2021 Special Session Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the free through recovery program during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 27. EXEMPTION. The amount appropriated for the Medicaid management information system technology stack upgrade in chapter 37 of the 2019 Session Laws and chapter 12 of the 2021 Session Laws are not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation approved under section 54-44.1-11 for continuation into the 2021-23 biennium are available for the completion of the Medicaid management information system technology stack upgrade during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 28. EXEMPTION. The amount appropriated for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation are available for the completion of the Medicaid management modularization information system technology project during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 29. EXEMPTION - INTENT. The amount appropriated for the purpose of projects, financial assistance, grants, and services including Medicaid eligibility system upgrades, child care services, to provide community-based behavioral health services, and for substance use disorder treatment voucher system grants in chapter 550 of the 2021 Special Session Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for projects, financial assistance, grants, and services during the biennium beginning July 1, 2023, and ending June 30, 2025. Notwithstanding subsection 3 of section 50-11.1-14.1, the department may provide financial assistance to beneficiaries related to child care services. Notwithstanding subsection 2 of section 50-06-42.1, the department may award up to four grants rather than two grants for substance use disorder treatment voucher system grants. The requirements of chapter 54-44.4 do not apply to this subsection, including the selection of recipients and the disbursement of funds.

SECTION 30. EXEMPTION. The amount appropriated for the purpose of alternatives-to- abortion services in chapter 550 of the 2021 Special Session Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for alternatives-to-abortion services during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 31. EXEMPTION. The amount appropriated for the modification of the department of human services' eligibility systems in chapter 578 of the 2011 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation approved under section 54-44.1-11 for continuation into the 2013-15 biennium, then the 2015-17 biennium, then the 2017-19 biennium, then the 2019-21, and then 2021-23 biennium are available for the completion of the modification of the eligibility systems project during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 32. EXEMPTION. The amount appropriated for the purpose of federal medical assistance percentage adjustments in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the home and community-based services 10% plan during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 33. EXEMPTION. The amount appropriated for the purpose of COVID-19 response, COVID-19 operating expenses and COVID-19 grants, in chapter 27 of the 2021 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for COVID-19 response, COVID-19 operating expenses, and COVID-19 grants during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 34. EXEMPTION. The amount appropriated for the purpose of defraying expenses relating to the COVID-19 pandemic, COVID-19 operating expenses, and COVID-19 grants in chapter 28 of the 2021 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for expenses relating to the COVID-19 pandemic, COVID-19 operating expenses, and COVID-19 grants during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 35. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-eighth legislative assembly that the department of health and human services seek a deficiency appropriation from the sixty-nineth legislative assembly for any expenditures that exceed appropriated amounts as a result of utilization rates, unwinding of the federal public health emergency, value-based purchasing for nursing facilities, and reduction in federal medical assistance percentage, during the biennium beginning July 1, 2023, and ending June 30, 2025, if funding is not sufficient to pay actual expenses.

SECTION 36. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Section 1 of this Act includes funding for human service provider inflation increases of four percent the first year and three percent the second year of the biennium beginning July 1, 2023, and ending June 30, 2025. The provider inflation increase in this section does not apply to nursing facilities.

SECTION 37. LEGISLATIVE INTENT – REBASE BASIC CARE FACILITIES. It is the intent of the legislative assembly that the department rebase basic care facilities using the median plus methodology for July 1, 2023, rates. Future increases will be authorized based on approved inflationary increases.

SECTION 38. DEPARTMENT OF HUMAN SERVICES - FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of human services due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration for the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 39. LEGISLATIVE MANAGEMENT REPORT - FOUR-YEAR OLD PROGRAM - EARLY CHILDHOOD GRANTS. During the 2023-24 interim, the department of health and human services shall provide reports to the legislative management regarding the status of four-year old program approvals, the North Dakota early childhood council, and the early childhood grant for best-in-class four-year old experiences.

SECTION 40. EFFECTIVE DATE. Section 16 of the Act becomes effective on January 1, 2024.



Senate Bill 2012 Overview to House Appropriations

Representative Don Vigesaa, Chairman

Jessica Thomasson, Executive Director, Human Services Division

March 2, 2023

NORTH Dakota Be Legendary. | Health & Human Services

To be the Healthiest State in the Nation

Work together to make sure everyone has the opportunity to realize their **potential**.

Strong stable families | Services Closer to Home | Early Childhood Experiences



Invest in the **foundations** of well-being.

Economic Health | Behavioral Health | Physical Health



Do our work in a way that gives everyone the **opportunity** to decide to

Be Healthy | Be Active | Find Disease Early



EFFECTIVE NOVEMBER 2022

North Dakota Department of Health & Human Services

Core Functions of the SHO

1. Governor's Cabinet Member
2. Lead Tribal Health Engagement
3. Health Liaison to the Legislature
4. External Stakeholder Engagement
5. Advisor to specific DHHS focus areas, including:
   a. Community Engagement
   b. Health Care Workforce Development
   c. Emergency Preparedness & Response
6. Developer of Wellness Strategies for North Dakota

Core Functions of the DC

1. **Day-to-Day Operations**
   a. Constituent Services/Appeals Review
   b. Facilities Planning/Operations Management
   c. Criminal Background Check Services
   d. Document Management
   e. Contact Center Operations Coordination
   f. Refugee Support Services
   g. DD Council
2. **Transformation Centers**
   a. Portfolio and Project Management
   b. Process Improvement & Quality Management
   c. Change Management
   d. Customer Experience Management
   e. IT and Data Governance

Governor's Office
Doug Burgum

State Health Officer
Dr. Nizar Wehbi

DHHS Commissioner
Chris Jones

Deputy Commissioner
Sara Stolt

Executive Director Public Health
Dirk Wilke

- Disease Control and Forensic Pathology
- Healthy & Safe Communities
- Health Response and Licensure
- Laboratory Services
- Health Statistics and Performance

Executive Director Medical Services
Krista Fremming, Interim

- Medicaid

Executive Director Behavioral Health
Pamela Sagness

- Human Service Centers
- State Hospital
- Behavioral Health Policy

Executive Director Human Services
Jessica Thomasson

- Disability Determination Srvc
- Human Service Zone Operations
- Economic Asst
- Vocational Rehabilitation
- Children & Family Services
- Child Support
- Early Childhood
- Life Skills and Transition Center
- Aging Services
- Developmental Disabilities

Chief Financial Officer
Arnold Strebe

- Assistant CFOs for each Division
- Budget Management
- Audit Management
- Procurement and Contracts
- Logistics Management
- Performance and Data Management
- Supply Chain Operations

Chief Human Resources Officer
Marcie Wuitschick

- HR Business Partners for each Division
- Operations and Digital
- Talent Acquisition
- Talent Management and Development
- Total Rewards
- Risk Management/ Employee Health
- Safety/Disaster Preparedness

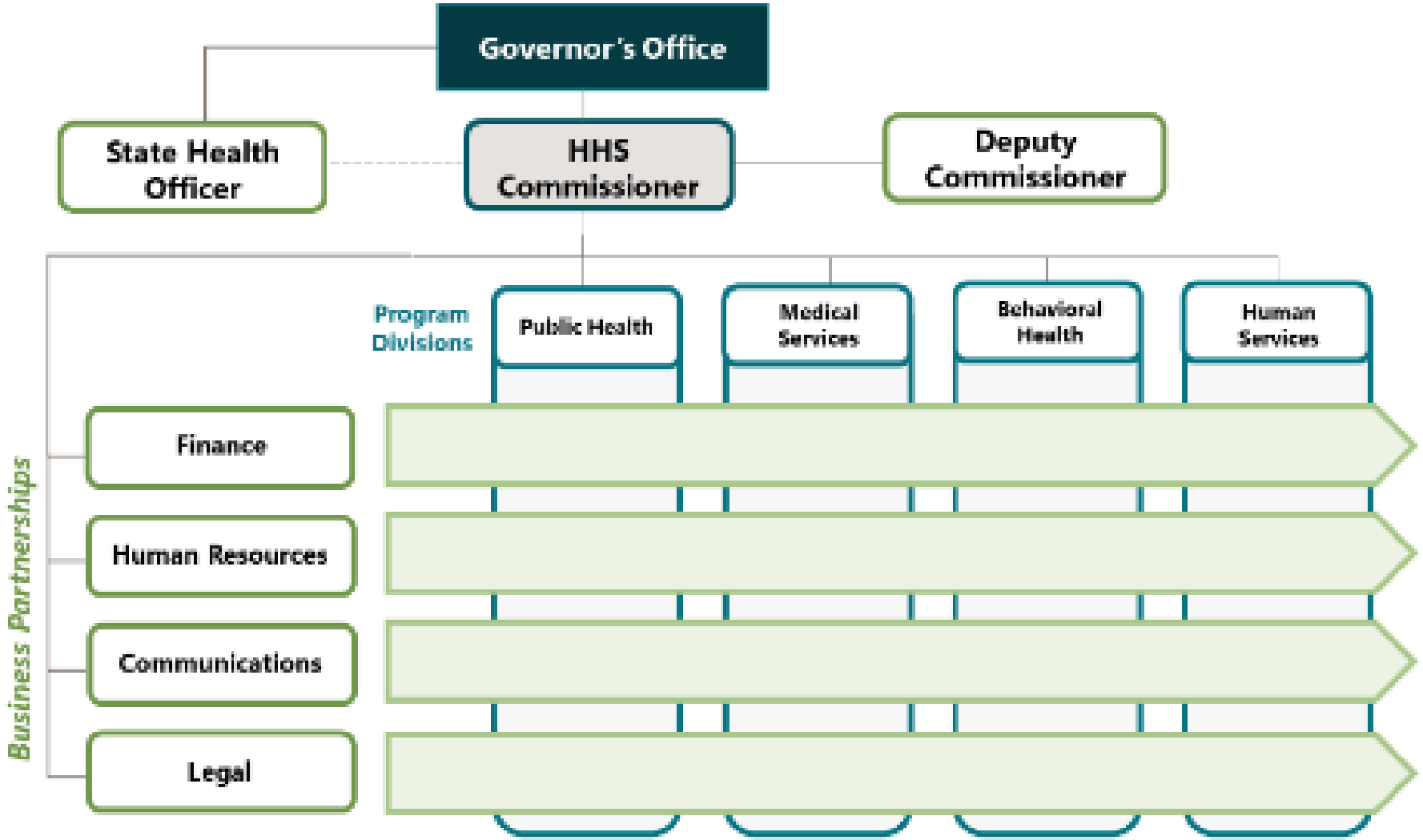
Chief Communications Officer
Lynn Bargmann

- Communications Managers for each Division
- Internal Communications
- External Communications
- Marketing, Outreach, and Education
- Multi-Media Support

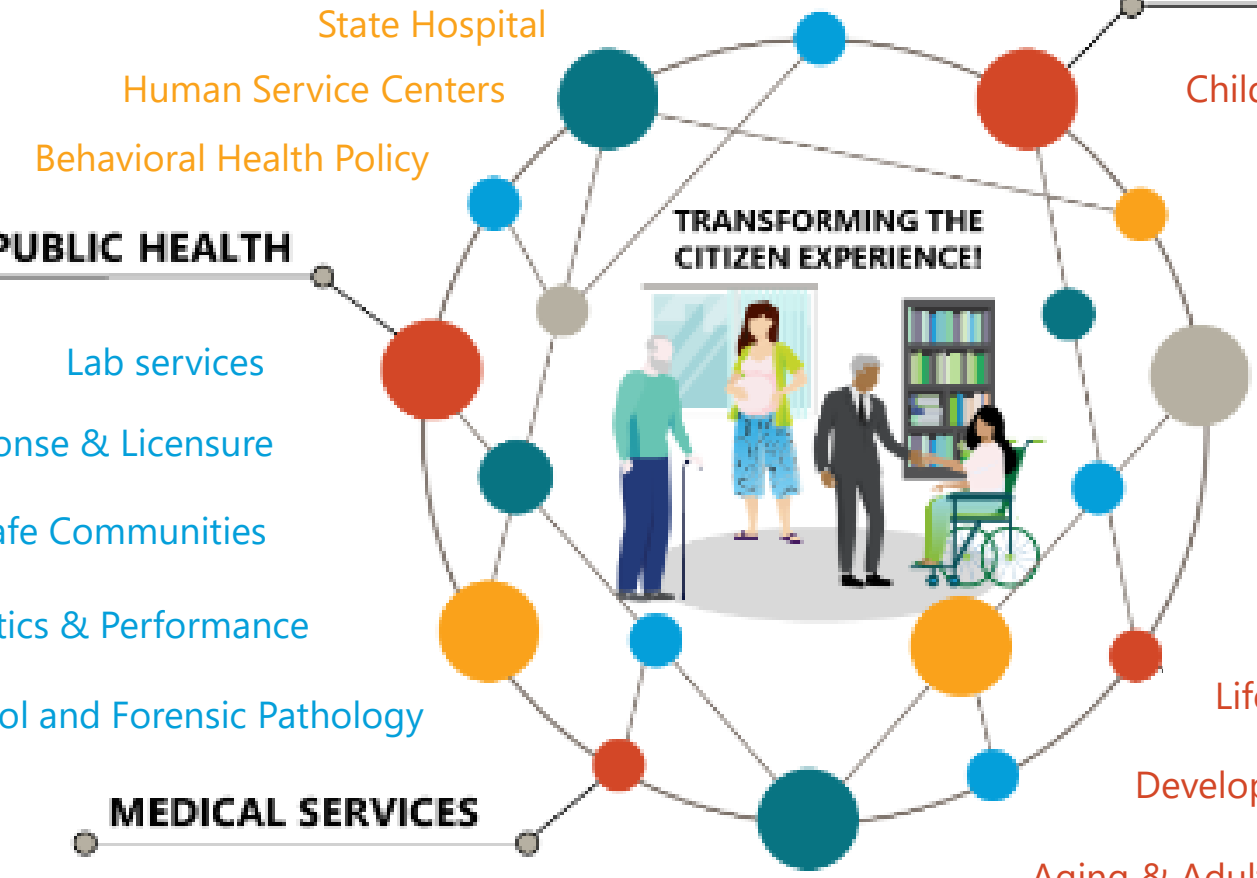
Chief Legal Officer
Jon Alm

- Legal Advisory
- Attorney General Office Coordination regarding the Public Health Division and Litigation

HHS Operating Model

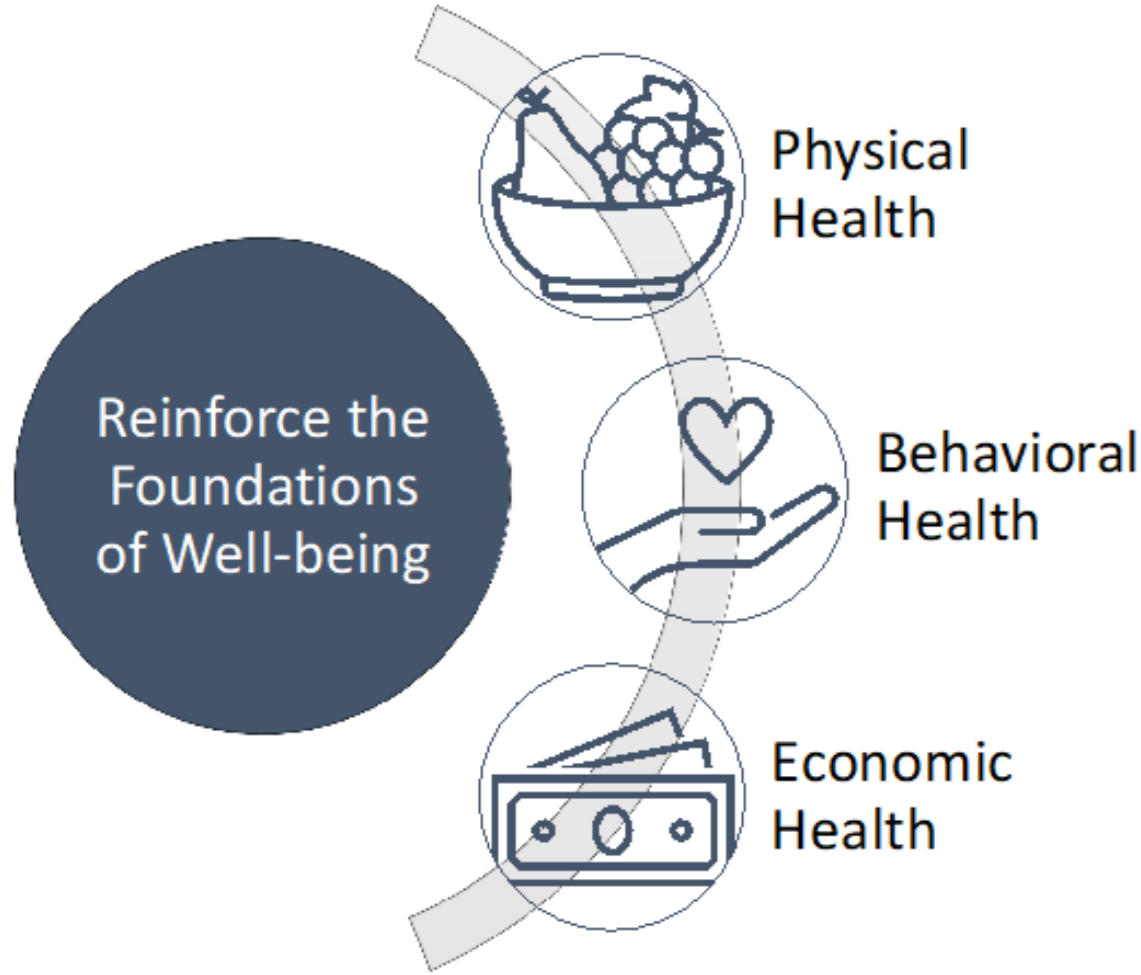


Working together



NORTH Dakota | Health & Human Services

Be Legendary.



Social determinants of health

The social determinants of health are the conditions in which we are born, grow and age, and in which we live and work.



Childhood Experience



Housing



Education



Social Support



Family Income



Employment



Our Communities



Access to Health Services

NORTH Dakota Be Legendary. | Health & Human Services

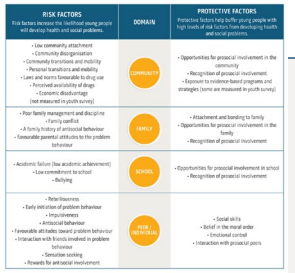
The science



Socioecological Model



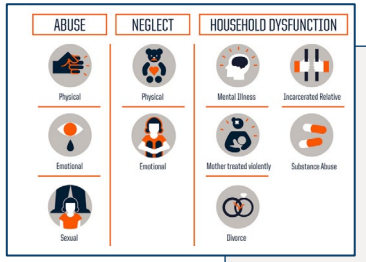
Social Determinants of Health



Risk/Protection Factors



Resilience



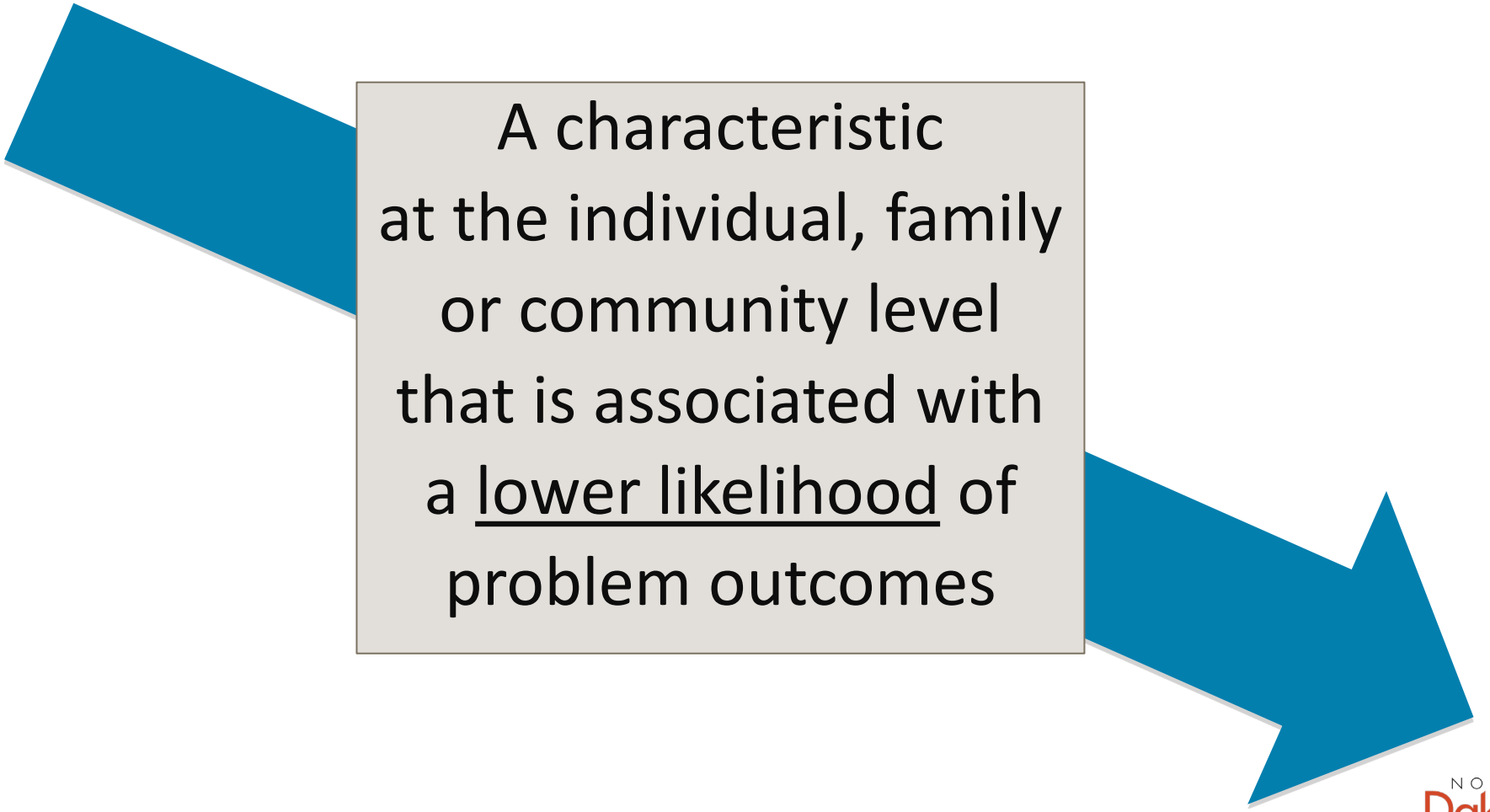
Adverse Childhood Experiences (ACEs)

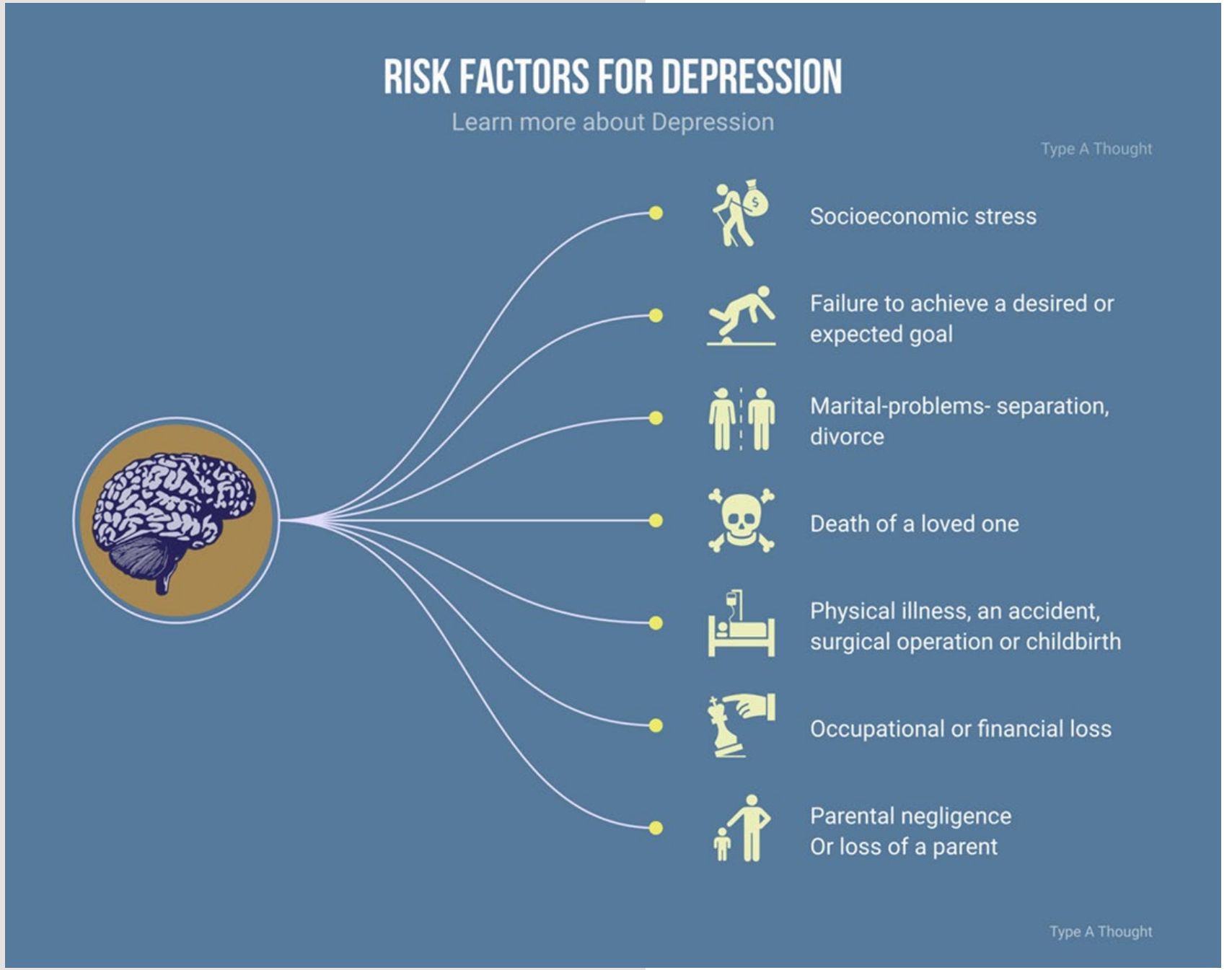
NORTH Dakota | Health & Human Services
Be Legendary.

Risk factors

A characteristic at the biological, psychological, family, community or cultural level that precedes and is associated with a higher likelihood of problem outcomes

Protective factors




RISK FACTORS FOR DEPRESSION
Learn more about Depression
Type A Thought
Socioeconomic stress
Failure to achieve a desired or expected goal
Marital-problems- separation, divorce
Death of a loved one
Physical illness, an accident, surgical operation or childbirth
Occupational or financial loss
Parental negligence
Or loss of a parent
Type A Thought

Protective Factors Build Resilience

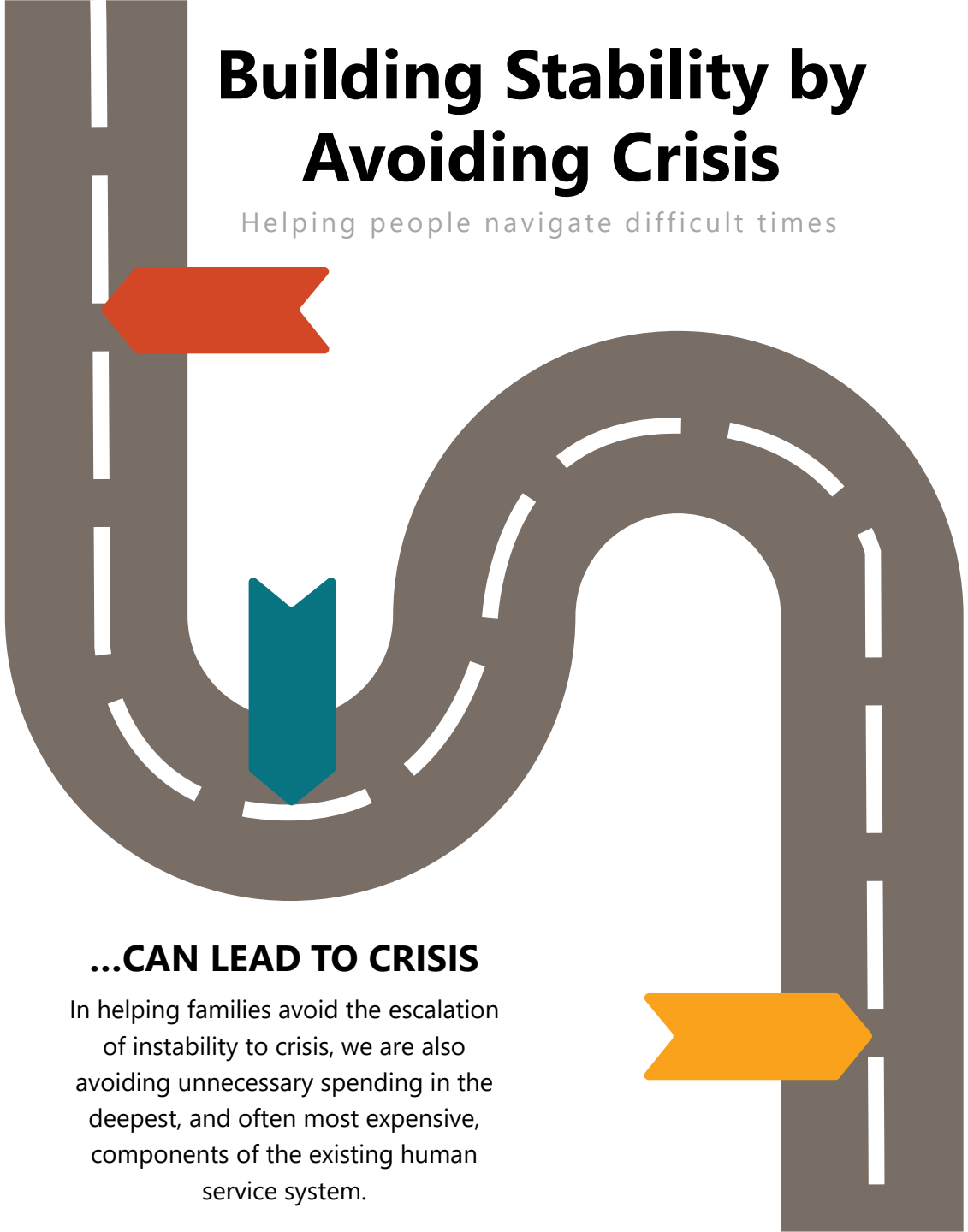


Building Stability by Avoiding Crisis

Helping people navigate difficult times

DISRUPTION

When families experience disruption, their ability to be a fully engaged, productive member of the community and the workforce is compromised.



…CAN LEAD TO CRISIS

In helping families avoid the escalation of instability to crisis, we are also avoiding unnecessary spending in the deepest, and often most expensive, components of the existing human service system.

SERVICES SUPPORT STABILITY

Intervening early will both save money and strengthen families. It will allow us to reserve deep end services for the times when they are truly needed, and help people avoid deepening their journey into crisis by diverting from institutions, keeping families together, and helping and sure that people have a place to call home.

"About the Integration of DoH and DHS" | Presentation to ICC | September 22, 2022

What do we need to do to help someone find their way through a situation that threatens to push them into crisis, and instead help them find their way to stability?



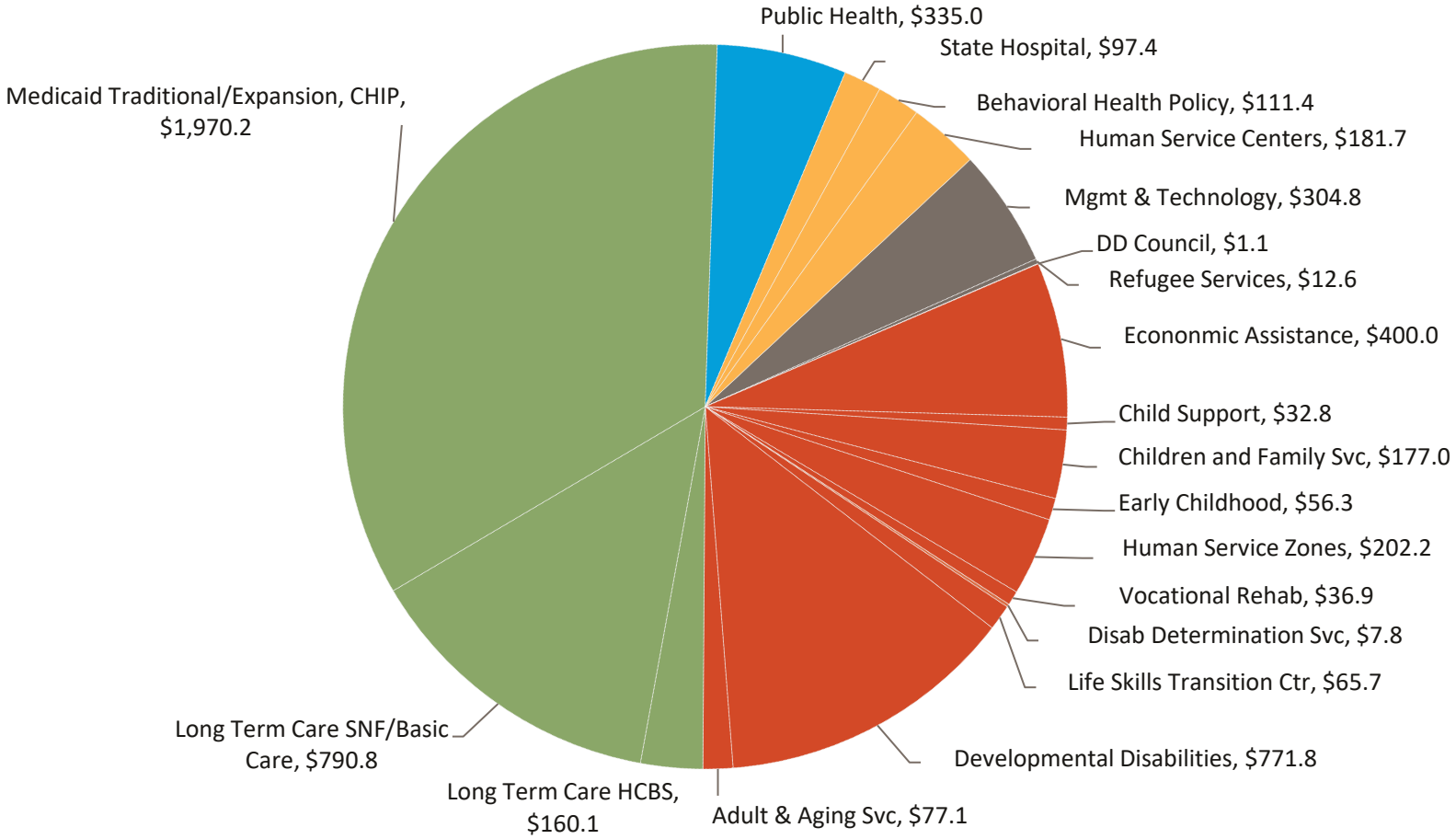
What do we need to do to help someone make an informed choice about how they may want to access services in the most integrated setting that is right for them?

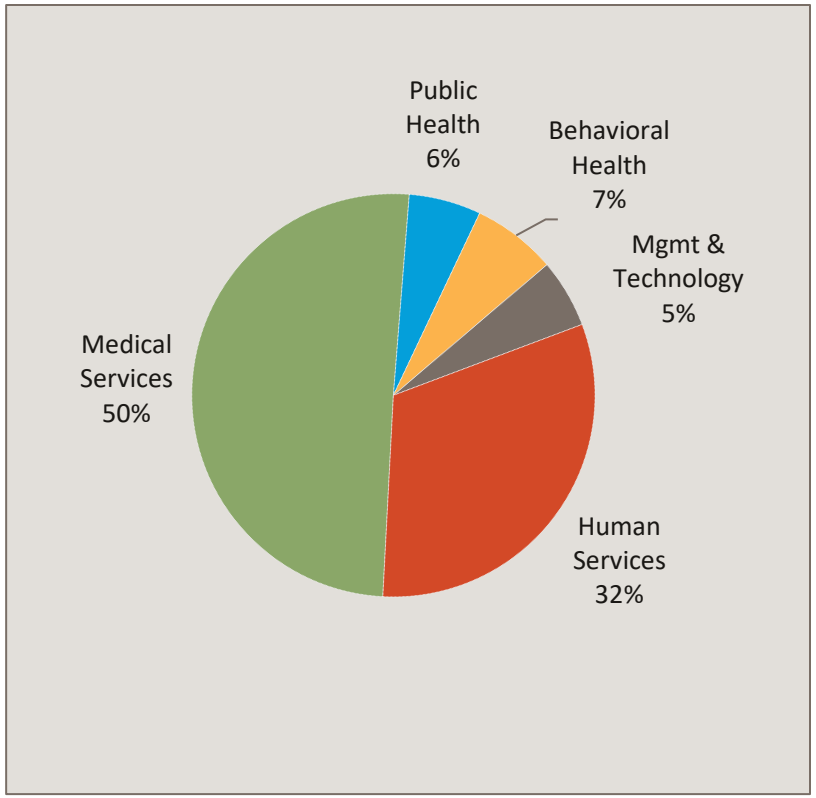


What do we need to do to make sure we are delivering the right service in the right place at the right time?



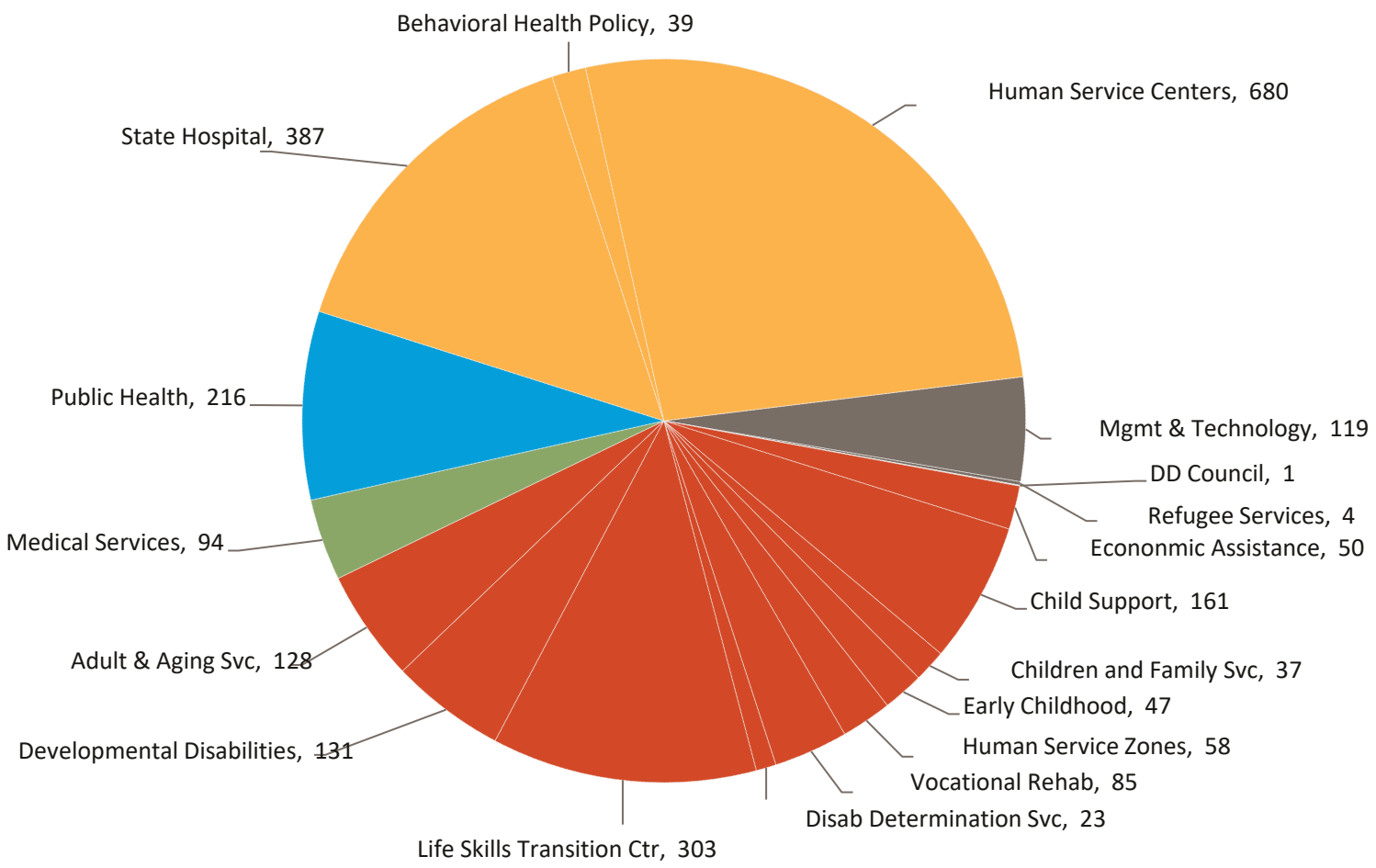
The $5.79B HHS budget funds services for 200,000+ North Dakotans each year, to a great extent through payments made to private service providers

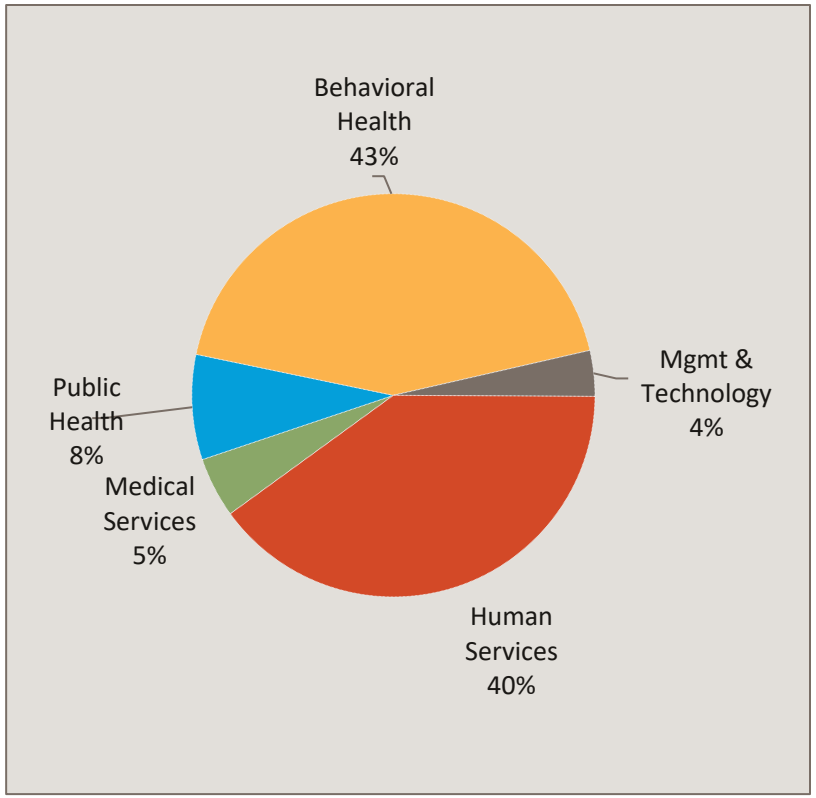




NORTH Dakota Be Legendary. | Health & Human Services

The largest portion of HHS' 2,563 staff provide direct services to North Dakotans





NORTH Dakota Be Legendary. | Health & Human Services

The HHS budget leverages $2B in general funds and $425M in other funds to access $3.3B in federal funds for services to North Dakotans

Description	**2021 - 2023 Budget**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
General Fund	**$ 1,593,362,812**	**$ 442,101,511**	**$ 2,035,464,323**	**$ (17,927,779)**	**$ 2,017,536,544**
Federal Funds	**2,639,466,955**	**692,669,786**	**3,332,136,741**	**28,940,133**	**3,361,076,874**
Other Funds	**386,916,421**	**38,200,084**	**425,116,505**	**10,102,940**	**435,219,445**
Total Funds	**$ 4,619,746,188**	**$ 1,172,971,381**	**$ 5,792,717,569**	**$ 21,115,294**	**$ 5,813,832,863**

35.1%

General Funds as % of 2023-25 EBR for HHS

**Note: This table reflects SB 2012, which does NOT include the public health division (HB 1014)*

NORTH Dakota Be Legendary. | Health & Human Services

HUMAN SERVICES DIVISION

What we do | Who We Serve



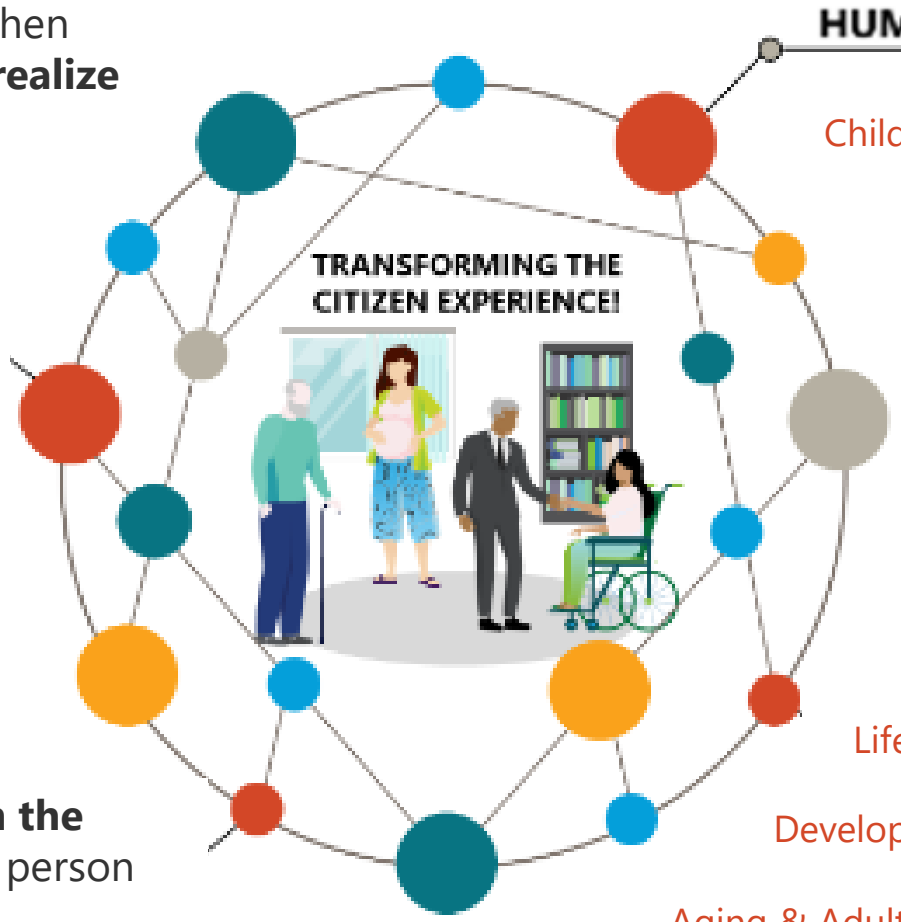
Human Services is a frontline resource for Family Stability

We strive to be there for North Dakotans who are encountering circumstances that threaten their family's stability.

The Human Services Division is driven by the belief that communities are stronger when **everyone has a chance to realize their full potential.**

The teams that make up the Human Services Division, together with the state's Human Service Zones, strive to make appropriate **services** and **supports** available **when** and **where people need them.**

Our every action **centers on the person** and on helping that person find their way forward.



Together with our state and local partners, the Human Services Division provides resources that help North Dakotans avoid crisis and experience greater stability

1

Deliver **child protection**, **permanency** and **family wellbeing** services through the **network of Human Service Zones** and other public and private **partners**.

2

Serve as a **stabilizing resource** for youth and adults with **intellectual and/or developmental disabilities**

3

Help assure that young families have access to **high quality** experiences for their children by supporting people and programs who provide **early childhood services**.

4

Work together with private partners to create robust **options for non-institutional living**, allowing older adults and people with disabilities (physical, developmental, intellectual) to **choose housing and services** that are right for them.

5

Provide access to a range of **resources** designed to **help families who are struggling to make ends meet**, including:

- Direct assistance for basic household budget expenses (food, utilities, housing, child care)
- Access to child support services
- Eligibility for health insurance via Medicaid and/or financial support via SSI/SSDI
- Employment supports both for people with disabilities and others who are actively working to improve their employment situation.

The Human Services Division is comprised of 10 organizational teams



Early Childhood

- Build greater access to quality early childhood experiences, so children ages zero to five from all backgrounds and circumstances have the opportunity to realize their potential.



Life Skills Transition Center

- Serve as a specialized crisis and stabilization resource to the network of private residential facilities and the thousands of families who are caregivers for a loved one with intellectual and/or developmental disabilities.



Children & Family Services

- Facilitate delivery of programs and services that support child safety, child permanency and wellbeing, which together are designed to prevent and reduce incidence of child abuse and neglect and support family reunification and stability wherever possible.



Developmental Disabilities

- Provide support and training for individuals and families to maximize community and family inclusion, independence, and self-sufficiency; to prevent institutionalization; and to enable institutionalized individuals to return to the community.



Aging & Adult Services

- Facilitate delivery of programs and services that help older adults and adults with physical disabilities to live safely and productively in the least restrictive setting of their choosing.



Human Svc Zone Operations

- Support the work of the Human Service Zones and Human Service Zone Boards, including review of HSZ Plans, as well as infrastructure support related to various HR and payroll functions.



Economic Assistance

- Facilitate delivery of federal and state resources that support household economic health, including nutrition (SNAP), utility (LIHEAP), child care (CCAP) and housing stability assistance; eligibility for Medicaid coverage; and Temporary Assistance for Needy Families (TANF).



Child Support

- Provide support to parents, employers, and other partners to help ensure children receive court-ordered financial and medical support to reduce child impoverishment.



Vocational Rehabilitation

- Help both high school students and adults with disabilities improve both their immediate job opportunities and long-term career planning. Partner with businesses to find creative ways to hire or retain employees with disabilities.



Disability Determination

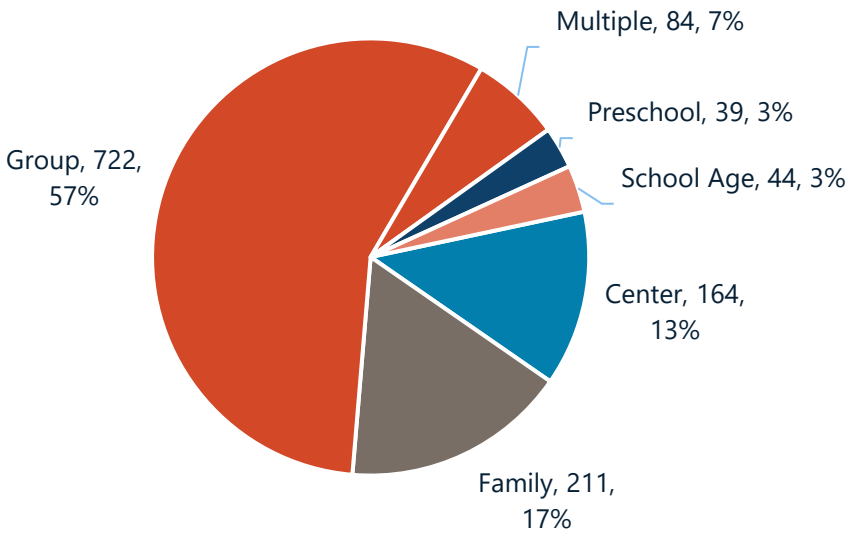
- Determine eligibility for medical disability (SSDI and/or SSI), using Social Security Administration (SSA) guidelines, for people who are unable to work.

N O R T H
Dako
Be Lege
ces

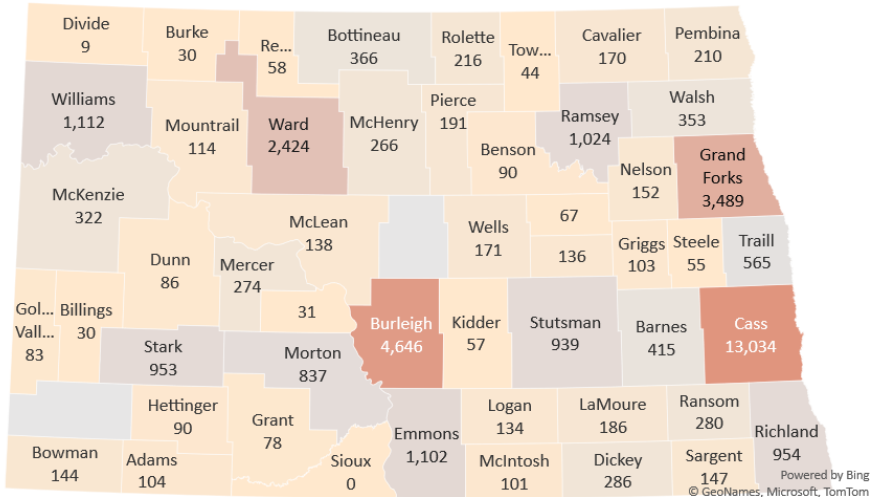
Early Childhood by the Numbers

Early Childhood

1,264 Licensed Early Childhood Programs



Licensed Child Care Capacity – 36,866



7,523
Growing Futures members

1,000+
Coaching hours delivered by our contracted partners

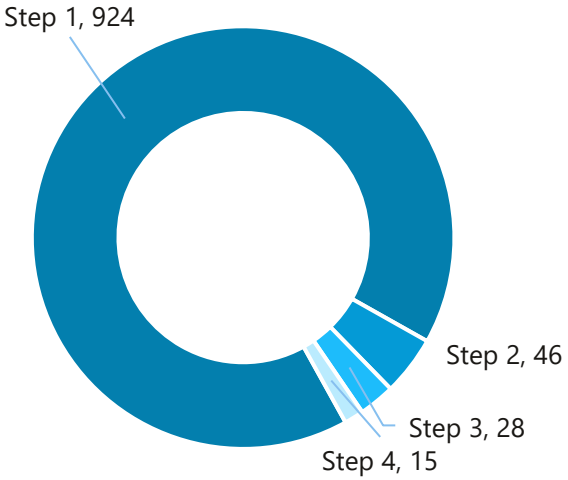
3,179
Children supported by IDEA Part C Early Intervention

1,653
Children supported by IDEA Part B 619 services

1,117
Waterford Upstart households representing all but two counties

Data current as of December 2022

1,013 Quality Rated Programs



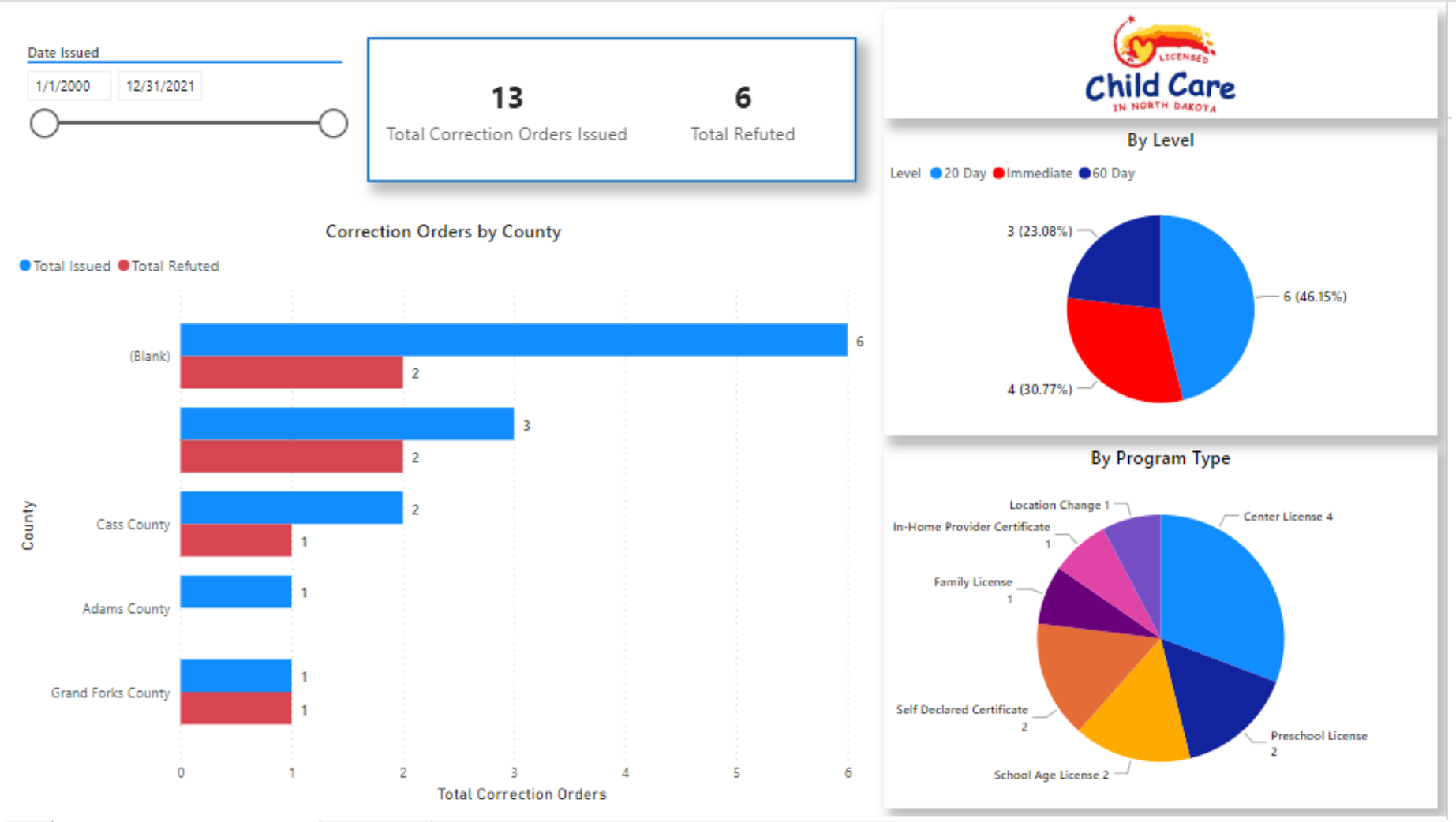
33 Best in Class Programs 2022-23



NORTH Dakota | Health & Human Services
Be Legendary.

Child Care Licensing (CCL) Data System will support more effective and timely insight

Early Childhood



CCL dashboards can help licensing specialists be more effective in supporting early childhood programs

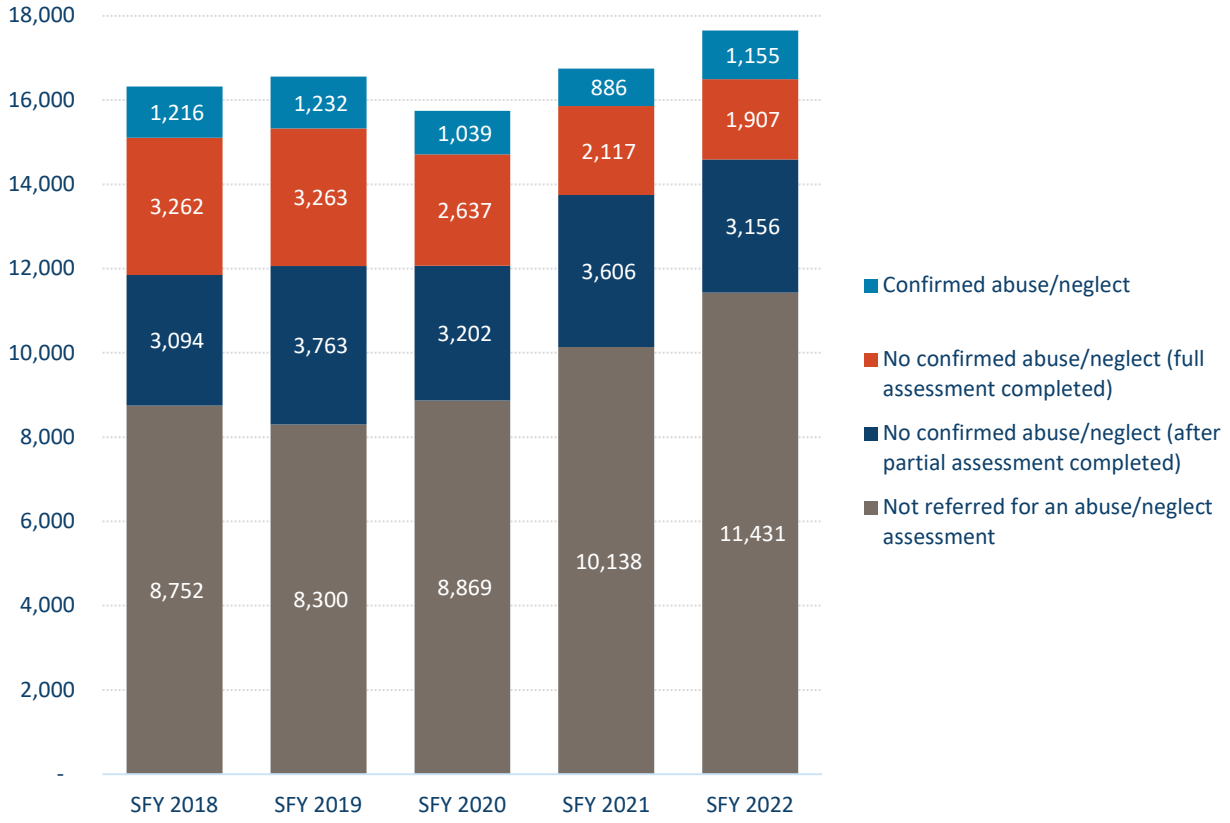
- Applications by status
- Processing time
- Correction statistics
- Caseload overviews
- Future renewals

North Dakota | Health & Human Services
Be Legendary.

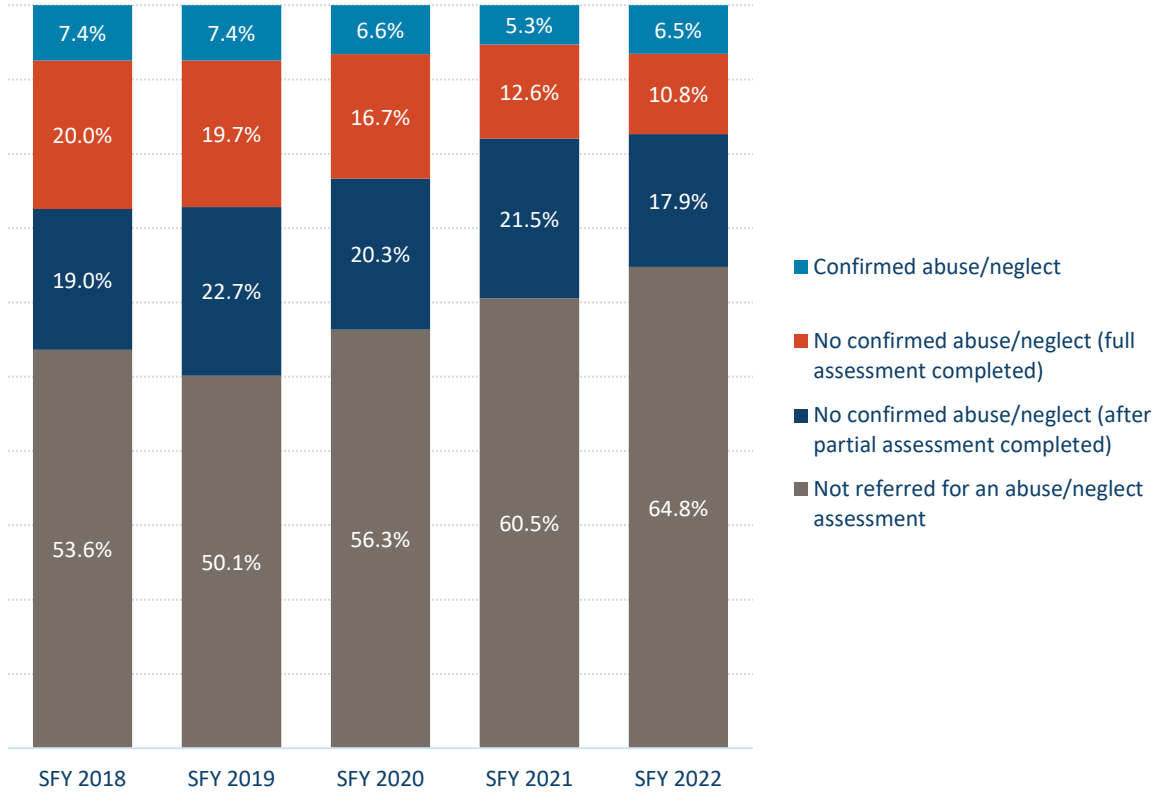
ND sees approximately 1,000 – 1,200 confirmed cases of child abuse or neglect each year

Children & Family Services

ND sees approximately 1,000-1,200 confirmed cases of child abuse and/or neglect each year

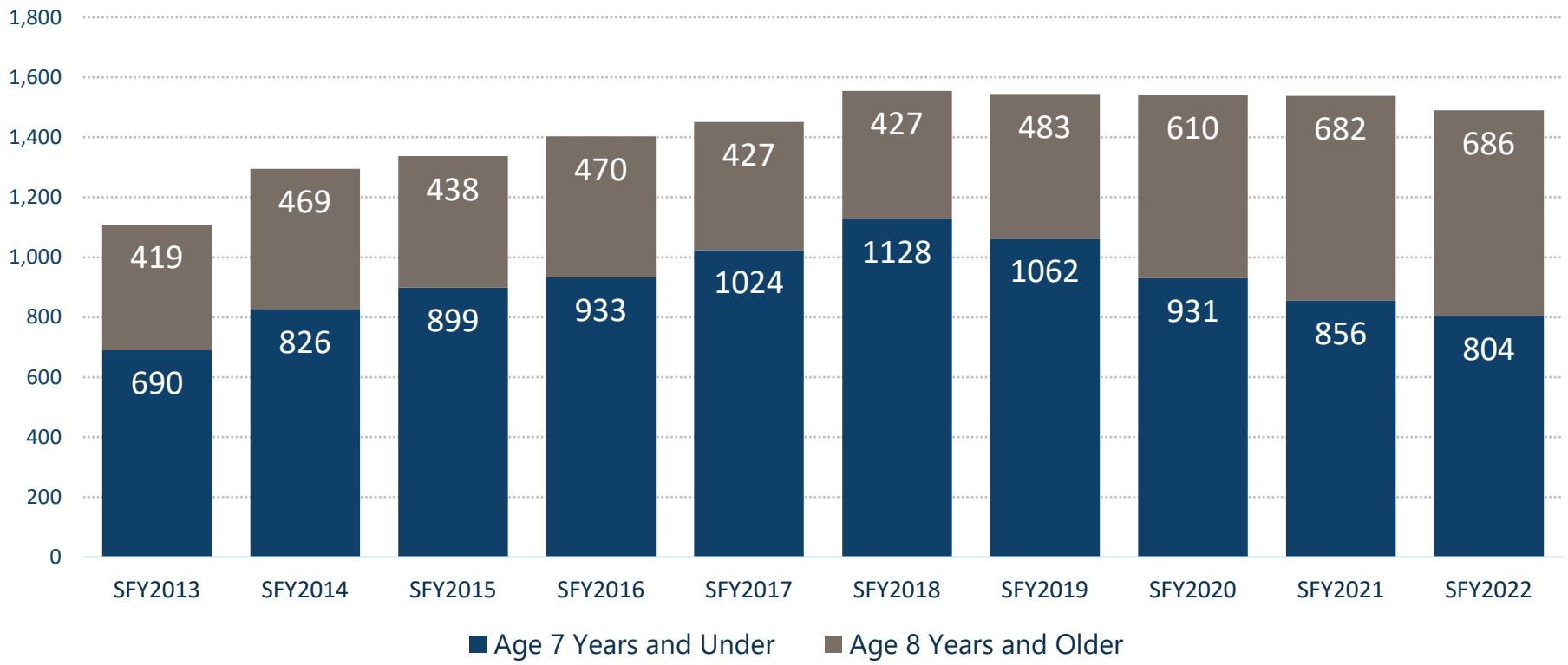


Approximately 7% of reports of suspected child abuse/neglect are ultimately confirmed



In FY22 54% of the 1,490 children in foster care are younger than age 7

Children & Family Services



Point-in-Time Average of ND Foster Care census and those age 7 years and under, FFY 2013-2022

Rethink child welfare

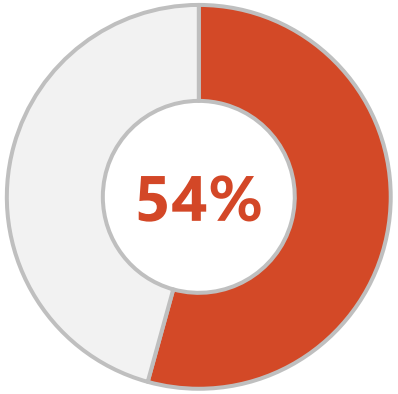
Early interventions with young families are key to reducing foster care placement for the youngest children.

NORTH Dakota Be Legendary. | Health & Human Services

Children & Family Services
Foster Care in North Dakota – 2022 Snapshot

Children & Family Services

804



1 in 2 age 0-7

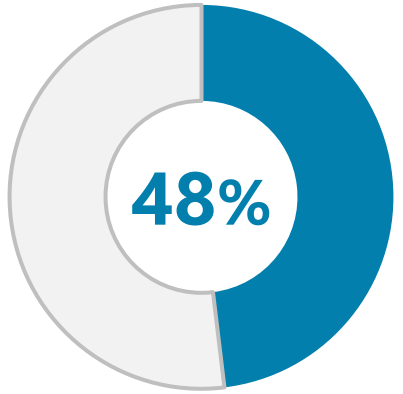
Half of the 1,490 children in foster care in North Dakota are age 7 or younger. (2022)

42%

Intense level of care

Of the **192** kids receiving treatment foster care in SFY2022, 81 (42%) were age 7 or younger.

715



5x more likely

Native American children make up **48%** of the total number of children in foster care in ND (715 of 1,490).

Native American children make up **9%** of kids under age 18 in ND.

NORTH Dakota Be Legendary. | Health & Human Services

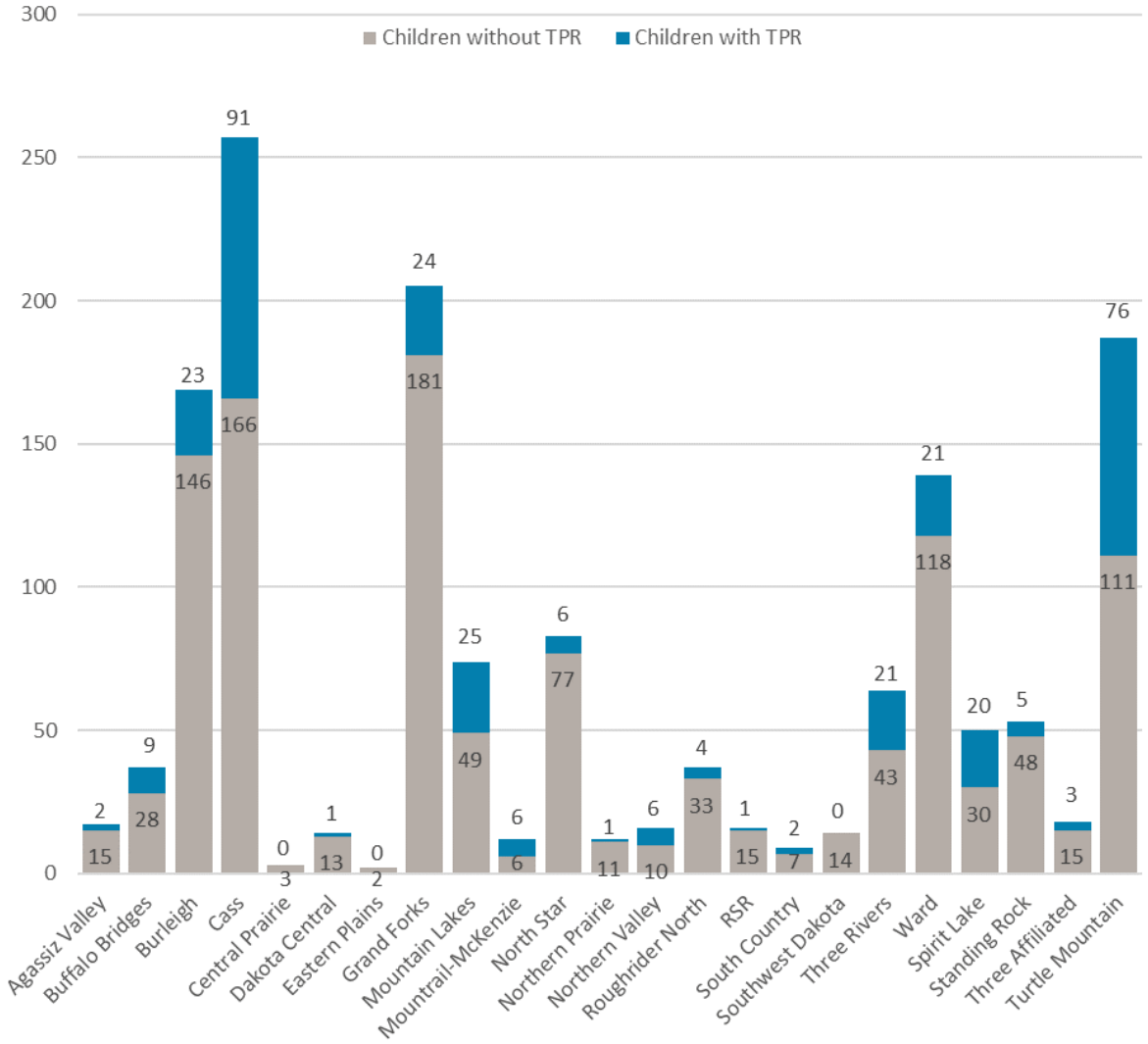
Children who are orphaned as a result of TPR (termination of parental rights) comprise 23% of all children in ND's foster care system in FY22

Children & Family Services

23%

Parental Rights Terminated

Of the **1,490** kids in foster care in SFY2022, 347 (23%) have no legal connection to their biological parents due to Termination of Parental Rights (TPR).



Rethink child welfare

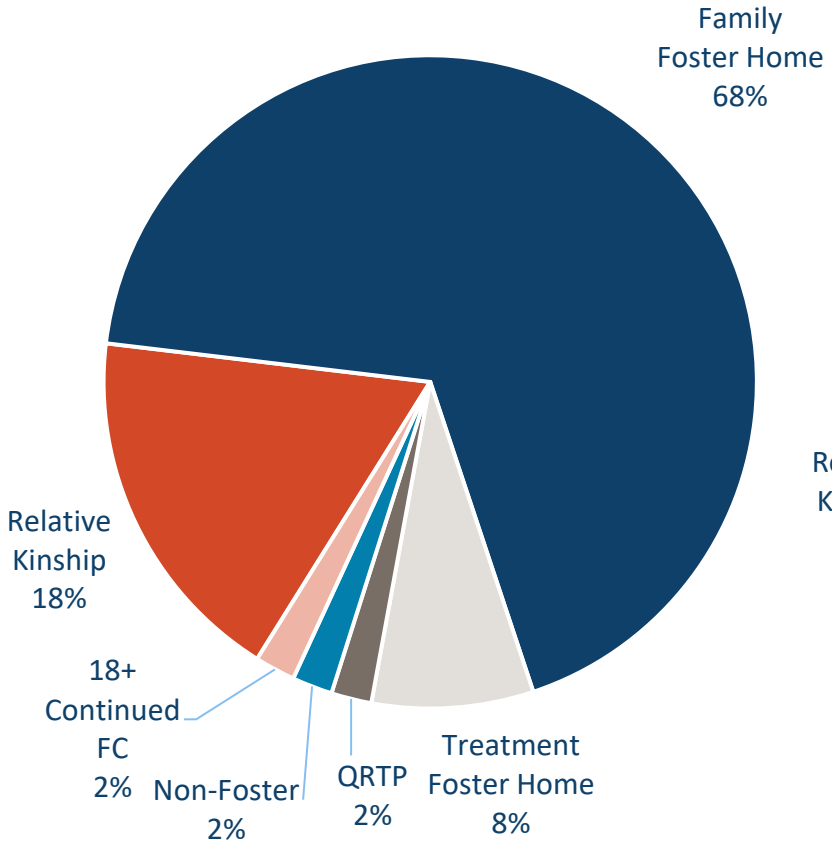
There are both positive and negative consequences associated with terminating parental rights – the balance is different for every child

North Dakota Be Legendary. | Health & Human Services

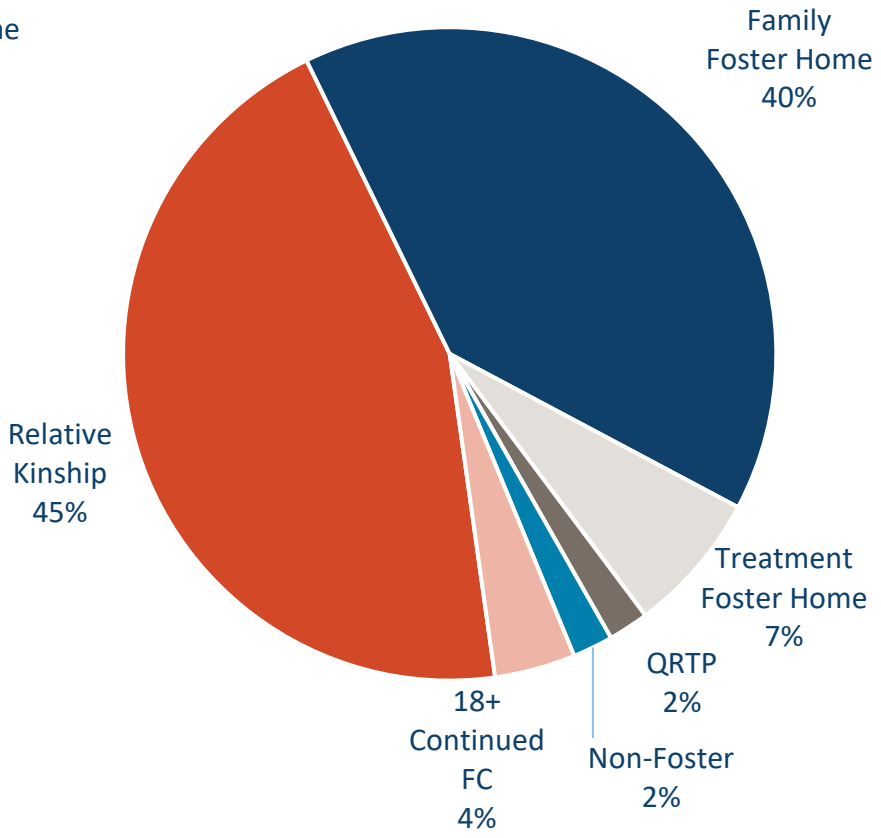
Increasing the prevalence of Relative / Kinship Care in North Dakota should support more positive outcomes for kids

Children & Family Services

FY22



Towards a Future State



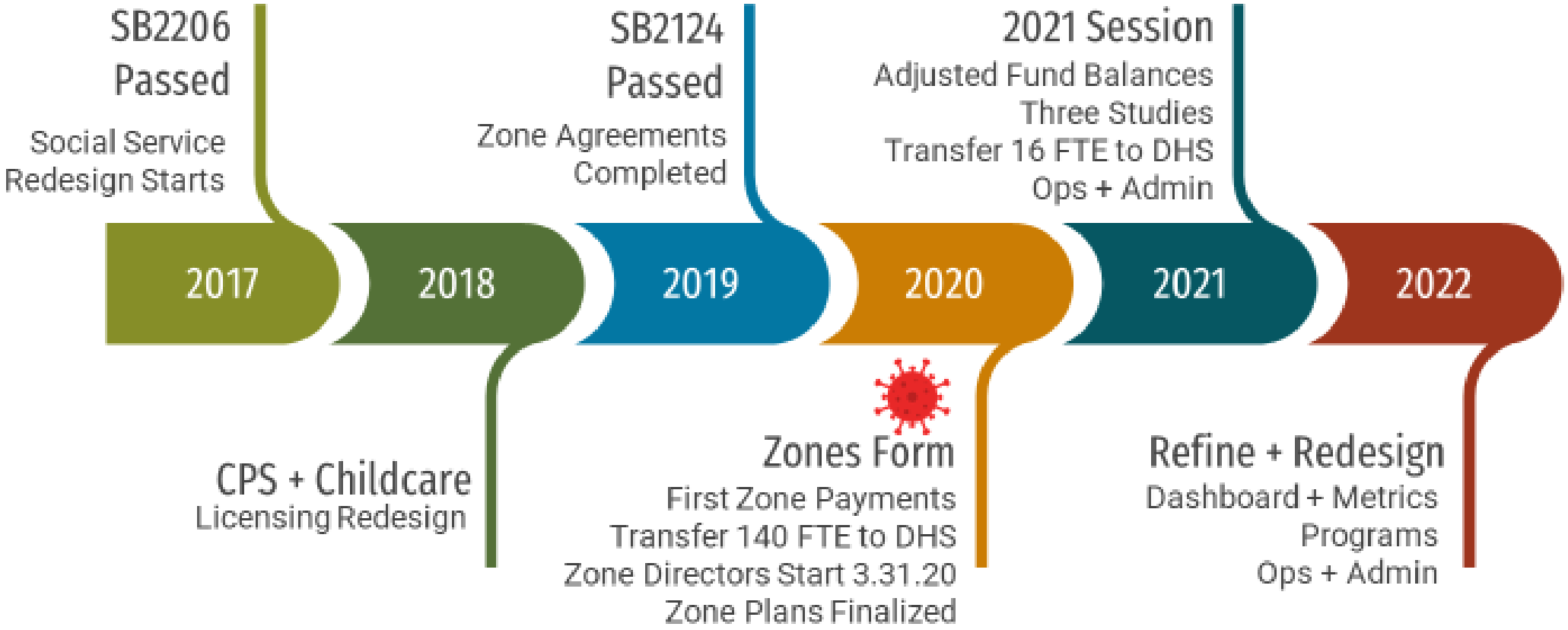
Rethink child welfare

Finding ways for kids to be cared for by relatives or other adults with whom they have existing, significant relationships creates better outcomes

NORTH Dakota Be Legendary. | Health & Human Services

SB 2124 re-defined the infrastructure of human service delivery in North Dakota

Human Service Zone Operations

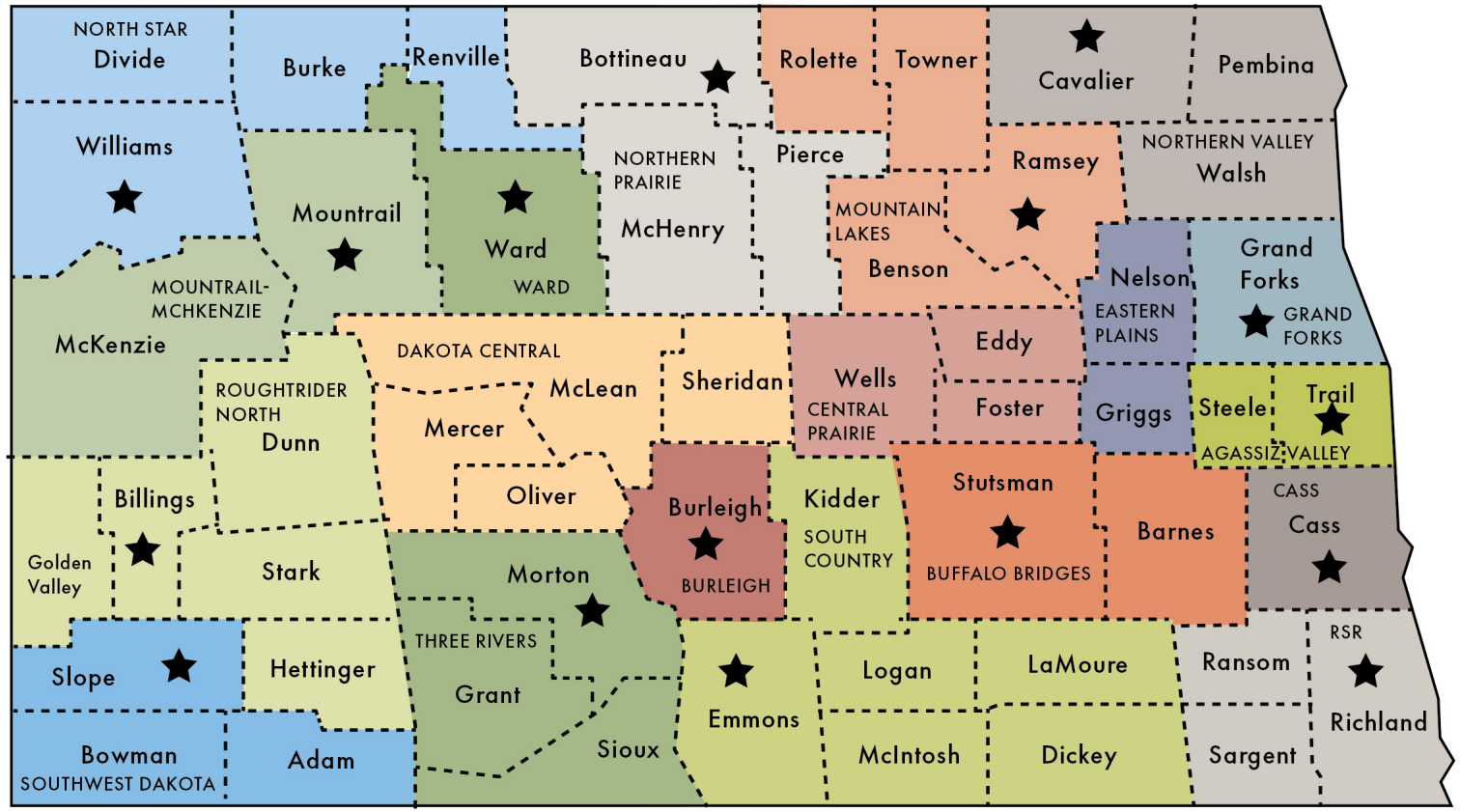


NORTH Dakota Be Legendary. | Health & Human Services

46 county social service agencies became 19 human service zones

Human Service Zone Operations

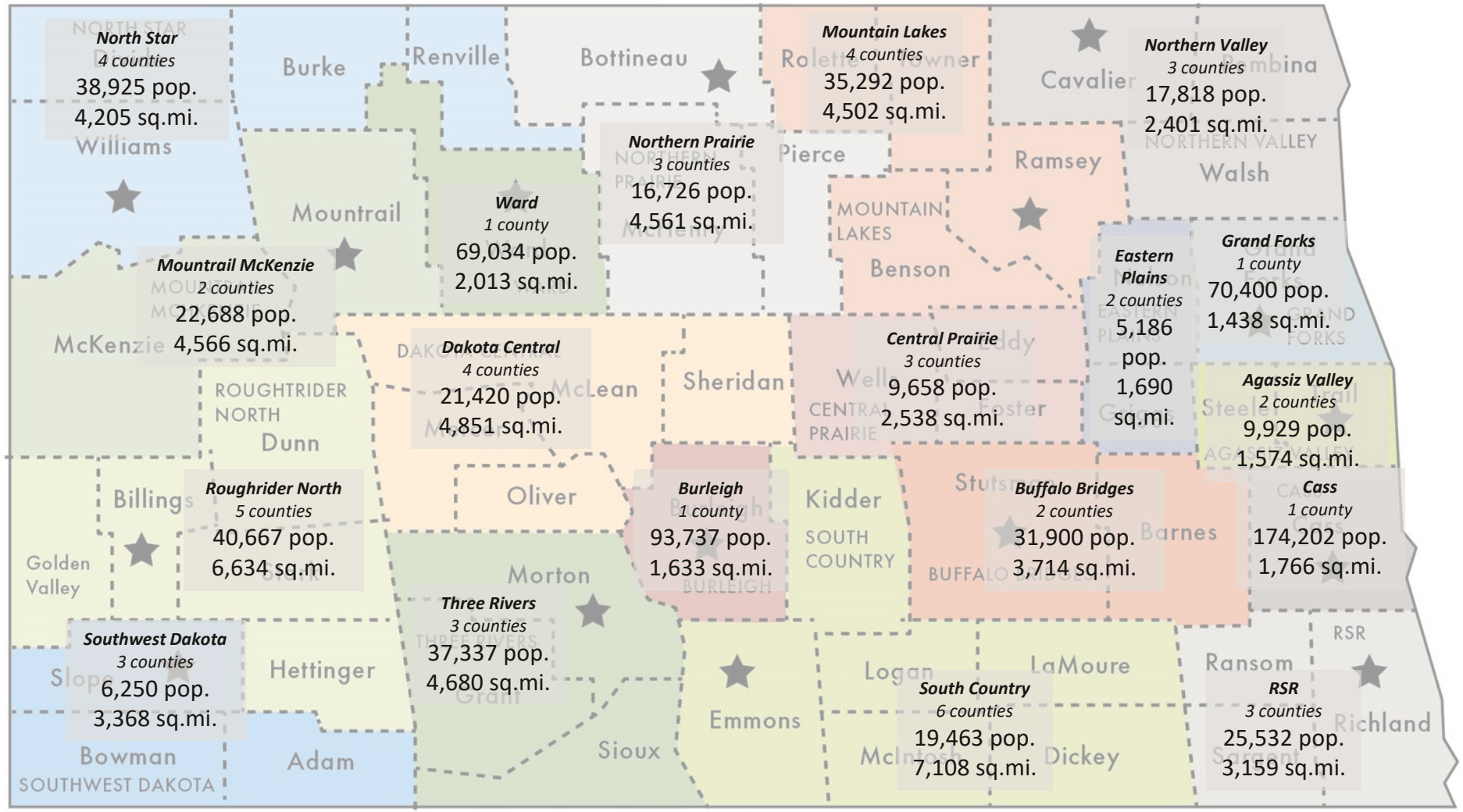
- Zones maintained local presence with existing local offices
- Created new locally appointed Human Service Zone Boards to advise HSZ directors and serve as a liaison to the counties
- 985 county staff became employees of their zone's host county



NORTH Dakota | Health & Human Services
Be Legendary.

19 unique Human Service Zones work together to serve every corner of ND

Human Service Zone Operations



Population:
5,186 to 174,202

County collaborations:
1 to 6

Square miles of geography covered:
1,438 to 7,108

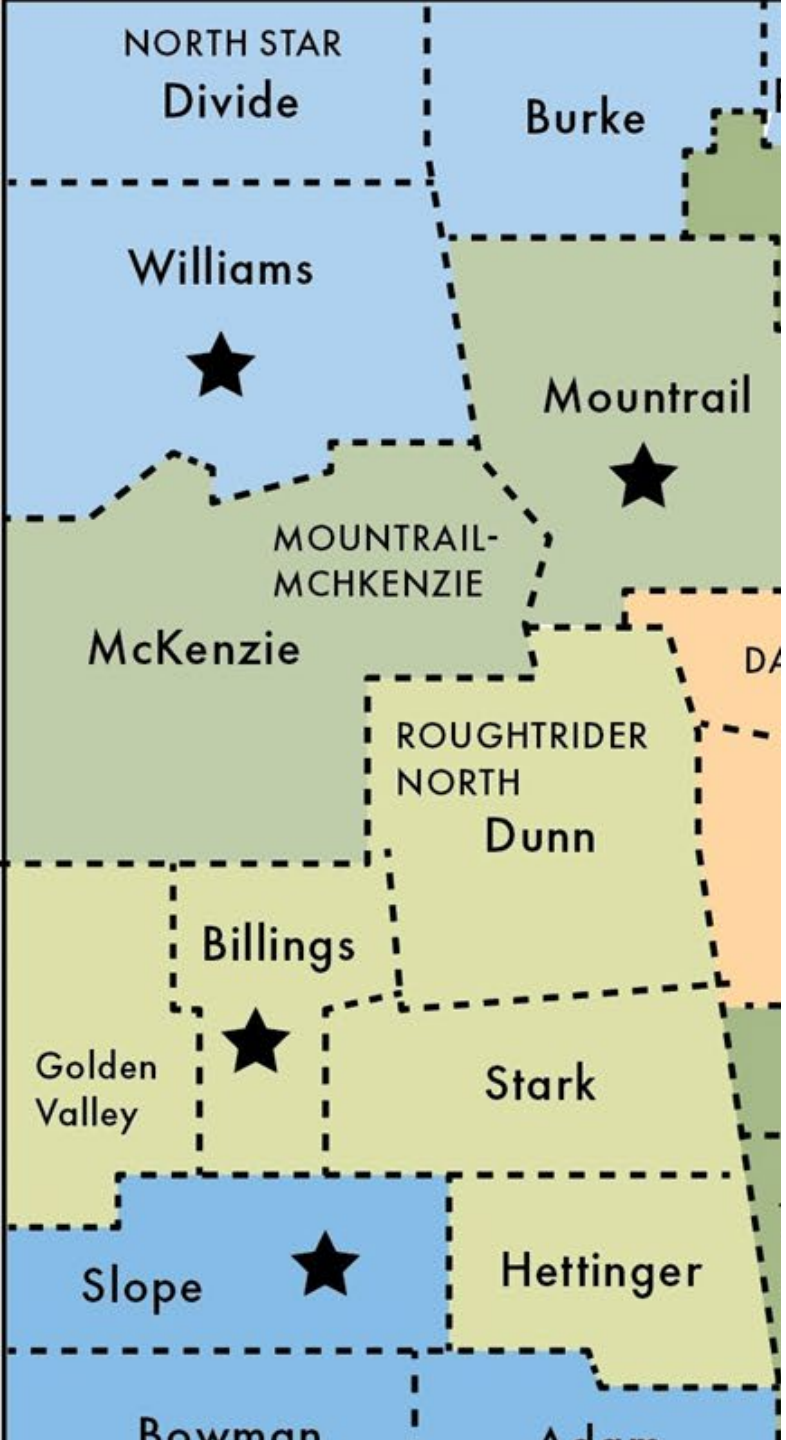
North Dakota Be Legendary. | Health & Human Services

Social Service Redesign set the stage for Counties and the State to work together to serve North Dakotans through the Human Service Zone structure

Human Service Zone Operations

- Standardization
- Consistency
- Shared services + workload
- Increased access and resources for clients
- Decreased multi-function jobs and allowed for specialization/expertise – reduced # of hats
- Clear program performance measurements
- Increased state collaboration + oversight
- Property Tax Relief

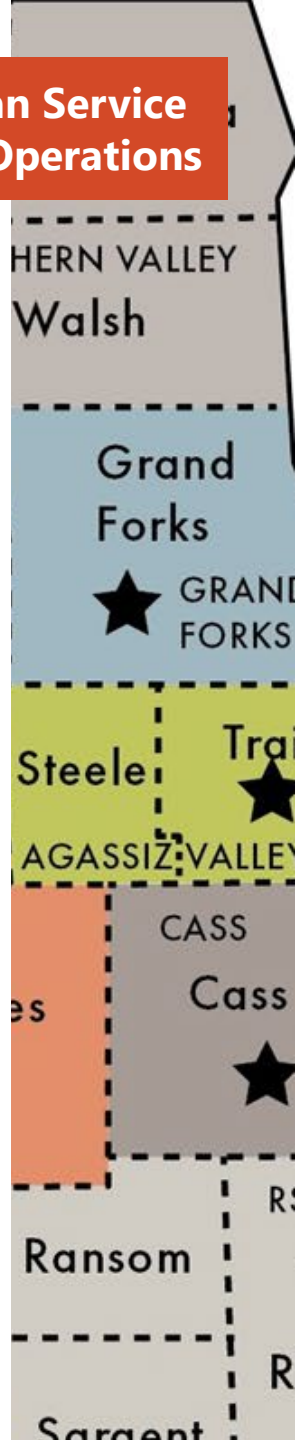
	Host County	Zone	HHS
Employer	✖		
Benefits	✖		
HR Policy Manual		✖	✖
HP Policy Addendums - Submitted by Zone/ DHS Approval		✖	
Merit System Requirements			✖
Office Closure	✖	✖	
Supervision of Staff		✖	
Mileage/Reimbursement	✖		
Bonuses (Performance, Retention, etc,...)		✖	✖
Programmatic Policy			✖



Human Service Zone Operations

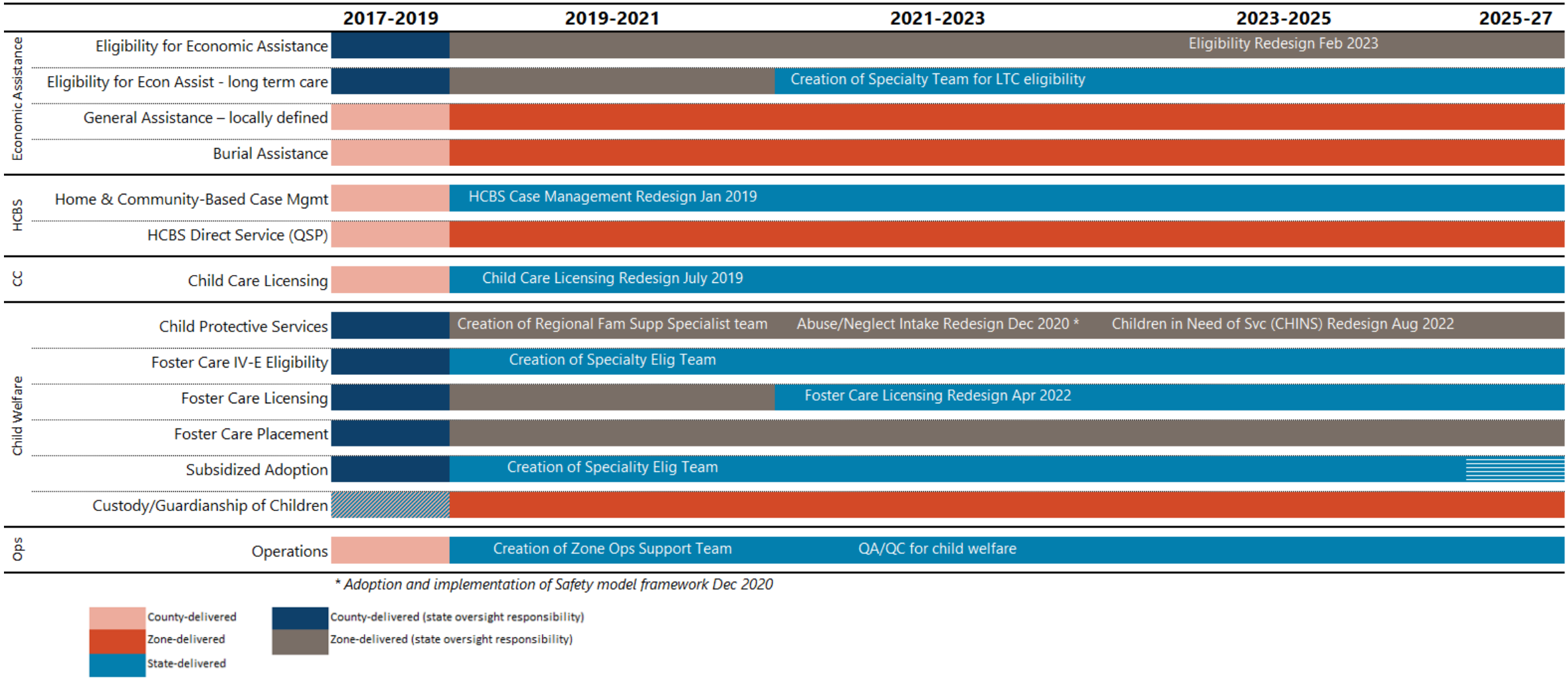
Human Service Zone Collaborations

- **Child Welfare Supervision.** Buffalo Bridges Child Welfare supervisors provide supervision to Central Prairie (3) and Eastern Plains (1) child welfare staff
- **Delivery of Zone Administered HCBS.** Agassiz Valley/Cass/ RSR working together to provide coverage for QSP (homemaker, personal care, etc..) services; targeted to rural areas where there have not been providers
- **HSZ Leadership during transitions.** Many Zone Directors have assisted other Zones after a resignation or retirement of their Director
- **Support for Child Protection Services.** Statewide, Child Protection Supervision has been provided across Zones when there is a turnover in staff or other capacity needs as needed; In addition, on-going CPS supervision is being provided across Zones (Northern Valley/Mountain Lakes, Dakota Central/South Country)
- **Transfer of Eligibility Workers FTEs.** RSR, South Country, and Eastern Plains have hired EWs in their zone with FTEs transferred from Cass and Grand Forks.



North Dakota's model of human service delivery is characterized by shared roles and responsibilities

Human Service Zone Operations



HHS and HSZs connected 1 in 5 North Dakotans to at least one resource designed to support their economic health and wellbeing

Economic Assistance

154,000

North Dakotans utilized
SPACES to access Economic Assistance and Medicaid
coverage during SFY 2022

74,817 people in
36,076 households



Food Assistance

5,937 children in
3,610 families



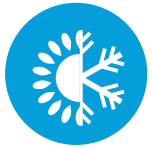
Child Care Assistance

4,613 people in
1,729 households



Temporary Assistance

30,408 people in
14,023 households



Home Energy Assistance

141,051 people in
82,180 households



Medicaid Coverage

35,717 people in
19,385 households
(from 01/21 through 12/22)



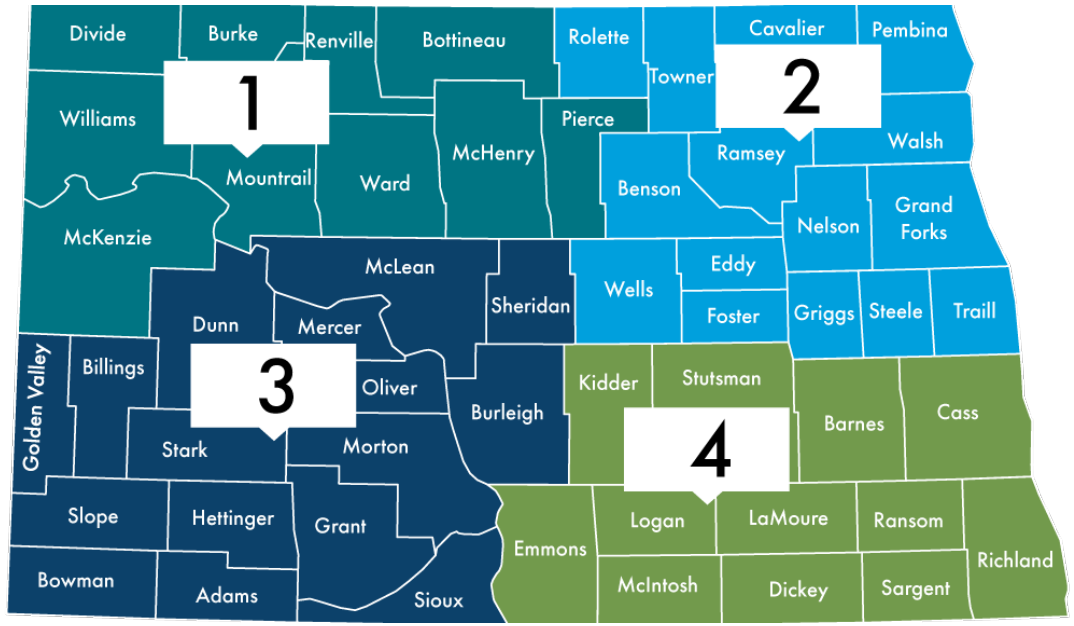
Housing Stability Assistance

5,585 households experiencing homelessness
(from 09/21 through 12/22)

NORTH Dakota Be Legendary. | Health & Human Services

Eligibility Redesign Implementation: February 2023

Economic Assistance



Four Regions – Each Working as One Team

Human Service Zones in each region will work together as one team.

Local Support

Local offices will remain open for in-person support.

Customer Support Center

One phone number to speak to an expert in eligibility services.

Centralized Mail Unit

One mail and one email address for document submission.

Self-Service Portal Upgrade

Work has been done on the SSP to make it more user and mobile friendly.

NORTH Dakota Be Legendary. | Health & Human Services

North Dakota Child Care Assistance Dashboard

https://www.hhs.nd.gov/applyforhelp/ccap

Economic Assistance

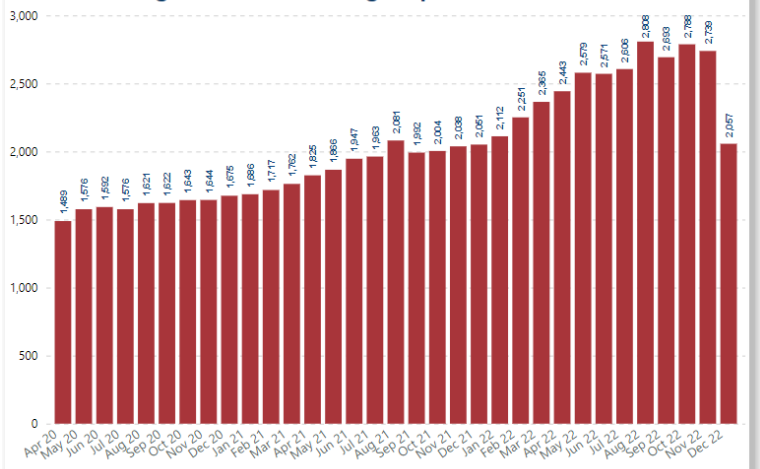
NORTH Dakota | Health & Human Services
Be Legendary.

Families

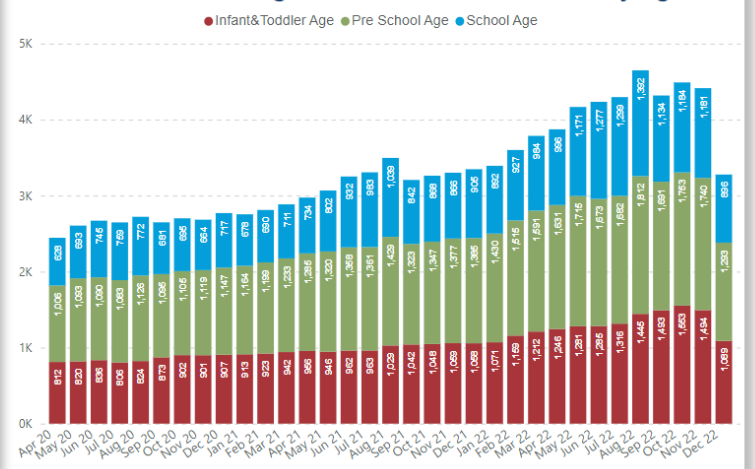
Child Care Assistance Program
SOURCE: ND Integrated Eligibility data system
Date Last refreshed:
1/4/2023 11:14:19 AM

Families | Funding | Applications | Providers | County Investment

Working Families receiving help with Child Care costs



Children Benefitting from Child Care Assistance by Age



Avg # of Working Families receiving help w/child care costs

2,501

Avg # of Children benefitting from child care assistance

4,044

NOTES:
"Working Families Assisted by Month" shows the total number of families who receive child care assistance in a given month. The term "Working families" includes both families who are working and those who are participating in education or training programs. Both the "**Average number of Working Families** "and "**Average number of Children**" receiving assistance per month are calculated using data from the previous 12 months.
"Children Benefitting from Child Care Assistance by Age" includes any child who is actively enrolled in child care and whose family is receiving some level of assistance with the costs of that child care.

"Infants and Toddlers" includes children age 0-35 months; Pre-school age includes children ages 36-71 months; School Age includes children ages 6 through 12 years.

NORTH Dakota | Health & Human Services
Be Legendary.



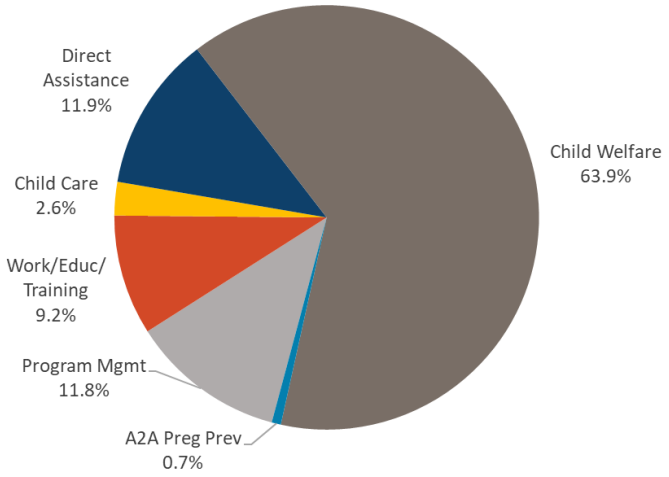
Included in 2023-25 Executive Budget Request:
Investing in Temporary Assistance for Needy Families

Economic Assistance

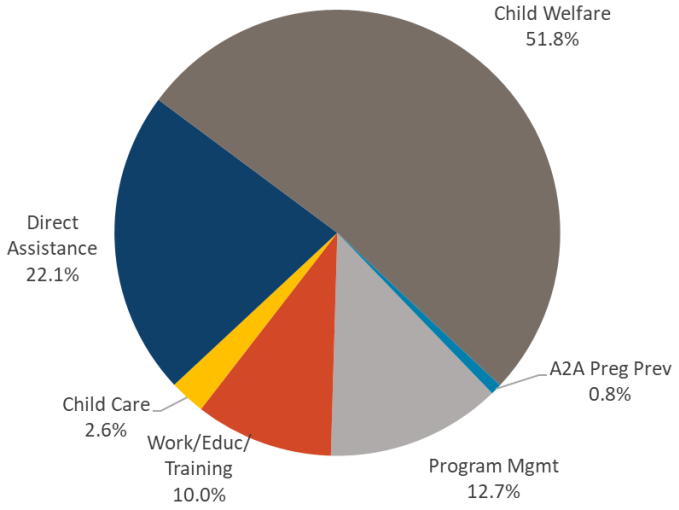
Shift investment of $7.4 million of state TANF grant from Children & Family Services to Economic Assistance to allow for increased support and services to TANF families

HHS Section	Total	General	Federal
Econ Assist	$7,496,368	$0	$7,496,368
CFS	$0	$7,496,368	($7,496,368)

ND Budgeted TANF Expenditures 2021-23



ND TANF Expenditures 2023-25 EBR



NORTH Dakota | Health & Human Services
Be Legendary.



Child Support: Who we serve

As of 2022, the Child Support section delivers programs and services to:

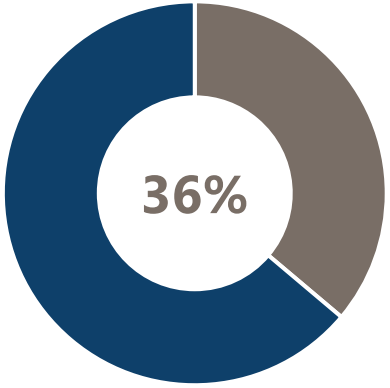
- 67,136 children
- 86,050 parents
- 53,318 cases
  - Full service. – 32,797
  - Limited service – 20,521
- Employers 79,176



Child Support services affect 36% of children in North Dakota

Child Support

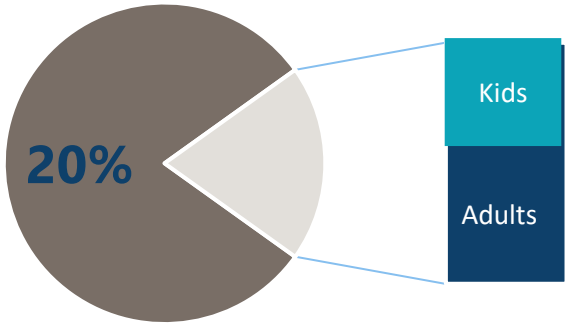
67,136



1 in 3 ND kids

In 2022, 67,136 children received child support services. That is more than 1 of every 3 children under age 18 in the state.

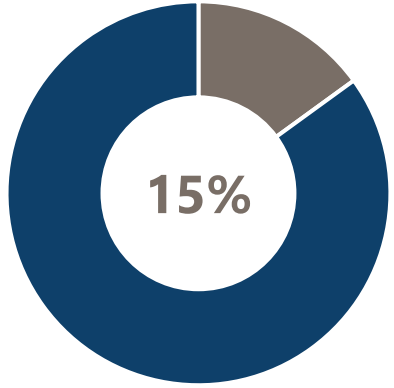
153,186



1 in 5 North Dakotans

153,186 people received child support services in North Dakota in 2022.

86,050



1 in 7 ND adults

In 2022, 86,050 parents received child support services. That means nearly 1 of every 7 adults (age 18+) in the state has a connection to the child support division.

NORTH Dakota Be Legendary. | Health & Human Services

Progress in child support means more resources to support child health and wellbeing

Child Support

20,000

Over 20,000 families who are owed child support are not receiving the program's full services

$27 million

More than $27 million in child support per year is not received in the month when it is due

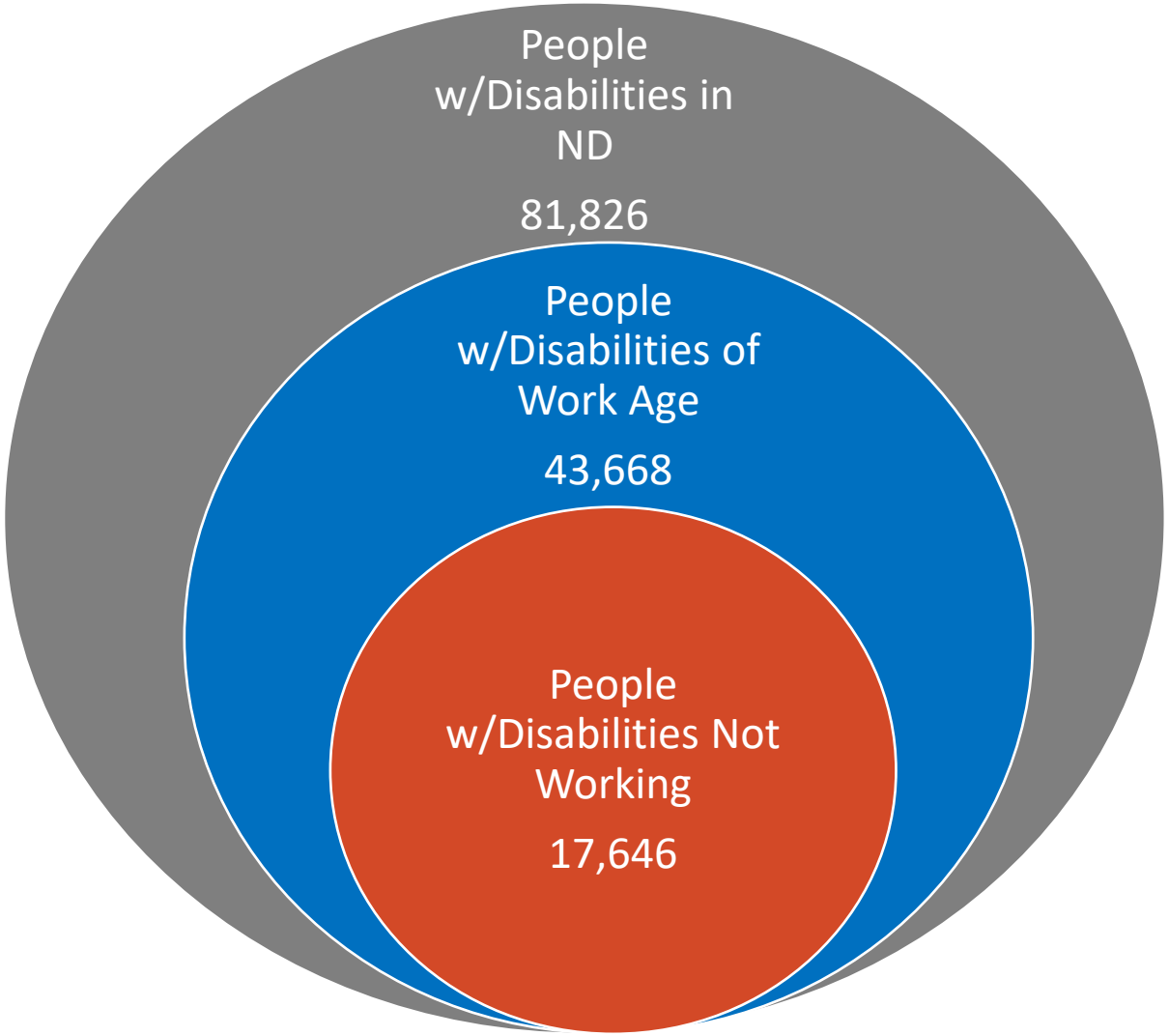
$250 million

More than $250 million is owed in past-due support in full-service cases and nearly $414 million total in all cases

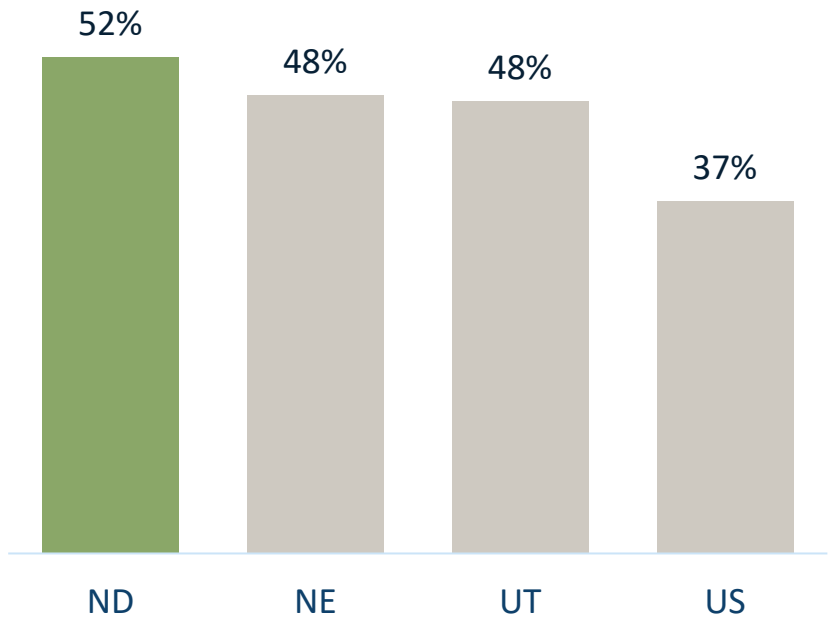
NORTH Dakota Be Legendary. | Health & Human Services

Voc Rehab is an essential part of the state's workforce strategy

Vocational Rehabilitation



ND is 1st in the U.S. by % of people with disabilities who are employed

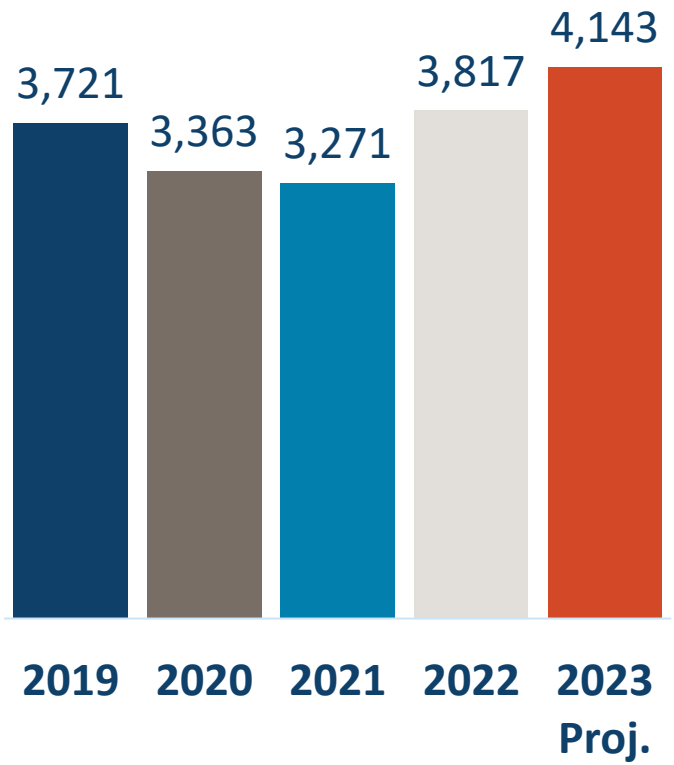


NORTH Dakota Be Legendary. | Health & Human Services

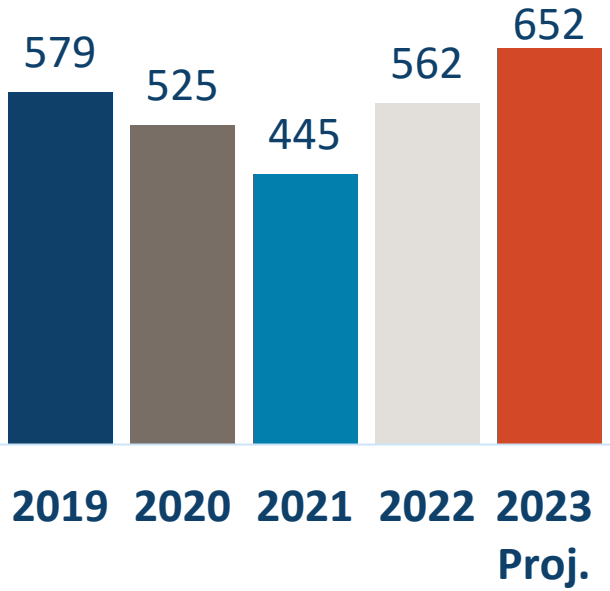
Successful Job Placements increased by 26% from 2021-2022

Vocational Rehabilitation

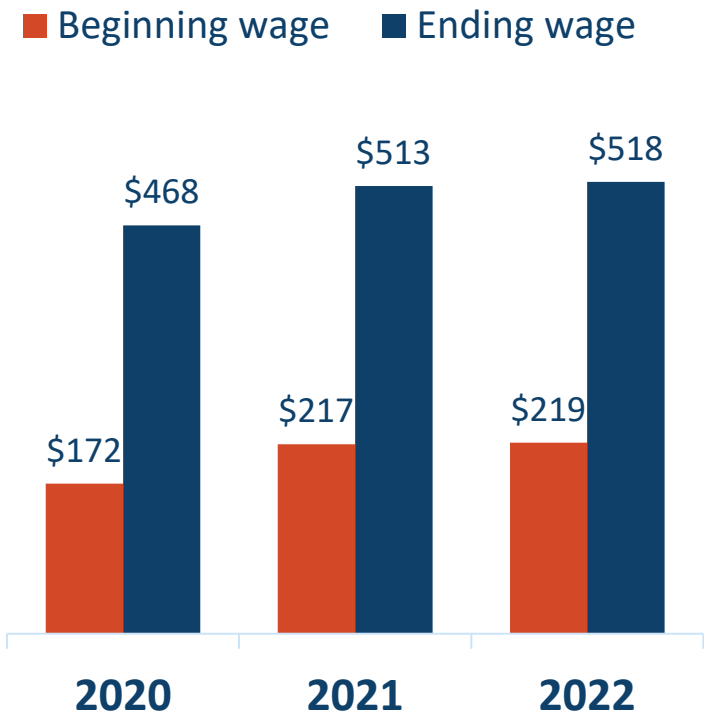
People enrolled/in process



Successful Job Placements



Change in weekly wage



NORTH Dakota Be Legendary. | Health & Human Services

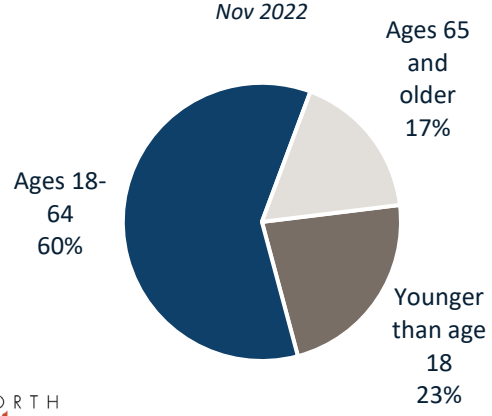
Who benefits from the Social Security Disability programs?

SSA Disability Determination Services

SSI

"To be eligible for SSI, beneficiaries must have low incomes, limited assets, and either be age 65 or older or have an impaired ability to work at a substantial gainful level as a result of significant disability."

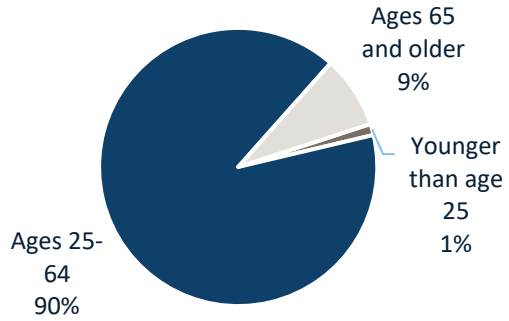
SSI beneficiaries in U.S.
Nov 2022



SSDI

"Unlike SSI, there are no income or asset limits for SSDI eligibility. Instead, to qualify for SSDI, enrollees must have a sufficient work history (generally, 40 quarters) and meet the strict federal disability rules."

SSDI beneficiaries in U.S.
Nov 2022



Source: https://www.kff.org/medicaid/issue-brief/supplemental-security-income-for-people-with-disabilities-implications-for-medicaid/

NORTH Dakota | Health & Human Services
Be Legendary.

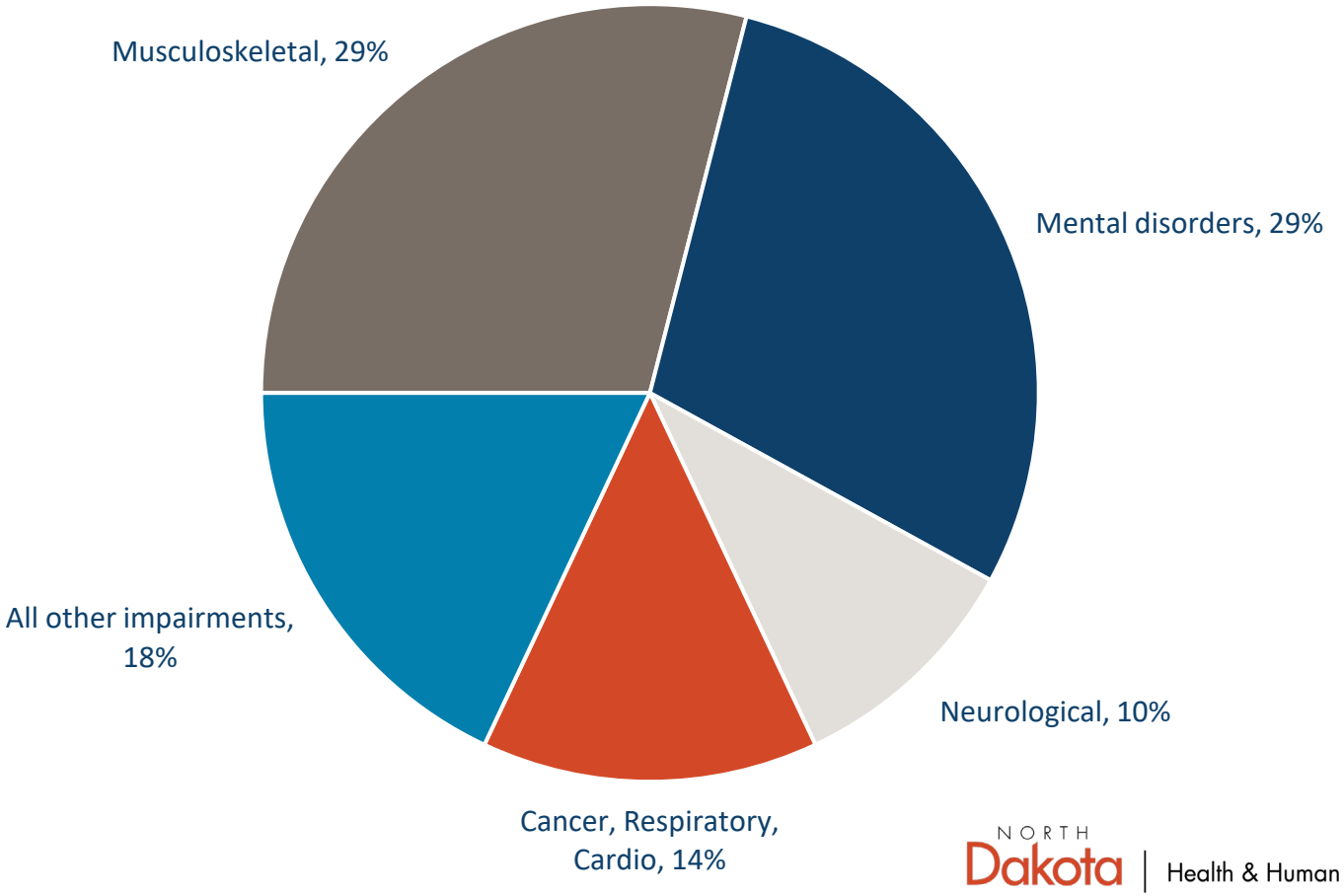


Primary reason (by body system) for initial claims for SSDI/SSI

North Dakota snapshot federal fiscal year 2022

SSA Disability Determination Services

- "The Listing of Impairments describes, for each major body system, impairments considered severe enough to prevent an individual from doing any gainful activity (or in the case of children under age 18 applying for SSI, severe enough to cause marked and severe functional limitations).
- "Most of the listed impairments are permanent or expected to result in death, or the listing includes a specific statement of duration.
- "For all other listings, the evidence must show that the impairment has lasted or is expected to last for a continuous period of at least 12 months.



Source: https://www.ssa.gov/disability/professionals/bluebook/listing-impairments.htm

NORTH Dakota Be Legendary. | Health & Human Services

Social Security benefits provide a source of income for disabled North Dakotans

SSA Disability Determination Services

SSI

$560

Average monthly payment

$4.1 million

Total monthly SSI benefits to North Dakotans

SSDI

$1,159

Average monthly payment

$18.25 million

Total monthly SSDI benefits to North Dakotans



NORTH Dakota | Health & Human Services
Be Legendary.

North Dakota data snapshot September 2022

Implementing the Settlement Agreement between U.S. DOJ & State of North Dakota

Adult & Aging Services

PURPOSE is to ensure that ND will **meet Americans with Disabilities Act (ADA) requirements** by providing services, programs, and activities for individuals with physical disabilities in the most integrated setting appropriate to their needs.

Effective Dec. 14, 2020

Agreement will terminate eight years after effective date if Parties agree that the state has attained substantial compliance with all provisions and maintained that compliance for a period of one year.



Variety of Concerns Noted

Adult & Aging Services

EXAMPLES PROVIDED BY DOJ

- **Unnecessary segregation** of disabled individuals in skilled nursing facilities
- Adults in skilled nursing facilities who would **rather be in their community**
- **Imbalance of funds** to skilled nursing facilities and community-based services
- **Lack of awareness** about existing transition services and available tools

WHO ARE WE TRYING TO REACH?

Target population

Adult & Aging Services

Basic Eligibility

- Individual with physical disability
- Over age 21
- Eligible or likely to become eligible to receive Medicaid long-term services and supports (LTSS)
- Is likely to require LTSS for at least 90 days.



IF in skilled nursing setting

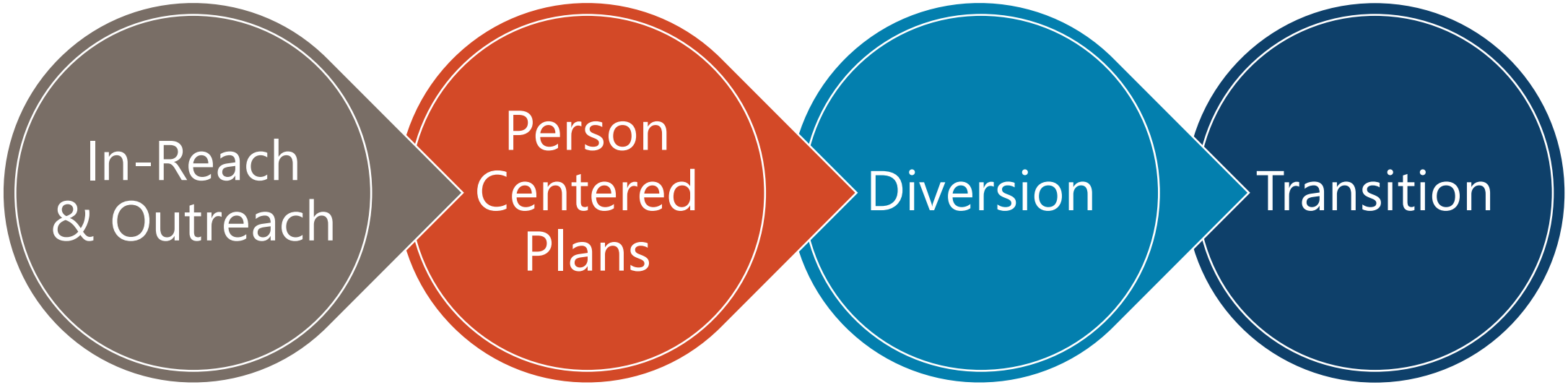
- Receive Medicaid-funded nursing facility services AND
  - Likely to require long term services and supports
- Receive nursing facility services AND
  - Likely to become eligible for Medicaid within 90 days, have submitted a Medicaid application, and have approval for a long-term nursing facility stay

IF in hospital or home setting

- Referred for a nursing facility level of care determination AND
  - Likely to need services long term
- Need services to continue living in the community AND
  - Currently have a HCBS Case Manager or have contacted the ADRL

ND / DOJ Agreement STRATEGY

Adult & Aging Services



Adult & Aging Services: Who we are

Adult & Aging Services

The Adult and Aging Services Section administers and delivers more than 40 in-home and community-based services to eligible North Dakotans.

We also protect the health, safety, welfare and rights of vulnerable adults in the community and long-term care residents.

1,147

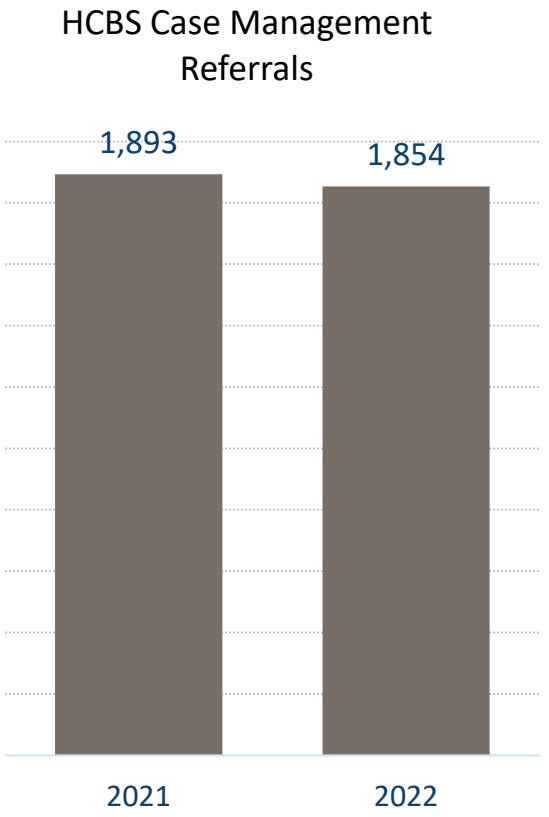
Qualified Services Providers (QSPs) provide services

67

HCBS case managers supervised by Adult & Aging Services

158 and 86

On average, 158 new referrals and 86 new cases opened for HCBS each month



NORTH Dakota Be Legendary. | Health & Human Services

Senior Nutrition Services

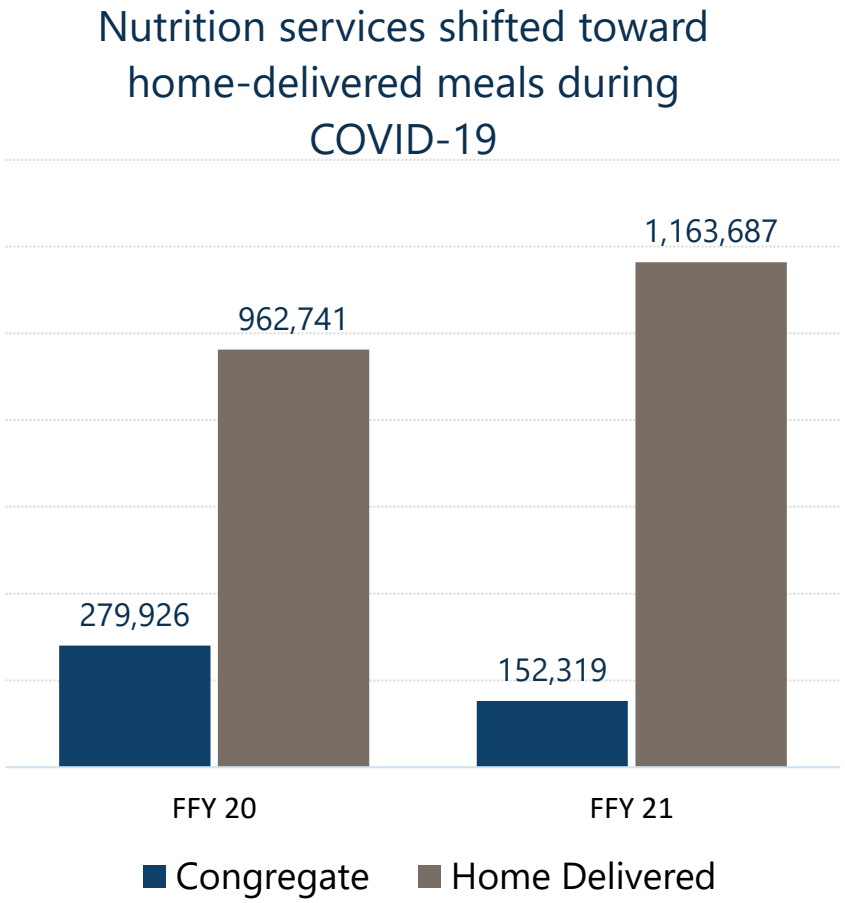
Adult & Aging Services

The pandemic changed the **way meals are delivered** to older adults.

- Home delivered
- Pre-packaged grab-and-go
- Curbside pickup
- Frozen meal options

1,316,006
Meals served FFY2021

21,008
Consumers served





More North Dakotans are choosing home-based community care options every year

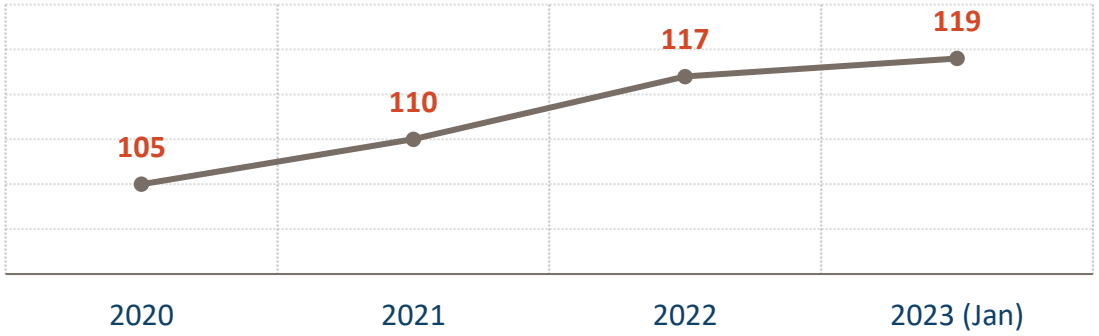
Adult & Aging Services

- ✓ Since the pandemic, the **demand** for in-home and community-based services has continued to **increase**
- ✓ Increased demand has increased the **average weighted caseload** per HCBS Case Manager
- ✓ **Many HCBS participants have complex needs** (medical and behavioral health needs) that increase the amount of time it takes to provide quality case management services
- ✓ Increased **need** for **additional** HCBS case management **staff**

Unduplicated HCBS Recipients



Average Caseload per Case Manager



NORTH Dakota Be Legendary. | Health & Human Services

ADULT & AGING SERVICES
Individuals receiving HCBS services (Dec 2022)

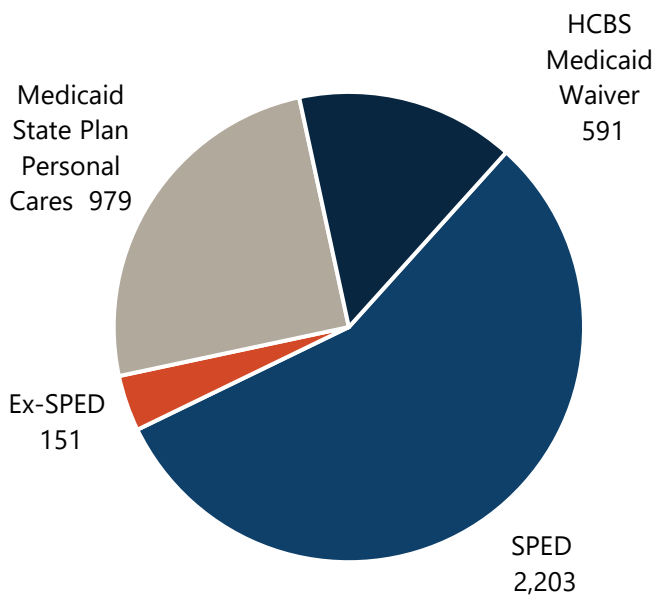
Adult & Aging Services / LTC

3,158

Number of unduplicated recipients supported by HCBS in CY2022

6% increase since 2021

Individuals Receiving HCBS Dec 2022



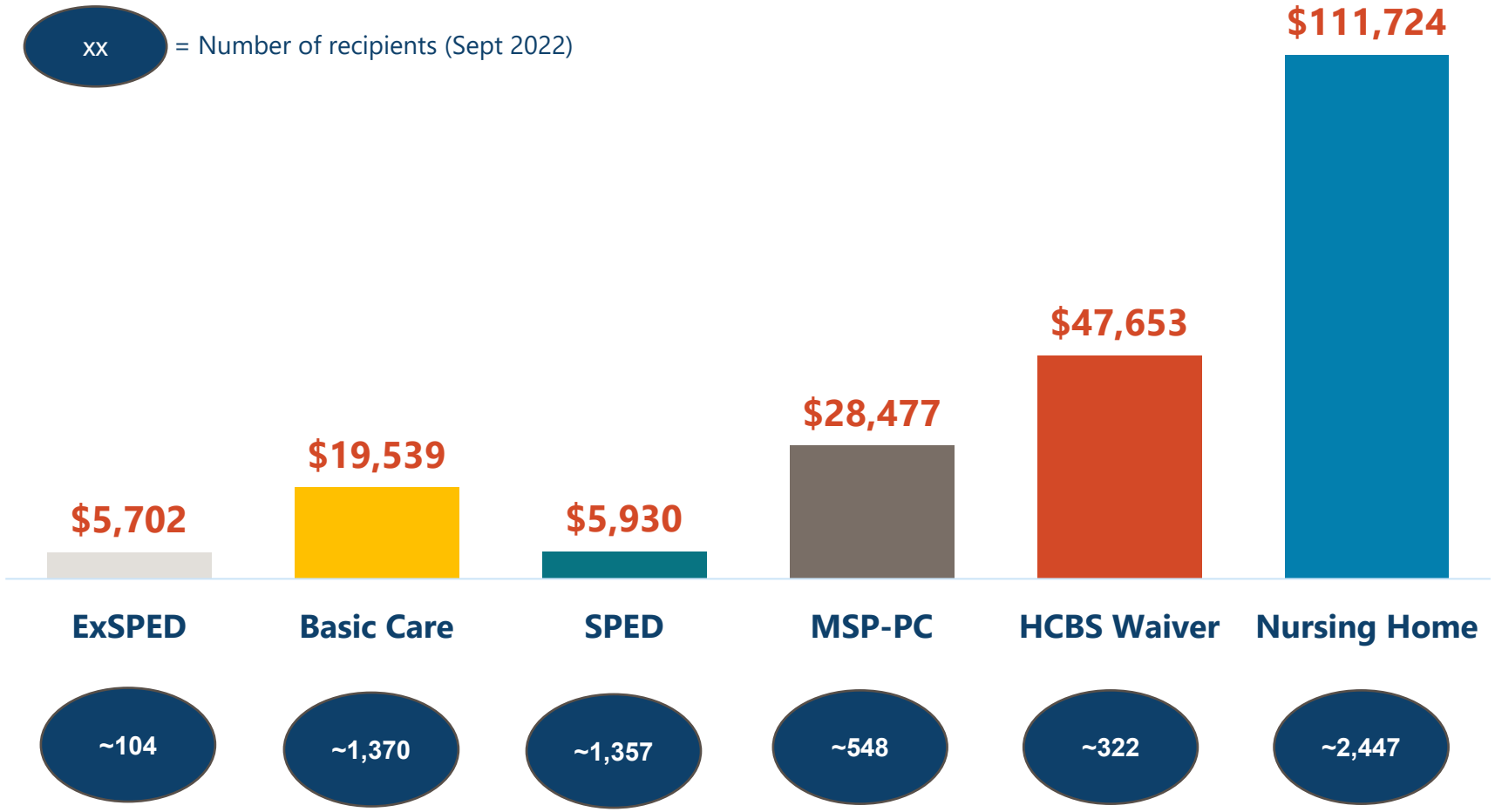
- Primarily serves older adults and individuals with physical disabilities.
- Recipients must be both functionally and financially eligible.
- May have client cost share based on income.
- Federal and state funds.
- Recipients range in age from 15-104 years old.
- Case Management conducted by 66 FTE and supported by 1 billing specialist.

Source: DHS HCBS Caseload Data Nov 2022

NORTH Dakota Be Legendary. | Health & Human Services

Average Annual Cost by Type of Service in LTC Continuum (Analysis of Sept 2022 claims data)

Adult & Aging Services / LTC



Eligibility criteria evaluate both a person's functional and financial needs.

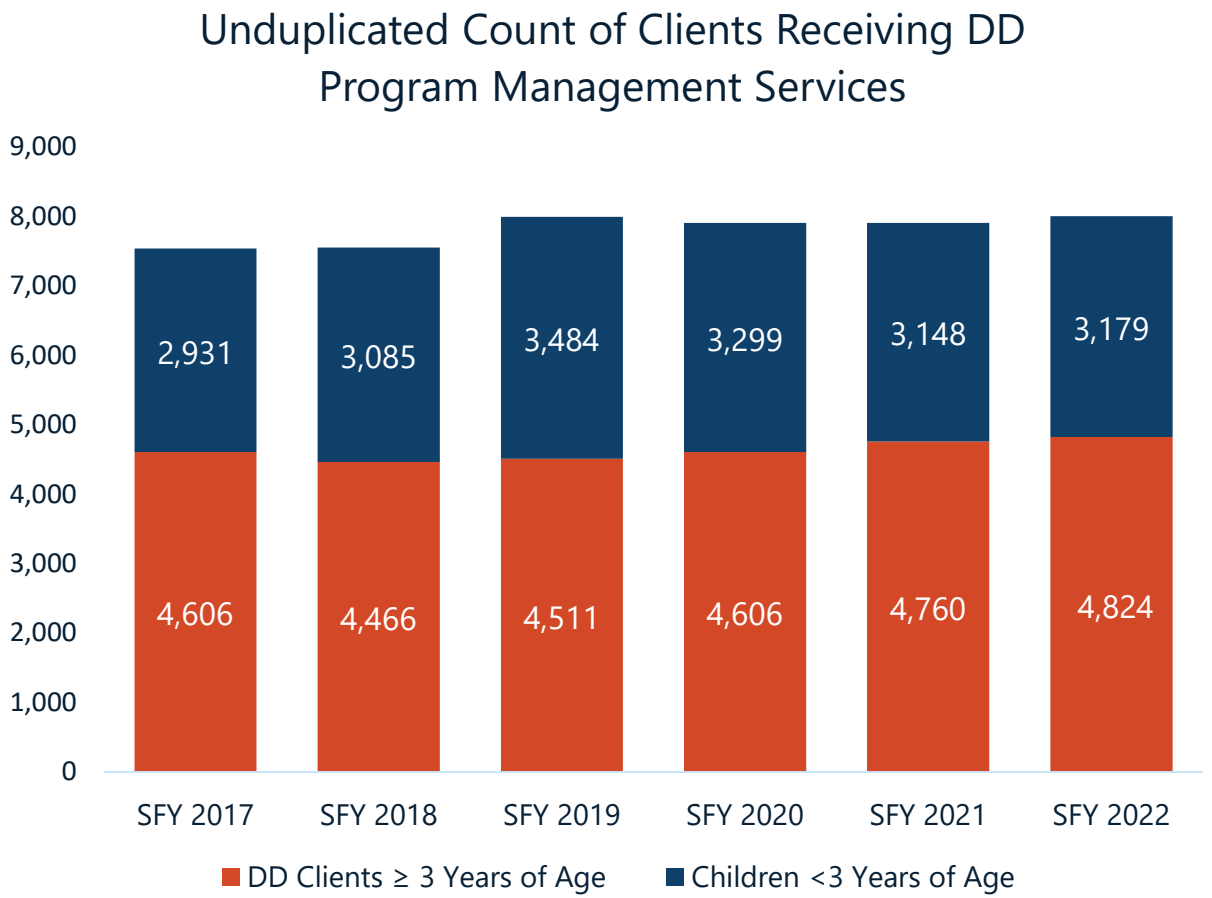
- Ex-SPED is the in-home alternative to Basic Care
- HCBS waiver and MSP-PC are in-home alternatives to Nursing Homes
- SPED assists people with higher asset levels (up to $50,000)

NORTH Dakota Be Legendary. | Health & Human Services

Developmental Disabilities Program Managers served almost 8,000 children and adults in SFY22

Developmental Disabilities





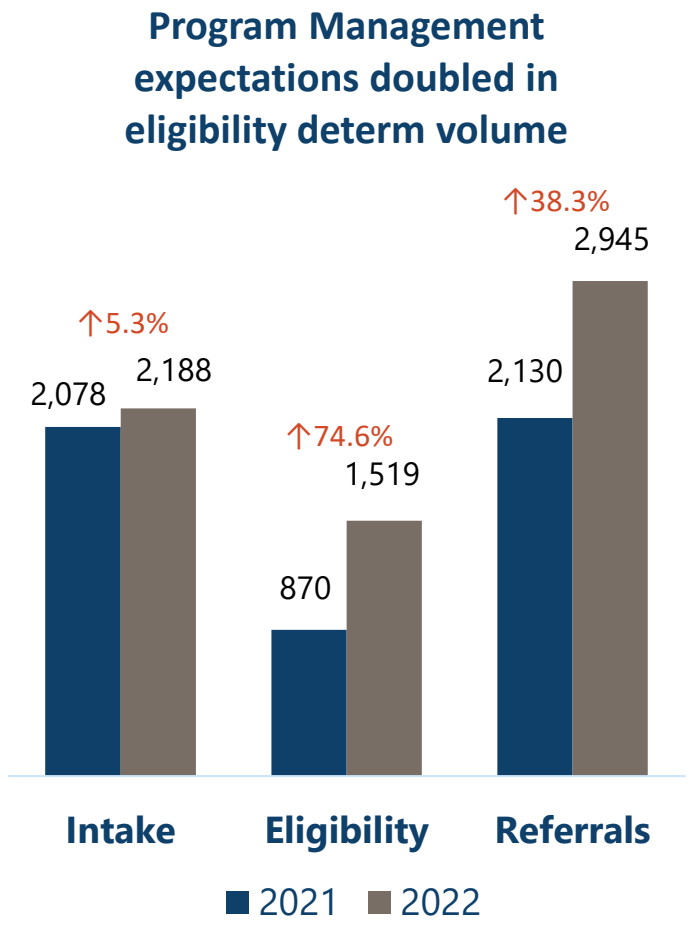
40% of all people receiving DDPM services are younger than age 3

NORTH Dakota Be Legendary. | Health & Human Services

Developmental Disabilities Program Management (DDPM) is a foundation of the state's system of care

Developmental Disabilities

- Assist clients, families, and guardians navigate the system of services available.
- Focus is to help clients stay healthy and safe and achieve their goals.
- Approximately 110 DD program managers located throughout the state.





NORTH Dakota | Health & Human Services
Be Legendary.

LSTC is continuously working to develop its ability to support people with complex behavioral, developmental, and physical needs

Life Skills Transition Center

Reasons provided for admission by those referring the person

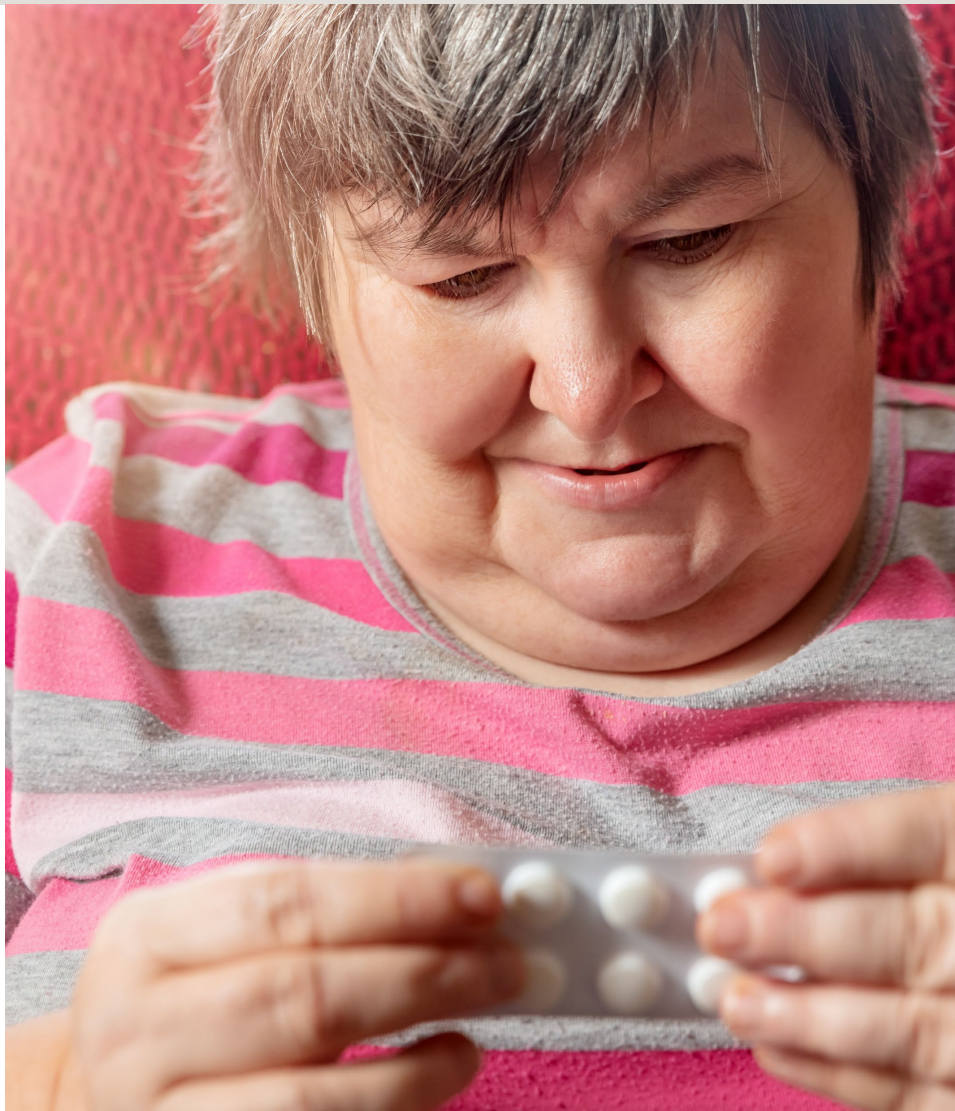
(people admitted to LSTC as of July 2022)

- Harm to Self – 25%
- Harm to Others – 82%
- Harm to Property – 4%
- Elopement – 6%
- Sexual Offending – 9%

"What can we do to help a caregiver choose to stay with someone through a crisis event?"

"What can we do to help make return home after a crisis / triggering event more probable? And more successful?"

"How can we support caregivers to feel better equipped to handle the situation they are experiencing?"



NORTH Dakota | Health & Human Services
Be Legendary.

Progress?

"Census" is More than a Number

Life Skills Transition Center

64

July 2021



58

December 2022

Progress?

"Census" is More than a Number…

Life Skills Transition Center

+13

Admissions

-17

Transitions Completed

-5

Deaths

-31

Admissions Diverted

7

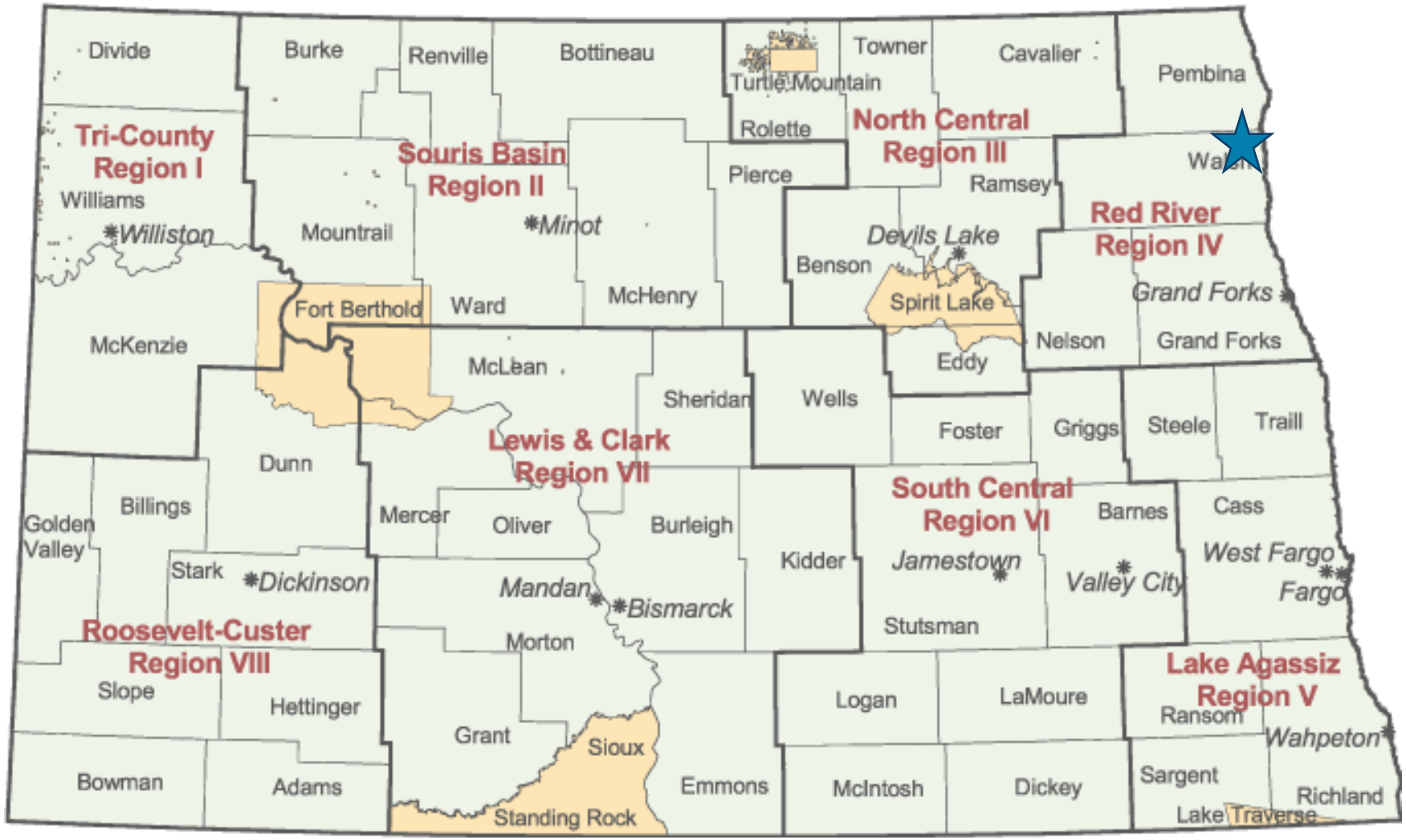
Transitions Planned / On Hold / Cancelled

** Data from July 2021- December 2022*

NORTH Dakota Be Legendary. | Health & Human Services

Historically LSTC was a campus-based residential facility in Grafton

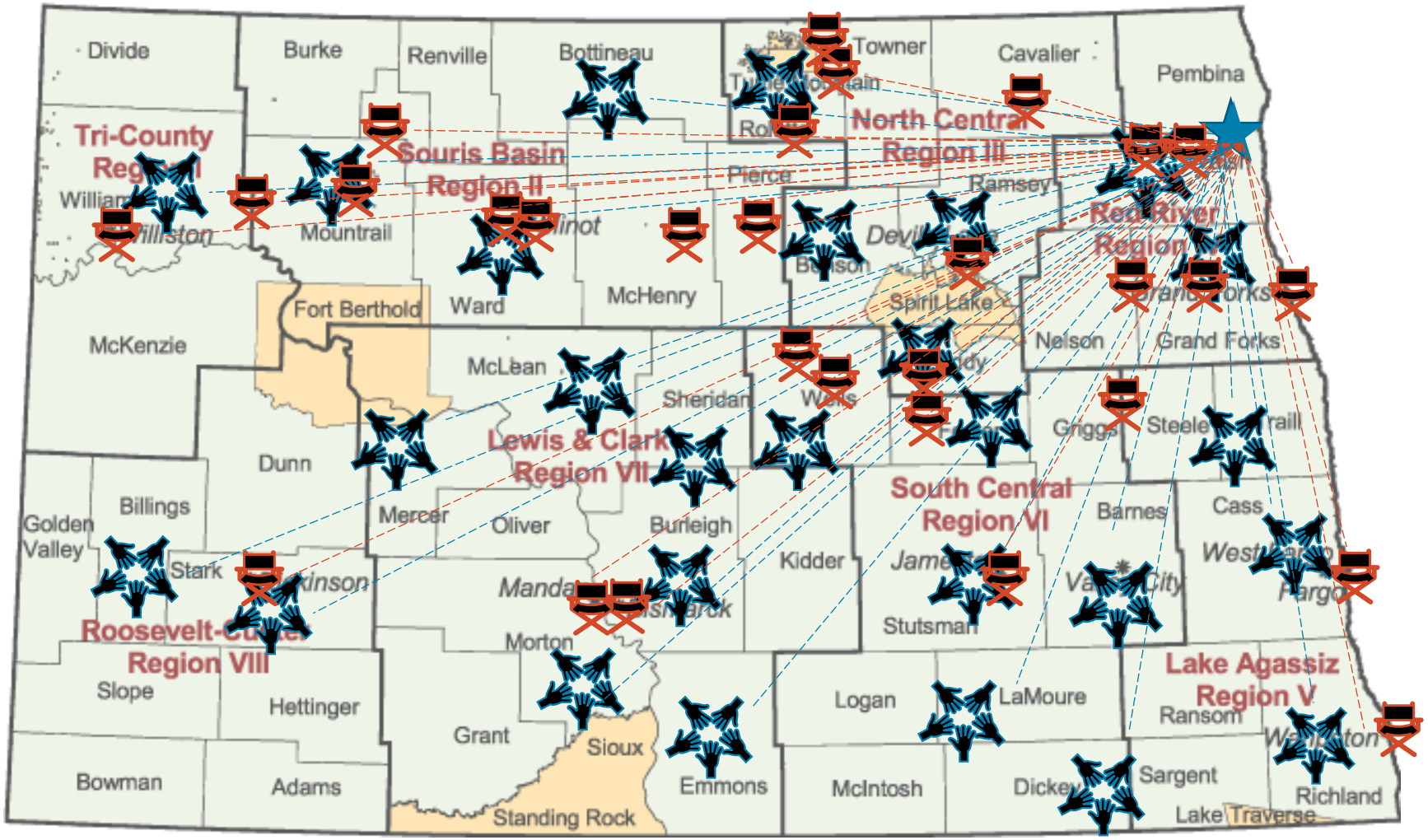
Life Skills Transition Center



NORTH Dakota Be Legendary. | Health & Human Services

Today LSTC provides in-community transition and stabilization support across ND

Life Skills Transition Center



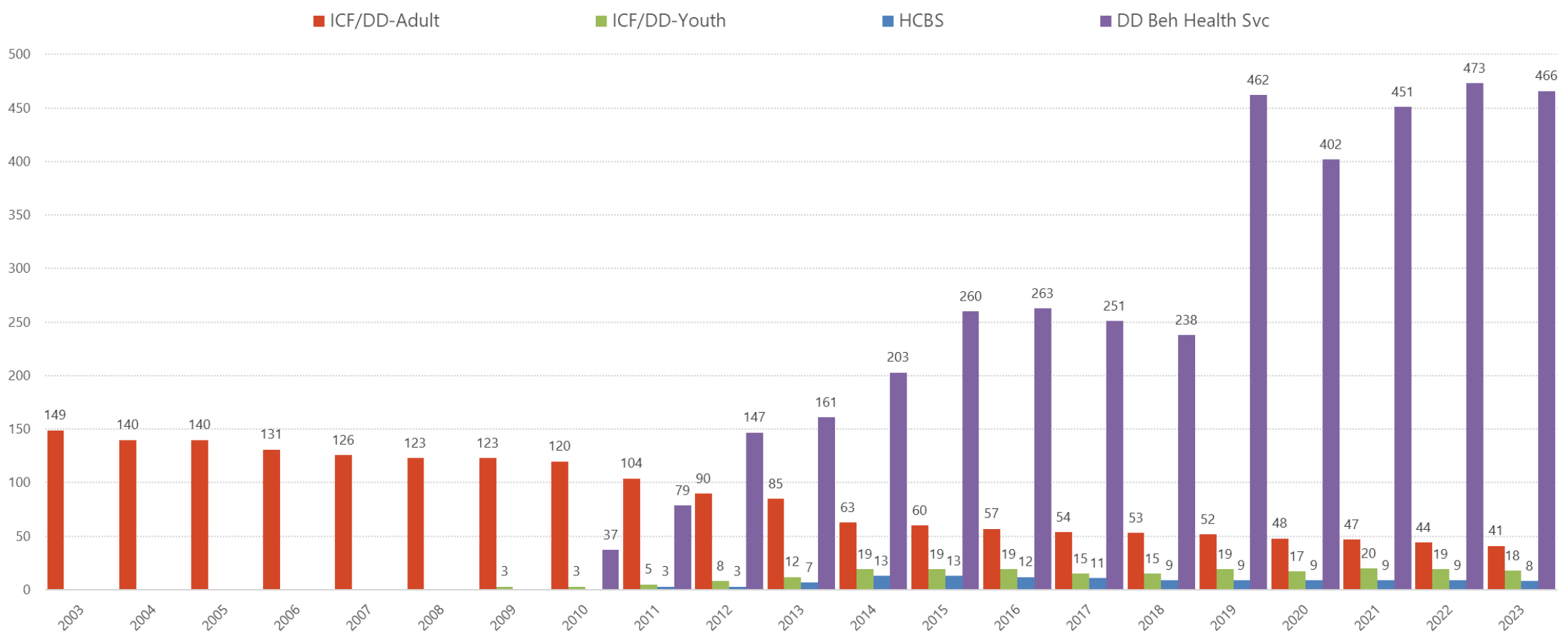
Customized Adaptive Equipment (assessment, fitting, design, development, delivery)

Stabilization Supports (transition follow-up, transition TA, assessment, observation, crisis calls, crisis assistance)

NORTH Dakota Be Legendary. | Health & Human Services

Role of LSTC in state DD system continues to evolve with greater investment in community supports

Life Skills Transition Center



NORTH Dakota Be Legendary. | Health & Human Services

About LSTC Workforce Realities

Life Skills Transition Center

303.34

FTE

# of full-time equivalent positions assigned to LSTC

84.3%
Filled
255.88

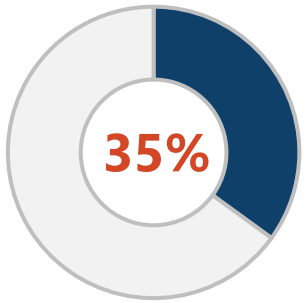
15.7%
Vacant
47.46

3,383.5

8-hour shifts to fill each month

To fulfill the care needs of the current census at LSTC

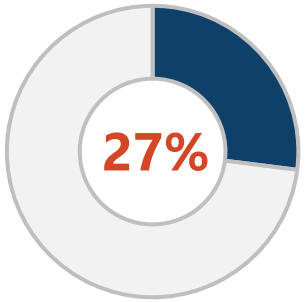
October 2022



Shifts unfilled
After all employees scheduled

1,225 hrs
Mandatory Overtime

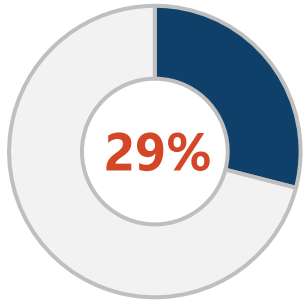
November 2022



Shifts unfilled
After all employees scheduled

1,454 hrs
Mandatory Overtime

December 2022



Shifts unfilled
After all employees scheduled

1,622 hrs
Mandatory Overtime

NORTH Dakota | Health & Human Services
Be Legendary.

The Human Services Division as part of an integrated HHS…

- Makes decisions using evidence, research, data, experience
- Reinforces the foundations of wellbeing – economic, behavioral, physical health
- Aligns to key themes and practices
  - Services closer to home
  - Quality early experiences
  - Strong stable families
  - Protective factors | Risk factors
  - Avoiding Disruption | Finding Stability
  - Building Resilience
  - Person centered

    Emphasize the person first with customized supports and services | Focus on the person's strengths | Balance choice and risk | Meet the person where they are | Equip people to make informed decisions | Be human with each other



NORTH Dakota Be Legendary. | Health & Human Services

Supporting Working Families | Strengthening our Workforce

An Overview of the ND Child Care Proposal in SB 2012

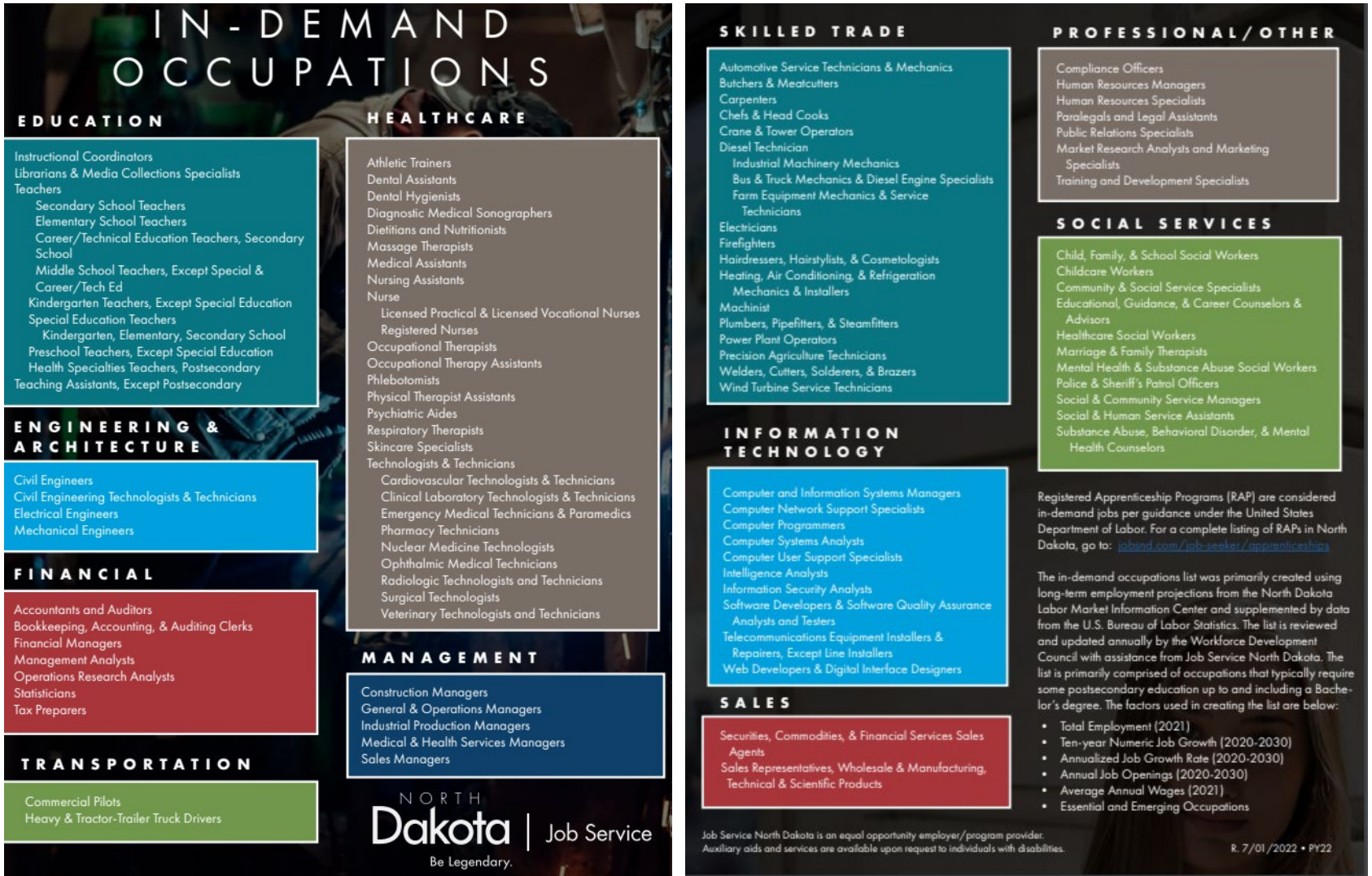


Why think about Child Care as a Workforce Solution?

- ✓ North Dakota has more job openings than people to fill them.
- ✓ 47% of ND job openings pay an average starting wage of less than $25/hour.
- ✓ To thrive communities need workers who want to work in both high-skill-required and low-skill-required jobs.
- ✓ The economic realities of child-rearing affect household decisions about employment.
- ✓ There are 45,000 ND households who have children younger than age 5.
- ✓ 3 of every 4 children households with children younger than age 5 have all parents in the workforce.

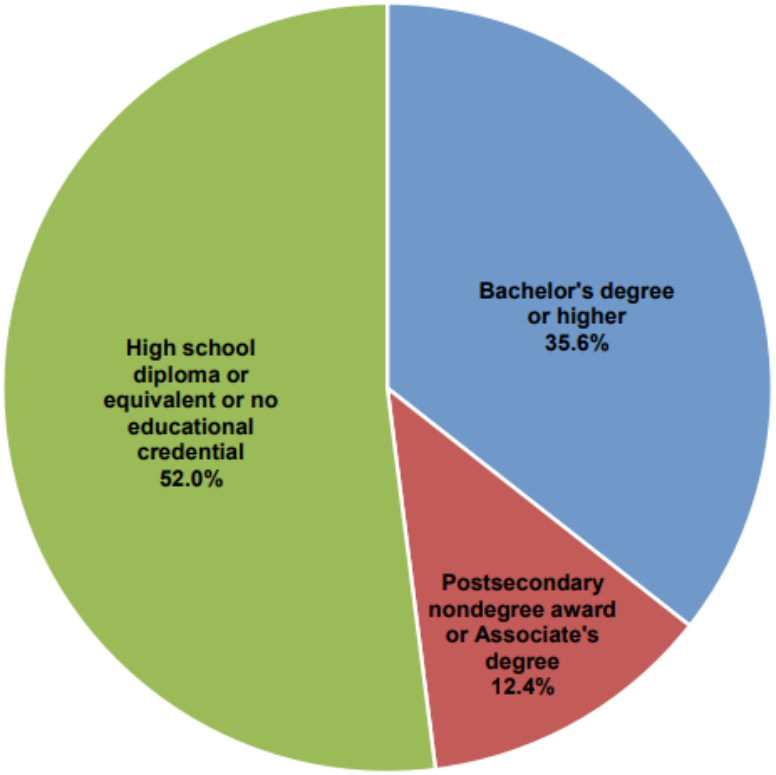


In-demand occupations that require specialized training or education are found in many different sectors of the economy



Distribution of Job openings by typical entry level education

December 2022 Job Openings Report



DEC 2022
TOTAL
16,133
DOC OR PROF
324
MASTER'S
372
BACHELOR'S
5,037
ASSOCIATE'S
634
POSTSEC AWARD
1,362
HIGH SCHOOL
5,209
NO EDU CRED
3,166
UNASSIGNED
29

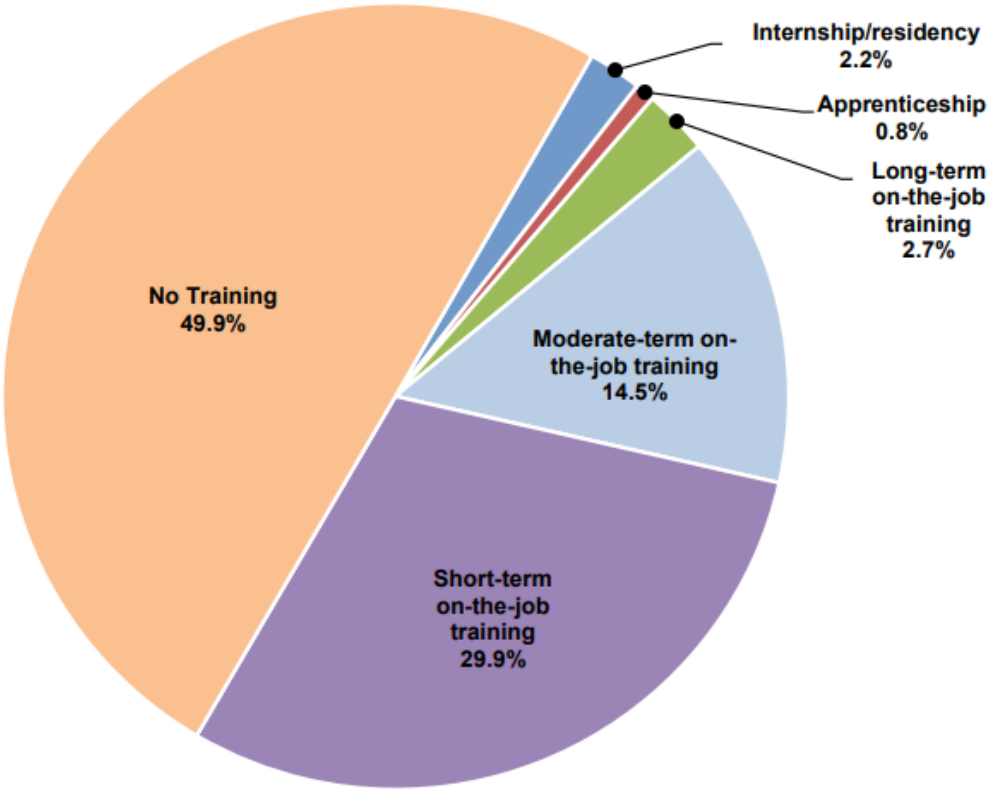
[Unassigned openings excluded from pie chart calculations]

Source: Labor Market Information Center | Job Service ND
https://www.ndlmi.com/admin/gsipub/htmlarea/uploads/lmi_ojornd.pdf

NORTH Dakota Be Legendary. | Health & Human Services

Distribution of Job Openings by Typical Training

December 2022 Job Openings Report



DEC 2022
TOTAL
16,133
INTERN/RES
351
APPRENTICESHIP
128
LT OJT
435
MT OJT
2,336
ST OJT
4,815
NO TRAINING
8,039
UNASSIGNED
29

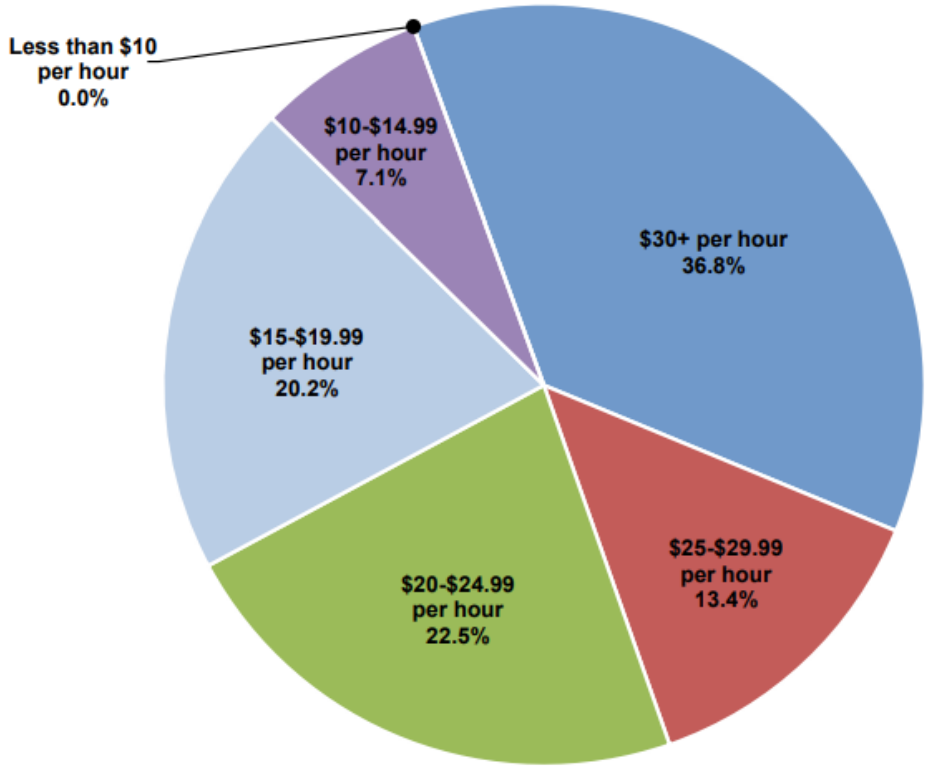
[Unassigned openings excluded from pie chart calculations]

Source: Labor Market Information Center | Job Service ND
https://www.ndlmi.com/admin/gsipub/htmlarea/uploads/lmi_ojornd.pdf

NORTH Dakota Be Legendary. | Health & Human Services

Distribution of Job Openings by Typical Average Wage

December 2022 Job Openings Report



DEC 2022
TOTAL
16,133
$30+
5,892
$25.00-$29.99
2,138
$20.00-$24.99
3,602
$15.00-$19.99
3,231
$10.00-$14.99
1,131
LESS THAN $10
2
UNASSIGNED
137

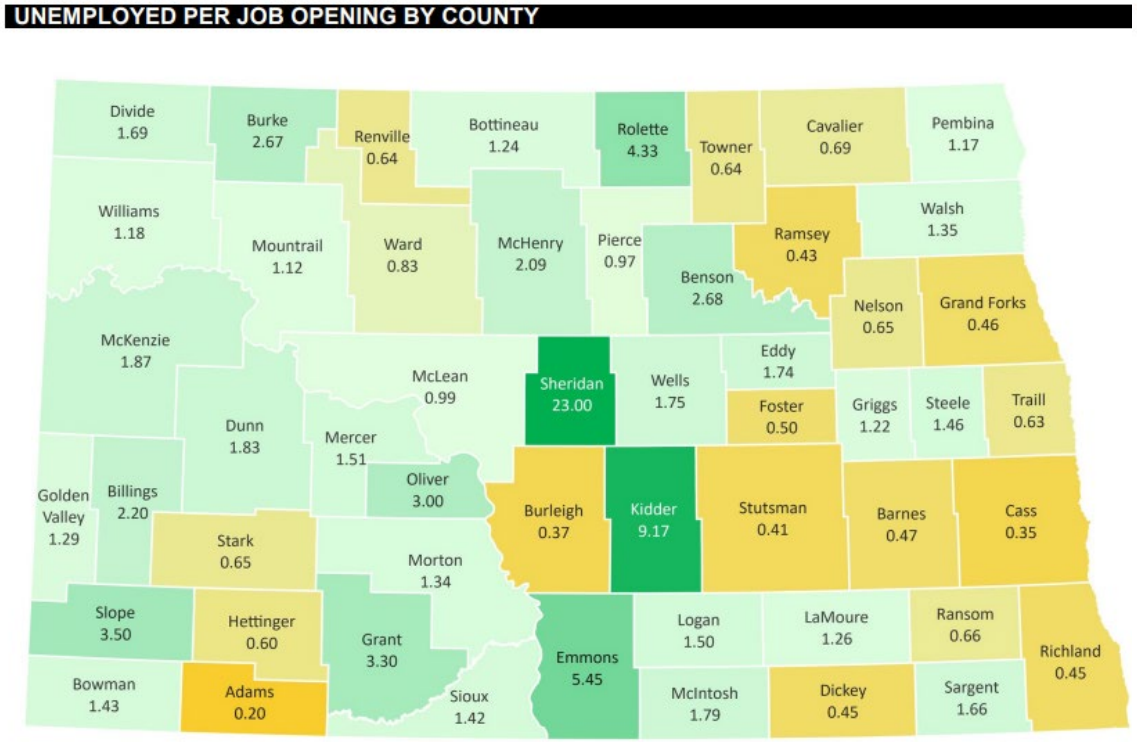
[Unassigned openings excluded from pie chart calculations]

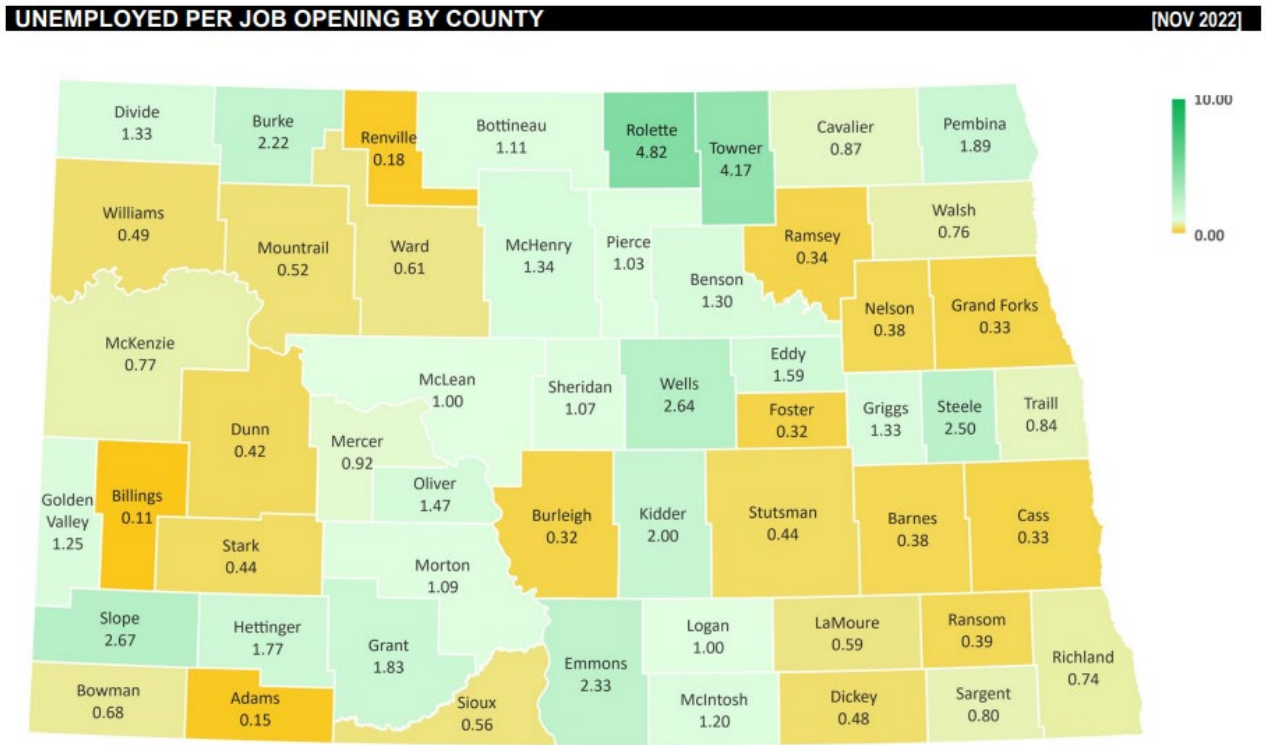
Source: Labor Market Information Center | Job Service ND
https://www.ndlmi.com/admin/gsipub/htmlarea/uploads/lmi_ojornd.pdf

NORTH Dakota Be Legendary. | Health & Human Services

Many ND communities are experiencing greater workforce shortages in 2022 than 2021

December 2022 Online Job Openings report | ND LMI Center

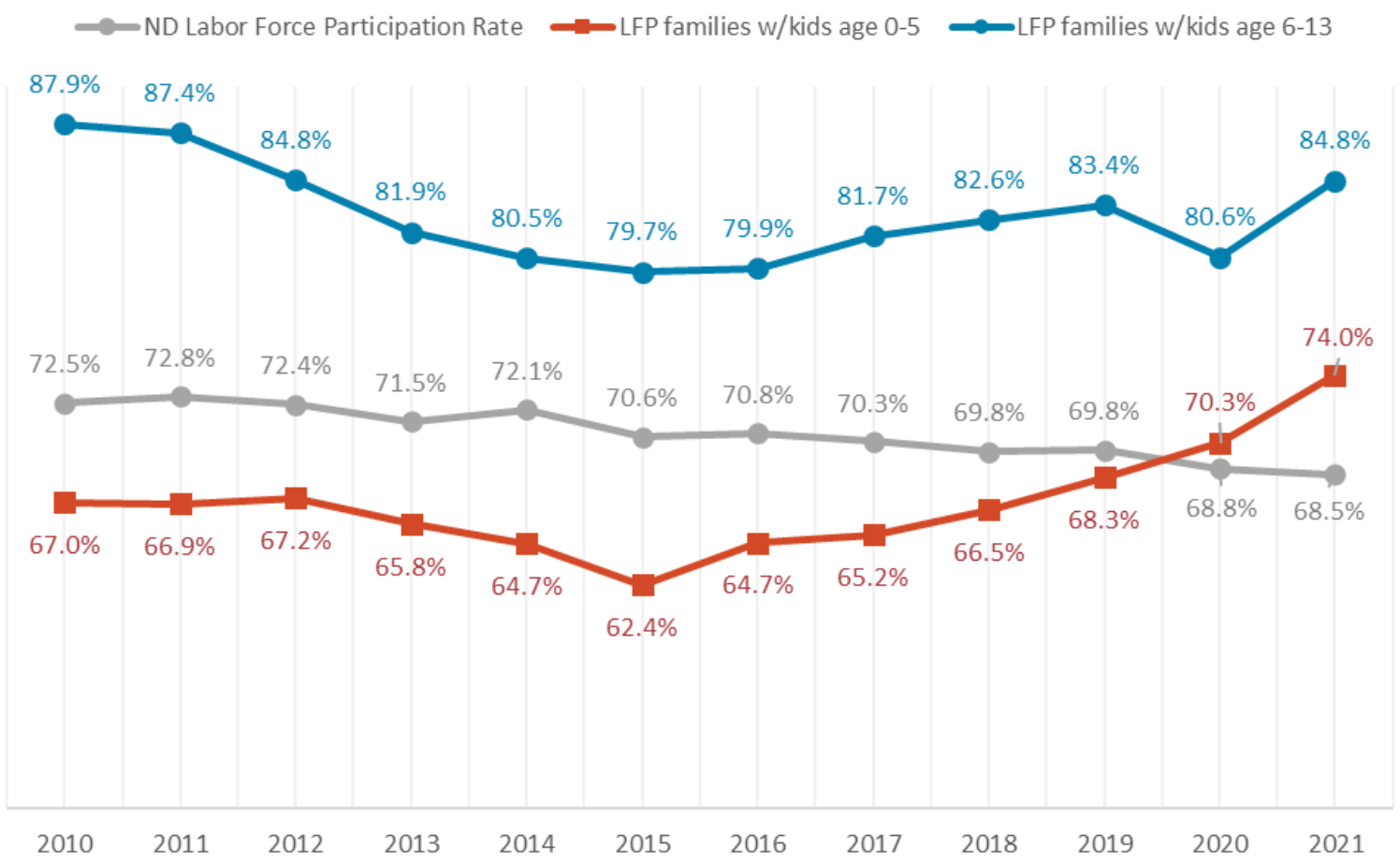




Source: Labor Market Information Center | Job Service ND
https://www.ndlmi.com/admin/gsipub/htmlarea/uploads/lmi_ojornd.pdf

NORTH Dakota | Health & Human Services
Be Legendary.

The percent of ND children ages 0-5 who have all available parents in the labor force has been steadily increasing since 2010



Source: ND Kids Count | US Census American Community Survey | Bureau of Labor Statistics

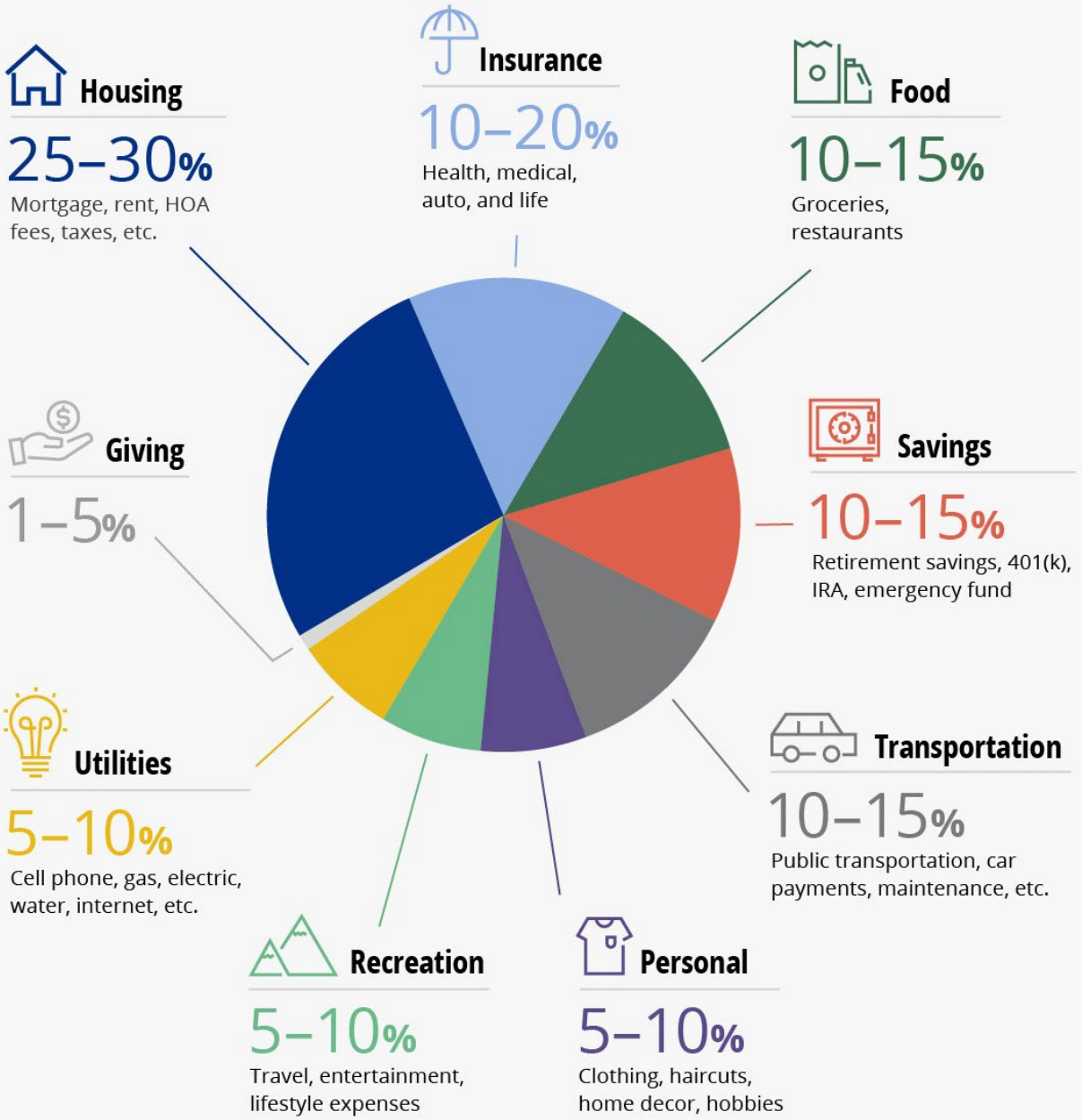
74%

Parents in workforce

74% of the 44,237 North Dakota households who have children younger than age 5 likely have at least some need for child care as all available parents are in the workforce

What does someone think about when they are looking for a job?

Interest
Aptitude
Purpose
Opportunity
Location
Income

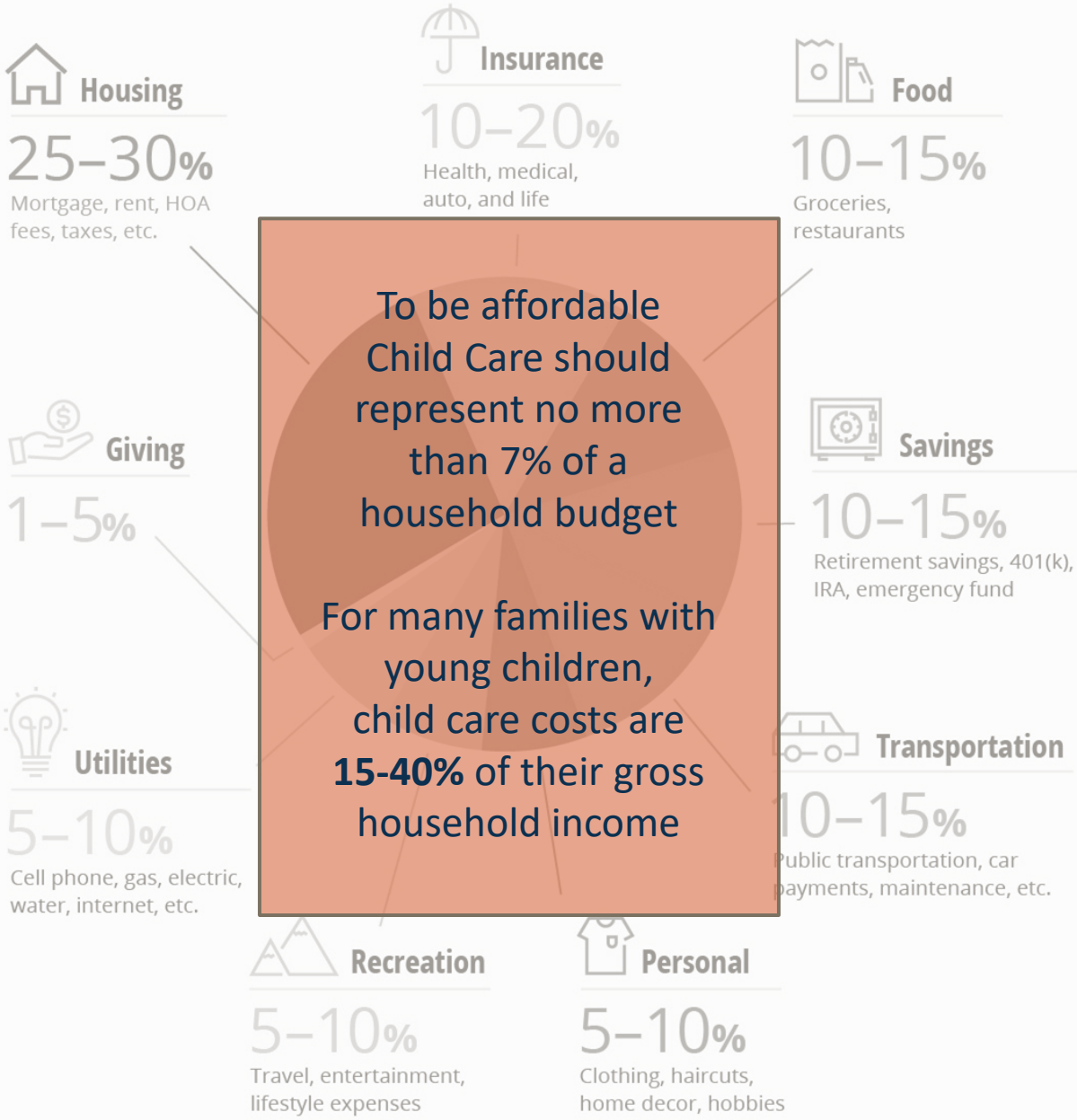


NOTE

What's missing from this picture?



Child Care



Child care is one of the largest monthly costs for families with young children

WHAT DOES CHILD CARE COST?

Age 0-17 months

Center-based
$595 - $1,890
Avg: $838

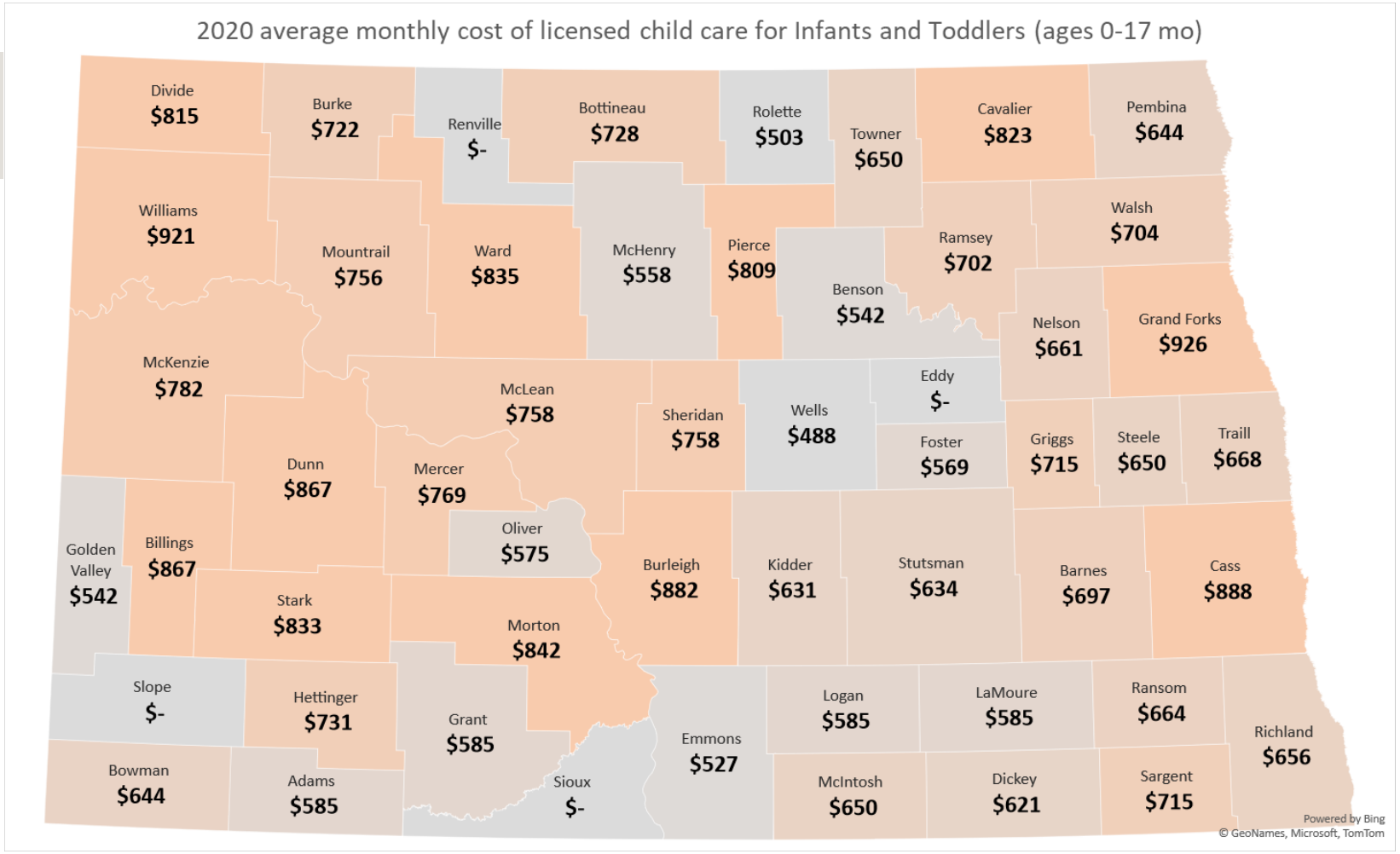
Family/Group-based
$475 - $1,200
Avg: $672

Age 18-35 months

Center-based
$595 - $1,810
Avg: $798

Family/Group-based
$475 - $1,000
Avg: $661

Source: Oct 2021 Child Care Market Study conducted for ND Child Care Assistance Program



88% of Jobs in the ND labor market pay an average wage of $35/hour or less







Less than $15 / hr	$15 - $20 / hour	$20 - $28 / hour	$28 - $35 / hour	>$35 / hour
Child care worker	Home health/Pers care	Carpenter/Constr	Sales representative	Engineer
Fast food	Customer service rep	Office/clerical	HVAC installer	Constr mgr
Waiter/Waitress	Hair stylist	Accounting clerk	Rotary drill operator	Lineman
Cashier	Retail	Assembler/fabricator	Wellhead pumper	Gen/Op mgr
Bartender	Receptionist/secretary	Maintenance/repair	HR specialist	Loan officer
Vehicle/equip cleaner	Restaurant cook	Correctional officers	Accountant	Lawyer
Hotel clerk	Preschool teacher	Auto service tech	Police	Sales manager
Dishwasher	EMT	Lic Practical Nurse	Real Estate Sales	Software dev
Laundry/Dry cleaning	Teller	Dental assistant	PR/marketing specialist	Veterinarian
Maid/Housekeeping	Security guard	Firefighter	Counselor/therapist	Pharmacist
	Nursing assistant	Social worker	Child/School social worker	Physician
	Laborer	Truck driver	Registered Nurse	Dentist
	Stocker/order filler	Svc unit op (oil/gas)	Comp network specialist	Psychologist
	Landscaping/grounds	Retail supervisor	Construction supervisor	Project mgmt
	Janitor/cleaner	Pharmacy tech	Dental hygienist	
			Architectural/mech drafter	
			Heavy equip mechanic	
48,790	**90,050**	**109,930**	**73,420**	**45,000**
# of people employed in a job with average wage of <$15/hour	*25%*	*30%*	*20%*	*12%*
represents 13% of total jobs				

Source: Job Service ND 2021 Employment and Wages by Occupation dataset | mean wage by occupation; 741,920 jobs included in statewide wage summary

Most all households earning less than 150% of state median income (SMI) will struggle with costs of child care

Families potentially eligible for Child Care Assistance (CCAP)

	Federal Poverty Level		30% SMI		60% SMI		85% SMI		100% SMI		150% SMI	
HH Size	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage
1	$13,590	$6.53	$16,704	$8.03	$33,408	$16.06	$47,328	$22.75	$55,680	$26.77	$83,520	$40.15
2	$18,310	$8.80	$21,840	$10.50	$43,692	$21.01	$61,896	$29.76	$72,820	$35.01	$109,230	$52.51
3	$23,030	$11.07	$26,988	$12.98	$53,964	$25.94	$76,452	$36.76	$89,940	$43.24	$134,910	$64.86
4	$27,750	$13.34	$32,124	$15.44	$64,248	$30.89	$91,020	$43.76	$107,076	$51.48	$160,614	$77.22
5	$32,470	$15.61	$37,260	$17.91	$74,532	$35.83	$105,576	$50.76	$124,220	$59.72	$186,330	$89.58
6	$37,190	$17.88	$42,396	$20.38	$84,804	$40.77	$120,132	$57.76	$141,340	$67.95	$212,010	$101.93
7	$41,910	$20.15	$43,368	$20.85	$86,736	$41.70	$122,868	$59.07	$144,560	$69.50	$216,840	$104.25
8	$46,630	$22.42	$44,328	$21.31	$88,656	$42.62	$125,604	$60.39	$147,760	$71.04	$221,640	$106.56

**2022 State Median Income (SMI) and 2022 Federal Poverty Level (FPL)*

"Hourly wage" is calculated by assuming 2080 hours worked per year per annual income range noted.

Multiple wage earners could combine earnings to attain the noted household (HH) income / hourly wage.

NORTH Dakota Be Legendary. | Health & Human Services

When is child care affordable?

Average monthly cost of care in a Child Care Center compared to affordability standard of 7% of household income



1 child (9-month-old)

Center-based avg		*Household income needed?*		*combined hourly wage of*
$838	→	**$143,600**	=	**$69/hr**



1 child (3-year-old)

Center-based avg		*Household income needed?*		*combined hourly wage of*
$726	→	**$124,400**	=	**$60/hr**



2 children (1-year-old and 4-year old)

Center-based avg		*Household income needed?*		*combined hourly wage of*
$1,564	→	**$268,100**	=	**$129/hr**

NORTH Dakota Be Legendary. | Health & Human Services

When is child care affordable?

Average monthly cost of care in a Family/Group Child Care compared to affordability standard of 7% of household income



1 child (9-month-old)

Family/Group avg		*Household income needed?*			*combined hourly wage of*
$672	→	**$115,200**		=	**$55/hr**



1 child (3-year-old)

Family/Group avg		*Household income needed?*			*combined hourly wage of*
$653	→	**$111,900**		=	**$54/hr**



2 children (1-year-old and 4-year old)

Family/Group avg		*Household income needed?*			*combined hourly wage of*
$1,325	→	**$227,100**		=	**$109/hr**

NORTH Dakota Be Legendary. | Health & Human Services

A strategy of both comprehensive and targeted investment



Target investments to ages 0-3

- ✓ Age of highest developmental return for children
- ✓ Period of greatest economic pressure for most young families
- ✓ Critical decision point for individual-level decisions about how/if to rejoin the labor force
- ✓ Focus on working families employed in occupations where compensation doesn't offset the cost of child care needed to enable work



Embrace an all-of-the-above approach to child care

- ✓ Quality early experiences can happen anywhere.
- ✓ Working families should have meaningful choices about child care.
- ✓ Principles of quality are knowable and transferrable to any setting.
- ✓ Sustainable child care businesses will support more sustainability within the workforce.



Help working parents provide for their families by supporting employment, training and education goals

- ✓ Benefits are scaled to family need.
- ✓ Employers have meaningful vehicles to remediate child care as a barrier to work.
- ✓ There are opportunities for children who are least likely to have access to quality early childhood experiences.

Child care is a workforce solution that can make a difference for ND employers



Affordability

Connect more working families to child care assistance to keep the cost of child care within 7% of household income

$27 million | Helping lower income working parents with child care costs | Public private cost share for employer-provided child care benefit for employees



Availability

Make it easier for working families to find child care when and where they need it

$22 million | Payments for Infant and Toddler care | Supporting more sustainable operations for child care entrepreneurs | Care during non-traditional hours | Child care worker career pathways | Criminal background checks



Quality

Help kids realize their potential by supporting quality early childhood experiences

$24 million | Best in Class program | Scholarships and Incentives for child care worker professional development | Connecting child care payments to quality

Supporting Working Families | Strengthening our Workforce

ND Child Care Proposal

SB 2012, 2023-25 Executive Budget Request

1. Invest in the child care assistance program ($22M)
2. Extend ND's employer-led child care cost sharing program ($5M)
3. Increase provider payments for infant and toddler care ($13M)
4. Streamline background checks and reduce administrative burden ($1M)
5. Support child care providers with grants, incentives and shared services ($7M)
6. Create new partnerships for care provided during non-traditional hours ($1M)
7. Build improved career pathways
8. Expand the Best in Class program ($16M)
9. Established quality-based tiers in the CCAP payment schedule and quality infrastructure to support excellence in service delivery ($6M)
10. Reward the completion of above-and-beyond training ($2M)



NORTH Dakota | Health & Human Services
Be Legendary.

Child Care Proposal in SB 2012 (Exec Budget Request and Senate Engrossed) and CC-related Policy Bills as approved by Senate

		SB 2012 Exec Budget Request			Engrossed SB 2012 (Senate)			Other Policy Bills			Total Approved by Senate
Bill	Description	FTE	General	Other**	FTE	General	Other	FTE	General	Other	
Child Care Assistance Program											
EBR	Invest in CCAP to serve more families		$22,000,000			$22,000,000					$22,000,000
EBR	CCAP pmts for infant/toddler care		$13,000,000			$13,000,000					$13,000,000
EBR	Quality tiers in CCAP*		$3,000,000			$3,000,000					$3,000,000
2190	Adj to CCAP rate schedule methodology										
2190	Waive co-pay for HH <=30% SMI								$2,305,979		$2,305,979
2190	Provide application assistance/outreach								$500,000		$500,000
Employer-led cost share program											
EBR	Employer-led cost share program *			$5,000,000			$1,000,000				$1,000,000
Grants and Shared Services											
EBR	Grants/Shared Services			$7,000,000			$5,000,000				$5,000,000
EBR	Partnerships care during non-traditional hrs *			$1,000,000			$1,000,000				$1,000,000
Best in Class											
EBR	Best in Class program	1.0	$16,000,000			$12,000,000					$12,000,000
Child Care worker stipends											
EBR	Stipends for worker training		$2,000,000			$2,000,000					$2,000,000
Child Care Tax Credit											
2237	Income tax credit for HH <$120k AGI								$9,900,000		$9,900,000
Child Care Stabilzation Grants											
2301	Child Care Stabilization grants								$36,181,170		$36,181,170
Infrastructure											
2182	Definition of ECS - DoD certified child care										
2104	ECS Licensing and various EC programs										
EBR	Quality Infrastructure for providers *	1.0	$3,000,000		1.0	$3,000,000					$3,000,000
EBR	Streamline background checks	1.5	$1,000,000		1.5	$1,000,000					$1,000,000
2238	Incr availability of fingerprint stations							10	$1,539,158		$1,539,158
		3.5	$60,000,000	$13,000,000	2.5	$56,000,000	$7,000,000	10	$50,426,307	$0	
				$73,000,000			**$63,000,000**			**$50,426,307**	**$113,426,307**
				SB 2012 EBR			*Engrossed SB 2012*			*Other Policy Bills*	*Approved by Senate*

* Designated as One-time funding

** Legacy Fund as "Other Funds" source

ABBREVIATIONS:

CCAP = Child Care Assistance Program; ECS = Early Childhood Services; HH = Household; AGI = Adjusted Gross Income
SMI = State Median Income; EBR = Executive Budget Request; DoD = U.S. Dept of Defense

NORTH Dakota Be Legendary. | Health & Human Services



What is workforce? It’s workers.



When quality child care is more affordable, it's easier for parents to work.



Senate Bill 2012

House Appropriations Committee
Representative Vigesaa, Chairman

Medicaid and Long-Term Care | Krista Fremming, Interim Director, Medical Services | March 2, 2023

NORTH Dakota | Health & Human Services
Be Legendary.

HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the **FOUNDATIONS** of well-being

- Economic Health
- Behavioral Health
- Physical Health

Ensure everyone has the opportunity to realize their **POTENTIAL**

- Strong, Stable Families
- Services Closer to Home
- Early Childhood Experiences
- Efficiency Through Redesign
- High-Performing Team

Give everyone the **OPPORTUNITY** to decide to:

- Be Healthy
- Be Active
- Find & Prevent Disease Early

NORTH Dakota Be Legendary. | Health & Human Services

Presentation roadmap

- Who we serve
- Differences between fee-for-service Medicaid and Medicaid Expansion
- Improving the lives of North Dakotans:
  - 2021-2023 Accomplishments
  - Current and future challenges
- 2023-2025 budget requirements

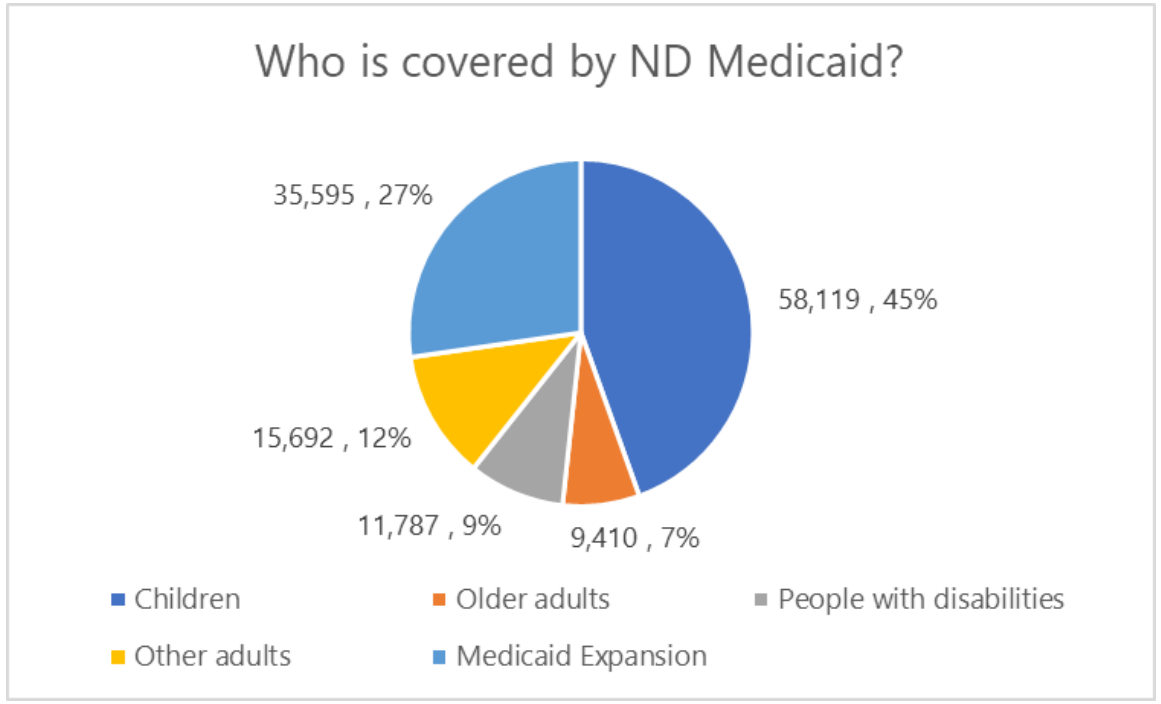


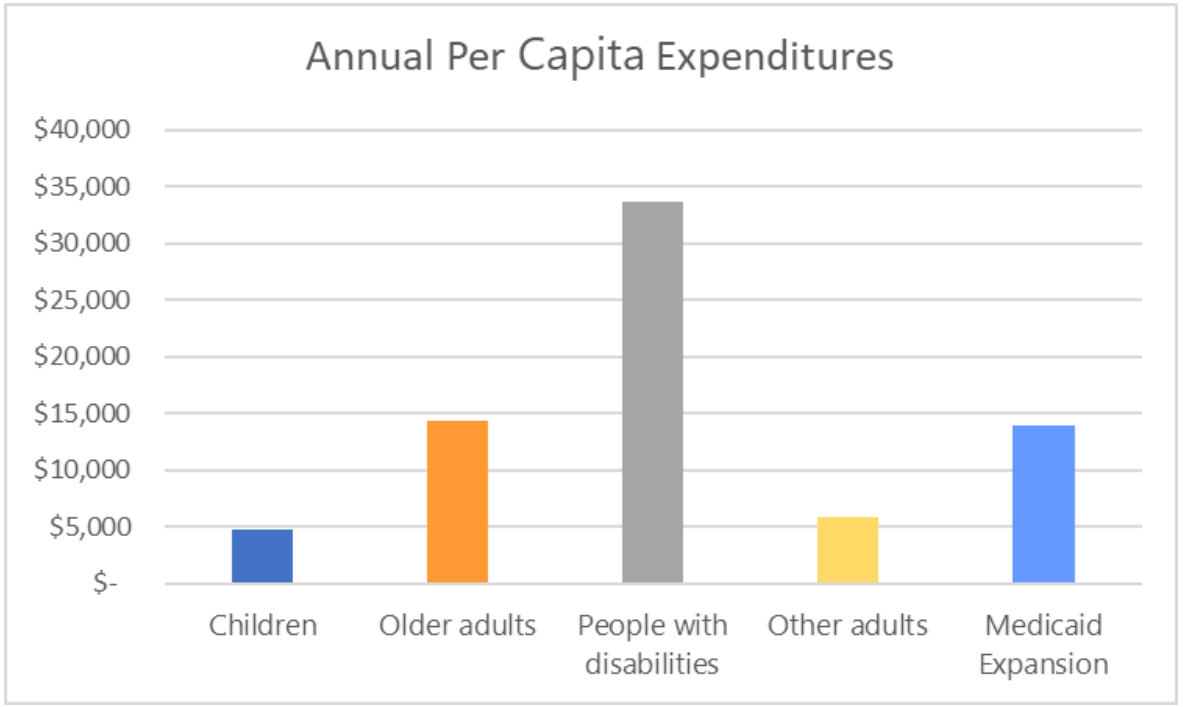
Who we serve

Medicaid members are our friends, family and neighbors. Medicaid provides health care coverage for low-income families, children, pregnant women, people with disabilities, older adults and other low-income adults.

NORTH Dakota | Health & Human Services
Be Legendary.

Who is covered by ND Medicaid?





NORTH Dakota Be Legendary. | Health & Human Services



Faces of Medicaid

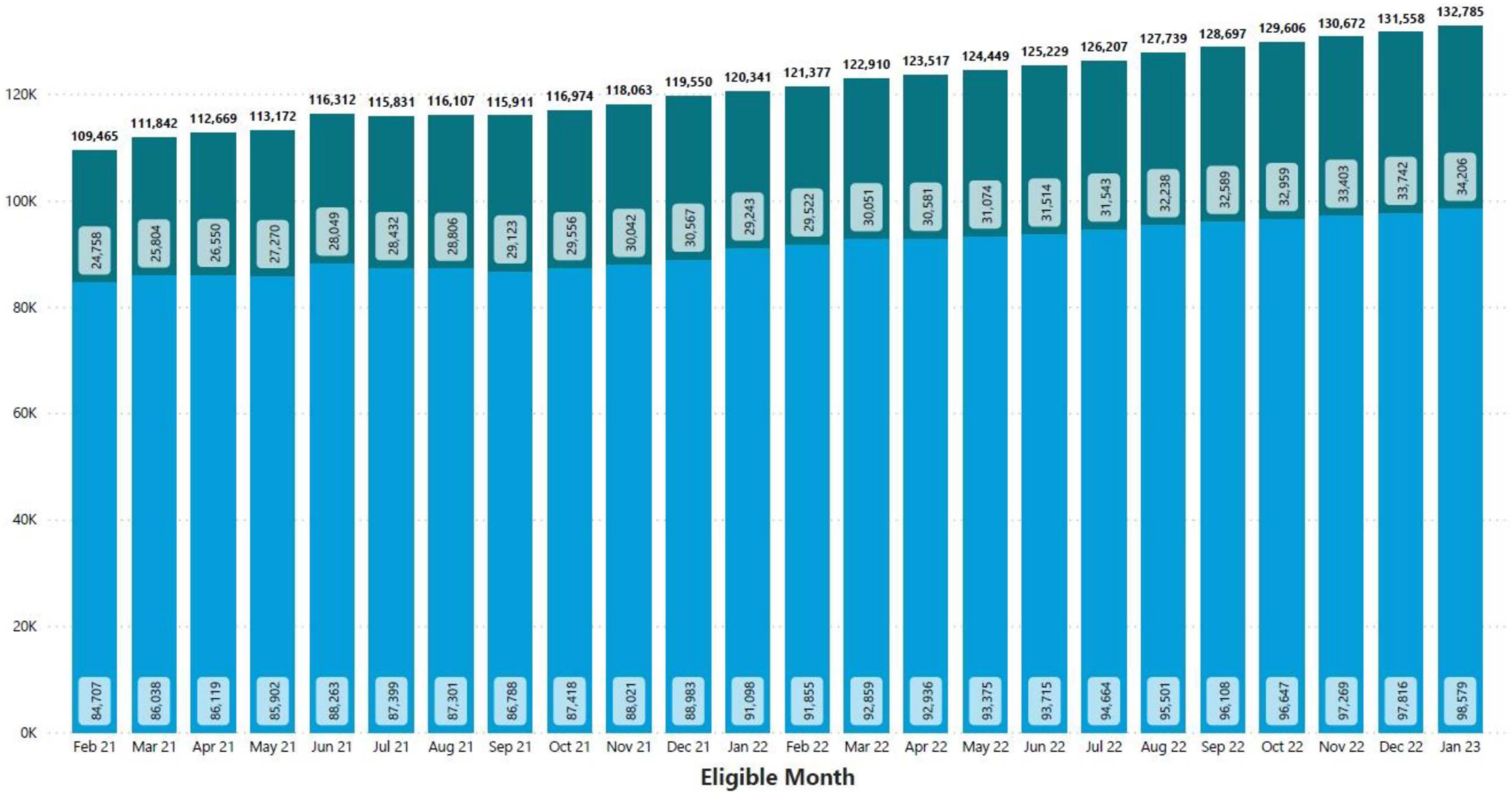
Faces of Medicaid was born out of a need to help North Dakotans understand who the ND Medicaid program serves and its life-changing impact.

- Cuwe's Story
- Raya's Story
- Colin's Story
- Sandy's Story

NORTH Dakota | Health & Human Services
Be Legendary.

Medicaid Eligibles (previous 24 months)

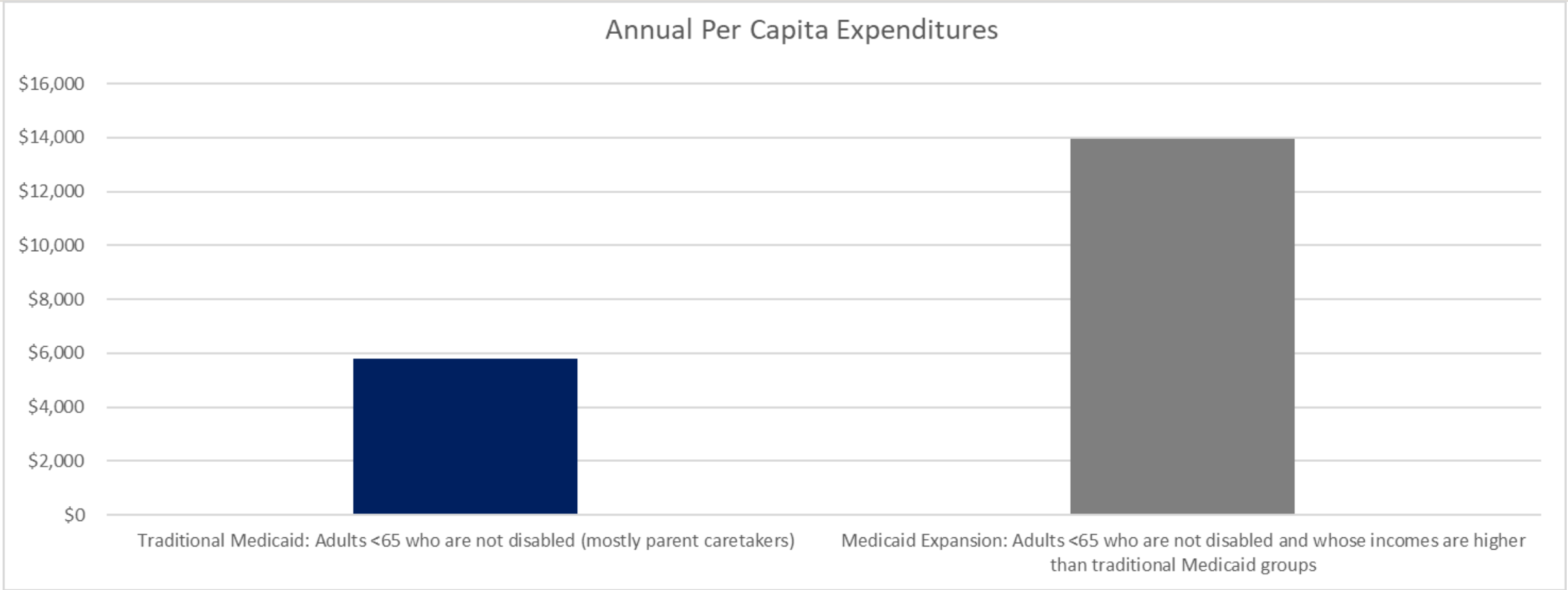
NORTH Dakota | Health & Human Services
Be Legendary.



How we pay – differences between Traditional Medicaid and Medicaid Expansion

Traditional Medicaid (fee for service)	Medicaid Expansion
State pays providers directly for each covered service received by a Medicaid member.	State pays a monthly fee (called a premium or capitation payment) to the managed care organization (MCO).
Only pay for services received by members.	Monthly fee is paid to MCO regardless of member use of services.

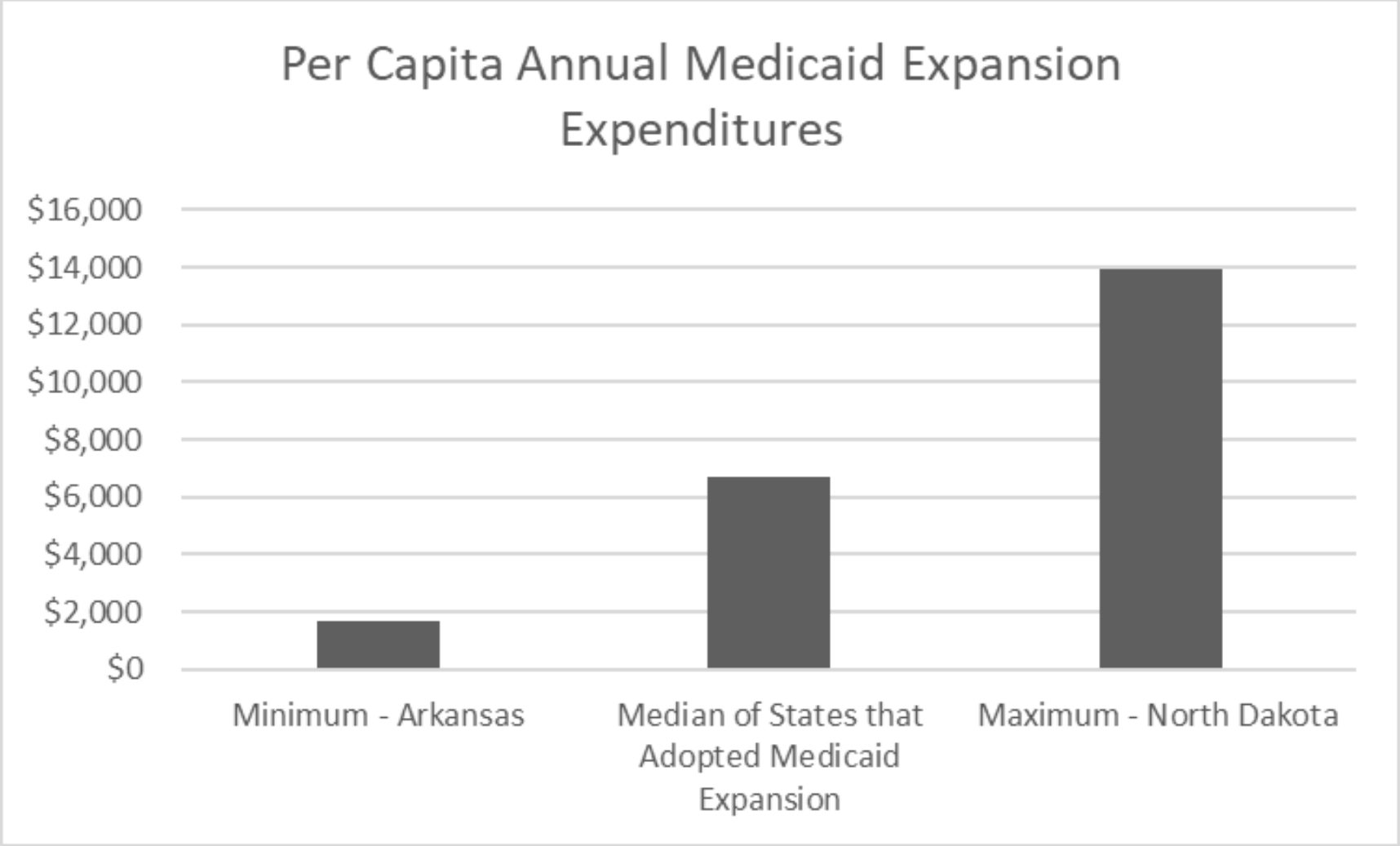
Per Capita Expenditures – Comparison Between Traditional Medicaid and Medicaid Expansion



NORTH Dakota Be Legendary. | Health & Human Services

Based on 2019 expenditures. Source: www.medicaid.gov/state-overviews/scorecard/how-much-states-spend-per-medicaid-enrollee/index.html

Per Capita Expenditures for Medicaid Expansion – Across States



NORTH Dakota Be Legendary. | Health & Human Services

Based on 2019 expenditures. Source: www.medicaid.gov/state-overviews/scorecard/how-much-states-spend-per-medicaid-enrollee/index.html.

21-23 Accomplishments



Design of value-based purchasing programs for Prospective Payment System (PPS) hospital systems and nursing facilities



Medicaid Expansion – new managed care organization (Blue Cross Blue Shield of ND); includes value-based payment program



Big steps towards modernization of the Medicaid Management Information System (MMIS)



Extension of postpartum Medicaid coverage for new mothers

NORTH Dakota Be Legendary. | Health & Human Services

Current and Future Challenges

- Medicaid continuous coverage requirement since March 2020; ends March 31, 2023.
- No state has ever had to redetermine eligibility for this many members in a single year.
- Federal government rulemaking will impact Medicaid – eligibility and managed care rule updates expected in 2023.
- Finding ways to effectively control cost growth.

Why Value-Based Purchasing?

- Accountability
- Providers focus on keeping members healthy and eliminating unnecessary procedures
- Maximize benefits to members
- Rewards based on health outcomes and heathier members
- Stable, predictable revenue for providers

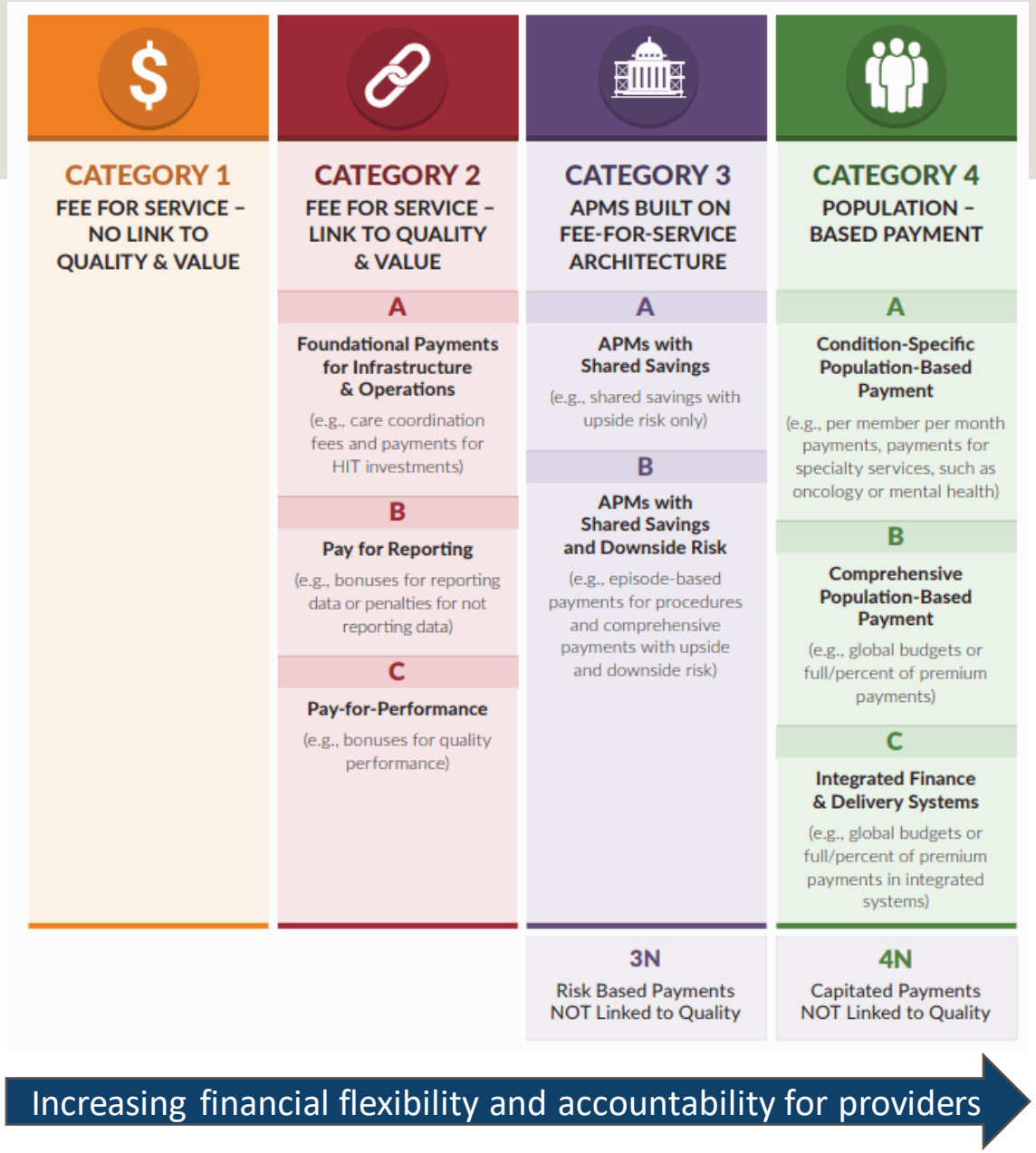
NORTH Dakota Be Legendary. | Health & Human Services

Value-Based Purchasing Concepts

- Improve the quality and value of health care services provided
- Provide comprehensive care coordination across the entire delivery system
- Improve health outcomes by rewarding high-quality, evidence-based health care
- Create a combination of incentives to encourage better health care decision making by tying compensation to certain performance measures

Alternative Payment Model Framework

The Health Care Payment Learning and Action Network, a public-private network which was created to drive aligned payment reform, is taking steps to move payment models towards shared accountability and downside risk for providers.



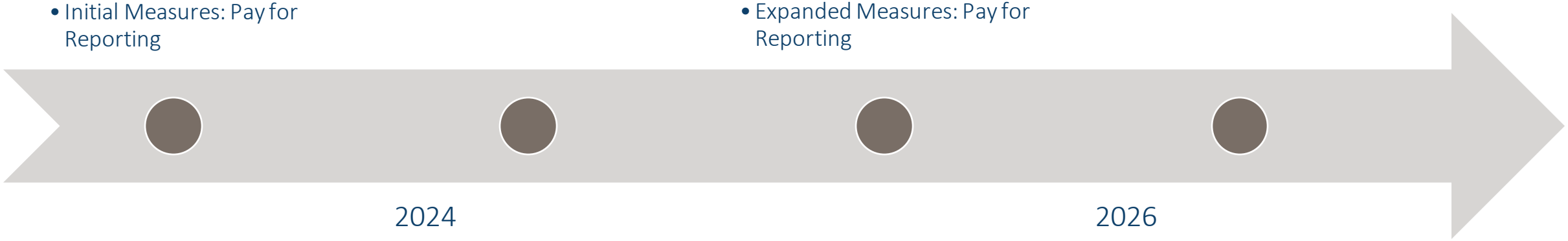
Source: www.hcp-lan.org

NORTH Dakota Be Legendary. | Health & Human Services

Value-Based Purchasing in Traditional Medicaid – Progress and Next Steps

- Progress on model development for Prospective Payment System (PPS) health systems:
  - Puts a portion of hospital payments at risk for performance on a set of quality measures.
  - If PPS systems fail to hit the targets, up to 4% of Medicaid revenue for a subset of services and population would be returned to the state. Systems are given an opportunity to earn back funds through performance on measures in comparison to their peers.
  - To support systems in being successful, the Department is working to provide regular access to data analytics that highlight gaps in care and performance on measures.

Value-Based Purchasing – Progress and Next Steps



2023

- Measurement Year 1
- Initial Measures: Pay for Reporting

2024

- Measurement Year 2
- Pay for Reporting Baseline

2025

- Measurement Year 3
- Initial Measures: Pay for Performance
- Expanded Measures: Pay for Reporting

2026

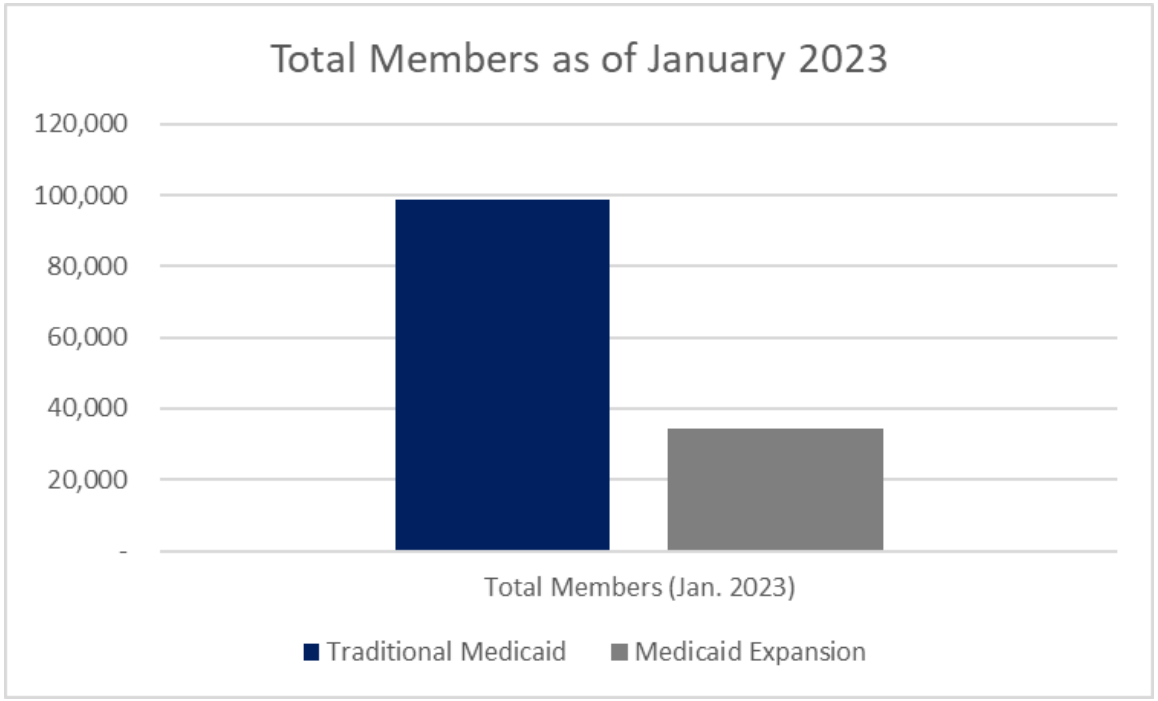
- Initial Measures: Pay for Performance
- Expanded Measures: Pay for Performance

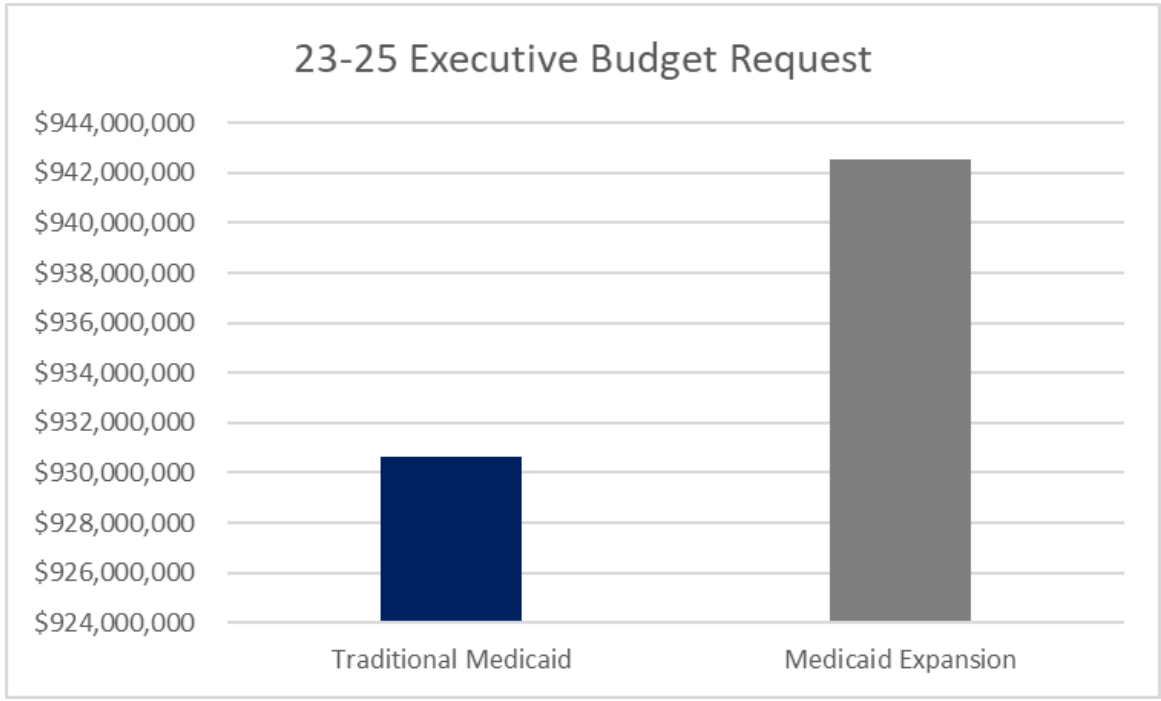
NORTH Dakota Be Legendary. | Health & Human Services

Overview of budget changes – Medical

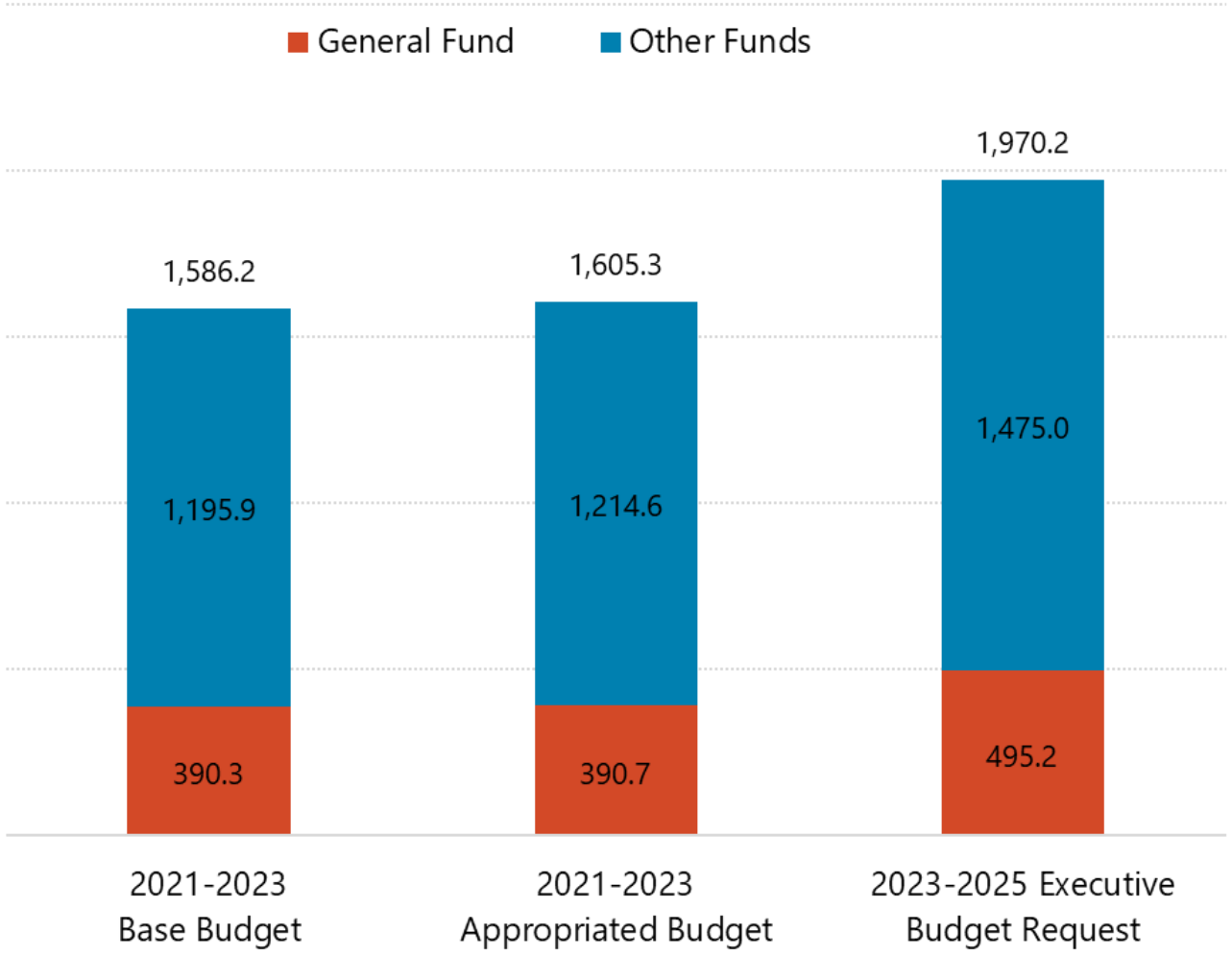
Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ 17,007,365	$ 4,412,642	$ 21,420,007
Operating	57,421,939	16,998,496	74,420,435
IT Services	14,331	-	14,331
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	1,511,767,760	362,528,325	1,874,296,085
Total	$ 1,586,211,395	$ 383,939,463	$ 1,970,150,858
General Fund	**$ 390,333,440**	**$ 104,825,433**	**$ 495,158,873**
Federal Funds	**1,104,070,486**	**311,547,367**	**1,415,617,853**
Other Funds	**91,807,469**	**(32,433,337)**	**59,374,132**
Total Funds	**$ 1,586,211,395**	**$ 383,939,463**	**$ 1,970,150,858**
Full Time Equivalent (FTE)	90.50	3.00	93.50

Overview of budget changes – Medical



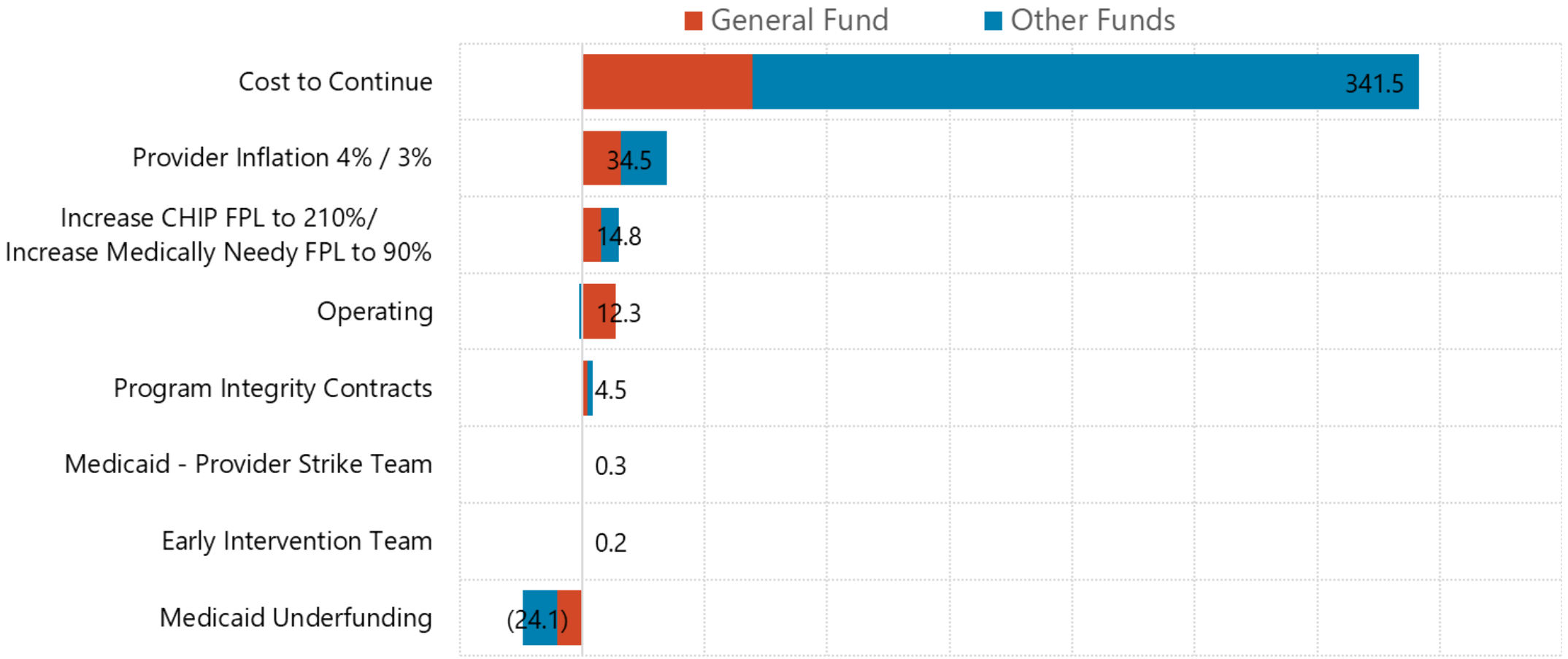


Overview of Medical budget changes (in millions)



NORTH Dakota Be Legendary. | Health & Human Services

Overview of Medical budget changes (in millions)



NORTH Dakota Be Legendary. | Health & Human Services

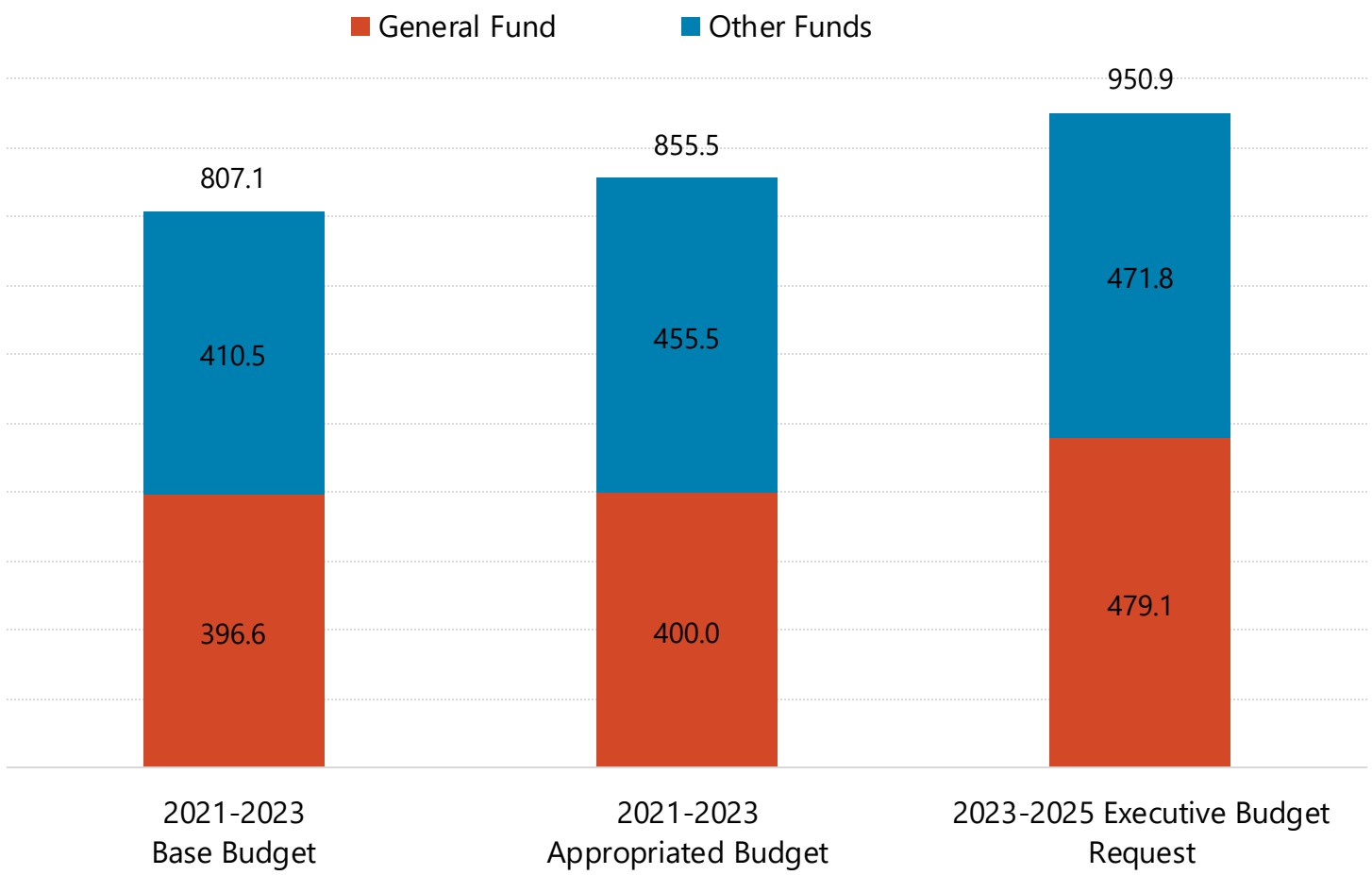
Overview of budget changes – LTC

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	$ -	$ -	$ -
Operating	-	-	-
IT Services	-	-	-
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	807,135,162	143,807,148	950,942,310
Total	$ 807,135,162	$ 143,807,148	$ 950,942,310

General Fund	**$ 396,629,520**	**$ 82,489,970**	**$ 479,119,490**
Federal Funds	**409,193,642**	**62,317,178**	**471,510,820**
Other Funds	**1,312,000**	**(1,000,000)**	**312,000**
Total Funds	**$ 807,135,162**	**$ 143,807,148**	**$ 950,942,310**

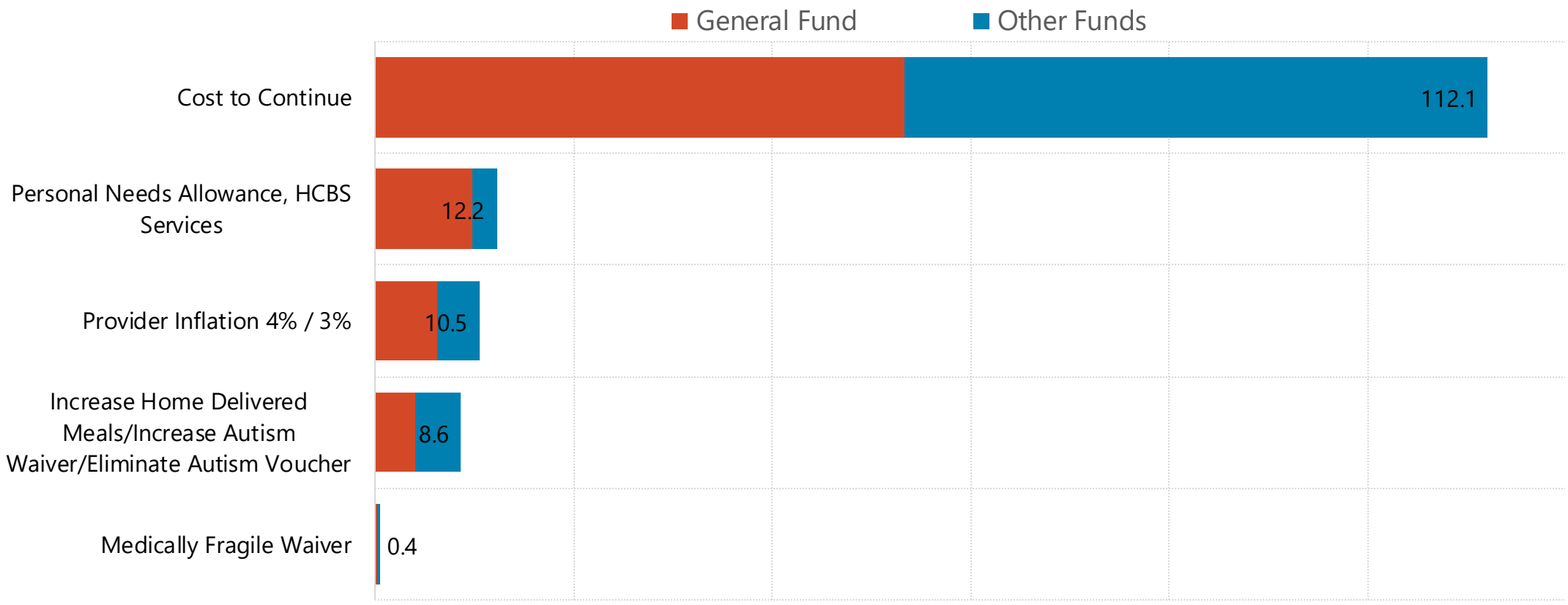
Full Time Equivalent (FTE)	-	-	-

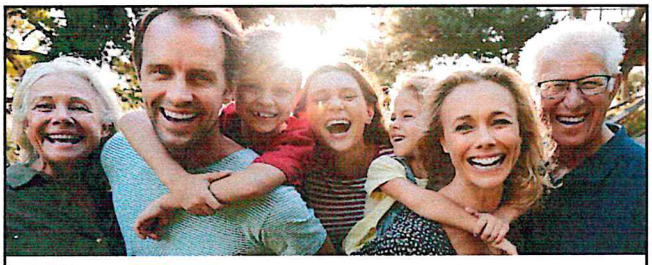
Overview of LTC budget changes (in millions)



NORTH Dakota Be Legendary. | Health & Human Services

Overview of LTC budget changes (in millions)





SB 2012
House Appropriations Committee
Representative Vigesaa, Chairman

NORTH Dakota | Health & Human Services

Behavioral Health Division | March 2, 2023

1

What is Behavioral Health?

A state of mental/emotional being and/or choices and actions that affect WELLNESS.

- Preventing and treating depression and anxiety
- Preventing and treating substance use disorder or other addictions
- Supporting recovery
- Creating healthy communities
- Promoting overall well-being

NORTH Dakota | Health & Human Services

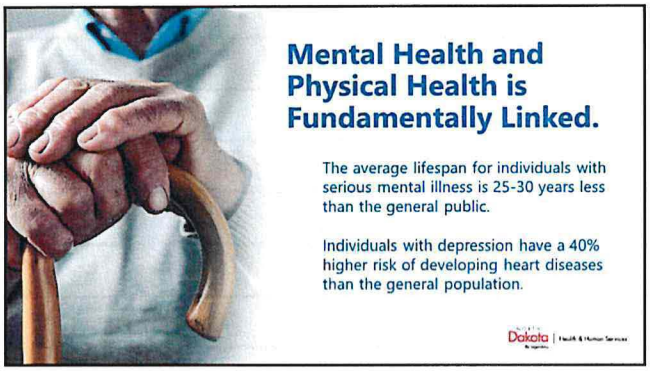
2

Behavioral Health is Health!

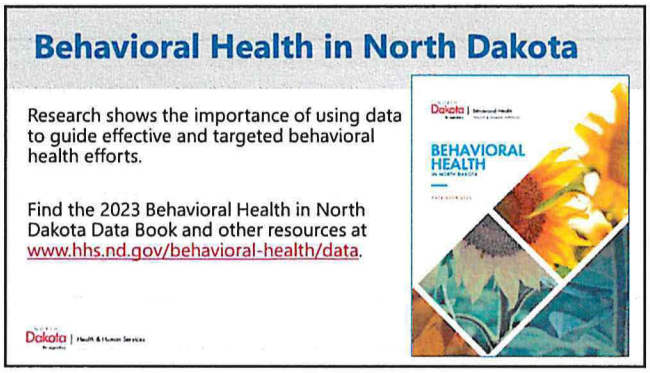


NORTH Dakota | Health & Human Services

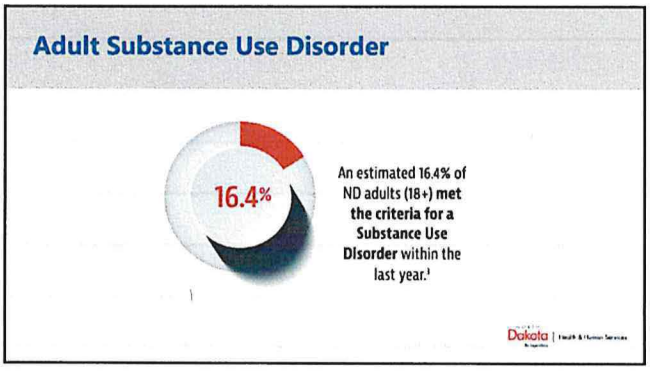
3


Mental Health and Physical Health is Fundamentally Linked.
The average lifespan for individuals with serious mental illness is 25-30 years less than the general public.
Individuals with depression have a 40% higher risk of developing heart diseases than the general population.
Dakota | Health & Human Services

4

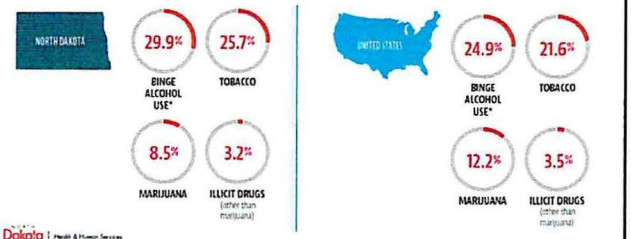

Behavioral Health in North Dakota
Research shows the importance of using data to guide effective and targeted behavioral health efforts.
Find the 2023 Behavioral Health in North Dakota Data Book and other resources at www.hhs.nd.gov/behavioral-health/data.
Dakota | Health & Human Services
BEHAVIORAL HEALTH

5


Adult Substance Use Disorder
16.4%
An estimated 16.4% of ND adults (18+) met the criteria for a Substance Use Disorder within the last year.1
Dakota | Health & Human Services

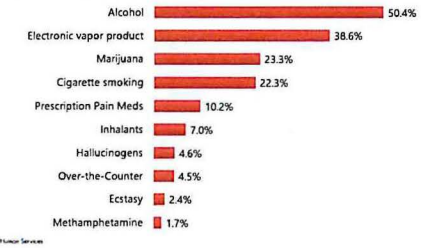
6

Adult Substance Use
(Age 18+; past 30 days)



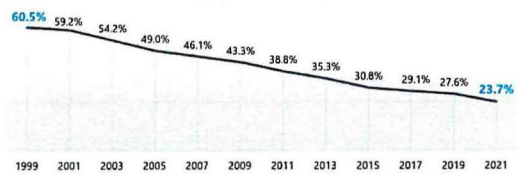
7

ND Youth Lifetime Substance Use
High School Students
Youth Risk Behavior Survey



8

Prevention Works!
Current Alcohol Use (past 30 days) among ND High School Students
Youth Risk Behavior Survey



9

Adult Mental Illness



20.79% had any **mental illness** in the past year.[1]

Approximately 118,000 ND adults (18+) had any mental illness in the past year.[1]



6.1% reported a **serious mental illness** in the past year.[1]

Approximately 34,000 ND adults (18+) have serious mental illness in the past year.[1]

Dakota | Health & Human Services

10

Youth Mental Health

ND Youth Risk Behavior Survey, 2021

YOUTH

35.1% of ND **middle school** students report feeling sad or hopeless (almost every day for 2 weeks or more in a row during the past year).[1]



36% of ND **high school** students report feeling sad or hopeless (almost every day for 2 weeks or more in a row during the past year).[1]

increase from 23.8% in 2011



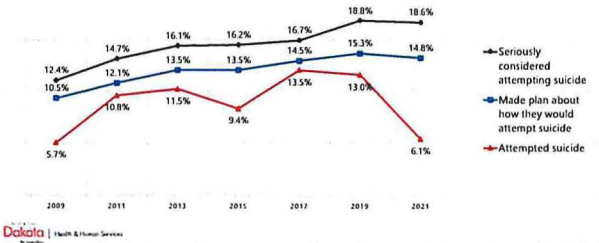
Among those who report feeling sad, hopeless, angry or anxious, 21% of ND **high school** students report they would most likely talk with their parent or other adult member about their feelings[1]

Dakota | Health & Human Services

11

Youth Suicide

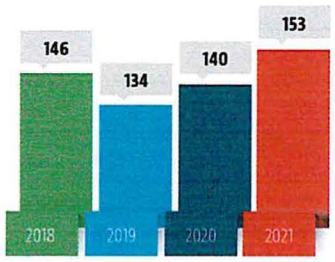
ND High School Students; past 12 months
Youth Risk Behavior Survey



Dakota | Health & Human Services

12

Number of North Dakotans who died by suicide



13

Mental Health

ND Youth Risk Behavior Survey, 2021



36.4% of ND **high school** students report living with someone who was depressed, mentally ill, or suicidal at some point in their life.[1]

14

Criminal Justice Involvement

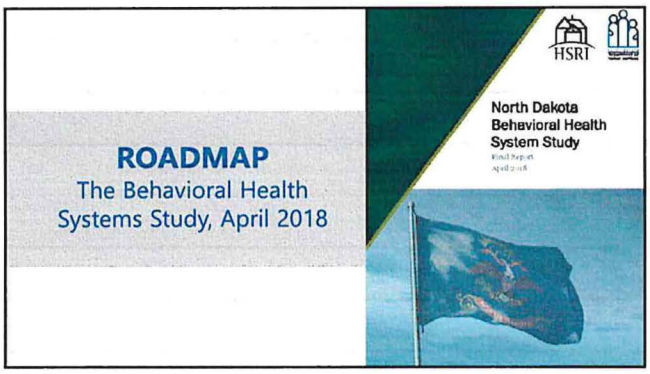
Active **Substance Use Disorder** diagnosis when entering correctional facilities:

- 95% of women
- 91% of men

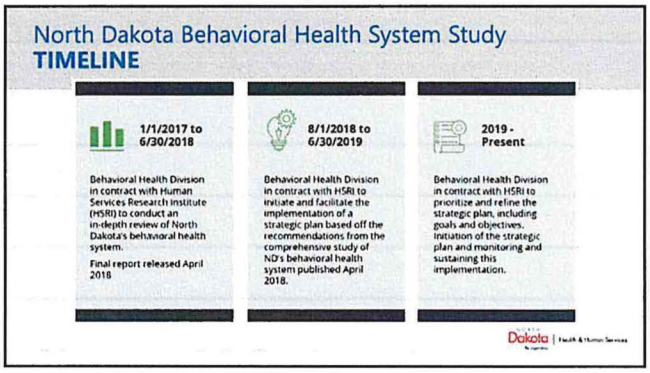
Active **Mental Health** diagnosis when entering correctional facilities:

- 52% of women
- 40% of men

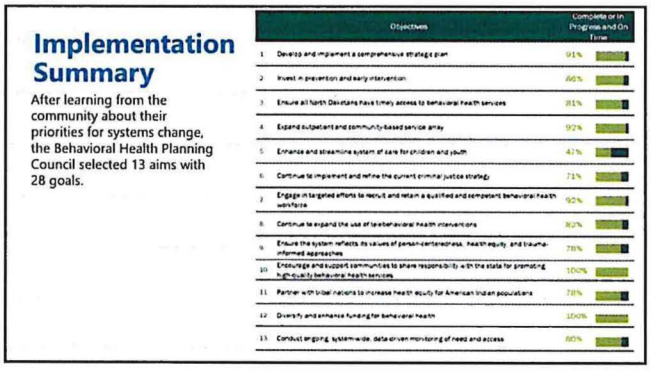
15


ROADMAP
The Behavioral Health Systems Study, April 2018
HSRI
North Dakota Behavioral Health System Study

16


North Dakota Behavioral Health System Study
TIMELINE
1/1/2017 to 6/30/2018
Behavioral Health Division in contract with Human Services Research Institute (HSRI) to conduct an in-depth review of North Dakota's behavioral health system.
Final report released April 2018
8/1/2018 to 6/30/2019
Behavioral Health Division in contract with HSRI to initiate and facilitate the implementation of a strategic plan based off the recommendations from the comprehensive study of ND's behavioral health system published April 2018.
2019 - Present
Behavioral Health Division in contract with HSRI to prioritize and refine the strategic plan, including goals and objectives. Initiation of the strategic plan and monitoring and sustaining this implementation.

17


Implementation Summary
After learning from the community about their priorities for systems change, the Behavioral Health Planning Council selected 13 aims with 28 goals.
Objectives
Complete or In Progress and On Time
1 Develop and implement a comprehensive strategic plan 91%
2 Invest in prevention and early intervention 86%
3 Ensure all North Dakotans have timely access to behavioral health services 81%
4 Expand outpatient and community-based service array 92%
5 Enhance and streamline system of care for children and youth 47%
6 Continue to implement and refine the current criminal justice strategy 71%
7 Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce 92%
8 Continue to expand the use of telebehavioral health interventions 82%
9 Ensure the system reflects its values of person-centeredness, health equity, and trauma-informed approaches 78%
10 Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services 100%
11 Partner with tribal nations to increase health equity for American Indian populations 78%
12 Diversify and enhance funding for behavioral health 100%
13 Conduct ongoing, system-wide, data-driven monitoring of need and access 80%

18

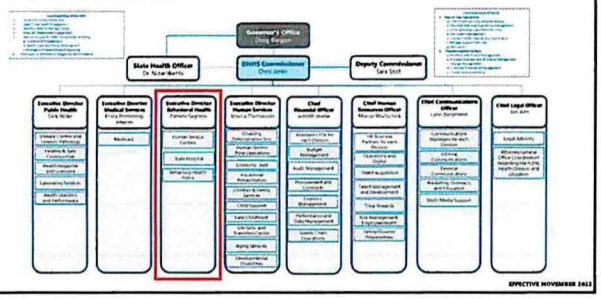
Behavioral Health Division

Who we are



19

North Dakota Department of Health and Human Services



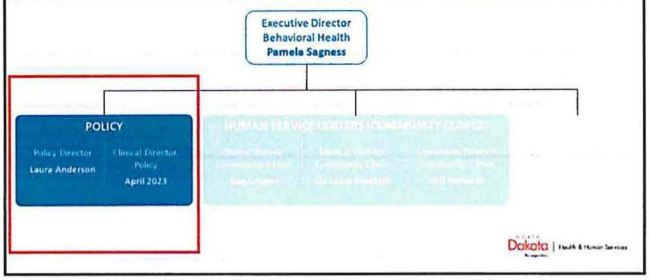
20

Behavioral Health Organizational Chart



21

Behavioral Health Organizational Chart



22

The Behavioral Health Division - Policy Team Responsibilities

NDCC 50-06-01.43 and NDCC 50-31



Reviewing and **identifying service needs and activities** in the state's behavioral health system in an effort to:

- ensure health and safety,
- access to services, and
- quality services.



Establishing **quality assurance standards** for the licensure of substance use disorder program services and facilities



Providing **policy leadership** in partnership with public and private entities

23

We want to see:

Individuals, families and communities with positive behavioral health.

Individuals struggling with behavioral health conditions achieve independence and live a self-directed life in recovery.



24

We achieve this by:



Supporting the Full Continuum of Care



Increasing Community-Based Services



Preventing Criminal Justice Involvement for Individuals with a Behavioral Health Condition

North Dakota | Health & Human Services

25

Accomplishments



Mental Health Directory



SUD Voucher Grant



Recovery Housing Assistance Program



Permanent Supportive Housing



Virtual Behavioral Health Professional Development – Education System (Kognito)

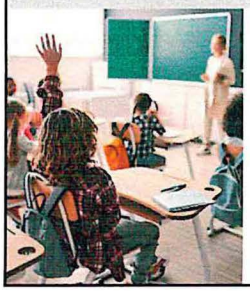


988 Launch

North Dakota | Health & Human Services

26

Behavioral Health and Education



- Behavioral Health School Grant
- Prevention and Early Intervention Pilot
- Behavioral Health Resource Coordinators (B-HERO)
- Virtual Behavioral Health Professional Development – Education System (Kognito)

North Dakota | Health & Human Services

27

FREE THROUGH Recovery

Free Through Recovery is a community based behavioral health program designed to increase recovery support services to individuals involved with the criminal justice system who have behavioral health concerns.

The mission of Free Through Recovery is to:
- improve healthcare outcomes
- reduce recidivism

4,973 participants since **February 2017**

1,311 active participants

38 providers

Overall, from March 2018 through October 2022, **68%** of the time participants achieved 3 of 4 outcomes.

Dakota | Health & Human Services

28

CommunityConnect

My Recovery, My Story

Community Connect is a community based behavioral health program designed to increase recovery support services to individuals who have behavioral health concerns.

The mission of Community Connect is to provide quality, community-based behavioral health services to meet the needs of each person.

4,025 participants since **February 2021**

1,899 active participants

46 providers

Overall, from February 2021, through December 2022, **66%** of the time participants achieved 3 of 4 outcomes.

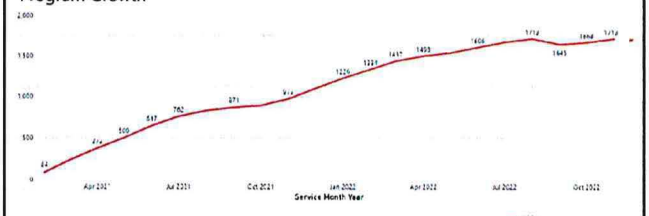
Dakota | Health & Human Services

29

CommunityConnect

My Recovery, My Story

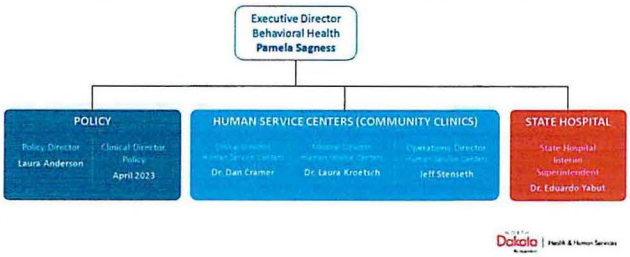
Program Growth



Dakota | Health & Human Services

30

Behavioral Health Organizational Chart



31

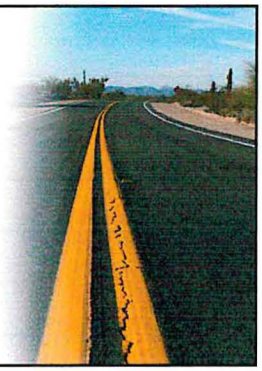
Behavioral Health Organizational Chart



32

Human Service Centers

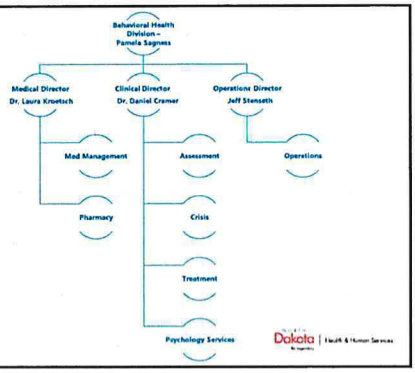
- **HSC Clinic Leadership Restructure**
- HSC Location Overview
- Services
  - Assessments
  - Treatment Services
  - Behavioral Health Crisis Care
- Essential Elements to Align with Future Vision



Dakota | Health & Human Services

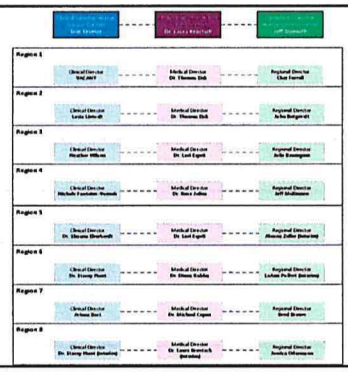
33

HUMAN SERVICE CENTERS



34

Human Service Center Leadership Structure



35

Human Service Centers

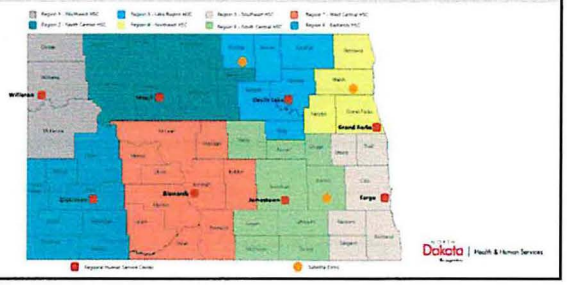
- HSC Clinic Leadership Restructure
- **HSC Location Overview**
- Services
  - Assessments
  - Treatment Services
  - Behavioral Health Crisis Care
- Essential Elements to Align with Future Vision
- Budget Overview



Dakota | Health & Human Services

36

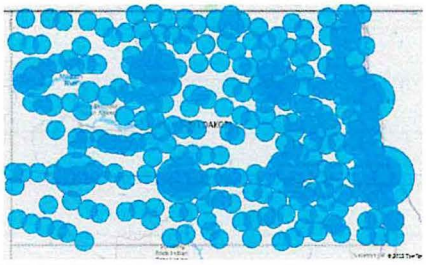
Human Service Center Locations



37

Behavioral health care penetration of services

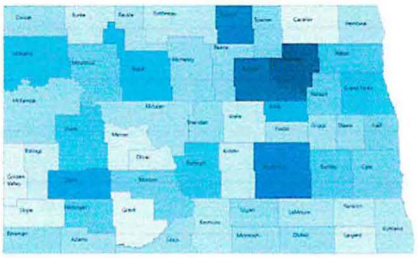
July 2021 – December 2022



38

Rate of Clients Served by County

July 2021 – December 2022



39

What Human Service Centers Do

(Data from July 1, 2021 – December 31, 2022)

Assessment Services	Treatment Services	Crisis Services	Specialized Services

• Walk-in Availability, 8am - 5pm
• 13,626 individuals triaged and screened
• 5,086 individuals met the need for full assessments
	• Serving those with greatest complexity
	• 250,041 services provided to 7,136 individuals
		• Call Center
		  • 22,318 Crisis Calls
		• Mobile Crisis
		  • 19,620 crisis services provided
		• Stabilization Units
		  • 2,237 admissions to crisis stabilization units
			• Psychiatric Services
			• Psychological Evaluations
			• 50,266 services provided to 5,793 individuals

Dakota | Health & Human Services

40

Human Service Centers

- HSC Clinic Leadership Restructure
- HSC Location Overview
- **Services**
  - **Assessments**
  - Treatment Services
  - Behavioral Health Crisis Care
- Essential Elements to Align with Future Vision
- Budget Overview



Dakota | Health & Human Services

41

Assessments - Walk-In

July 2021 - December 2022

- Available from 8am to 5pm Monday to Friday at all 8 Community Behavioral Health Clinic Locations.
- Purpose: To rapidly assess need and connect individuals to the right services. This may include entry into the local Clinic or referral to an outside agency.

13,626 individuals triaged and screened → **5,086** individuals met screening parameters/ completed full assessment

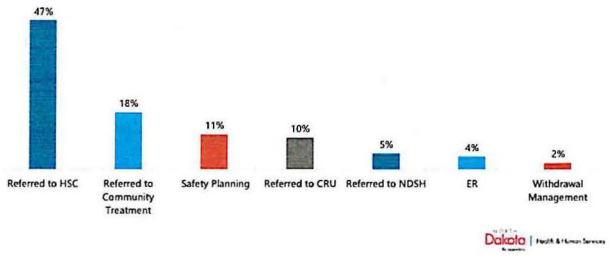


Dakota | Health & Human Services

42

Assessments - Results After Walk-In Assessments

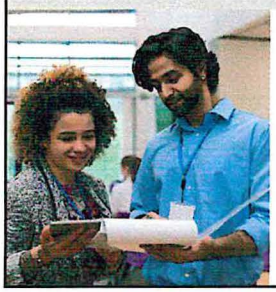
July 2021 - December 2022



43

Assessments - Psychological

Statutorily Required: NDCC 75-05-03-07

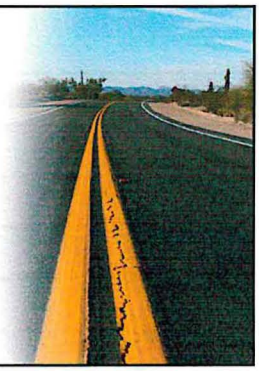


- Sex Offender Risk Assessment (In support of Pre-Sentence Investigation)
- County Referred Parental Evaluations
- Developmental Disability Evaluations
- Multidisciplinary Case Conference

44

Human Service Centers

- HSC Clinic Leadership Restructure
- HSC Location Overview
- **Services**
  - Assessments
  - **Treatment Services**
  - Behavioral Health Crisis Care
- Essential Elements to Align with Future Vision
- Budget Overview



45

Treatment Services
Struggling to find community options

Significant functional impairment	High risk factors	Complex and severe diagnoses
• Those with significant functional impairment. • Inability to maintain safety in the community. • Difficulty maintaining a home environment. • Difficulty being managed by caregivers. • Struggle with adhering to medications and appointments.	• Requiring higher levels of care, such as crisis bed, partial hospital, inpatient, safe beds, detention centers, etc. • Utilization of crisis services, alternative treatment orders (ATOs), petitions, etc. • Significant risk of harm to self or others. • Unmanageable in the home or school. • Complex unavoidable psychotropic polypharmacy.	• Serious Mental Illness • Children with Severe Emotional Disturbance • Dual diagnosis – active symptoms and current usage. Prison reentry substance use severity prior to incarceration consideration. • IV drug use within 1 year. • Pregnant and using substances. • First episode psychosis.

Dakota | Health & Human Services

46

Treatment Services
78% of clients with Severe and Extreme Impairments

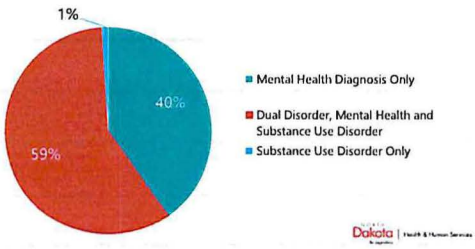
For these individuals at the beginning of care:
- 28% were homeless
- 3% were residing in correctional facility
- 12% lived with parents
- 4% were in residential/ transitional living

For these individuals in last 30 days:
- 5% arrested
- 12% no show
- 3.30 average hours of service
- 85% of crisis residential admissions

Dakota | Health & Human Services

47

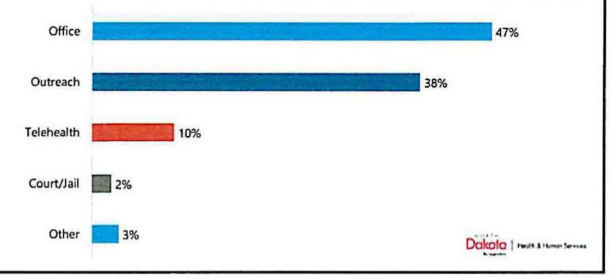
Treatment Services
Diagnosis of Individuals Served



Dakota | Health & Human Services

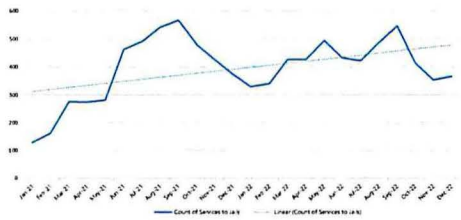
48

Treatment Services
Location of Services



49

Treatment Services
Service to Jails

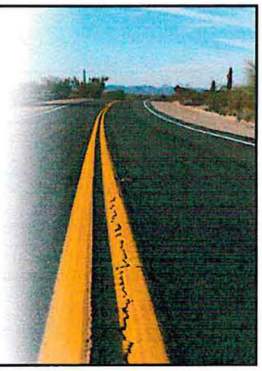


13% increase in services provided to jails from 2021 to 2022

50

Human Service Center

- HSC Clinic Leadership Restructure
- HSC Location Overview
- **Services**
  - Assessments
  - Treatment Services
  - **Behavioral Health Crisis Care**
- Essential Elements to Align with Future Vision
- Budget Overview



51

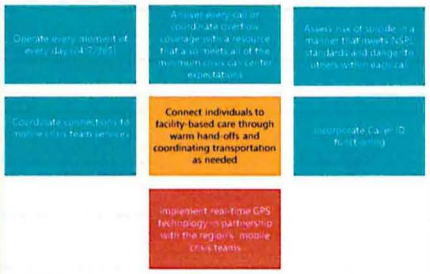
Behavioral Health Crisis Care
Core Services & Best Practices



52

Statewide 988 (211) **Crisis Call Center**: Best Practice Anchors

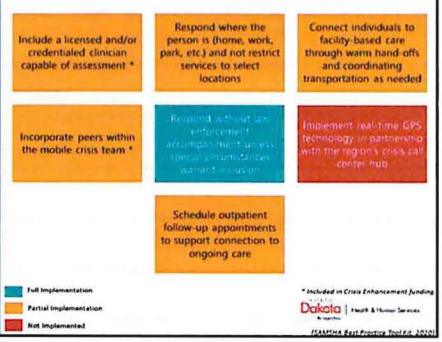
Purpose: Real-time access to a live person every moment of every day for individuals in crisis.



53

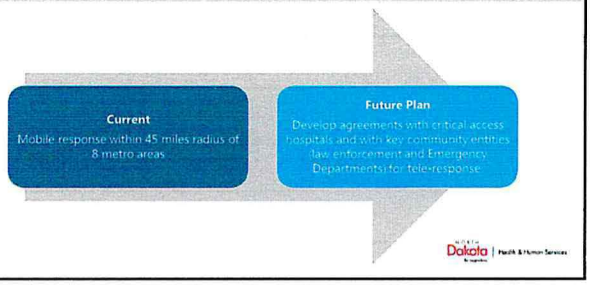
Mobile Crisis: Best Practice Anchors

Purpose: Offering community-based interventions to individuals in need where they are at.



54

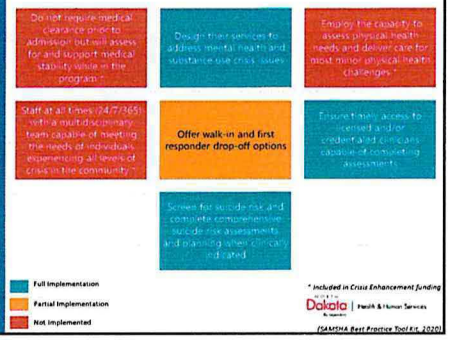
Behavioral Health Crisis Care
Rural Crisis Adaptation



55

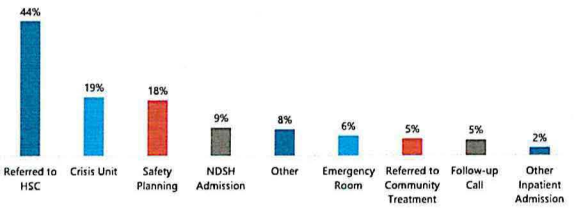
Crisis Stabilization Units: Best Practice Anchors

Purpose:
To manage risk at lowest level of care and avoid unneeded hospitalizations/ER visits.



56

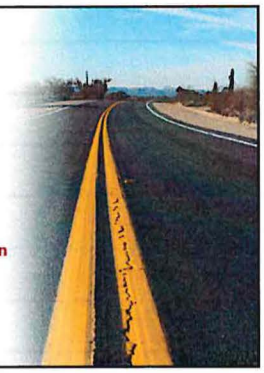
Behavioral Health Crisis Care
Results Following Crisis Assessment



57

Human Service Centers

- HSC Clinic Leadership Restructure
- HSC Location Overview
- Services
  - Assessments
  - Treatment Services
  - Behavioral Health Crisis Care
- **Essential Elements to Align with Future Vision**
- Budget Overview



58

Pathway to Certified Community Behavioral Health Clinics (CCBHCs)

National Accreditation

Obtained 4-year accreditation on October 8th, 2020, through Council on Accreditation

Met Maintenance of Accreditation compliance checks for 2021 and 2022

Certified Community Behavioral Health Clinics

Spring of 2022 applied for SAMHA 4-year demonstration grant for 3 human service centers (not awarded)

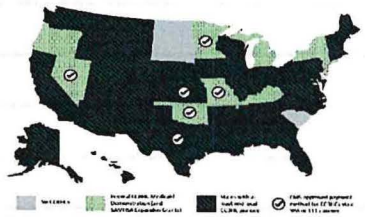
December of 2022 applied for SAMHA implementation grant (waiting on notice of award)

Current SB 2012 would require 3 HSCs to become CCBHCs

59

Certified Community Behavioral Health Clinics

CCBHCs Across the United States



60

Certified Community Behavioral Health Clinics - Enhancements

1. Staffing	• Staffing plan driven by local needs assessment. • Licensing and training to support service delivery.
2. Availability and Accessibility of Services	• Standards for timely and meaningful access to services, outreach and engagement. • 24/7 access to crisis services, treatment planning and acceptance of all patients regardless of ability to pay.
3. Care Coordination	• Care coordination agreements across services and providers. • Defining accountable treatment team, health information technology and care transitions.
4. Scope of Services	• Nine required services, as well as person-centered, family-centered and recovery-oriented care.
5. Quality and Other Reporting	• 21 quality measures, a plan for quality improvement and tracking of other program requirements.
6. Organizational Authority, Governance and Accreditation	• Consumer representation in governance. • Appropriate state accreditation.

61

Certified Community Behavioral Health Clinics - Enhancements

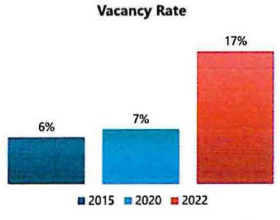
CCBHC Demonstration/PPS: Driving Value



62

Continued progress requires **addressing team member retention**

Data shows a rising vacancy rate corresponding with timeline of serving a more complex and severe patient population.



63

Vacancies impacting revenue

Licensed Addiction Counselor	Advanced Clinical Specialists	Human Relation Counselors
• 14 current vacancies open for a combined 2,445 days • Vacant for 175 days on average • 9 positions vacant greater than 3 months • Average revenue for position is $40,687 a month • **Estimated loss due to vacancies: $3,315,990**	• 15 current vacancies open for a combined 3,209 days • Vacant for 214 days on average • 14 positions vacant greater than 3 months • Average revenue for position is $39,153 a month • **Estimated loss due to vacancies: $4,188,066**	• 16 current vacancies open for a combined 3,873 days • Vacant for 242 days on average • 10 positions vacant greater than 3 months • Average revenue for position is $30,523 a month • **Estimated loss due to vacancies: $4,188,066**

Dakota | Health & Human Services

64

Behavioral Health Organizational Chart



Dakota | Health & Human Services

65

Behavioral Health Organizational Chart



Dakota | Health & Human Services

66

Programs and Services


Acute Psychiatric Services


Forensic Services


Psychiatric Rehabilitation Services


Geriatric Psychiatric Services


Sex Offender Residential Treatment


SUD Residential Treatment

Dakota | Health & Human Services

67

Acute Psychiatric & Forensic Services

- 2 units with a total of 27 beds.

- These units serve individuals needing short term acute psychiatric treatment, acute psychosis with agitation / aggression, forensic admissions.
- All diagnostic groups are treated including many clients with dual or multiple diagnoses causing significant disruption in their daily lives due to severity or longevity of their illness.

Forensic Services-individuals are admitted to either of the acute psychiatric service units. These individuals are admitted under order for evaluation of competency, criminal responsibility, or both, as well as restore to competency/fit to proceed, or not guilty by reason of insanity.

Dakota | Health & Human Services

68

Acute Psychiatric & Forensic Services
(2021-2022)

Admissions	Average Length of Stay	Occupancy
• **859** • *Forensics admissions accounted for 14% of hospital's admissions*	• **20 days**	• **86%**

	BL	LR	NC	NE	NW	SC	SE	WC
Admissions By Region	5%	7%	3%	6%	3%	42%	14%	4%
Admissions By ER	4%	6%	0%	4%	3%	72%	10%	1%

Dakota | Health & Human Services

69

Psychiatric Rehabilitation Services

- 2 units with a total of 30 beds

- Serves young individuals with chronic severe persistent mental illness. These individuals need intensive rehabilitative, vocational, and therapeutic services, including financial and housing.

Dakota | Health & Human Services

70

Psychiatric Rehabilitation Services
(2021-2022)

Average Length of Stay	Occupancy
• **133 days**	• **96%**

Dakota | Health & Human Services

71

Geriatric Psychiatric Services

- 24- bed unit

- Serves unique individuals with psychiatric and medical disorders that are of a higher acuity than community settings can serve.
- Most common diagnosis of neuropsychiatric d/o to include sundowning, wandering, and agitation/aggression some being violent causing nursing homes concern.

Dakota | Health & Human Services

72

Geriatric Psychiatric Services
(2021-2022)

Average Length of Stay	Occupancy
• **129 days**	• **91%**

73

Sex Offender Residential Treatment (SOTEP)

- 2 units and a community transition house for a total of 49 beds
- Serves individuals who are civilly committed sexual offenders

74

Sex Offender Residential Treatment (SOTEP) *(2021-2022)*

Admissions	Average Length of Stay	Occupancy
• **8**	• **1,128 days**	• **60%**

75

Substance Use Disorder (SUD) Residential Services

- 30-bed unit
- Serves individuals at a residential level of care
  - Primary Substance Use
  - Dual diagnosed with Substance Use and Mental Illness

76

Substance Use Disorder (SUD) Residential Services *(2021-2022)*

Admissions	Average Length of Stay	Occupancy
• 258	• 48 days	• 44%

Admissions By Region	BL	LR	NC	NE	NW	SC	SE	WC	DOCR
	9%	15%	1%	10%	2%	25%	11%	20%	8%

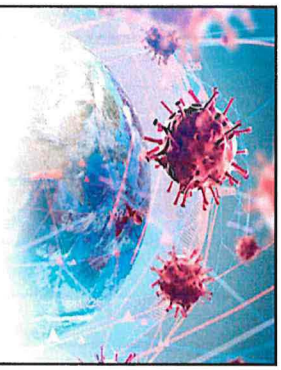
77

COVID-19 Response

Total Clients Served During Pandemic
- 1,332

Positive COVID-19 Clients Served
- 85

Days COVID Unit Open
- 139



78



79

Continued Efforts

ADMISSION WAITLIST

NEW STATE HOSPITAL

SCHULTE REPORT

Dakota | Health & Human Services

80

New State Hospital Phases
($10,000,000 Executive Budget Request)

Phase 1 – Internal market assessment, including prevalence and projected demand by service line along with supply analysis to determine gaps (external consultant)

Phase 2 – Private market assessment to further refine gaps with needs for service (external consultant)

Phase 3 – Work with advocates and private providers to develop options for service line array and meet current unmet demand

Phase 4 – Assuming there will be variations and options in Phase 3, work with architect to cost model approximately 3 different state hospital models; assuming all 3 will have different cost projections

Phase 5 – Present at next legislative session preferred models

81



Senate Bill 2012

House Appropriations Committee | HR Section
Representative Nelson, Chairman

Economic Assistance Section, Michele Gee, Director

March 6, 2023

NORTH Dakota | Health & Human Services
Be Legendary.

Who we serve

Economic Assistance Programs help North Dakotans struggling to make ends meet by connecting them to resources that can help meet their basic needs, preventing greater and more damaging crises.



Economic Assistance Programs and Services



Child Care Assistance

Pay a portion of the cost of childcare for working families or families in training or education programs.



Housing Stability

Assist renters struggling to pay rent and utilities and homeowners at risk of housing instability with financial assistance to support housing costs.



Supplemental Nutrition Assistance

Provide nutrition benefits to supplement the food budget of needy families so they can purchase healthy food.



Home Energy Assistance

Help households with home heating costs by paying a portion of their heating bills and assisting with home modifications to support energy efficiency.



Temporary Assistance for Needy Families

Serve families with children who are deprived of parental support or care due to divorce, separation, death or one or both parents being aged or disabled.



Long-Term Care Eligibility

Determine Medicaid eligibility for individuals seeking Long-Term Care, Basic Care and Home & Community Based Services.

NORTH Dakota | Health & Human Services
Be Legendary.

Additional support to families



Nutrition Education

Provide SNAP eligible individuals with nutrition education focusing on:

- Increasing fruit and vegetable consumption
- Balancing healthful food with physical activity
- Helping families get the most nutrition for their food dollar



Work support

- Help individuals who are able to work take meaningful steps to achieve greater self sufficiency.
- Resources to help with costs associated with seeking and maintaining employment, such as child care, transportation, vehicle repairs, insurance, uniforms and certifications.



Home energy modifications

Offer weatherization services such as:

- Insulating, weather stripping and chimney cleanings
- Minor furnace and cooling device repair
- Replacement of inefficient or inoperable heating systems

NORTH Dakota | Health & Human Services
Be Legendary.

Connecting Families to Economic Assistance is a Partnership

The state and Human Service Zones (HSZs) work together to deliver help to low and moderate-income families

Person decides to apply

Making ends meet is getting more difficult every month so the applicant makes the decision to reach out for help.

Human Service Zone

The applicant can contact their human service zone directly or they can simply apply online.

Gather information

The applicant can enter as much info as they can in the SPACES self-service portal.

Determine eligibility

An eligibility worker determines eligibility.

Issue benefits

If the applicant is eligible to receive assistance, the state will issue the benefit in the appropriate manner.



NORTH Dakota Be Legendary. | Health & Human Services

HHS and HSZs connected 1 in 5 NDs to at least one resource designed to support their economic health and wellbeing

154,000

North Dakotans utilized
SPACES to access Economic Assistance and Medicaid
coverage during SFY 2022

74,817 people in
36,076 households



Food Assistance

5,937 children in
3,610 families



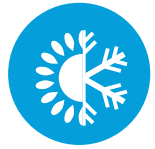
Child Care Assistance

4,613 people in
1,729 households



Temporary Assistance

30,408 people in
14,023 households



Home Energy Assistance

141,051 people in
82,180 households



Medicaid Coverage

39,769 people in
21,647 households



Housing Stability Assistance

6,224 households experiencing homelessness

(from 01/21 through 02/23)

NORTH Dakota Be Legendary. | Health & Human Services

Working Better Together



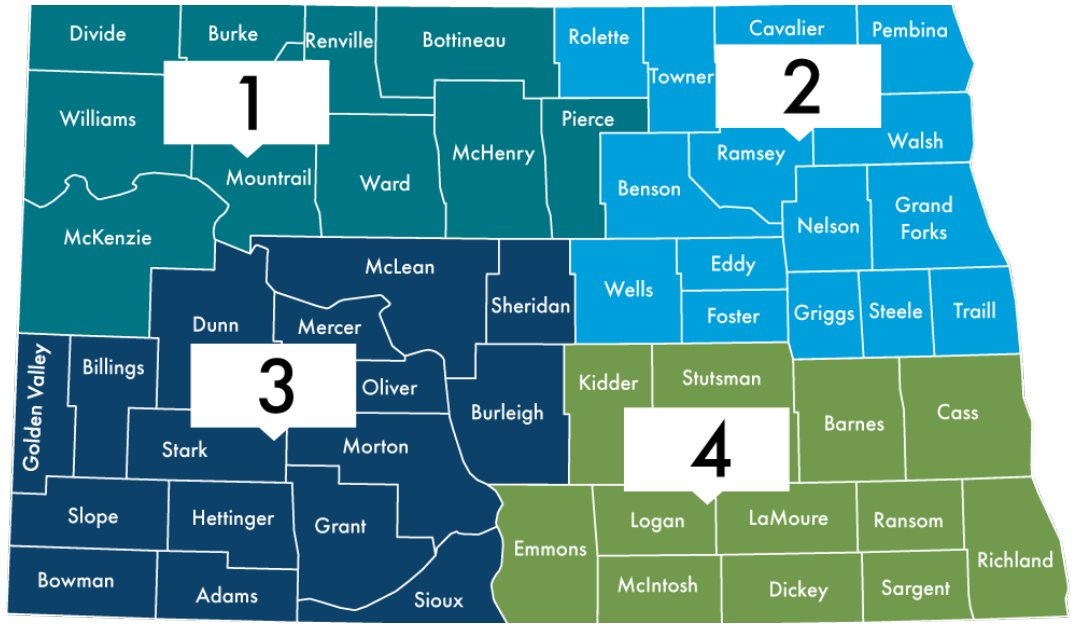
Health and Human Services and Human Service Zones have worked together to redesign the delivery of eligibility determination that supports Economic Assistance and Medicaid coverage.

GOALS OF REDESIGN:

- Level the workload so each worker has the capacity to handle the volume and the complexity.
- Process applications in a timely manner.
- Simplify the process to serve customers efficiently.
- Decrease errors and issue all the benefits a family is eligible to receive at the right time.

NORTH Dakota Be Legendary. | Health & Human Services

Redesign Implementation: February 2023



Four Regions – Each Working as One Team

Human Service Zones in each region will work together as one team.

Local Support

Local offices will remain open for in-person support.

Customer Support Center

One phone number to speak to an expert in eligibility services.

Centralized Mail Unit

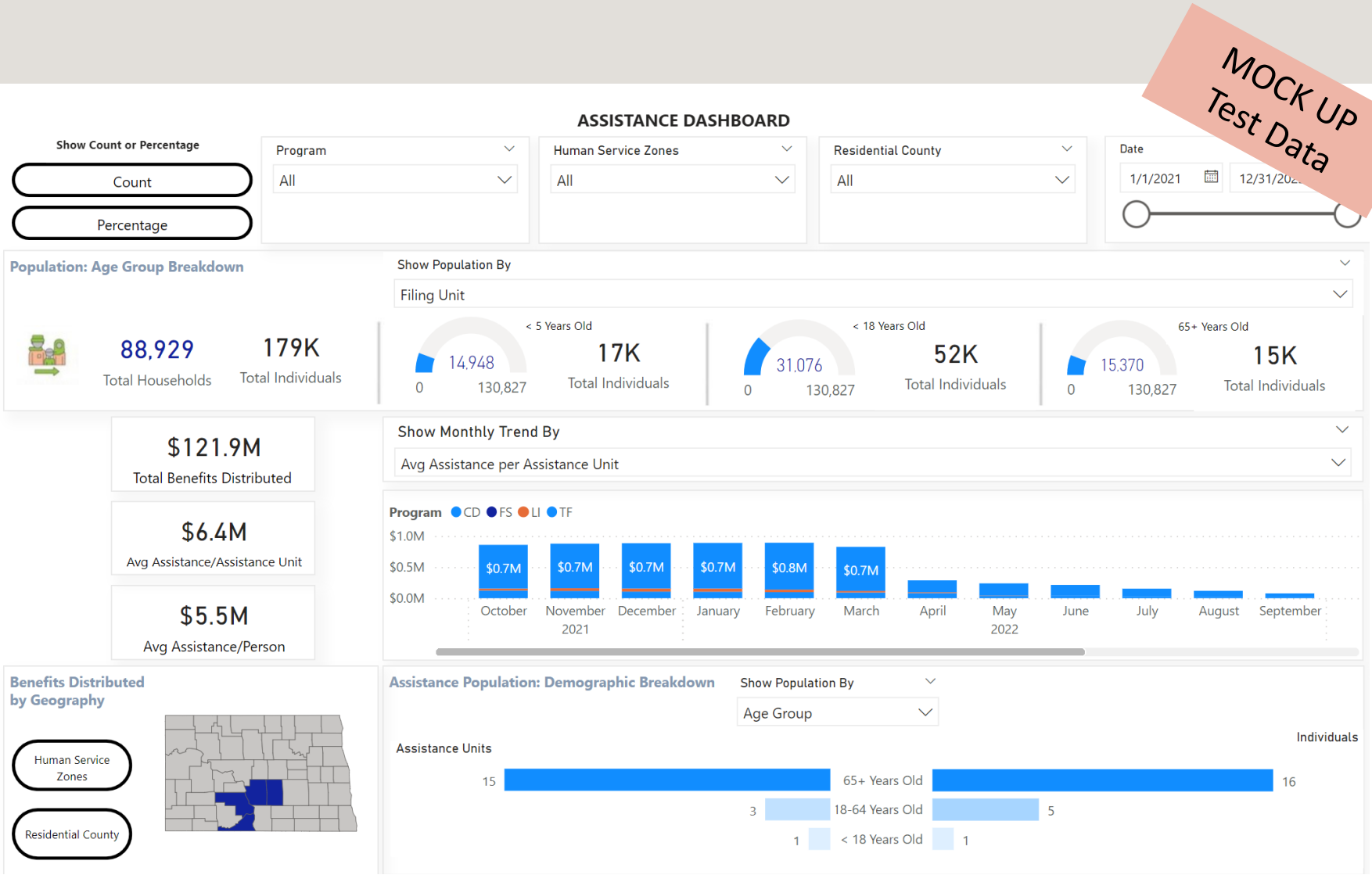
One mail and one email address for document submission.

Self-Service Portal Upgrade

Work has been done on the SSP to make it more user and mobile friendly.

NORTH Dakota Be Legendary. | Health & Human Services

Eligibility Redesign Implementation: February 2023



Dashboard to provide insight to Human Service Zone and State staff related to program delivery

Rolls out in conjunction with Eligibility Redesign

NORTH Dakota | Health & Human Services
Be Legendary.

Improving the lives of North Dakotans

How legislative support and appropriations made an impact in the **2021-2023 biennium**



NORTH Dakota | Health & Human Services
Be Legendary.

Child Care Assistance Program Milestones



March 2021

Utilize COVID funds to waive family co-pays and pay providers based on maximum state rates.



November 2022

Transitioned to a prospective payment model. This allows for assistance payments to occur at the beginning of the month based on the child's enrollment.

Prior to this change, reimbursement was made the month after care.



February 2022

Increased the eligibility limit to 85% of State Median Income.



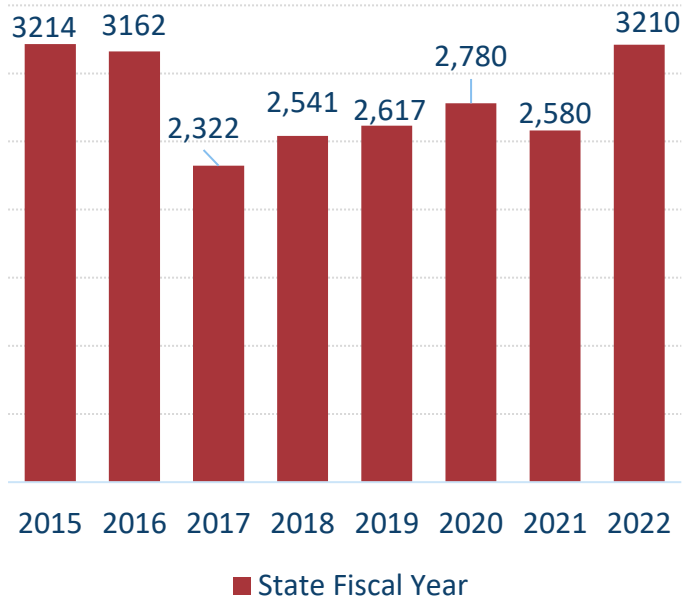
November 2022

Enhanced the provider portal in SPACES to:

- Allow for prospective payments
- Provide payment via direct deposit
- Eliminate paper billing forms
- Allows provider to access their account via a mobile device

Child Care Assistance Program Impact

Average number of children served per month



Impact for ND families with income up to 85% of State Median Income

SFY 2022

$28.5 million	Support to families
$741	Average payment per child per month
3,210	Average number of children served per month

Find the NDHHS Child Care Assistance Data Dashboard online at: www.hhs.nd.gov/applyforhelp/ccap

North Dakota Be Legendary. | Health & Human Services

North Dakota Child Care Assistance Dashboard

https://www.hhs.nd.gov/applyforhelp/ccap

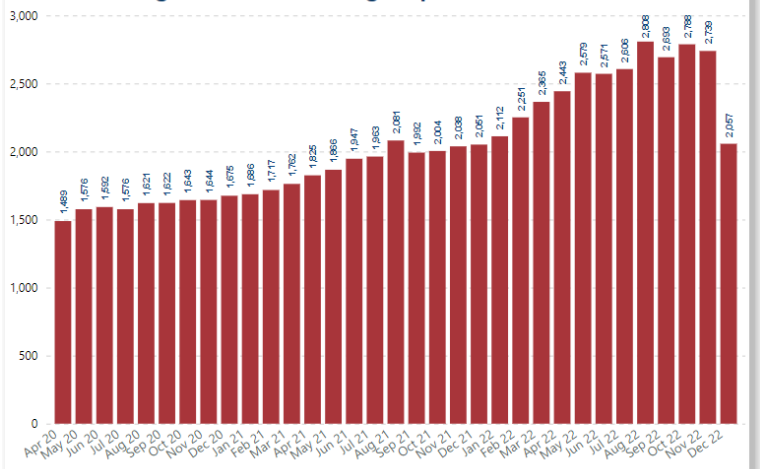
NORTH Dakota | Health & Human Services
Be Legendary.

Families

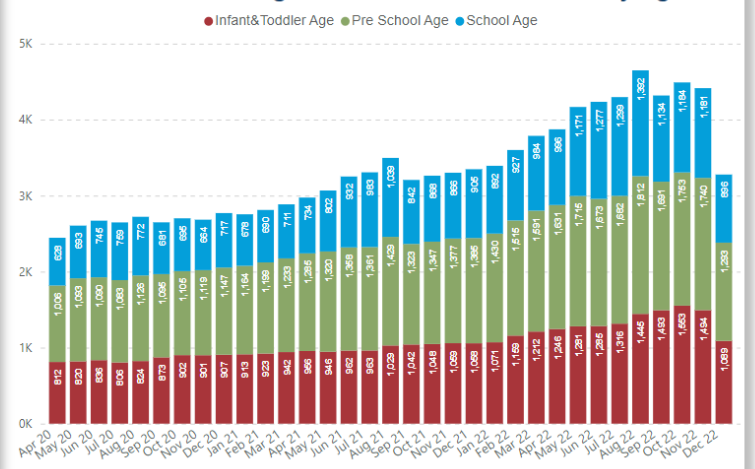
Child Care Assistance Program
SOURCE: ND Integrated Eligibility data system
Date Last refreshed:
1/4/2023 11:14:19 AM

Families | Funding | Applications | Providers | County Investment

Working Families receiving help with Child Care costs



Children Benefitting from Child Care Assistance by Age



Avg # of Working Families receiving help w/child care costs

2,501

Avg # of Children benefitting from child care assistance

4,044

NOTES:
"**Working Families Assisted by Month**" shows the total number of families who receive child care assistance in a given month. The term "Working families" includes both families who are working and those who are participating in education or training programs. Both the "**Average number of Working Families** "and "**Average number of Children**" receiving assistance per month are calculated using data from the previous 12 months.
"**Children Benefitting from Child Care Assistance by Age**" includes any child who is actively enrolled in child care and whose family is receiving some level of assistance with the costs of that child care.

"Infants and Toddlers" includes children age 0-35 months; Pre-school age includes children ages 36-71 months; School Age includes children ages 6 through 12 years.

NORTH Dakota | Health & Human Services
Be Legendary.



Home Energy Assistance Program Milestones

September 2021

Integrated LIHEAP eligibility determination into SPACES.

*Represented the final step to fully integrate eligibility determinations for all Economic Assistance and Medicaid programs.

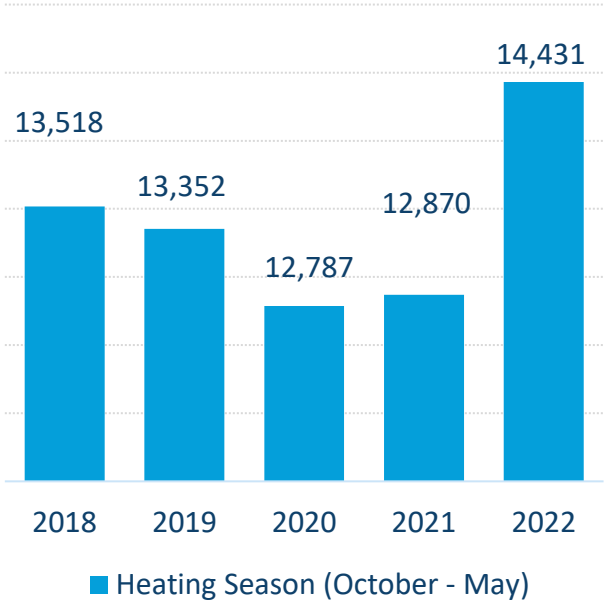
July 2022

Expanded the cooling assistance program in 2022 to include all LIHEAP eligible families. Program provides cooling devices.



LIHEAP PROGRAM IMPACT

Total households served per heating season



Impact for ND families with income up to 60% of State Median Income

2022 Heating Season

$15.8 million Support to households

$1,086 Average payment per household per heating season

14,431 Households served

NORTH Dakota Be Legendary. | Health & Human Services

SNAP PROGRAM MILESTONES

School Years 19-20 and 20-21
Operated a Pandemic EBT Program, providing SNAP benefits to children eligible for free or reduced-price meals who missed those meals due to school closures or virtual learning.



Summer PEBT 2022 & planned for 2023
Operated a summer Pandemic EBT Program, providing SNAP benefit to school age children and children in child care with additional assistance to help families with food and nutrition costs.



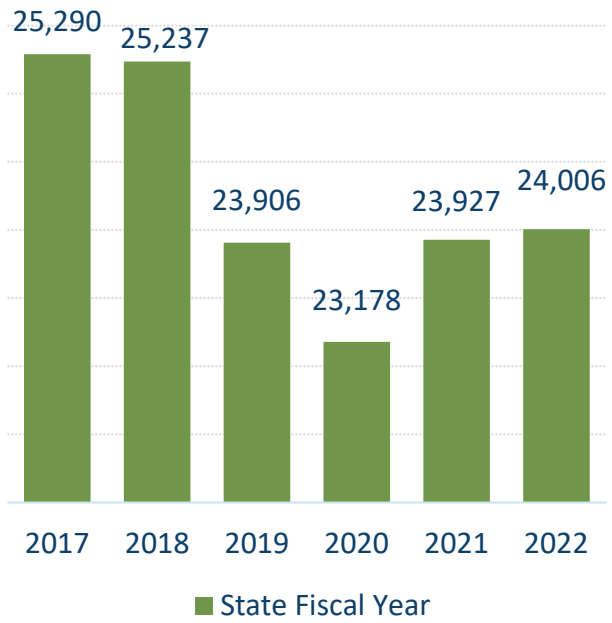
October 2021
Implemented a 27% increase in the SNAP benefit level based on a Federal increase in the Thrifty Food Plan.



February 2022
Implemented a third-party earned income verification system, streamlining eligibility determinations and reducing burden on families. This was made possible through a federal SNAP data grant award.

SNAP PROGRAM IMPACT

Average households served per month



Impact for ND families with income up to 60% of State Median Income

SFY 2022

$93.8 million	Support to households
$326	Average payment per household per month
48,391	Average number of individuals served in 24,006 households

NORTH Dakota Be Legendary. | Health & Human Services

TANF PROGRAM ENVIRONMENTAL SCAN
What We Learned



Financial Support

Suggestions include:

- Increase TANF grant to create a more impactful benefit
- Increase Post & Transitional Assistance
- Expand financial management skills and education



Administrative Barriers

Suggestions include:

- Eliminate pay-after-performance policy
- Eliminate monthly reporting and streamline the application process
- Remove benefit cap policy



Support Services

Suggestions include:

- Better options for delivering support services – electronic or direct deposit
- Increase transportation allowance
- Consider alternative approaches for rural communities



Support from Workers

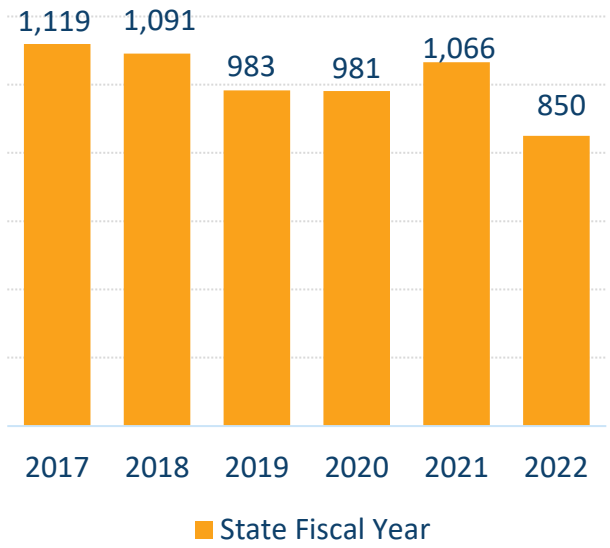
Suggestions include:

- Training
- Strength-based coaching
- Caseworkers to meet client where they are at

NORTH Dakota | Health & Human Services
Be Legendary.

TANF PROGRAM IMPACT

Average households served per month



Impact for ND families with income at less then 10% of State Median Income

SFY 2022

81%	Of beneficiaries are children
$300	Average payment per family
1,921	Average number of individuals served in 850 families

NORTH Dakota Be Legendary. | Health & Human Services

HOUSING STABILITY PROGRAM MILESTONES

August 2021

Added utility assistance for ND Renters

October 2021

Implemented an enhanced application portal and specialized process for households experiencing homelessness.

May 2022

NW ND Emergency Housing Stability storm response (temporary program)

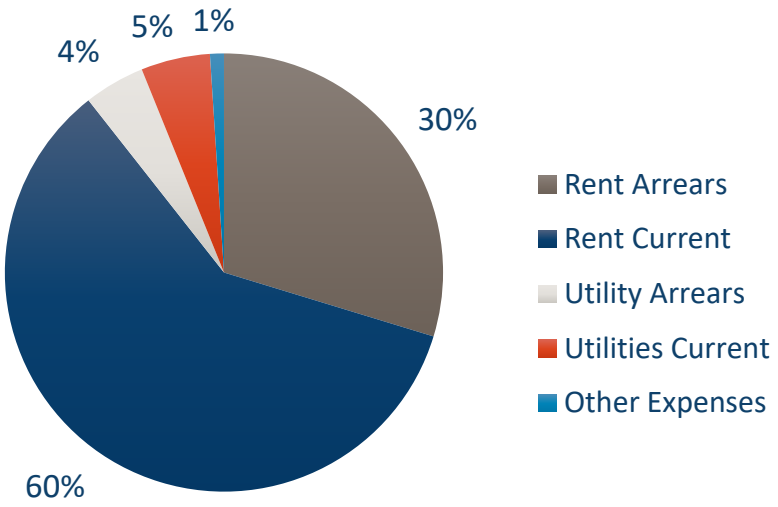
June 2022

Launch of ND Homeowner Assistance Fund



HOUSING STABILITY PROGRAM IMPACT

Financial Assistance by Category



Impact for ND families with income up 80% of Area Median Income

January 2021-December 2022

$96 million	Support to households
$730	Average assistance per household per month
21,647	Households assisted

Find the NDHHS Housing Stability Data Dashboard online at: https://www.hhs.nd.gov/applyforhelp/rent-help

NORTH Dakota Be Legendary. | Health & Human Services

Child Care Assistance Program Audits

Eligibility Determination Reviews

$$\text{error rate} = \frac{\text{improper payments for reviews completed}}{\text{total payments of reviews completed}}$$

Quality Assurance and Quality Control Unit (QA/QC) Reviews:

- Federal Reviews
  - Every 3 years based on defined federal criteria.
  - Review of 23 eligibility determinations per month over the Federal Fiscal Year (FFY).
- State Reviews
  - Conducted during non-federal years
  - Review of 30 eligibility determinations per month over the federal fiscal year.
  - Sample from all Human Service Zones

Federal Review FFY 2019
5.85% Overall Error Rate

State Review FFY 2021
4.36% Overall Error Rate

State Review FFY 2022
7.32% Overall Error Rate

National Target is less than 10%

LIHEAP Program Audits

Eligibility Determination Reviews

$$\text{error rate} = \frac{\text{improper payments for reviews completed}}{\text{total payments of reviews completed}}$$

Quality Assurance and Quality Control Unit (QA/QC) Reviews:

- State Reviews
  - Conducted yearly
  - Review of 25 eligibility determinations per month over the federal fiscal year.
  - Sample from all Human Service Zones

State Review FFY 2020
1.00% Overall Error Rate

State Review FFY 2021
1.86% Overall Error Rate

State Review FFY 2022
4.20% Overall Error Rate

TANF Program Audits

Eligibility Determination Reviews

$$\text{error rate} = \frac{\text{improper payments for reviews completed}}{\text{total payments of reviews completed}}$$

Quality Assurance and Quality Control Unit (QA/QC) Reviews:

- State Reviews
  - Conducted yearly
  - Review of 16 eligibility determinations per month over the federal fiscal year.
  - Sample from all Human Service Zones

State Review FFY 2020
1.00% Overall Error Rate

State Review FFY 2021
6.00% Overall Error Rate

State Review FFY 2022
3.55% Overall Error Rate

SNAP Program Audits
Eligibility Determination Reviews

Active Error Rate

$$\text{Error Rate} = \frac{\text{Improper payments for reviews completed}}{\text{Total payments for reviews completed}}$$

Negative Error Rate

$$\text{Error Rate} = \frac{\text{\# of Cases Denied or Terminated in Error}}{\text{Total \# of reviews completed}}$$

Quality Assurance and Quality Control Unit (QA/QC) Reviews:

- Federal Reviews conducted annually based on defined sample and criteria.
  - Active Reviews – measures accuracy of eligibility and benefit amount. Review of 39 active eligibility determinations per month.
  - Negative Reviews – measures accuracy of denial and closure of eligibility. Review of 28 negative eligibility determinations per month.
  - Timeliness – measures timeliness of eligibility determinations. Review timeliness on the 67 active and negative eligibility determinations per month.

Active Error Rate:	FFY 2020 – 5.96% FFY 2021 – 5.62% FFY 2022 – 9.44%
Negative Error Rate:	FFY 2020 – 29.14% FFY 2021 – 37.31% FFY 2022 – 33.24%
Timeliness Rate (% process timely):	FFY 2020 – 76.54% FFY 2021 – 83.02% FFY 2022 – 78.33%



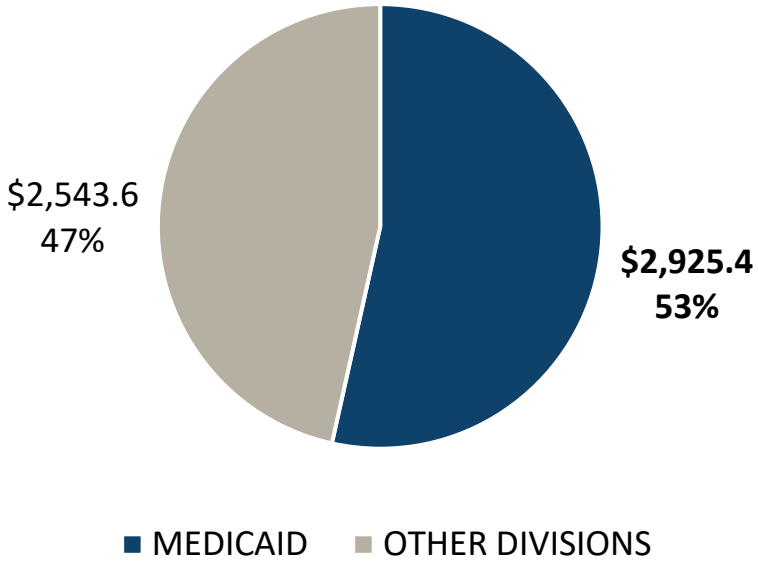
2023-2025 Budget request

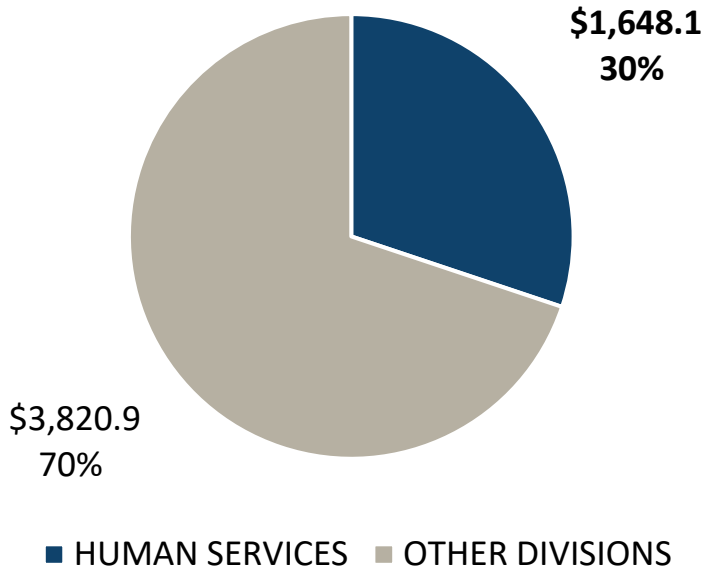
The **program, systems and workforce support** necessary to continue to serve North Dakotans

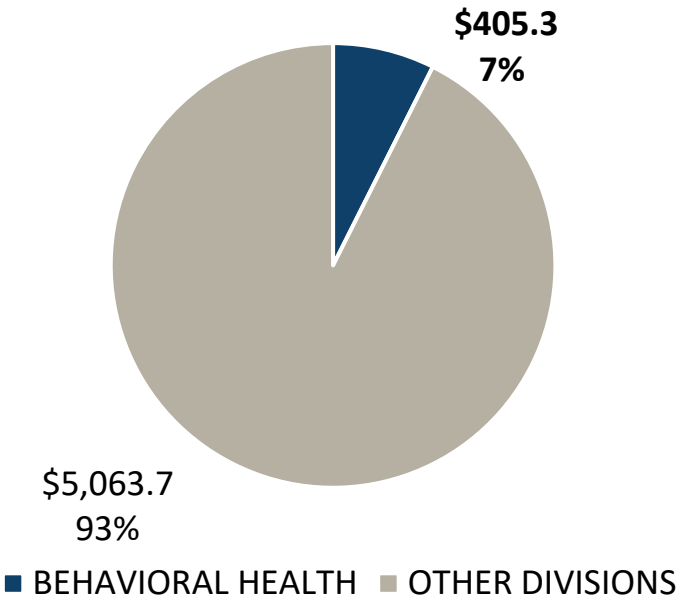
NORTH Dakota Be Legendary. | Health & Human Services

Division budgets compared to Engrossed SB 2012

2023-2025 Engrossed SB 2012 in millions



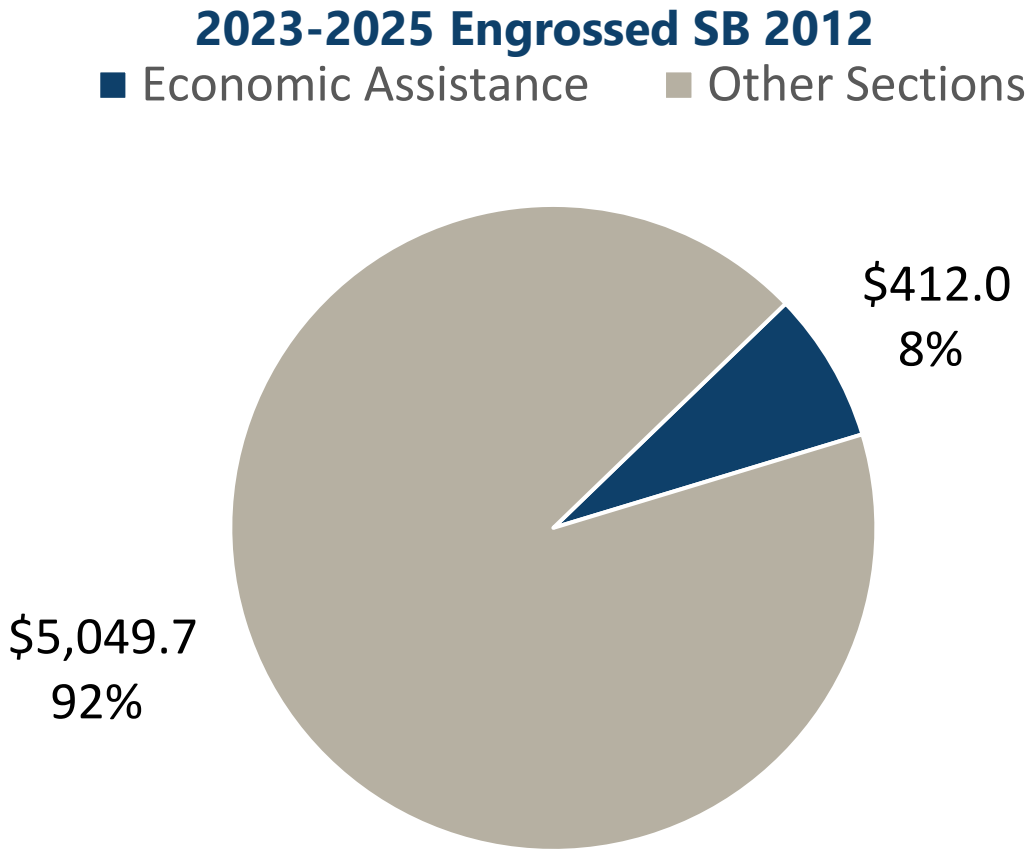


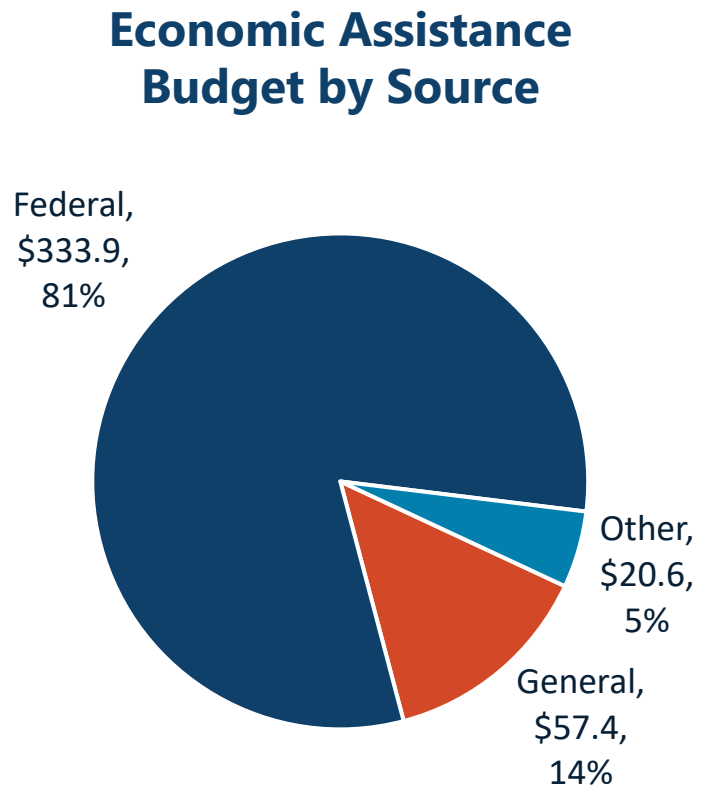


NORTH Dakota Be Legendary. | Health & Human Services

Section Budget Compared to Engrossed SB 2012 (in millions)

Economic Assistance represents 8% of SB 2012, $5.46 billion





NORTH Dakota Be Legendary. | Health & Human Services

Included in 2023-25 Executive Budget Request:

Supporting Workforce / Child Care Assistance

Supporting Workforce Initiative: Child Care Assistance $37.9 M to improve affordability, availability and quality

- Make child care assistance available to more working families - $22,000,000 (increases by 1,400 families of kids age 0-3)
- Child Care Assistance Infant/Toddler Rate Adjustment - $12,900,000 (increase state max rate for ages 0-3 by 25%)
- Quality Tiers in Child Care Assistance Fee Schedule - $3,000,000 (assumes 1,600 slots would qualify for quality boost)

Total	General	Federal
$37,900,000	$37,900,000	$0

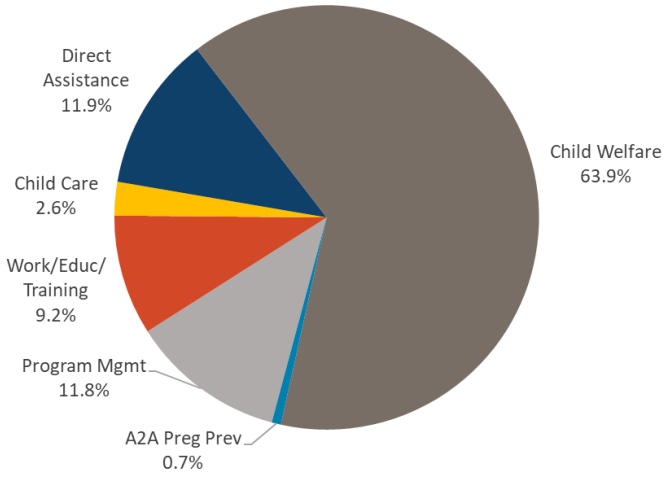


Included in 2023-25 Executive Budget Request:
Investing in Temporary Assistance for Needy Families

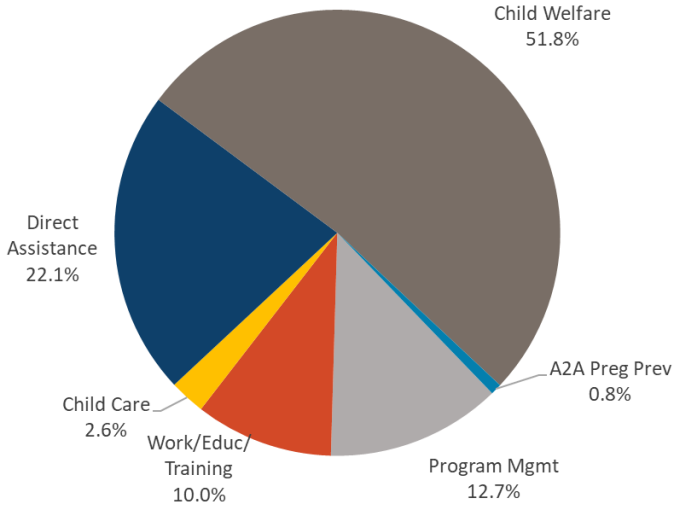
Shift investment of $7.4 million of state TANF grant from Children & Family Services to Economic Assistance to allow for increased support and services to TANF families

HHS Section	Total	General	Federal
Econ Assist	$7,496,368	$0	$7,496,368
CFS	$0	$7,496,368	($7,496,368)

ND Budgeted TANF Expenditures 2021-23



ND TANF Expenditures 2023-25 EBR



NORTH Dakota | Health & Human Services
Be Legendary.



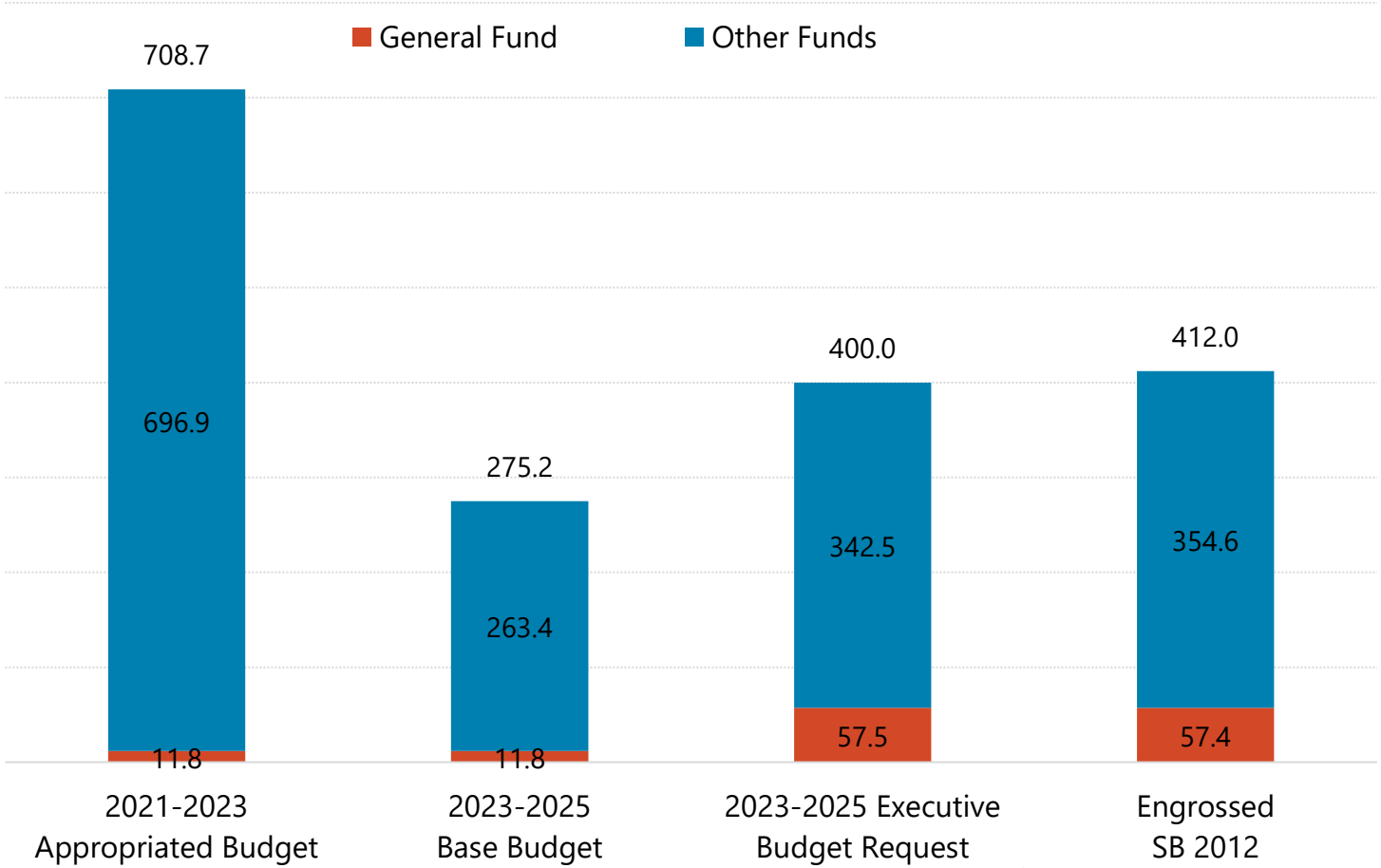
Comparison of Total Budget with Funding (in millions)

INCREASE FROM BASE TO ENGROSSED SB 2012
$137.0 MILLION

2021-23 Appropriated Budget includes $433.5 million in time-limited COVID relief funds

Engross Senate Bill 2012

- Cost to continue (grants), including:
  - $52.4 M SNAP
  - $13.6 M CCAP
  - $6.6 M LIHEAP
- +$7.5 M TANF (TANF Modernization)
- +$37.9 M Child Care Assistance (Supporting Workforce Initiative)
- Senate Adjustments:
  - +12.7 M Additional LIHEAP Federal Funding
  - +2.5 M Additional CCAP Federal Funding

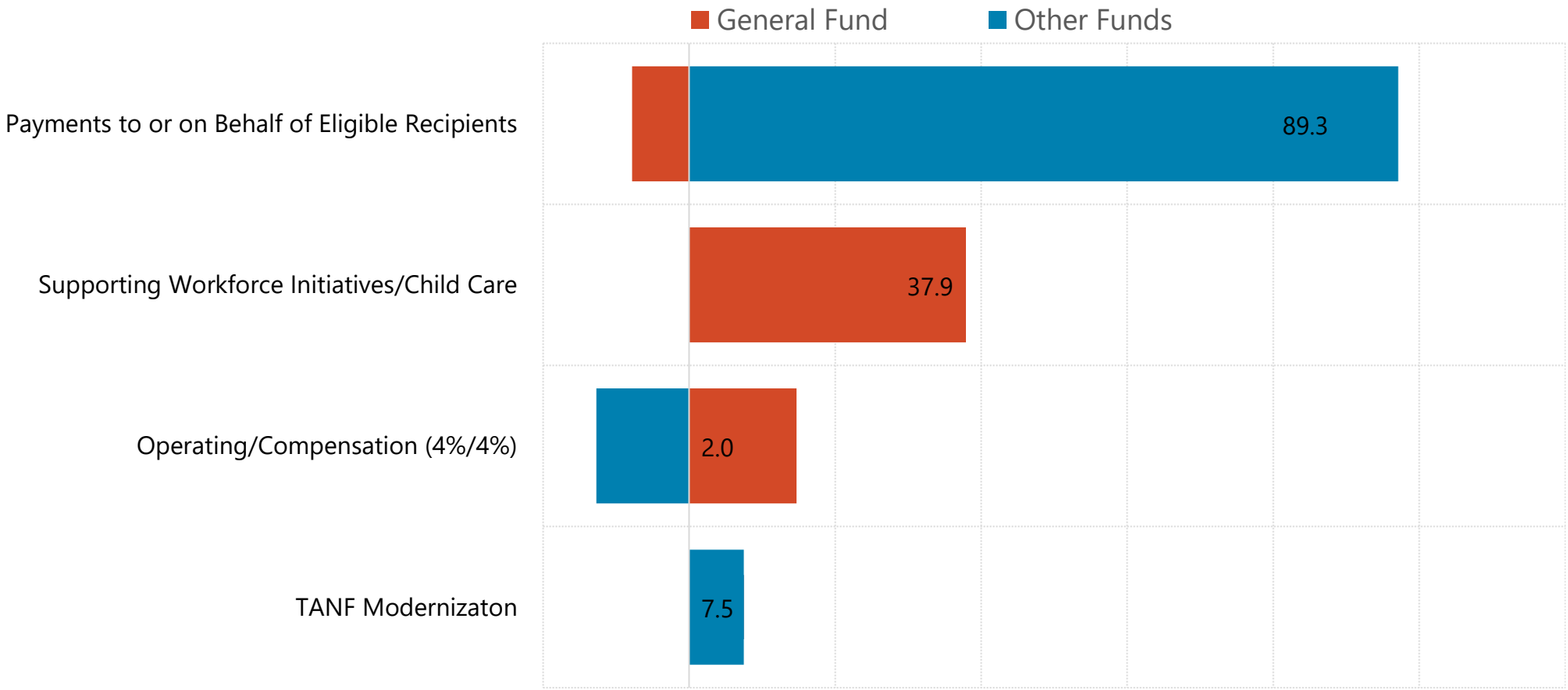


NORTH Dakota Be Legendary. | Health & Human Services

Economic Assistance: COVID Funding 2020-22

Federal Funding Source	Purpose	Appropriated Amount
Child Care Development Funds	Waiver of Family Co-Pays Payment to Providers at State Maximum Rate	$30.7 Million
TANF Pandemic Emergency Assistance	Assisted TANF eligible families with support for back-to-school costs	$1.35 Million
LIHEAP Funds	Assisted LIHEAP eligible families with utility costs Expanded Furnace and Cooling Device Repair and Replacement	$40 Million
SNAP	Increased SNAP benefit to maximum amount 15% increase for all eligible families	$56.4 Million
P-EBT (SNAP)	Provide SNAP benefits to children eligible for free or reduced-price meals who missed those meals due to school closures or virtual learning.	$45.7 Million
Emergency Rent Assistance	Assist renters struggling to pay rent and utilities with financial assistance to support housing costs.	$202.9 Million
Various Food Assistance grants	SNAP Grocer Expansion Grant, FEMA pass through to Great Plains Food Bank, SNAP admin and infrastructure	$2.0 Million
Homeowners Assistance Fund	Assist homeowners at risk of housing instability with financial assistance to support housing costs.	$50 Million
	TOTAL	**$429.05 million**

Comparison of Base Budget to Engrossed SB 2012



Comparison of 2023-2025 Budgets and Related Funding
By Detailed Expense

Description	**2023 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
511x Salaries - Regular	$ 5,240,454	$ 1,380,525	$ 6,620,978	$ (164,333)	$ 6,456,645
512x Salaries - Other	-	-	-	-	$ -
513x Salaries Temp	136,310	184,010	320,320	-	$ 320,320
514x Salaries Overtime	-	-	-	-	$ -
516x Salaries Benefits	2,278,797	896,995	3,175,792	71,412	$ 3,247,204
Total Salaries & Benefits	$ 7,655,560	$ 2,461,530	$ 10,117,090	$ (92,921)	$ 10,024,169
52x Travel	86,809	131,747	218,556	-	$ 218,556
53x Supply	10,360	(360)	10,000	-	$ 10,000
54x Postage & Printing	175,615	127,585	303,200	-	$ 303,200
55x Equipment under $5,000	5,000	(5,000)	-	-	$ -
56x Utilities	580	(580)	0	-	$ 0
57x Insurance	-	-	-	-	$ -
58x Rent/Leases - Bldg/Equip	171,000	(1,800)	169,200	-	$ 169,200
59x Repairs	708	(708)	(0)	-	$ (0)
61x Professional Development	31,646	50,354	82,000	-	$ 82,000
62x Fees - Operating & Professional	9,618,805	(629,511)	8,989,294	-	$ 8,989,294
67x Expenses	-	-	-	-	$ -
53x Supplies	-	8,000	8,000	-	$ 8,000
60x IT Expenses	4,389	1,611	6,000	-	$ 6,000
68x Land, Building, Other Capital	-	-	-	-	$ -
69x Over	-	-	-	-	$ -
69x Equipment Over $5,000	-	-	-	-	$ -
71x Grants, Benefits, & Claims	257,416,610	112,726,053	370,142,663	11,997,594	$ 382,140,257
72x Transfers	-	10,000,000	10,000,000	-	$ 10,000,000
Total Operating	$ 267,521,522	$ 122,407,391	$ 389,928,913	$ 11,997,594	$ 401,926,507
Total	$ 275,177,082	$ 124,868,920	$ 400,046,003	$ 11,904,673	$ 411,950,676

NORTH Dakota Be Legendary. | Health & Human Services

Grant Changes

Changes in Economic Assistance (EA) Program Grants from 2021-2023 Appropriation to Engrossed SB 2012

Program Grants	2021-2023 Legislatively Approved Budget	Cost to Continue	2023-2025 Executive Budget Request	Executive Budget Changes		2023-2025 Budget to Senate	Senate Adjustments		Engrossed SB 2012
				TANF Modernization	Supporting Workforce Initiative		Additional Federal Funding	Adjustment to tie to SB 2012	
Low Income Home Energy Assistance Program (LIHEAP)	$ 27,388,155	$ 6,611,013	$ 33,999,168			$ 33,999,168	$ 12,700,000		$ 46,699,168
Temporary Assistance for Needy Families (TANF) Regular	$ 7,549,200	$ (216,827)	$ 7,332,373	$ 7,496,368		$ 14,828,741			$ 14,828,741
Temporary Assistance for Needy Families (TANF) Diversion	$ 66,000	$ (6,000)	$ 60,000			$ 60,000			$ 60,000
Child Care Assistance Program (CCAP)	$ 34,710,875	$ 13,608,951	$ 48,319,826		$ 37,900,000	$ 86,219,826	$ 2,491,435		$ 88,711,261
Kinship Care	$ 2,989,800	$ (9,000)	$ 2,980,800			$ 2,980,800			$ 2,980,800
Supplemental Nutrition Assistance Program (SNAP)	$168,000,000	$ 55,611,600	$ 223,611,600			$ 223,611,600		$ (3,193,841)	$ 220,417,759
Total	$240,704,030	$ 75,599,737	$ 316,303,767	$ 7,496,368	$ 37,900,000	$ 361,700,135	$ 15,191,435	$ (3,193,841)	$ 373,697,729
General Fund	$ 8,607,933	$ 6,595,560	$ 15,203,493		$ 37,900,000	$ 53,103,493			$ 53,103,493
Also included in the grants line are other Economic Assistance Program grants which cost and caseload data are not computed. These grants include:									
TANF Supportive Services, including Transportation	$ 1,611,230	$ (53,458)	$ 1,557,772			$ 1,557,772			$ 1,557,772
SNAP Employment & Training, Outreach, Nutrition Ed	$ 2,873,578	$ 3,011,178	$ 5,884,756			$ 5,884,756			$ 5,884,756
LIHEAP Weatherization, Outreach & Case Management	$ 8,727,772	$ 2,272,228	$ 11,000,000			$ 11,000,000			$ 11,000,000
Emergency Rent Bridge	$ 3,500,000	$ (3,500,000)							
Total	$ 16,712,580	$ 1,729,948	$ 18,442,528			$ 18,442,528			$ 18,442,528
General Fund	$ 33,600	$ 666,400	$ 700,000			$ 700,000			$ 700,000
Total Economic Assistance Grants	$ 257,416,610	$ 77,329,685	$ 334,746,295	$ 7,496,368	$ 37,900,000	$ 380,142,663	$ 15,191,435	$ (3,193,841)	$ 392,140,257
General Fund Economic Assistance Grants	$ 8,641,533	$ 7,261,960	$ 15,903,493		$ 37,900,000	$ 53,803,493			$ 53,803,493

Economic Assistance: Overview of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2023 Deadline	Grant Year 2023 Award
Child Care Development Fund (CCDF) *CCDF funds are used in Economic Assistance and Early Childhood*	Primary Federal Program specifically devoted to providing families with child care subsidy and funding supports to states to improve quality. Total Federal = $22,449,928 Total State = $5,294,582	Discretionary (100% Federal) By end of 3rd Federal Fiscal Year	9/30/2025	$14,277,486
		Mandatory (100% Federal) No specific liquidation date requirement.	N/A	$2,506,022
		Matching – Federal/State Match (based on Federal Medicaid Assistance Percentage) By end of 2nd Federal Fiscal Year	9/30/2024	Federal: $5,666,420 State: $4,277,546
		Maintenance of Effort (MOE) By end of 1st Federal Fiscal Year	9/30/2023	$1,017,036
Low Income Home Energy Assistance (LIHEAP) Grant	To assist low income households, particularly those with the lowest incomes that pay a high proportion of household income for home energy, primarily in meeting their immediate home energy needs.	100% Federal By end of 6th Federal Fiscal Year	9/30/2028	$31,806,645

Economic Assistance: Overview of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2023 Deadline	Grant Year 2023 Award
Supplemental Nutrition Assistance Program (SNAP)	SNAP is designed to promote the general welfare and to safeguard the health and well being of the Nation's population by raising the levels of nutrition among low-income households.	Benefits are 100% Federal Administration is 50-50 Drawn from a Letter of Credit	N/A	N/A
Temporary Assistance for Needy Families (TANF) Grant *TANF grant is utilizes by Economic Assistance and Children & Family Services*	Four purposes of TANF: • Provide assistance to needy families so that children can be cared for in their own homes or in the homes of relatives • End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage • Prevent and reduce the incidence of out-of-wedlock pregnancies • Encourage the formation and maintenance of two-parent families	No requirement to liquidate by a specific date.	N/A	Federal: $26,300,000 State MOE: $9,069,286

About Economic Assistance Contracts

- Service Delivery
  - 66 relationships with vendors to support clients with accessing community resources providing direct support and education and awareness.
- Data Sharing for Benefit Delivery
  - 18 agreements with Federal Agencies like IRS, SSA, CMS, USDA, USCIS, and state agencies (ND Job Service, ND Department of Instruction) for the purpose of exchanging information to determine eligibility for benefits.
- Operational Contracts
  - 12 state contracts and various service level agreements to manage the ongoing operations and support of Economic Assistance services (IT Contractors, Marketing Contracts, etc.)



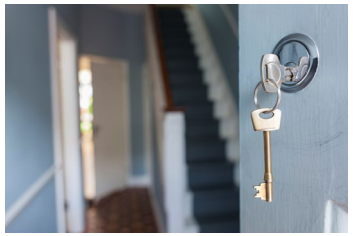
Economic Assistance: Service Delivery



SNAP Nutrition Education with NDSU Family Nutrition Program.



SNAP & TANF Work Support Programs through ND Job Service, Community Options Inc., and Turtle Mountain Employment & Training.



Home Weatherization & Assistance with Furnace Repair & Maintenance with ND Department of Commerce.

Housing stability including Application Counselors, Mediation Services & Housing Facilitation.



Child Care placement partnerships with Mayville State University and YWCA Cass Clay .



Outreach application assistance for EA Services including SNAP, LIHEAP & Housing Stability Services.



Alternatives to Abortion program through Village Family Services offers counseling and education & awareness services to pregnant women.

NORTH Dakota Be Legendary. | Health & Human Services

Data Sharing & IT Contracts

Information Technology (IT)	IRS	SSA	Federal Agencies & State Agencies
Both Development and Maintenance/Ops contracts for Self- Service Portal and Combined Eligibility System (SPACES)	Disclosure of Information to Federal, State and Local Agencies (DIFSLA) Computer Matching Agreement which authorizes the IRS to disclose return information with respect to unearned income to state and local agencies administering benefit programs	Computer Matching and Privacy, Protection Act agreement which sets forth the terms and the condition governing disclosures of records, information, or data made by SSA to various State agencies for the purpose of benefit determination	• CMS • USDA • UCIS • ND DPI • ND Job Service • Vital Statistics

Comparison of 2023-2025 Funding

Description	**2023 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
General Fund	**$ 11,831,644**	**$ 45,625,238**	**$ 57,456,882**	**$ (29,268)**	**$ 57,427,614**
Federal Funds	**243,908,122**	**78,080,319**	**321,988,441**	**11,934,180**	**333,922,621**
Other Funds	**19,437,316**	**1,163,364**	**20,600,680**	**(239)**	**20,600,441**
Total Funds	**$ 275,177,082**	**$ 124,868,921**	**$ 400,046,003**	**$ 11,904,673**	**$ 411,950,676**

NORTH Dakota Be Legendary. | Health & Human Services

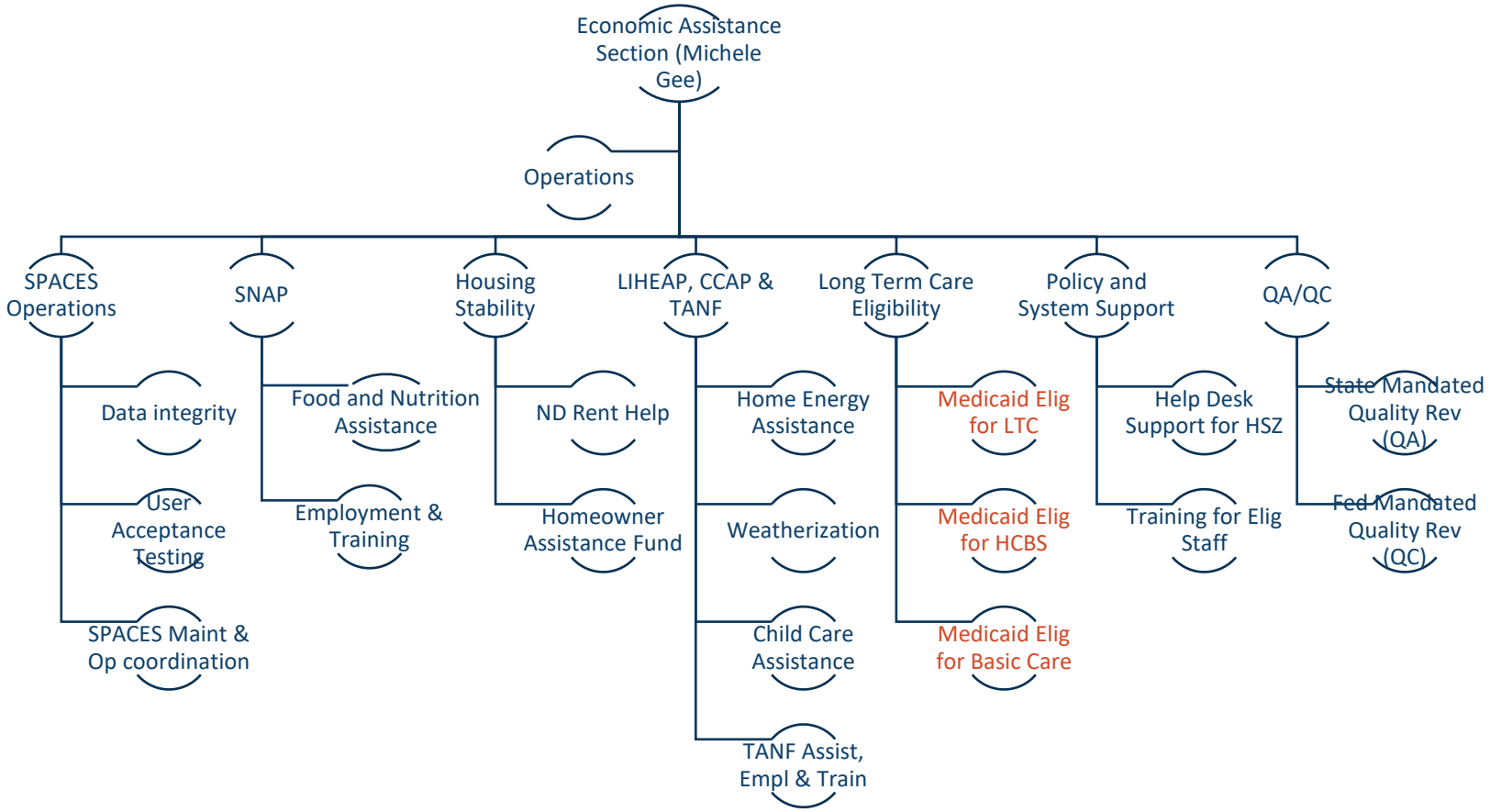
Economic Assistance: Team Structure and Staffing

Economic Assistance (HHS budget)		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**12-31-22 Vacancies (from base)**
49.8	49.8	3.0

Avg Age	Avg Yrs of Service	Turnover 2021	Turnover 2022
47	**8**	**1.9%**	**5.1%**

Economic Assistance (HSZ/457 Budget)		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**12-31-22 Vacancies (from base)**
16.0	16.0	0

Red font = Staff funded via 457/Human Service Fund



NORTH Dakota Be Legendary. | Health & Human Services

Policy Bills with Budget Impact

Bills under consideration at cross-over

		Federal	General
SB2087 *(TANF)*	Removes "**benefit cap**"; allows additional months of earned **income disregard** in determining eligibility and benefit level	$137,490	
SB2181 *(TANF)*	Extends TANF eligibility to **all pregnant women** and removes the "**benefit cap**"	$70,940	$636,980
SB2190 *(CCAP)*	Defines **annual increase** in the CCAP max monthly benefit; eliminates **copays** for families w/income <=30% of SMI; outreach and **application assistance** for families		$2,805,979
HB1036 *(TANF)*	Establishes the maximum TANF benefit at **50% or more of Fed Pov Level**		$13,703,271*
SB2129 *(TANF)*	Amends the **alternative to abortion services** and provides a **general fund appropriation**	($600,000)	$1,600,000

**General funds needed to replace TANF funds used in other areas of HHS budget (ex. CFS)*



NORTH Dakota Be Legendary. | Health & Human Services

Engrossed SB 2012 Section 2
One-Time Funding

SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
ECONOMIC ASSISTANCE SECTION

SECTION 2 (SECTION 2 of Governor's Recommendation). ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-NINTH LEGISLATIVE ASSEMBLY.

One-Time Funding Description	2021-23	2023-25
Child Care Programs	0	3,000,000



NORTH Dakota | Health & Human Services
Be Legendary.

SB 2012 Section 30
Exemption – Alternatives to Abortion

SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
ECONOMIC ASSISTANCE SECTION

SECTION 30 (Governor's Recommendation). EXEMPTION. The amount appropriated for the purpose of alternatives-to- abortion services in chapter 550 of the 2021 Special Session Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for alternatives-to-abortion services during the biennium beginning July 1, 2023, and ending June 30, 2025.



NORTH Dakota | Health & Human Services
Be Legendary.

SB 2012 Section 31
Exemption – SPACES

SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
ECONOMIC ASSISTANCE SECTION

SECTION 31 (Governor's Recommendation). EXEMPTION. The amount appropriated for the modification of the department of human services' eligibility systems in chapter 578 of the 2011 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation approved under section 54-44.1-11 for continuation into the 2013-15 biennium, then the 2015-17 biennium, then the 2017-19 biennium, then the 201921, and then 2021-23 biennium are available for the completion of the modification of the eligibility systems project during the biennium beginning July 1, 2023, and ending June 30, 2025.



SB 2012 Section 38
Federal Funding Appeal Limitation

SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
ECONOMIC ASSISTANCE SECTION

SECTION 38 (Governor's Recommendation). DEPARTMENT OF HUMAN SERVICES - FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of human services due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration for the biennium beginning July 1, 2023, and ending June 30, 2025.



NORTH Dakota | Health & Human Services
Be Legendary.

On the horizon for Economic Assistance



- Embracing a regional processing approach for SNAP, CCAP, LIHEAP, TANF, and Medicaid eligibility
  - Eligibility “redesign” went live in February 2023
- Child Care Affordability
  - Connecting more working families to child care assistance to keep cost of child care within 7% of household income.
- Modernizing the TANF Program
  - Continue to strategies modernization efforts to ensure the TANF program delivers a meaningful impact for women and children.

NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Michele Gee

Director, Economic Assistance Section

mgee@nd.gov

www.hhs.nd.gov/applyforhelp

NORTH Dakota Be Legendary. | Health & Human Services

Representative Nelson and Members of the House Appropriations-Human Resources Division Committee-

My name is Sargianna Wutzke and I am the Lead Operations Officer for Community Options. Community Options is a member of the North Dakota Association of Community Providers, a group of 31 Developmental Disabilities providers across the state of North Dakota. Each of the agencies has their own unique services but we all have one common goal and that is to be able to deliver individualized, community-based services to individuals with developmental disabilities.

Despite each agency varying in size and service delivery models, we all have many of the same struggles including workforce shortages, wages, turnover, and the ability to accept individuals into services. Currently in the state, there are more than 1,000 individuals needing services but due to a number of reasons the number one being our staff shortages, they are not able to receive these much needed services.

Direct Support Professionals or DSPS are the staff that work directly with the individuals receiving services. In the state, there are over 5,000 direct support professionals. These staff are the heart of each of our organizations assisting individuals daily to live as independent lives as possible. The starting wage for this position varies amongst agencies and programs however it is generally between $14-$16 an hour.

Direct Support Professionals have many different roles they fulfill to the individuals they support including teacher, medical caregiver, driver, shopper, and cook. On a typical day, a direct support professional will assist individuals with their medical needs including medication administration, catheter care and feedings via g-tube along with taking individuals to appointments and ensure they are assisting individuals to follow doctor's recommendations. DSPS assist individuals with personal cares such as showering, freshening and toothbrushing. They prompt individuals and assist as needed with maintaining their home, ensuring safety in their home and cooking. DSPS transport individuals into the community to shop, go to community activities and to meet their friends and family.

Along with assisting individuals in these aspects of their lives, DSPS also have required documentation that needs to be completed including data taken on each individual's goals and objectives as well as writing a narrative of what they did with each individual during their shift. Direct Support Professionals have all these different roles and responsibilities for an average starting wage of $14-$16 an hour.

My son is a senior in high school and works at Target. He has worked there for a year and a half as a stocker. His job is pretty clear cut he gets freight and puts it on the floor. He makes $17 an hour and this summer he made $18 an hour because Target bumped staff's wages short term because they were short staffed. Target can raise their prices to increase salaries, developmental disabilities providers cannot do that.

I have been in this field for twenty years and have never seen a staffing crisis like the one we are in currently. We are a statewide organization and I oversee four offices throughout our state, and I cannot remember the last time we were fully staffed for Direct Support Professionals in any of those offices. We are not only struggling to fill DSP positions but also Supervisor and Program Coordinator positions. We are getting very few qualified applicants for any positions requiring a degree because they can go to other fields and make more money. The turnover rate for DSPS in ND is 47%. This rate has such a negative effect on the individuals we support as it is hard for them to have that much change when it comes to their staff.

I strongly encourage you to support the 6% and 4% inflationary increase for DD providers. Wages are the biggest issue to keeping staff in our field. Many of our staff come into the field because they want to make a difference in the lives of the people we support. An overwhelming response as to why they leave is wages. We do voluntary exit surveys when our staff leave our agency and, in those interviews, the huge majority of DSPS state they are leaving to go somewhere else to get paid more and many times to have less responsibilities.

As providers who serve individuals with developmental disabilities, we want to be able to serve individuals with the services they are wanting unfortunately right now we are falling short of being able to do that. I urge you to please consider one of our most vulnerable populations and their needs as you look at the inflationary increase for the staff who do so much for them.

Sargianna Wutzke

Lead Operations Officer, Community Options Inc.

Department of Health and Human Services - Budget No. 325
Human Services Divisions
Senate Bill No. 2012

	FTE	General Fund	Federal Funds	Other Funds	Total
2023-25 Executive Budget					
Management	113.90	$119,388,793	$151,779,385	$34,474,254	$305,642,432
Program and Policy	695.32	1,618,907,309	2,843,265,320	121,117,492	4,583,290,121
Field Services	1,370.11	250,358,980	63,157,111	38,458,032	351,974,123
County Social Services	167.00	1,371,069	3,542,273	202,350,289	207,263,631
Total 2023-25 Executive Budget	2,346.33	$1,990,026,151	$3,061,744,089	$396,400,067	$5,448,170,307

	FTE	General Fund	Federal Funds	Other Funds	Total
Senate Changes to Executive Budget					
Management	0.00	($39,999,256)	($91,657)	($1,139)	($40,092,052)
Program and Policy	(8.00)	10,280,247	30,713,832	(6,360,026)	34,634,053
Field Services	24.00	6,839,662	(702,022)	(5,214,540)	923,100
County Social Services	(3.00)	(19,997)	(15,710)	18,133,662	18,097,955
Total 2023-25 Changes	13.00	($22,899,344)	$29,904,443	$6,557,957	$13,563,056

2023-25 Senate Version	FTE	General Fund	Federal Funds	Other Funds	Total
Management	113.90	$79,389,537	$151,687,728	$34,473,115	$265,550,380
Program and Policy	687.32	1,629,187,556	2,873,979,152	114,757,466	4,617,924,174
Field Services	1,394.11	257,198,642	62,455,089	33,243,492	352,897,223
County Social Services	164.00	1,351,072	3,526,563	220,483,951	225,361,586
Total 2023-25 Senate Version	2,359.33	$1,967,126,807	$3,091,648,532	$402,958,024	$5,461,733,363

DHHS - Management - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Executive Budget Recommendation				Senate Version				Senate Changes to Executive Budget			
									Increase (Decrease) - Executive Budget			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	97.85	$79,695,054	$92,905,426	$172,600,480	97.85	$79,695,054	$92,905,426	$172,600,480	0.00	$0	$0	$0
2023-25 Ongoing Funding Changes												
Base payroll and budget changes	14.55	$5,995,189	$11,524,138	$17,519,327	14.55	$5,995,189	$11,524,138	$17,519,327				$0
Salary increase		1,147,998	374,236	1,522,234		862,063	283,496	1,145,559		(285,935)	(90,740)	(376,675)
Health insurance increase		433,004	141,155	574,159		436,667	139,099	575,766		3,663	(2,056)	1,607
Criminal backgroud check positions	1.50	120,780	26,512	147,292	1.50	120,780	26,512	147,292				0
Americans with Disabilities Act coordinators		55,200		55,200		55,200		55,200				0
New Capitol space rent model		842,674		842,674		842,674		842,674				0
County social services funding shift		19,816,722		19,816,722				0		(19,816,722)		(19,816,722)
Agency operating reduction				0		(19,900,262)		(19,900,262)		(19,900,262)		(19,900,262)
Total ongoing funding changes	16.05	$28,411,567	$12,066,041	$40,477,608	16.05	($11,587,689)	$11,973,245	$385,556	0.00	($39,999,256)	($92,796)	($40,092,052)
One-time funding items												
Criminal background check automation		$1,000,000		$1,000,000		$1,000,000		$1,000,000				$0
Operating inflation		10,282,172	$10,282,172	20,564,344		10,282,172	$10,282,172	20,564,344				0
Procurement and grants software - SIIF			11,000,000	11,000,000			11,000,000	11,000,000				0
Child support computer project			60,000,000	60,000,000			60,000,000	60,000,000				0
Total one-time funding changes	0.00	$11,282,172	$81,282,172	$92,564,344	0.00	$11,282,172	$81,282,172	$92,564,344	0.00	$0	$0	$0
Total Changes to Base Level Funding	16.05	$39,693,739	$93,348,213	$133,041,952	16.05	($305,517)	$93,255,417	$92,949,900	0.00	($39,999,256)	($92,796)	($40,092,052)
2023-25 Total Funding	113.90	$119,388,793	$186,253,639	$305,642,432	113.90	$79,389,537	$186,160,843	$265,550,380	0.00	($39,999,256)	($92,796)	($40,092,052)
Federal funds included in other funds			*$151,779,385*				*$151,687,728*				*($91,657)*	
Total ongoing changes as a percentage of base level	*16.4%*	*35.7%*	*13.0%*	*23.5%*	*16.4%*	*(14.5%)*	*12.9%*	*0.2%*				
Total changes as a percentage of base level	*16.4%*	*49.8%*	*100.5%*	*77.1%*	*16.4%*	*(0.4%)*	*100.4%*	*53.9%*				

DHHS - Program and Policy - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Executive Budget Recommendation				Senate Version				Senate Changes to Executive Budget Increase (Decrease) - Executive Budget			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	666.17	$1,294,528,252	$2,499,452,627	$3,793,980,879	666.17	$1,294,528,252	$2,499,452,627	$3,793,980,879	0.00	$0	$0	$0
2023-25 Ongoing Funding Changes												
Base payroll and budget changes	9.15	$11,576,010	$9,505,488	$21,081,498	9.15	$11,576,010	$9,505,488	$21,081,498				$0
Salary increase		3,528,965	4,743,438	8,272,403		2,661,463	3,528,496	6,189,959		(867,502)	(1,214,942)	(2,082,444)
Health insurance increase		1,331,062	1,789,141	3,120,203		1,338,470	1,865,110	3,203,580		7,408	75,969	83,377
Cost and caseload increases		122,273,747	381,790,377	504,064,124		122,273,747	381,790,377	504,064,124				0
Provider inflation		45,591,613	46,892,127	92,483,740		47,443,941	50,139,879	97,583,820		1,852,328	3,247,752	5,100,080
FMAP adjustments		21,621,657	(21,621,657)	0		21,621,657	(21,621,657)	0				0
												0
Economic assistance												0
TANF funding adjustment			7,496,368	7,496,368			7,496,368	7,496,368				0
Increase utilization of child care assistance		22,000,000		22,000,000		22,000,000		22,000,000				0
Improve access to child care		12,900,000		12,900,000		12,900,000		12,900,000				0
Federal funds authority				0			15,191,435	15,191,435			15,191,435	15,191,435
												0
Medical Services												0
Medicaid provider strike team	2.00	48,642	266,995	315,637	2.00	48,642	266,995	315,637				0
Child early intervention	1.00	86,602	86,602	173,204				0	(1.00)	(86,602)	(86,602)	(173,204)
Children's health insurance program eligibility increase		1,389,270	2,878,042	4,267,312		1,389,270	2,878,042	4,267,312				0
Medically needy eligibility increase		6,300,000	4,200,000	10,500,000		6,300,000	4,200,000	10,500,000				0
												0
Long-Term Care												0
Home- and community-based services enhancements		9,750,819	2,402,565	12,153,384		8,288,319	2,402,565	10,690,884		(1,462,500)		(1,462,500)
Autism waiver and voucher adjustments		4,168,959	4,607,797	8,776,756		4,168,959	4,607,797	8,776,756				0
Medically fragile waiver slots and benefits		186,400	206,022	392,422		186,400	206,022	392,422				0
												0
Aging Services												0
Home- and community-based services navigator and generalists	3.00	143,912	143,912	287,824	3.00	143,912	143,912	287,824				0
Senior meal rate increase		12,992,444		12,992,444		12,992,444		12,992,444				0
Guardianship fee enhancement		70,500		70,500		70,500		70,500				0
Compliance and quality assurance position	1.00	103,868	103,868	207,736	1.00	103,868	103,868	207,736				0
Federal Department of Justice lawsuit coordinator	1.00			0	1.00			0				0
Dementia care grant				0		305,000		305,000		305,000		305,000
												0
Children and Family Services												0
TANF funding shift		7,496,368	(7,496,368)	0		7,496,368	(7,496,368)	0				0
Child response and protection	4.00	938,472		938,472				0	(4.00)	(938,472)		(938,472)
Children's advocacy centers		1,600,000		1,600,000		2,500,000		2,500,000		900,000		900,000
Unlicensed relative caregiver assistance		960,000		960,000		960,000		960,000				0
Family-to-family support services				0		175,000		175,000		175,000		175,000

												0
Behavioral Health												0
Community-based behavioral health	2.00	223,946		223,946	2.00	223,946		223,946				0
Free through recovery program			8,326,380	8,326,380			8,326,380	8,326,380				0
Community connect program		7,019,514		7,019,514		7,019,514		7,019,514				0
Opioid prevention			2,000,000	2,000,000			2,000,000	2,000,000				0
Pregnant and parenting women residential		600,000		600,000		600,000		600,000				0
School behavioral health grants				0		3,500,000		3,500,000		3,500,000		3,500,000
Recovery housing				0		1,300,000		1,300,000		1,300,000		1,300,000
B-Hero spending authority				0			400,000	400,000			400,000	400,000
Behavioral health practitioner reimbursement rate				0		1,362,070	1,505,446	2,867,516		1,362,070	1,505,446	2,867,516
												0
Developmental Disabilities												0
Program management	2.00	162,006	168,618	330,624				0	(2.00)	(162,006)	(168,618)	(330,624)
Developmental disabilities guardianship establishmer		300,000		300,000		300,000		300,000				0
Quality assurance and compliance position	1.00	103,868	103,868	207,736	1.00	103,868	103,868	207,736				0
Early intervention position	1.00	86,602	86,602	173,204	1.00	86,602	86,602	173,204				0
Payment rate enhancement				0		10,223,681	11,403,366	21,627,047		10,223,681	11,403,366	21,627,047
Corporate guardianship enhancement				0		808,748		808,748		808,748		808,748
												0
Early Childhood												0
Expand best in class program		16,000,000		16,000,000		12,000,000		12,000,000		(4,000,000)		(4,000,000)
Early childhood career grants		2,000,000		2,000,000		2,000,000		2,000,000				0
Kindergarten readiness program		2,400,000		2,400,000				0		(2,400,000)		(2,400,000)
Program administration	2.00	473,811		473,811	1.00	236,905		236,905	(1.00)	(236,906)		(236,906)
Total ongoing funding changes	29.15	$316,429,057	$448,680,185	$765,109,242	21.15	$326,709,304	$479,033,991	$805,743,295	(8.00)	$10,280,247	$30,353,806	$40,634,053
One-time funding items												
Program integrity audits		$2,250,000	$2,250,000	$4,500,000		$2,250,000	$2,250,000	$4,500,000				0
Autism program adjustment		(300,000)		(300,000)		(300,000)		(300,000)				0
Pregnant and parenting women facility - SIIF			1,000,000	1,000,000			1,000,000	1,000,000				0
												0
Workforce initiative one-time funding												0
Childhood rating infrastructure capacity		3,000,000		3,000,000		3,000,000		3,000,000				0
Child care reimbursement quality tiers		3,000,000		3,000,000		3,000,000		3,000,000				0
Expand public-private child care benefits (legacy earnings)			5,000,000	5,000,000			1,000,000	1,000,000			(4,000,000)	(4,000,000)
Child care business operating grants (legacy earnings)			7,000,000	7,000,000			5,000,000	5,000,000			(2,000,000)	(2,000,000)
Nontraditional child care hours (legacy earnings)			1,000,000	1,000,000			1,000,000	1,000,000				0
Total one-time funding changes	0.00	$7,950,000	$16,250,000	$24,200,000	0.00	$7,950,000	$10,250,000	$18,200,000	0.00	$0	($6,000,000)	($6,000,000)
Total Changes to Base Level Funding	29.15	$324,379,057	$464,930,185	$789,309,242	21.15	$334,659,304	$489,283,991	$823,943,295	(8.00)	$10,280,247	$24,353,806	$34,634,053
2023-25 Total Funding	695.32	$1,618,907,309	$2,964,382,812	$4,583,290,121	687.32	$1,629,187,556	$2,988,736,618	$4,617,924,174	(8.00)	$10,280,247	$24,353,806	$34,634,053
Federal funds included in other funds			*$2,843,265,320*				*$2,873,979,152*				*$30,713,832*	
Total ongoing changes as a percentage of base level	*4.4%*	*24.4%*	*18.0%*	*20.2%*	*3.2%*	*25.2%*	*19.2%*	*21.2%*				
Total changes as a percentage of base level	*4.4%*	*25.1%*	*18.6%*	*20.8%*	*3.2%*	*25.9%*	*19.6%*	*21.7%*				

DHHS - Field Services - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Executive Budget Recommendation				Senate Version				Senate Changes to Executive Budget			
									Increase (Decrease) - Executive Budget			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	1,342.31	$179,323,957	$114,273,300	$293,597,257	1,342.31	$179,323,957	$114,273,300	$293,597,257	0.00	$0	$0	$0
2023-25 Ongoing Funding Changes												
Base payroll and budget changes	(21.70)	$5,365,003	$7,438,385	$12,803,388	(21.70)	$5,365,003	$7,438,385	$12,803,388				$0
Salary increase		11,951,565	3,779,803	15,731,368		8,926,423	2,830,652	11,757,075		(3,025,142)	(949,151)	(3,974,293)
Health insurance increase		4,067,614	1,416,642	5,484,256		4,161,185	1,449,231	5,610,416		93,571	32,589	126,160
Community-based behavioral health	28.50	950,906		950,906	28.50	950,906		950,906				0
Crisis support services	21.00	11,375,536		11,375,536	21.00	11,375,536		11,375,536				0
Provider inflation adjustment		1,296,258		1,296,258		1,417,491		1,417,491		121,233		121,233
Certified community behavioral health clinics				0	24.00	9,650,000		9,650,000	24.00	9,650,000		9,650,000
Total ongoing funding changes	27.80	$35,006,882	$12,634,830	$47,641,712	51.80	$41,846,544	$11,718,268	$53,564,812	24.00	$6,839,662	($916,562)	$5,923,100
One-time funding items												
State Hospital design - SIIF			$10,000,000	$10,000,000			$5,000,000	$5,000,000			($5,000,000)	($5,000,000)
Human service center deferred maintenance - SIIF			735,154	735,154			735,154	735,154				0
Revenue enhancement and staffing		$36,028,141	(36,028,141)	0		$36,028,141	(36,028,141)	0				0
Total one-time funding changes	0.00	$36,028,141	($25,292,987)	$10,735,154	0.00	$36,028,141	($30,292,987)	$5,735,154	0.00	$0	($5,000,000)	($5,000,000)
Total Changes to Base Level Funding	27.80	$71,035,023	($12,658,157)	$58,376,866	51.80	$77,874,685	($18,574,719)	$59,299,966	24.00	$6,839,662	($5,916,562)	$923,100
2023-25 Total Funding	1,370.11	$250,358,980	$101,615,143	$351,974,123	1,394.11	$257,198,642	$95,698,581	$352,897,223	24.00	$6,839,662	($5,916,562)	$923,100
Federal funds included in other funds			*$63,157,111*				*$62,455,089*				*($702,022)*	
Total ongoing changes as a percentage of base level	*2.1%*	*19.5%*	*11.1%*	*16.2%*	*3.9%*	*23.3%*	*10.3%*	*18.2%*				
Total changes as a percentage of base level	*2.1%*	*39.6%*	*(11.1%)*	*19.9%*	*3.9%*	*43.4%*	*(16.3%)*	*20.2%*				

DHHS - County Social Services - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Executive Budget Recommendation				Senate Version				Senate Changes to Executive Budget			
									Increase (Decrease) - Executive Budget			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	159.00	$1,240,391	$188,676,995	$189,917,386	159.00	$1,240,391	$188,676,995	$189,917,386	0.00	$0	$0	$0
2023-25 Ongoing Funding Changes												
Base payroll and budget changes	(2.00)	$18,434	$1,240,493	$1,258,927	(2.00)	$18,434	$1,240,493	$1,258,927				$0
Salary increase - State employees		82,130	1,987,165	2,069,295		61,440	1,486,858	1,548,298		(20,690)	(500,307)	(520,997)
Health insurance increase - State employees		30,114	705,458	735,572		30,807	721,687	752,494		693	16,229	16,922
Zone employee salary increase			8,337,993	8,337,993			6,240,680	6,240,680			(2,097,313)	(2,097,313)
Zone employee equity				0			1,000,000	1,000,000			1,000,000	1,000,000
Funding adjustments			2,941,770	2,941,770			23,541,770	23,541,770			20,600,000	20,600,000
Home- and community-based services	10.00		2,002,688	2,002,688	7.00		1,102,031	1,102,031	(3.00)		(900,657)	(900,657)
Total ongoing funding changes	8.00	$130,678	$17,215,567	$17,346,245	5.00	$110,681	$35,333,519	$35,444,200	(3.00)	($19,997)	$18,117,952	$18,097,955
One-time funding items												
No one-time funding items				$0				$0				$0
Total one-time funding changes	0.00	$0	$0	$0	0.00	$0	$0	$0	0.00	$0	$0	$0
Total Changes to Base Level Funding	8.00	$130,678	$17,215,567	$17,346,245	5.00	$110,681	$35,333,519	$35,444,200	(3.00)	($19,997)	$18,117,952	$18,097,955
2023-25 Total Funding	167.00	$1,371,069	$205,892,562	$207,263,631	164.00	$1,351,072	$224,010,514	$225,361,586	(3.00)	($19,997)	$18,117,952	$18,097,955
Federal funds included in other funds			*$3,542,273*				*$3,526,563*				*($15,710)*	
Total ongoing changes as a percentage of base level	*5.0%*	*10.5%*	*9.1%*	*9.1%*	*3.1%*	*8.9%*	*18.7%*	*18.7%*				
Total changes as a percentage of base level	*5.0%*	*10.5%*	*9.1%*	*9.1%*	*3.1%*	*8.9%*	*18.7%*	*18.7%*				

Proposed Amendment to Senate Bill 2012 Developmental Disabilities
Senator Burckhard

Appropriate an increase of 11% for all DD service payments made under the DD grants line item.

Narrative
The intention of this amendment is to increase the rates paid to providers for DD services.

The 11% correlates to the initial ask of $1.88 to the beginning of the service rate on the "brick" (the Rate Matrix). However, the ask of 11% is to include an increased payment to all services under the DD section.

In addition to the services on the DD Rate Matrix (Intermediate Care Facility, Residential Habilitation, Independent Habilitation, Day Programs, and Individual Employment), this would include those additional services not paid under the DD Rate Matrix (Infant Development, Family Support Services-In Home Supports, etc).

The increased payment to the providers will be used mainly for staff wages, but also for increased costs to health benefits for staff, increased costs for utilities and similar. As the providers are funded fully through Medicaid dollars, all costs are accounted for under this payment.

With the workforce crisis, the providers need to be competitive to attract and retain quality employees to provide care for North Dakota's most vulnerable citizens.



Engrossed Senate Bill 2012

House Appropriations Committee – HR Section

Representative Nelson, Chairman

NORTH Dakota | Health & Human Services

Be Legendary.

Developmental Disabilities, Tina Bay, Director

March 7, 2023

Developmental Disabilities Program Purpose and ND Century Code Reference(s)

The purpose of the Developmental Disabilities Section is to support the delivery of services to children and adults with developmental and intellectual disabilities and their families. These services are designed to:

- Maximize community inclusion, independence and self-sufficiency,
- Prevent institutionalization, and
- Enable individuals to transition from institutions to community living.

Chapter	Chapter Name
25-01.2	Developmental Disability
25-16	Residential Care and Services for Developmentally Disabled
25-16.1	Receivers for Developmentally Disabled Facilities



Developmental Disabilities programs and services help people with developmental disabilities grow and thrive in their home community



Program Management

Provides information, referral and support to eligible individuals so they can access services and achieve their outcomes.



Early Intervention

Services in a family's home, teaching parents' hands-on activities that they can do with their child (birth through age 2) to promote child development.



Home and Community Based Waiver Services

Provides individuals the opportunity to receive services in their own home and community rather than an institution.



Intermediate Care Facilities

Residential facility that provides health or rehabilitative services for individuals who require active treatment.



Corporate Guardianship

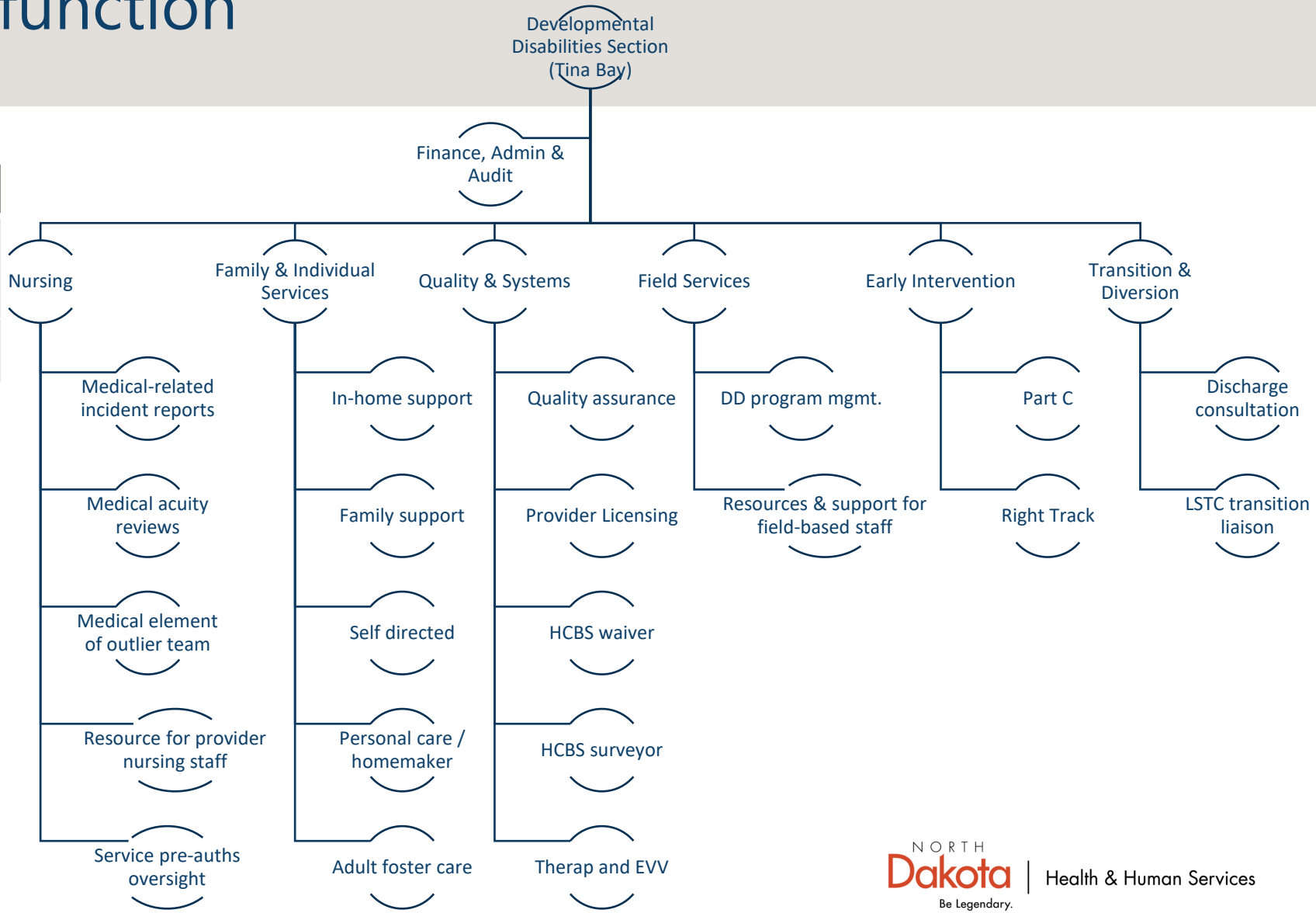
Support vulnerable individuals 18 years and older who need assistance making life choices.

NORTH Dakota | Health & Human Services
Be Legendary.

Developmental Disabilities Section: Team structure and function

Developmental Disabilities			
23-25 Authorized FTE Base	**23-25 Executive Budget FTE**	**23-25 Engrossed SB 2012 FTE**	**# Vacancies 1-14-23**
127.12	131.12	129.12	1.0

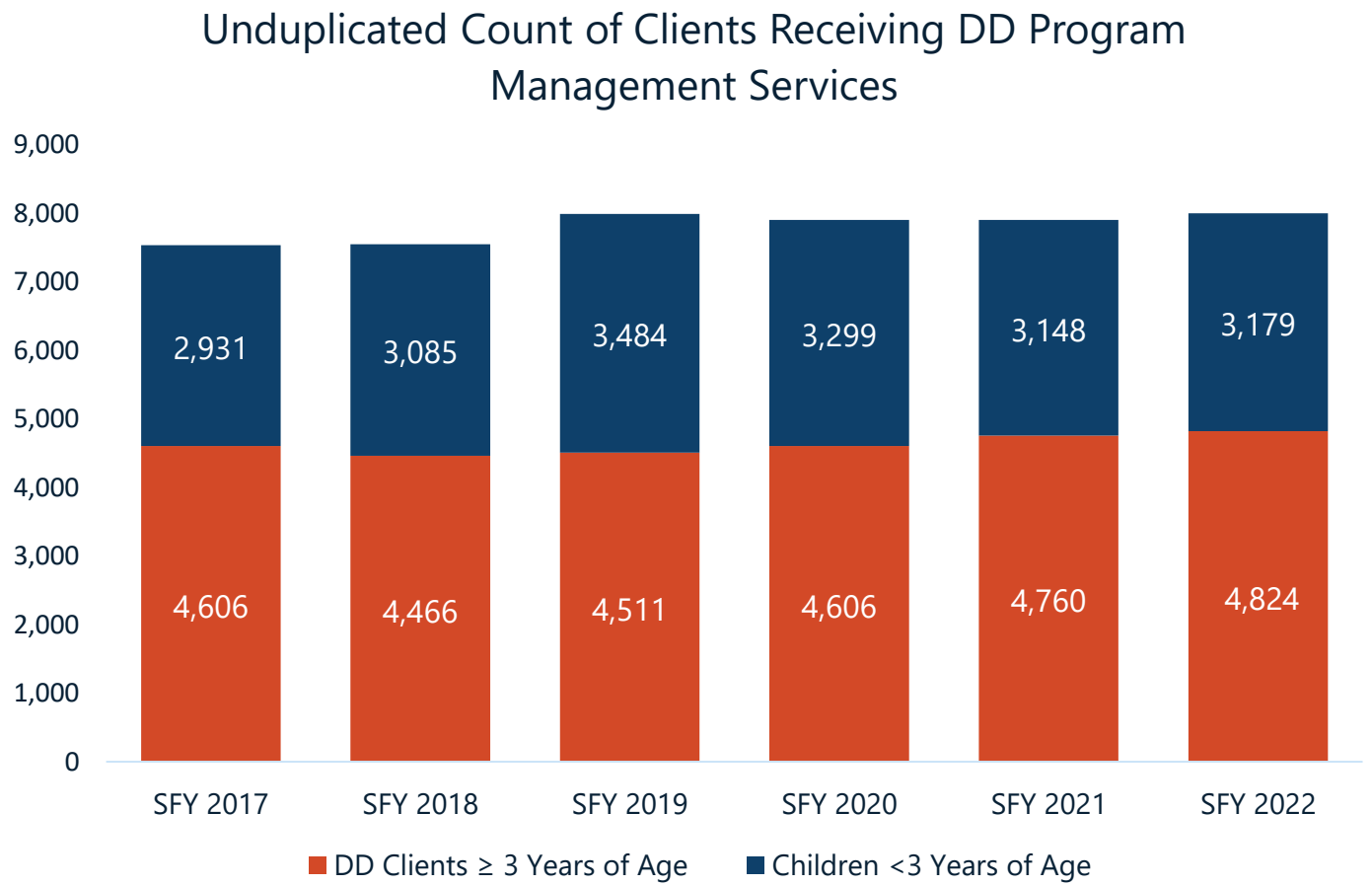
Avg Age	Avg Yrs of Service	Turnover 2021	Turnover 2022
43	**11**	**15.2%**	**4.7%**



NORTH Dakota Be Legendary. | Health & Human Services

Developmental Disabilities Program Managers served almost 8,000 children and adults in SFY22

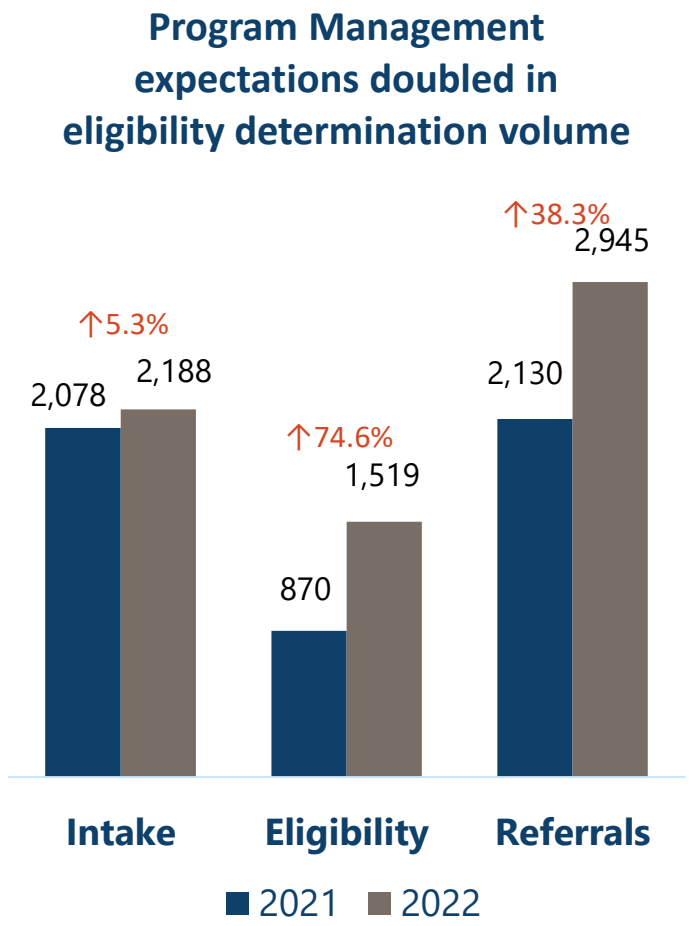




NORTH Dakota Be Legendary. | Health & Human Services

Developmental Disabilities Program Management (DDPM) is a foundation of the state's system of care

- Assist clients, families, and guardians navigate the system of services available.
- Focus is to help clients stay healthy and safe and achieve their goals.
- Approximately 110 DD program managers located throughout the state.





NORTH Dakota | Health & Human Services
Be Legendary.

DDPMs are the gateway to services for thousands of North Dakotans with disabilities



21-22 legislative study (known as the Alvarez Report, overseen by legislative management, authorized in SB2256) provided in part, the following comments & recommendations for program management:

- Current utilization of temporary employees to comply with the ratio creates risk of overturn, disrupting continuity of relationships and knowledge base for people and families.
- Recommends re-examining current caseload as the caseload was established when people were receiving residential and day services in larger congregate settings.

Full report can be viewed here: https://ndlegis.gov/files/committees/67-2021/23_5168_03000_appendixf.pdf

NDAC establishes expectation for DDPM caseload ratio of 1:60

NORTH Dakota Be Legendary. | Health & Human Services

DD Program Administrators serve as a critical connector between providers, guardians, DD program managers and compliance staff

- Network with community providers
- Intake for referrals
- Appeals
- Approval of service authorization
- Quality case reviews
- On-site environmental scans of all licensed group homes
- Crisis support planning
- Supervision of DDPMs



NORTH Dakota | Health & Human Services
Be Legendary.

The Developmental Disabilities program administration team helps make delivery of services possible by serving as the state's primary liaison to the federal funder

Administration

- Provider licensing
- Provider enrollment
- Technical assistance
- Policy development
- Contract management
- Waiver administration
- Service authorization
- Guardianship
- Appeals

Program Integrity

- Quality assurance
  - Council on Quality Leadership (CQL)
  - National Core Indicators (NCI)
  - Home and Community Based Services (HCBS) Survey
- Regulatory compliance
- Provider audits
- Case reviews
- Federal & State Audits

Partnerships

- Community Providers
- North Dakota Interagency Coordinating Council
- State Rehabilitation Council
- Transition Task Force
- Money Follows the Person

Service delivery requires a network of connectors

The number of people receiving services from the DD system of care has grown by **6.2%** since 2017.

- Children younger than age 3 = 8.5% (+248 children)
- Children age 3 through adulthood = 4.7% (+218 people)

- Increasing caseloads require investment across all infrastructure – including but not limited to case mgmt.
  - Ex. Service Authorizations. 1,500 people received In home supports in 2022. Services are authorized on a quarterly basis. = 6,000 service authorizations to review/approve each year for <u>one</u> service
  - Supporting the delivery of services across the DD continuum is both relationship-based and volume-driven. More people receiving services requires more people to open the door to those services.



NORTH Dakota | Health & Human Services
Be Legendary.

Included in 2023-25 Executive Budget Request

Staff to support delivery of DD services across NDs system of care

HHS staff in the DD section serve as a link between people served and services that are available to them. Without adequate staff to support the delivery of services:

- People will not have the support they need to develop their plans and explore options available to them. Families will experience delays in eligibility determination and introduction to services.
- Providers will experience delays in payment processing, service authorizations.
- Face to face contacts with clients, which are crucial to monitoring client's health and safety, will not be done as frequently as required
- Ability to respond to crisis situations will be diminished. More clients are experiencing the loss of provider staff which means DDPMs need to fill that void for critical activities such as banking, medical, ensuring food in home, etc.

The Executive Budget Request invests in DD system infrastructure by adding 4 FTE (2 DD Program Management, 1 Early Intervention, 1 Compliance/Quality Assurance)

Total	General	Other
$757,952	$375,458	$382,494



Early Intervention is often a family's very first opportunity to interact with support services that are specially designed to help their child thrive



Early Intervention Services are offered to children **birth to age three** who have a **high-risk condition** or a **developmental delay**.

Funding provided through:
Medicaid 1915(c) Traditional IID/DD Home Based Services Waiver
Office of Special Education Part C of Individuals with Disabilities Education Improvement Act (IDEA)

Right Track

5,936 visits

Oct 2021 – Sept 2023

- ✓ "Child find" program that helps identify infants and toddlers who may be at risk for developmental delays.
- ✓ Free developmental screenings provide ongoing monitoring and support to families who want more information and support about the child's development.

Infant Development

- ✓ Family-focused service that provides information, support and training to assist the primary caregiver(s) in maximizing the child's development utilizing a parent-coaching model

NORTH Dakota | Health & Human Services
Be Legendary.

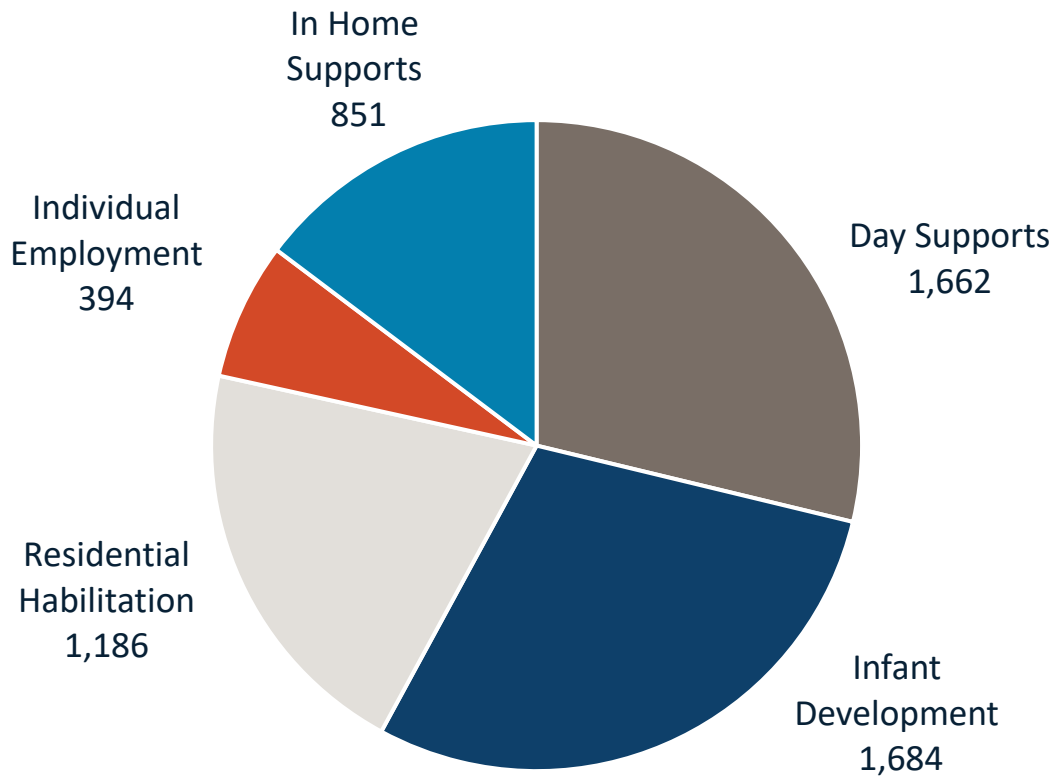
The Medicaid 1915(c) Traditional ID/DD Home and Community Based Services Waiver (aka "DD Waiver") has approximately 5,700 people enrolled in waiver services.

The DD waiver:

- Serves individuals throughout their life span
- Offers a variety of services that are based on the person's needs and preferences

Private licensed provider agencies support people receiving DD Waiver services.

Staff at these provider agencies are crucial to the delivery of services as they help people learn, improve and keep skills necessary to remain in their community.



NORTH Dakota Be Legendary. | Health & Human Services

Guardianship Services are an essential resource for individuals with developmental disabilities



Corporate Guardianship – Catholic Charities North Dakota

- Provides guardianship services for individuals who have intellectual disabilities who are 18 years of age or older.
- All referrals must come directly from the DD Program Manager.
- Contracted to serve 499 people - wait list of 107.
- 23/25 budget request is $3,679,797, which includes a rate increase but no increase in the number of people served.
- Engrossed SB 2012 includes additional $809,000 (30 new slots, $75,000 petitioning for new slots, and daily rate increase).

NEW REQUEST - Guardianship Establishment Fund (creates an alternative to corporate guardianship)

- Would support family and friends who are willing to serve as guardian but may not have financial resources to complete the legal process that is required
- Funds to cover petitioning costs for up to 100 eligible adults
- Program would mirror what is available in the Adult & Aging Services section for older adults and people with physical disabilities
- Max petitioning cost per person $3,000

NORTH Dakota Be Legendary. | Health & Human Services



2023-2025 Budget request

The **program, systems and workforce support** necessary to continue to serve North Dakotans

NORTH Dakota | Health & Human Services
Be Legendary.

Comparison of 2023-2025 budgets and related funding

By major expense

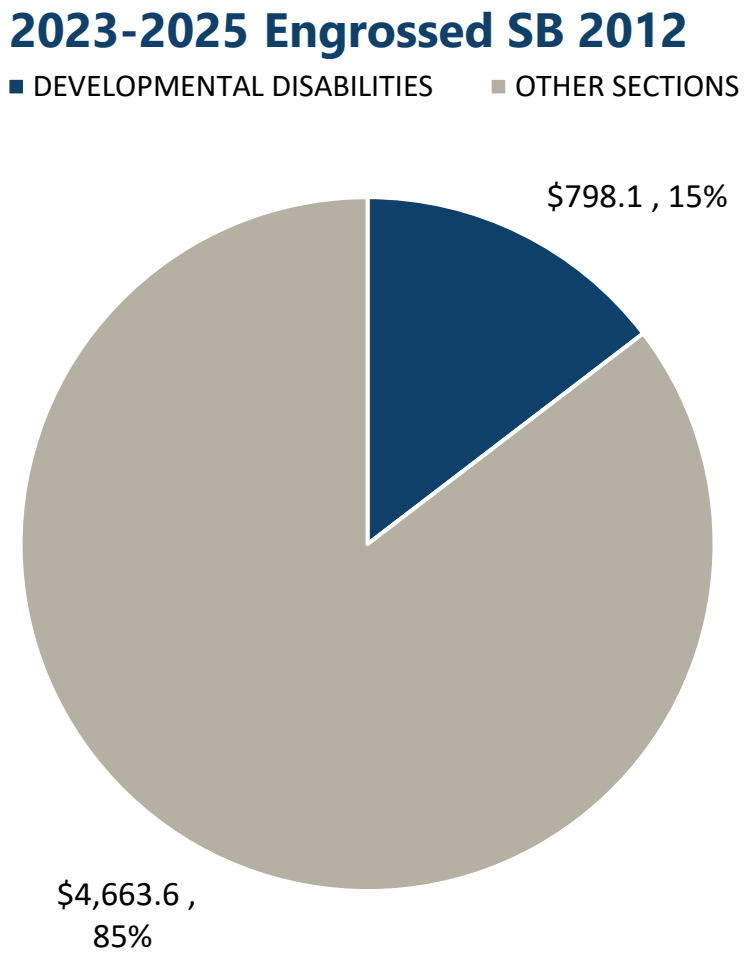
Description	**2023 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
Salaries and Benefits	$ 23,102,938	$ 3,133,220	$ 26,236,158	$ (595,570)	$ 25,640,588
Operating	8,686,711	2,256,594	10,943,305	1,596,690	12,539,995
IT Services	2,743	104,107	106,850	-	106,850
Capital Asset Expense	-	-	-	-	-
Capital Assets	10,000	-	10,000	-	10,000
Grants	716,917,931	17,625,633	734,543,564	25,282,593	759,826,157
Total	$ 748,720,323	$ 23,119,554	$ 771,839,877	$ 26,283,713	$ 798,123,590

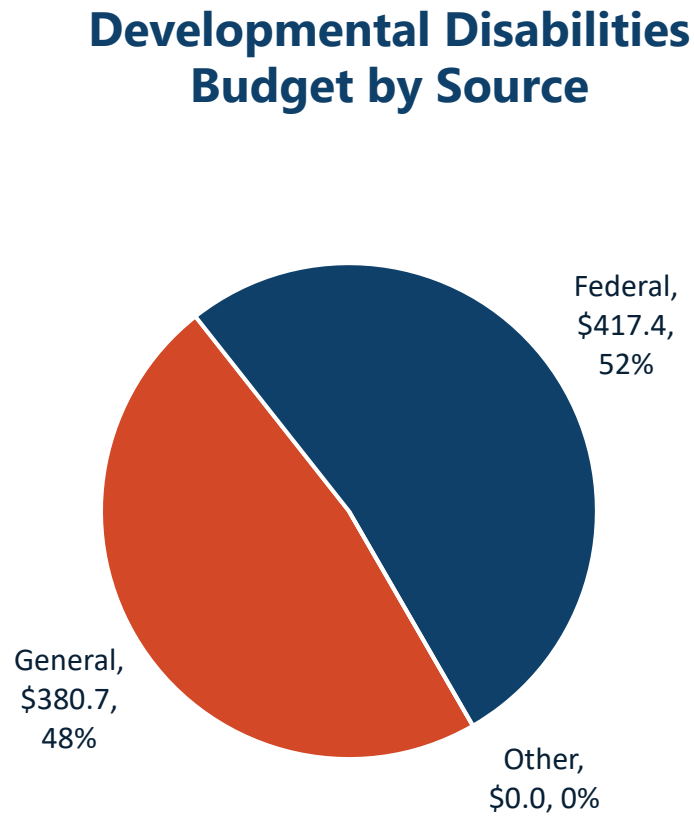
General Fund	**$ 349,648,645**	**$ 18,598,723**	**$ 368,247,368**	**$ 12,502,089**	**$ 380,749,457**
Federal Funds	**399,071,678**	**4,520,831**	**403,592,509**	**13,781,624**	**417,374,133**
Other Funds	**-**	**-**	**-**	**-**	**-**
Total Funds	**$ 748,720,323**	**$ 23,119,554**	**$ 771,839,877**	**$ 26,283,713**	**$ 798,123,590**

Full Time Equivalent (FTE)	127.12	4.00	131.12	(2.00)	129.12

Developmental Disabilities Section budget compared to Engrossed SB 2012 (in millions)

Represents 15% of SB 2012, $798.1 million





95% of the **$798.1** million is paid directly **to DD providers** to provide **direct services** to eligible **clients**.

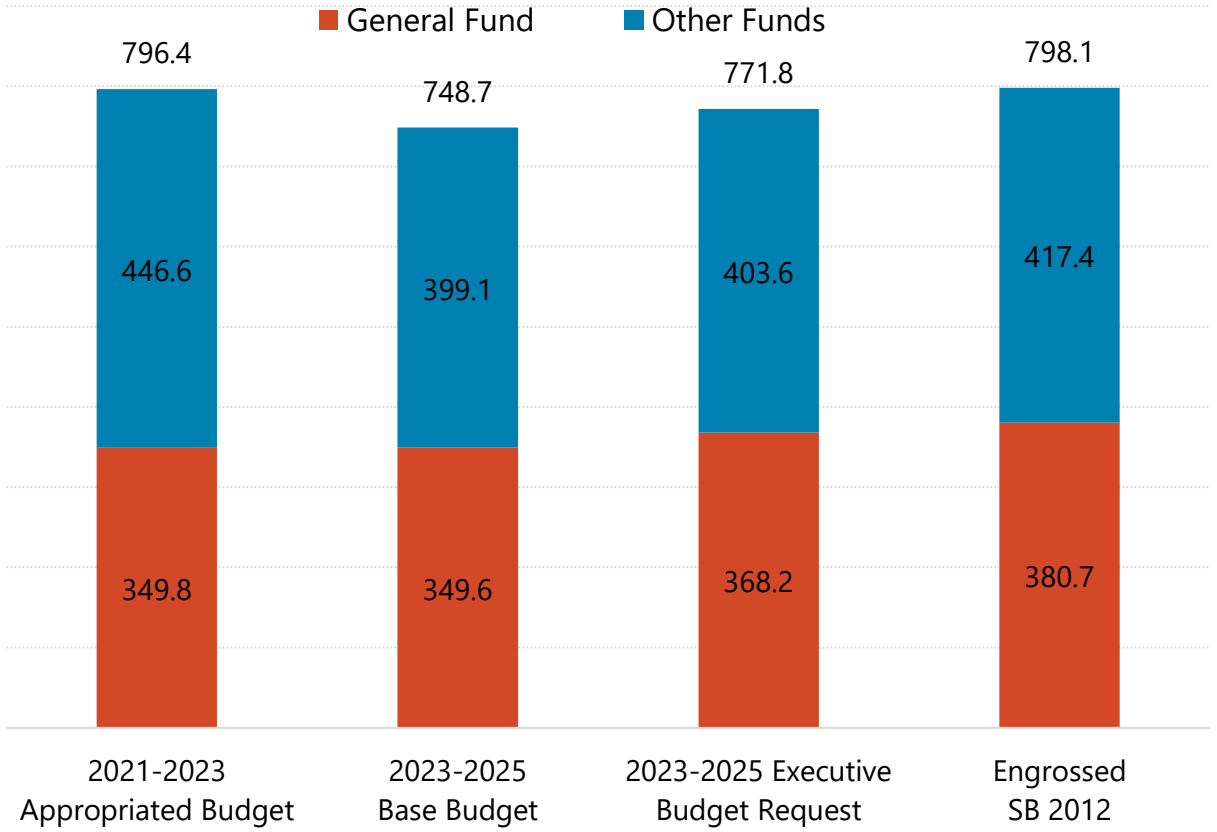
5% of the **$798.1** million is used for the administration of the DD system. This includes **staff** salaries, **rent**, contracts to **vendors** and IT expenses.

NORTH Dakota Be Legendary. | Health & Human Services

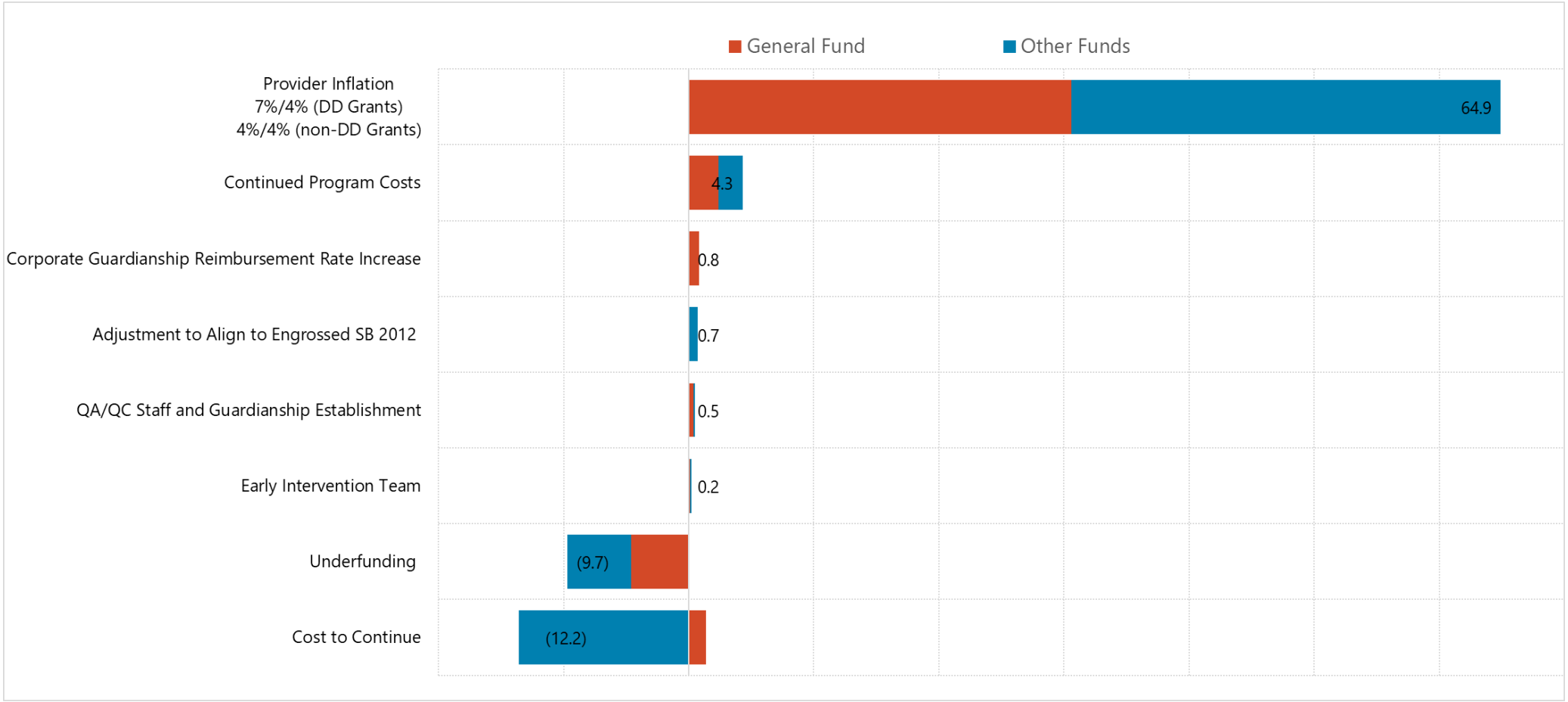
Comparison of total budget with funding (in millions)
Appropriated budget is larger than base

INCREASE FROM BASE TO **ENGROSSED SB 2012** $49.4 MILLION

- DD Grants services and contract Grants increase of $42.9M
- Increase in salaries and benefits of $2.5M
- Increase in operating/IT costs of $4.0M



Comparison of base budget to Engrossed SB 2012 (in millions)



Comparison of 2023-2025 budgets and related funding

By detailed expense

Description	**2023 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
511x Salaries - Regular	$ 14,817,282	$ 1,838,139	$ 16,655,421	$ (578,091)	$ 16,077,331
512x Salaries - Other	-	-	-	-	-
513x Salaries Temp	767,248	255,619	1,022,867	-	1,022,867
514x Salaries Overtime	18,000	93,956	111,956	-	111,956
516x Salaries Benefits	7,500,407	945,508	8,445,915	(17,480)	8,428,435
Total Salaries & Benefits	$ 23,102,938	$ 3,133,221	$ 26,236,159	$ (595,571)	$ 25,640,588
52x Travel	246,873	26,302	273,175	-	273,175
53x Supply	74,504	35,542	110,046	-	110,046
54x Postage & Printing	8,235	2,014	10,249	-	10,249
55x Equipment under $5,000	5,000	(1,000)	4,000	-	4,000
56x Utilities	-	-	-	-	-
57x Insurance	-	-	-	-	-
58x Rent/Leases - Bldg/Equip	22,370	440,072	462,442	-	462,442
59x Repairs	28,000	16,951	44,951	-	44,951
61x Professional Development	58,708	3,796	62,504	-	62,504
62x Fees - Operating & Professional	8,243,021	1,732,917	9,975,938	1,596,690	11,572,628
67x Expenses	-	-	-	-	-
53x Supplies	-	2,250	2,250	-	2,250
60x IT Expenses	2,743	101,857	104,600	-	104,600
68x Land, Building, Other Capital	-	-	-	-	-
69x Over	10,000	-	10,000	-	10,000
69x Equipment Over $5,000	-	-	-	-	-
71x Grants, Benefits, & Claims	716,917,931	17,625,632	734,543,564	25,282,593	759,826,157
72x Transfers	-	-	-	-	-
Total Operating	$ 725,617,385	$ 19,986,333	$ 745,603,718	$ 26,879,284	$ 772,483,002
Total	$ 748,720,323	$ 23,119,554	$ 771,839,877	$ 26,283,713	$ 798,123,590

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 funding

Description	2022 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
General Fund	$ 349,648,645	$ 18,598,723	$ 368,247,368	$ 12,502,089	$ 380,749,457
Federal Funds	399,071,678	4,520,831	403,592,509	13,781,624	417,374,133
Other Funds	-	-	-	-	-
Total Funds	$ 748,720,323	$ 23,119,554	$ 771,839,877	$ 26,283,713	$ 798,123,590

Developmental Disabilities: 23-25 Grants Walkthrough

	2021-2023 Legislatively Approved Budget	Cost to Continue	Underfunding	FMAP	Total Changes	To Governor	Inflation (4/3)	Executive Changes	To Chamber 1	Inflation (7/4)	Chamber 1 Changes	To Chamber 2
ICF/ID	215,772,291	3,683,001	-		3,683,001	219,455,292		-	219,455,292		-	219,455,292
DD Home and Community Base Services	500,707,150	(16,190,250)	-	-	(16,190,250)	484,516,900	-	-	484,516,900		-	484,516,900
Residential Habilitation	266,635,994	545,074	-		545,074	267,181,068		-	267,181,068		-	267,181,068
Day Programs	108,969,522	1,577,723	-		1,577,723	110,547,245		-	110,547,245		-	110,547,245
Infant Development	35,219,498	(518,864)	-		(518,864)	34,700,634		-	34,700,634		-	34,700,634
Family Support Services - In Home Supports	47,578,942	(12,985,291)	-		(12,985,291)	34,593,651		-	34,593,651		-	34,593,651
Remaining Services*	42,303,194	(4,808,892)	-	-	(4,808,892)	37,494,302		-	37,494,302		-	37,494,302
Cost Settle, Disc Serv, & Underfunding	(320,837)	320,837	(9,736,312)		(9,415,475)	(9,736,312)		-	(9,736,312)		-	(9,736,312)
Provider Inflation							39,337,714	39,337,714	39,337,714	25,282,593	25,282,593	64,620,307
Total	716,158,604	(12,186,412)	(9,736,312)	-	(21,922,725)	694,235,879	39,337,714	39,337,714	733,573,594	25,282,593	25,282,593	758,856,187
General Fund	331,156,724	(4,381,435)	(4,615,012)	6,895,538	(2,100,909)	329,055,815	18,628,674	18,628,674	347,684,489	11,981,083	11,981,083	359,665,572

***Remaining Services includes the following services:**

Family Support Services - Family Care Option, Individual Employment Support Services, Independent Habilitation, County Waivered Services, Self-Directed Supports, Extended Home Health Care, Parenting Supports & Community Transitions

NORTH Dakota Be Legendary. | Health & Human Services

Developmental Disabilities: Cost to Continue

North Dakota Department of Health and Human Services
Developmental Disabilities
Unit and Cost Comparison
12 Month Average to Executive Budget Request (EBR) 2023 - 2025 Biennium

Program	12 Month Average in Units (April 2021 - March 2022)	Monthly average units for EBR 2023-2025	Change from EBR to 12 mo Avg units		12 Month Average in Cost per Unit (April 2021 - March 2022)	Monthly average cost per unit for EBR 2023-2025	Change from EBR to 12 mo Avg cost per unit		Monthly average units for first 14 months of 21-23	Monthly average unit cost for first 14 months of 21-23	Unit
ICF/ID	12,771	13,176	405		$655.97	$693.99	$38.02		12,804	$657.96	Daily Rate
Residential Habilitation	35,212	37,056	1,844		$299.88	$300.42	$0.54		36,231	$299.17	Daily Rate
Day Programs	660,723	678,227	17,504		$6.66	$6.79	$0.13		668,823	$6.77	15 min
Infant Development	5,841	6,342	501		$220.55	$227.98	$7.43		6,026	$218.71	Fee for Service
Family Support Services - In Home Supports	148,766	154,823	6,057		$9.19	$9.31	$0.12		146,217	$9.25	15 min

NORTH Dakota Be Legendary. | Health & Human Services

Developmental Disabilities - Additional requests not funded

		Funding request
3 FTE – DD Program Management • 2 FTE included in EBR ($351,776) but removed in engrossed SB 2012	Growth due to increase capacity	$495,936
1 FTE – DD Administrative Support	Transfer temp position to full-time	$40,530
8 FTE – DD Program Management	Transfer temp positions to full-time	$336,736



NORTH Dakota | Health & Human Services
Be Legendary.

Developmental Disabilities: Summary of Contracts

General Program Contracts

- **Fiscal Agent** – responsible for processing background checks, payments & taxes on behalf of the participant receiving self directed services. *(Veridian)*
- **Corporate Guardianship** – support vulnerable individuals 18 years and older who need assistance making life choices. *(Catholic Charities)*
- **Training** – manages the self-instructional modules for licensed DD providers. *(Minot State University)*
- **SIS/ICAP Assessments** – completes assessments necessary to establish rate for services. *(Rushmore)*
- **Recreation/Leisure** – supports two programs that offer social programs for people in their community. *(LISTEN and Red River Human Services Foundation)*

Early Intervention

- **Technical Assistance** – engage programs in correcting instances of noncompliance and assist state with writing the federal annual report and state systemic improvement plan. *(MTAC)*
- **Experienced Parents** – provide direct parent to parent emotional and information support to families with children birth to three years of age. *(Various providers)*
- **Right Track** – free developmental screening and follow-along program for ND Families with children birth to three years of age. *(Various providers)*



Developmental Disabilities: COVID funding

ARPA Funding

- Workforce Retention & Recruitment – DD Agency ($5,264,101)
- Workforce Retention – DD Non-Agency ($497,175)
- Capacity Grants ($400,000)

Part C ARPA Funding

- Workforce Retention - Early Intervention Providers ($176,400)
- Outreach – create ND specific videos, media, photos to explain purpose of early intervention ($50,000)
- Learning management system/Enhanced website ($2,400)
- Routines Based Interval training ($26,800)
- Translate Materials ($21,500)

Policy Bills with Budget Impact

Bills under consideration at cross-over

Bill No.	Description	Federal	General
SB 2215	Grants for **recreation** services for individuals with **developmental disabilities**.		$150,000
Engrossed SB 2276	Creates a **new service** in ND's Medicaid 1915(c) waivers that would enable a **primary caregiver** (legally responsible) to receive **reimbursement** for providing care due to the person's **extraordinary medical** needs.	$4,953,502	$4,366,159
Engrossed SB 2335	Creates **fetal alcohol spectrum disorder awareness day,** amend **Developmental Disability** definition, **cross disability council** and **training** for child welfare **providers** and **foster parents.**	$38,820	$48,820

On the horizon for Developmental Disabilities

- Work with community providers to pilot community services for people with complex needs.
  - Youth host homes
  - Community Behavioral Support-Small Residential Settings
  - Provider Capacity Grants
- Diversion & Transition Planning
  - Align transition, diversion and discharge activity with stakeholders.
  - Flex Support Funds
- Home and Community Based Services Waiver amendment and 5-year renewal



Summary and key takeaways

- The **DD** service delivery system **continues** to grow.
- It is **important** that we **continue to develop new service** options that will support **clients' needs** to ensure they can remain in their communities.
- It will take **investments** in the **workforce, infrastructure** and **all of us working together** to make this happen.



NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Tina Bay

Director, Developmental Disabilities
tbay@nd.gov

https://www.hhs.nd.gov/dd

NORTH Dakota Be Legendary. | Health & Human Services



Senate Bill 2012
House Appropriations Committee | HR Section
Representative Nelson, Chairman

Life Skills & Transition Center, Heather Jenkins, Superintendent
March 7, 2023

NORTH Dakota | Health & Human Services
Be Legendary.

Who we are

LSTC serves as a specialized resource to the network of approximately 120 private residential facilities and thousands of families who have a loved one with an intellectual or developmental disability for whom they are a caregiver or guardian.

Who we serve

Children and adults with complex and co-occurring disabilities who are not always well-served by the current continuum of services.



LSTC Program & Services

What we do

Provide specialty care and support for people experiencing crisis and/or who need stabilization; work together with guardians to identify opportunities for each person to live in a community setting of their choice wherever and whenever possible.

RESIDENTIAL
Crisis / Stabilization
(Specialized ICF)

- Crisis Residential
- Short-term Stabilization Residential
- Transitioning to Community Residential
- Vocational Services
- Long-term specialized residential

NON-RESIDENTIAL
Statewide Stabilization Supports

- Applied Behavioral Analysts
- Statewide crisis/stabilization team
- Therapeutic Clinic
- Adaptive Equipment Center

LSTC is continuously working to develop its ability to support people with complex behavioral, developmental, and physical needs

Reasons provided for admission by those referring the person

(people admitted to LSTC as of July 2022)

- Harm to Self – 25%
- Harm to Others – 82%
- Harm to Property – 4%
- Elopement – 6%
- Sexual Offending – 9%

"What can we do to help a caregiver choose to stay with someone through a crisis event?"

"What can we do to help make return home after a crisis / triggering event more probable? And more successful?"

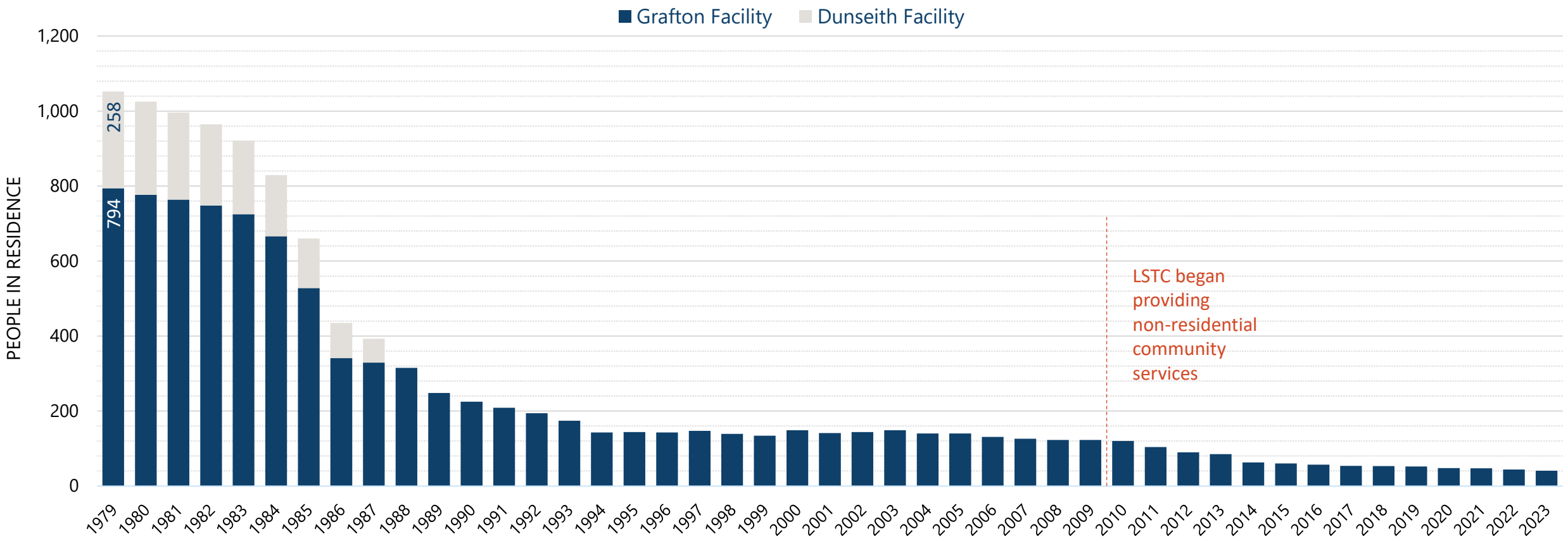
"How can we support caregivers to feel better equipped to handle the situation they are experiencing?"



NORTH Dakota | Health & Human Services
Be Legendary.

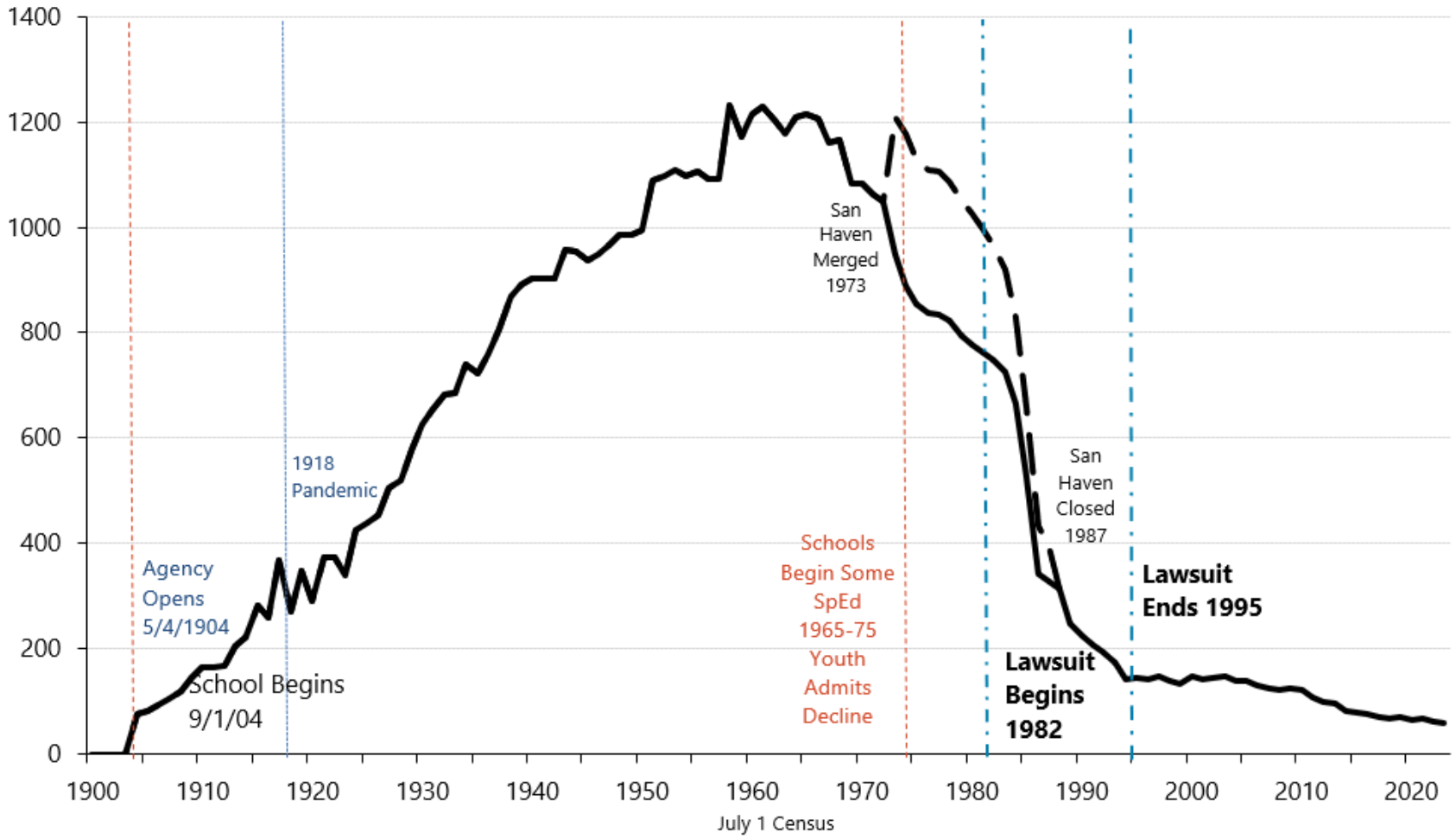
LSTC's role in ND has changed significantly in the last 40 years

1979 - 2023 Census | Grafton & Dunseith



NORTH Dakota | Health & Human Services
Be Legendary.

LSTC reached its peak census in 1958, when 1,231 children and adults lived in the state's residential institution



NORTH Dakota | Health & Human Services
Be Legendary.

Progress?

"Census" is More than a Number

64

July 2021



58

December 2022

Progress?

"Census" is More than a Number…

+13

Admissions

-17

Transitions Completed

-5

Deaths

-31

Admissions Diverted

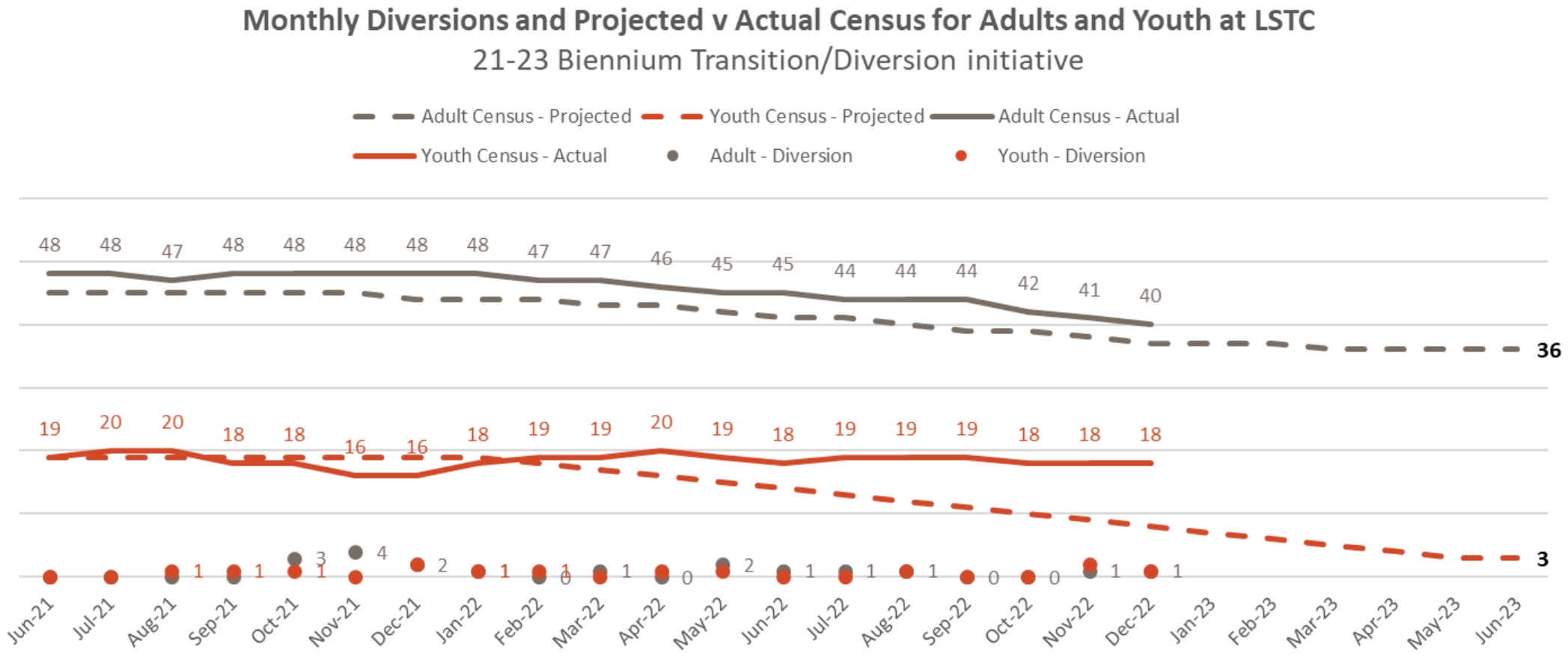
7

Transitions Planned / On Hold / Cancelled

** Data from July 2021- December 2022*

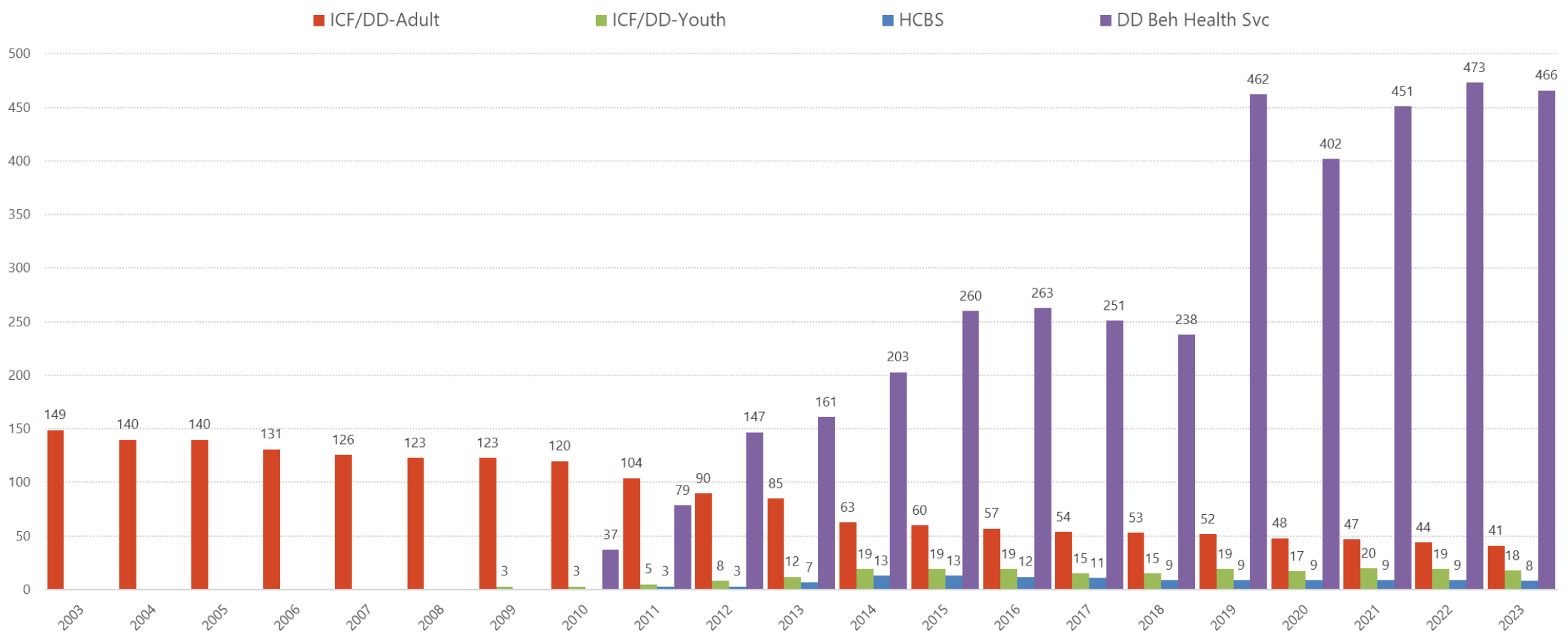
NORTH Dakota Be Legendary. | Health & Human Services

Movement through Transition & Diversion



NORTH Dakota Be Legendary. | Health & Human Services

Role of LSTC in state DD system continues to evolve with greater investment in community supports

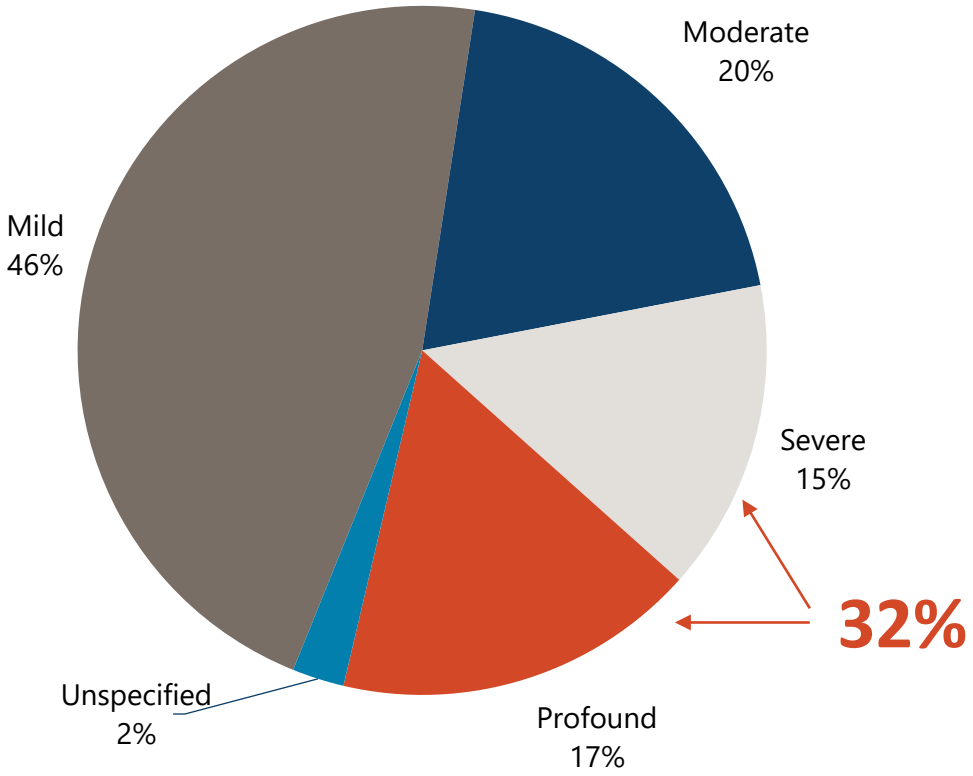


NORTH Dakota | Health & Human Services
Be Legendary.

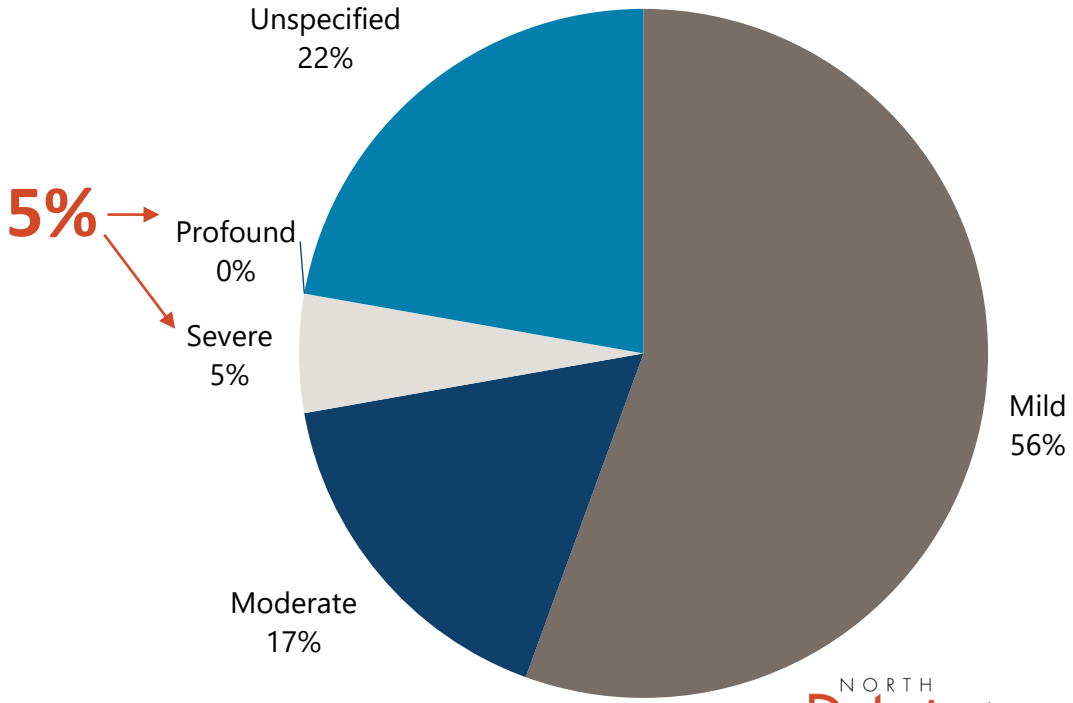
Prevalence of Severe and Profound Intellectual Disability is low for youth

Disability Level – Adult and Youth

2023 LSTC **Adult** by
Level of Intellectual and Dev. Disability

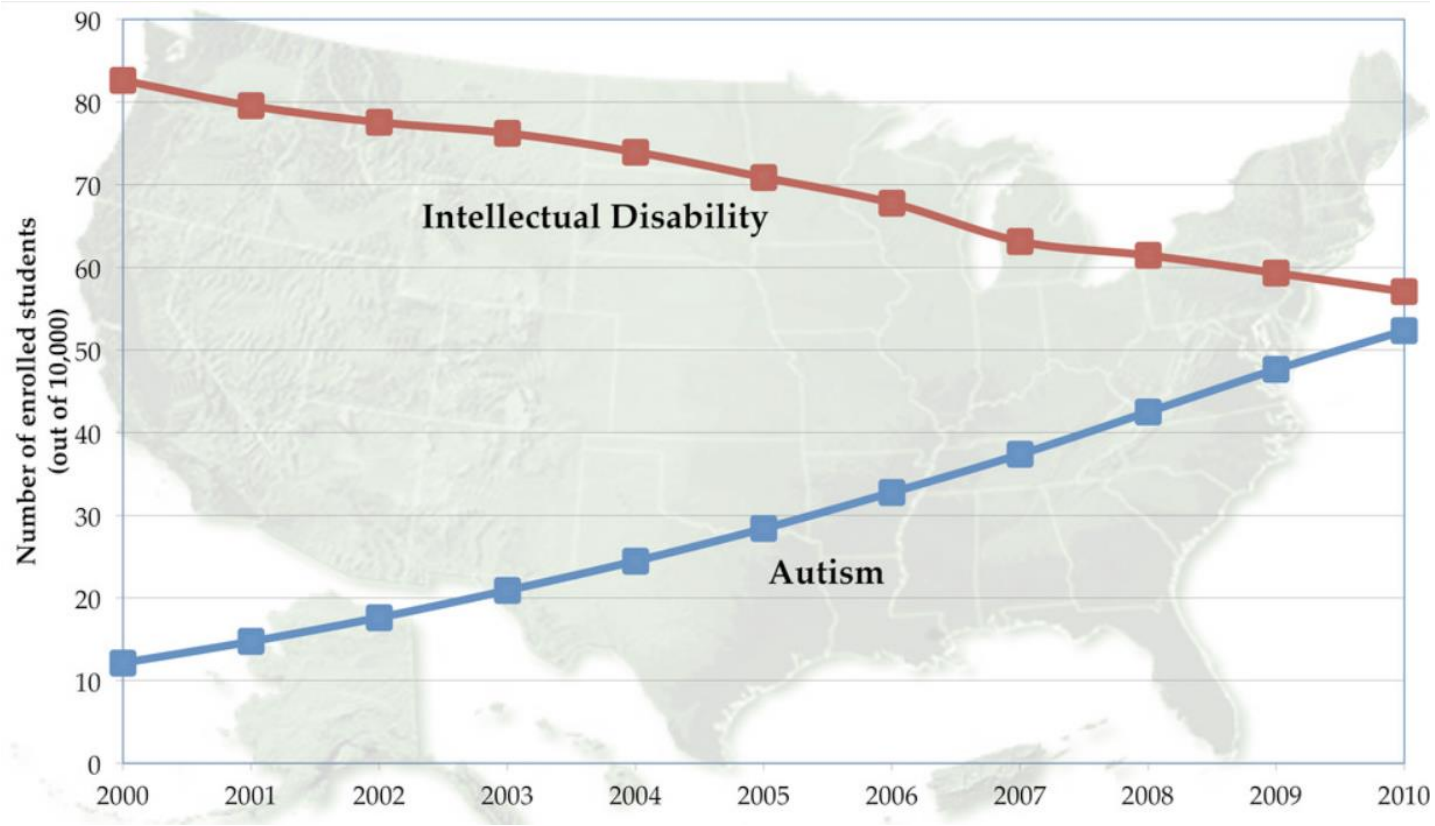


2023 LSTC **Youth** by
Level of Intellectual & Dev. Disability

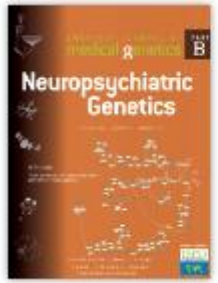


NORTH Dakota Be Legendary. | Health & Human Services

Increasing prevalence of autism is due, in part, to changing diagnoses



- Overall = 65% of increase in ASD attributable to decrease in ID
- 8 year olds = 59% of increase in ASD attributable to decrease in ID
- 15 year olds = 97% of increase in ASD attributable to decrease in ID



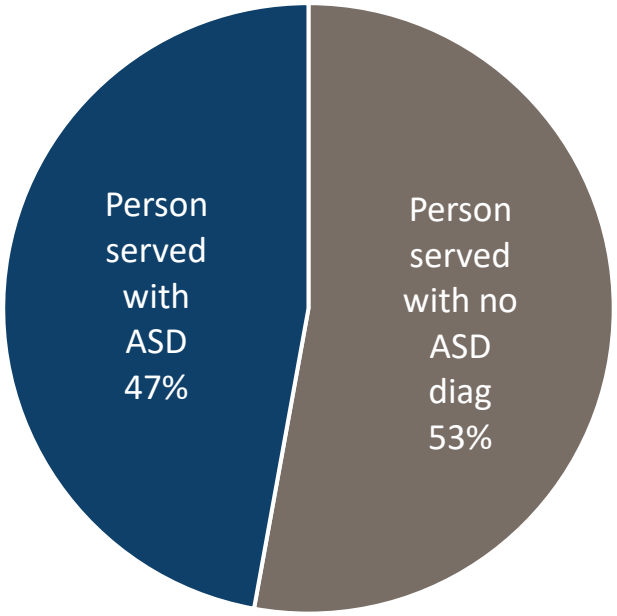
Volume 168, Issue 7
October 2015
Pages 600-608

NORTH Dakota | Health & Human Services
Be Legendary.

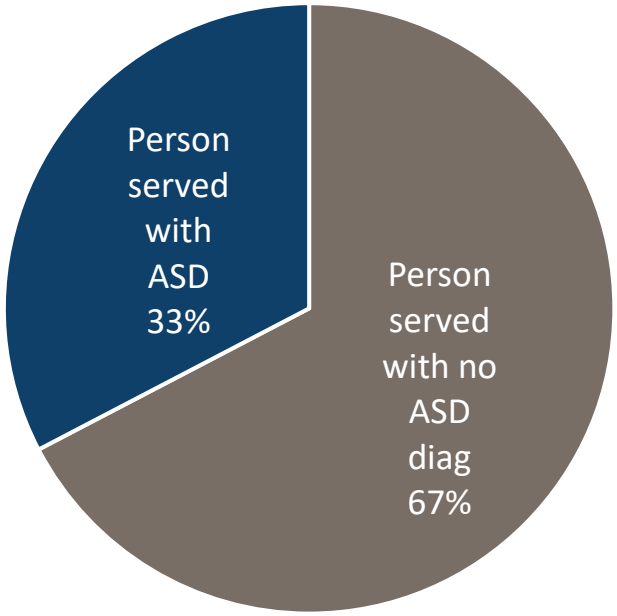
Prevalence of Autism Spectrum disorder is much higher for youth than adult

Prevalence of Autism Spectrum Diagnoses (ASD) | 2022

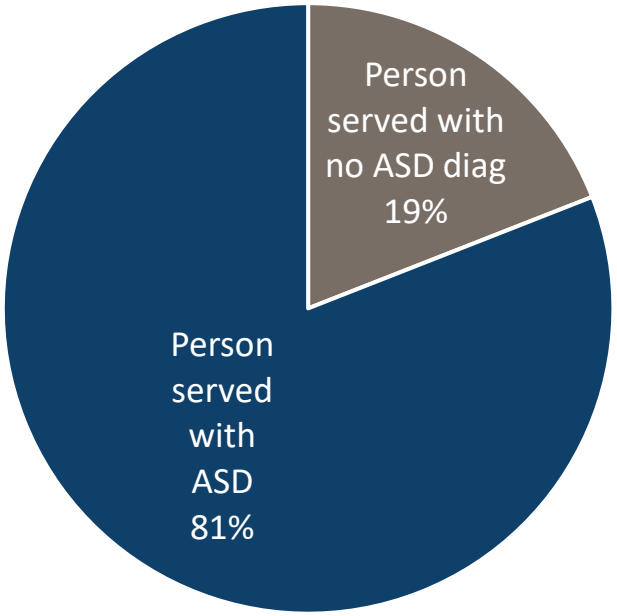
Proportion of TOTAL LSTC Population July 2022 (n=70)



Proportion of ADULT LSTC Population July 2022 (n=49)

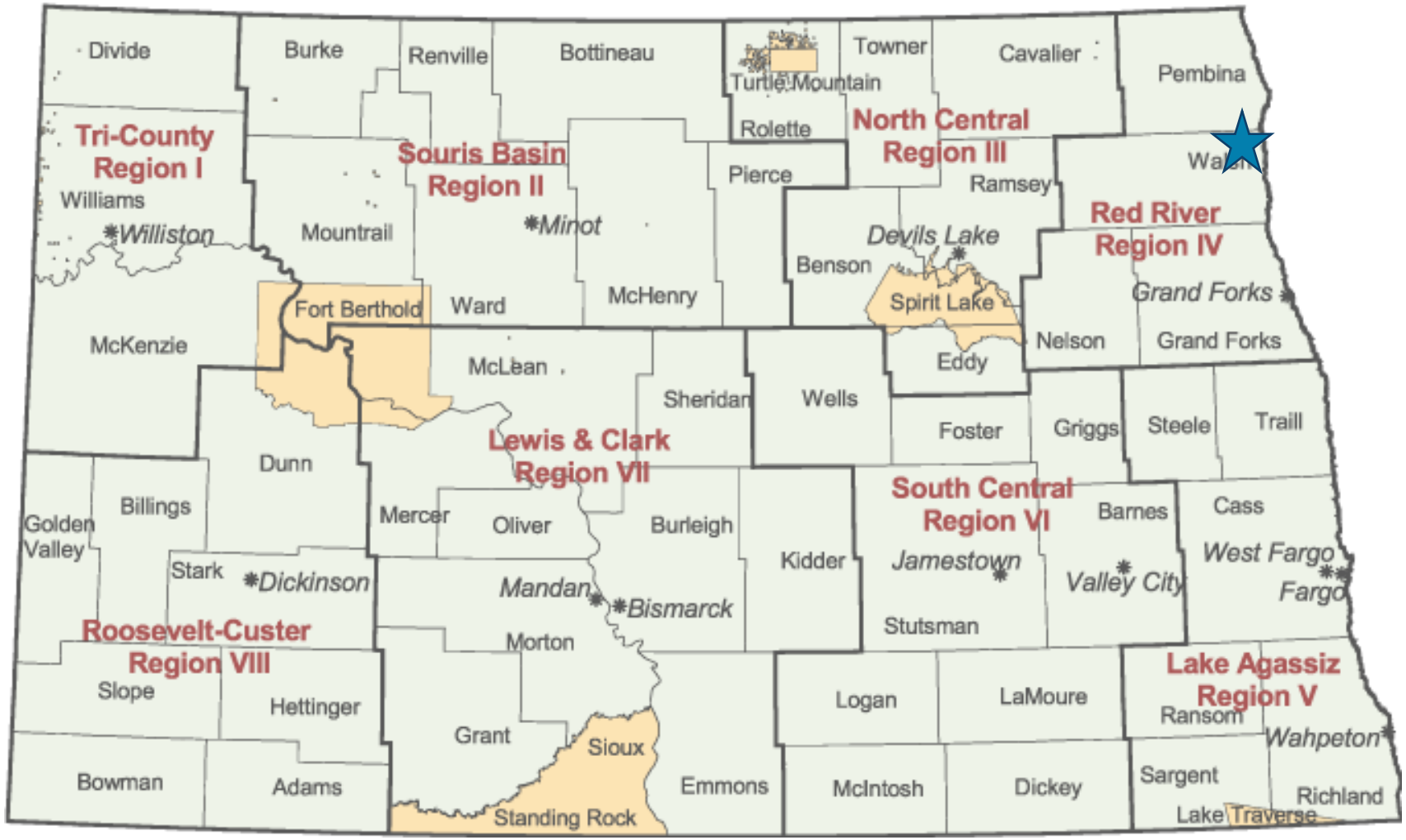


Proportion of YOUTH LSTC Population July 2022 (n=21)



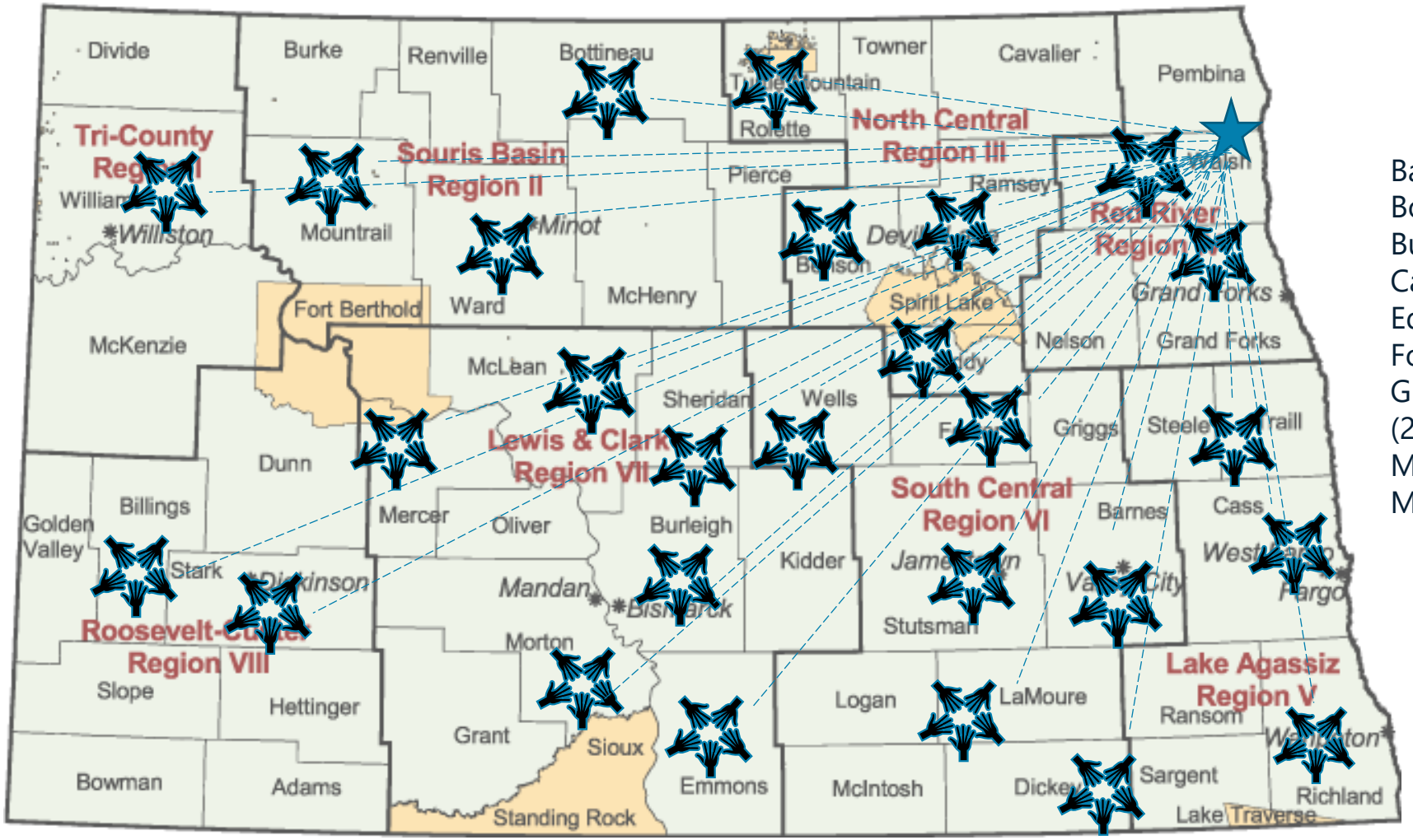
NORTH Dakota Be Legendary. | Health & Human Services

Historically LSTC was a campus-based residential facility



NORTH Dakota Be Legendary. | Health & Human Services

LSTC provided in-community transition and stabilization support to 129 people living in 21 different communities



County – People served (# of services provided July 2021 – Dec 2022)

Barnes - 3 (47)
Bottineau - 1 (36)
Burleigh - 12 (71)
Cass - 24 (457)
Eddy - 1 (1)
Foster - 1 (17)
Grand Forks - 14 (258)
Morton - 2 (9)
Mountrail - 2 (3)
Ramsey - 7 (42)
Richland - 8 (42)
Rolette - 1 (14)
Stark - 3 (23)
Stutsman - 13 (63)
Walsh - 23 (130)
Ward - 12 (119)
Wells - 1 (2)
Williams - 1 (2)

NORTH Dakota Be Legendary. | Health & Human Services

Crisis/Stabilization Service:

Meet Donna

- 20 years old
- Autism Spectrum Disorder, Intellectual Disability, Adjustment Disorder, History of Trauma
- History of significant trauma, aggression, elopement, disrobing, with emergency services involvement
- Came to LSTC in August 2021 for brief admission because community provider was unable to support her.
- A little over a year later she moved to a private group home.
- Post-transition LSTC provided:
  - 78 hours of transition support in the first 30 days,
  - 41 hours of crisis supports
  - 9 observations
  - 6 check-ins and
  - 9 follow up consultations



Crisis/Stabilization Service:

Meet Eric

- 39 years old
- Impulse Control Disorder, FAS, Conduct Disorder, Moderate Intellectual Disability
- Significant aggression, property destruction, and frequent encounters with law enforcement
- Transferred from ND State Hospital to LSTC for 30 days of stabilization prior to moving to a private group home.
- Post-transition LSTC provided:
  - 19 check-ins
  - 12 follow-up consultations
  - 5 observations and
  - 170 transition support hours



Crisis/Stabilization Service:

Elizabeth

- 18 years old
- Autism Spectrum Disorder, Apraxia, Epilepsy, Cerebral Palsy
- History of physical and verbal aggression, property destruction, disrobing, soiling, and trauma associated with unsuccessful moves to community providers
- Elizabeth was admitted to LSTC from her family home where she had returned to after an unsuccessful community placement. She thrived at the LSTC and eventually moved to a private group home.
- LSTC Statewide Crisis/Stabilization services provided 97 transition support hours to assist her in adjusting to the move.
- Elizabeth struggled in her new home; LSTC provided 161 hours of crisis support on 26 separate days; however, the placement could not be saved. Elizabeth was left with no supports and no place to live.
- LSTC CARES team assisted with staffing in a crisis apartment until she could return to her family home.
- In total, the LSTC CARES team provided 335 hours of support to try to help Elizabeth stay in her new home.



A young girl is struggling. So is her family. What do we do?

Understanding how systems can help families find stability amidst crisis

Service Continuum

Independent no Supports | Independent with Supports | Supervised Housing | Monitored Housing | Acute Care

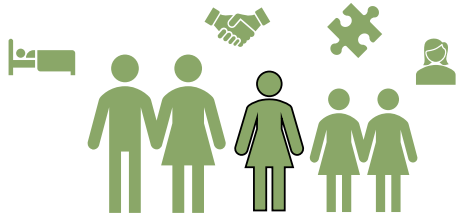
Most Integrated — Least Integrated

Service Strategy

Early Intervention | Care Plan | Transition Plan | Discharge Plan

Intellectual/ Dev Disability

At home with family no Services | At home with family with services | Family Care Option | Foster Care | Therapeutic Foster Care | ICF Youth | ICF Group Facility - LSTC | Hospital



Crisis

Team looks for solutions

In home supports

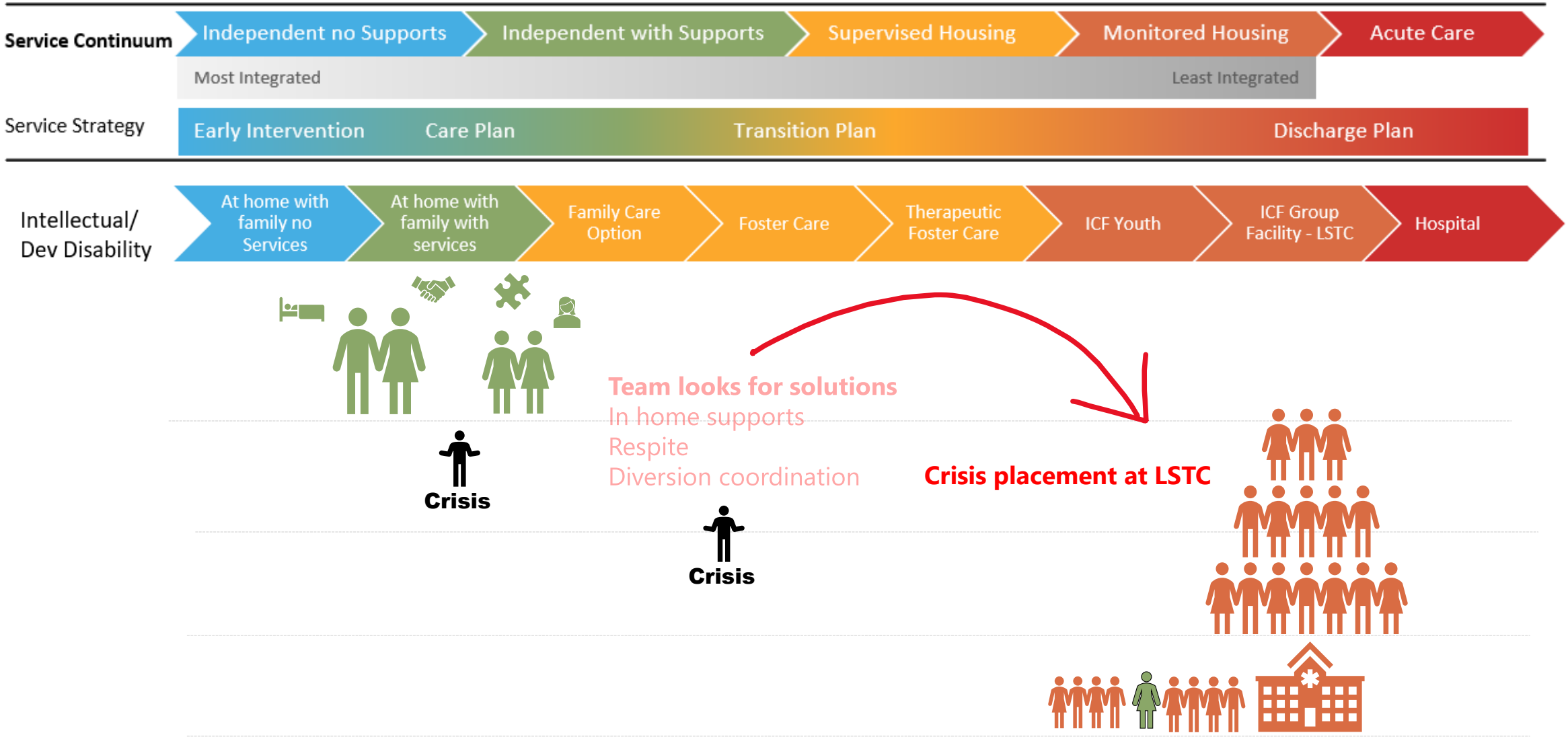
Respite

Diversion coordination

Crisis

A young girl is struggling. So is her family. What do we do?

Understanding how systems can help families find stability amidst crisis



A young girl is struggling. So is her family. What do we do?

Understanding how systems can help families find stability amidst crisis

Service Continuum

Independent no Supports | Independent with Supports | Supervised Housing | Monitored Housing | Acute Care

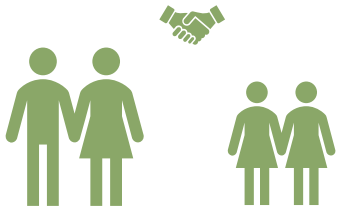
Most Integrated — Least Integrated

Service Strategy

Early Intervention | Care Plan | Transition Plan | Discharge Plan

Intellectual/ Dev Disability

At home with family no Services | At home with family with services | Family Care Option | Foster Care | Therapeutic Foster Care | ICF Youth | ICF Group Facility - LSTC | Hospital



Crisis

Team looks for solutions
In home supports
Respite
Diversion coordination

Crisis

Crisis placement at LSTC

Stabilization (8 mo)
Structure & Routine
Educational supports
Svc during transition

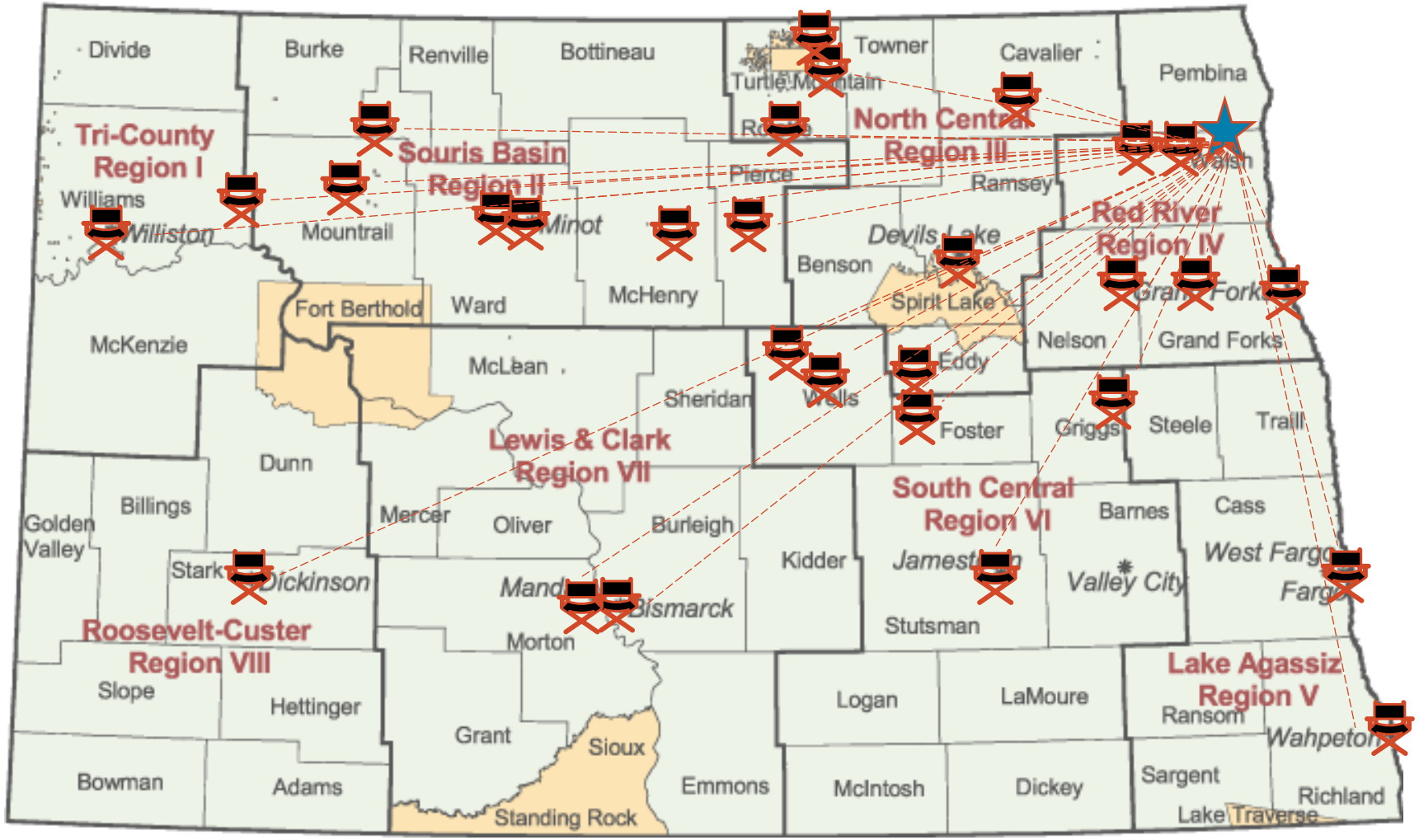




Placement at Youth ICF



219 people had their ability to move about their home and community enhanced by LSTC's Customized Adaptive Equipment service



Customized Adaptive Equipment
July 2021 – Dec 2022

Aneta	Kenmare
Arvilla	Langdon
Bismarck	Mandan
Burlington	Minot
Carrington	New Rockford
Cooperstown	Park River
Devils Lake	Rolette
Dickinson	Rolla
Edinburg	Rugby
Fargo	St. John
Fessenden	Stanley
Grafton	Tioga
Grand Forks	Velva
Harvey	Wahpeton
Jamestown	Williston

NORTH Dakota Be Legendary. | Health & Human Services

Adaptive Equipment Service

Meet Betsy: Replacing a manual chair with a power chair enables independence



- While at school Betsy (pictured here in her manual wheelchair) was unable to move about the building herself and was completely dependent on her school staff to move around in her environment.
- The AES team loaned her a power wheelchair to use in school to allow her to have independent mobility through the *AT4ALL Loan Program*
- Betsy immediately began to independently drive her power chair out into the hallway from the classroom and no longer required assistance for mobility. She was able to adjust the speeds independently as well.
- She was elated and was now able to be in control of her educational experience.

NORTH Dakota | Health & Human Services
Be Legendary.

Adaptive Equipment Service

Meet Laura: A creative walker-laundry-assist to support independence





- Doing laundry can be a challenge for people who use walkers.
- The AES team worked with Laura to build a custom laundry basket attachment to use with her reverse walker.
- The team took into consideration Laura's physical abilities, the layout of her laundry room, and the accessibility of her apartment building to design her walker attachment.
- With this piece of adaptive equipment, Laura can carry her laundry to the washer independently, cutting down on the amount of time she needs staff assistance.

NORTH Dakota | Health & Human Services
Be Legendary.

Adaptive Equipment Service

Meet Bill: Modifying a kitchen allows for independent access to drawers



- Bill has a physical disability that limits his ability to use his hands to open his drawers in his apartment.
- Due to the restrictions of his lease, Bill was unable to place commercial handles on the drawers as he was not allowed to drill holes into the cabinet.
- The AES team assessed his physical abilities, designed a removeable handle that he could use, and installed it.
- Now he can access his kitchen drawers independently and does not require staff assistance.

Adaptive Equipment Service

Meet Nora: Crafting a custom molded seating system





- Nora had been in a commercial wheelchair product which was uncomfortable and unable to meet her needs due to a significant spinal curvature.
- The AES team worked with Nora and her family in her home for the initial evaluation and all fittings to avoid the burden of transportation.
    - Nora is quite involved medically so the in-home service was appreciated.
- When the final product was delivered, Nora was able to sit upright for a full two hours without signs of discomfort.
- The chair supports her respiratory status (improved breathing and airway clearing) with the soft foam insert design and allows her to be more actively involved with her family members.

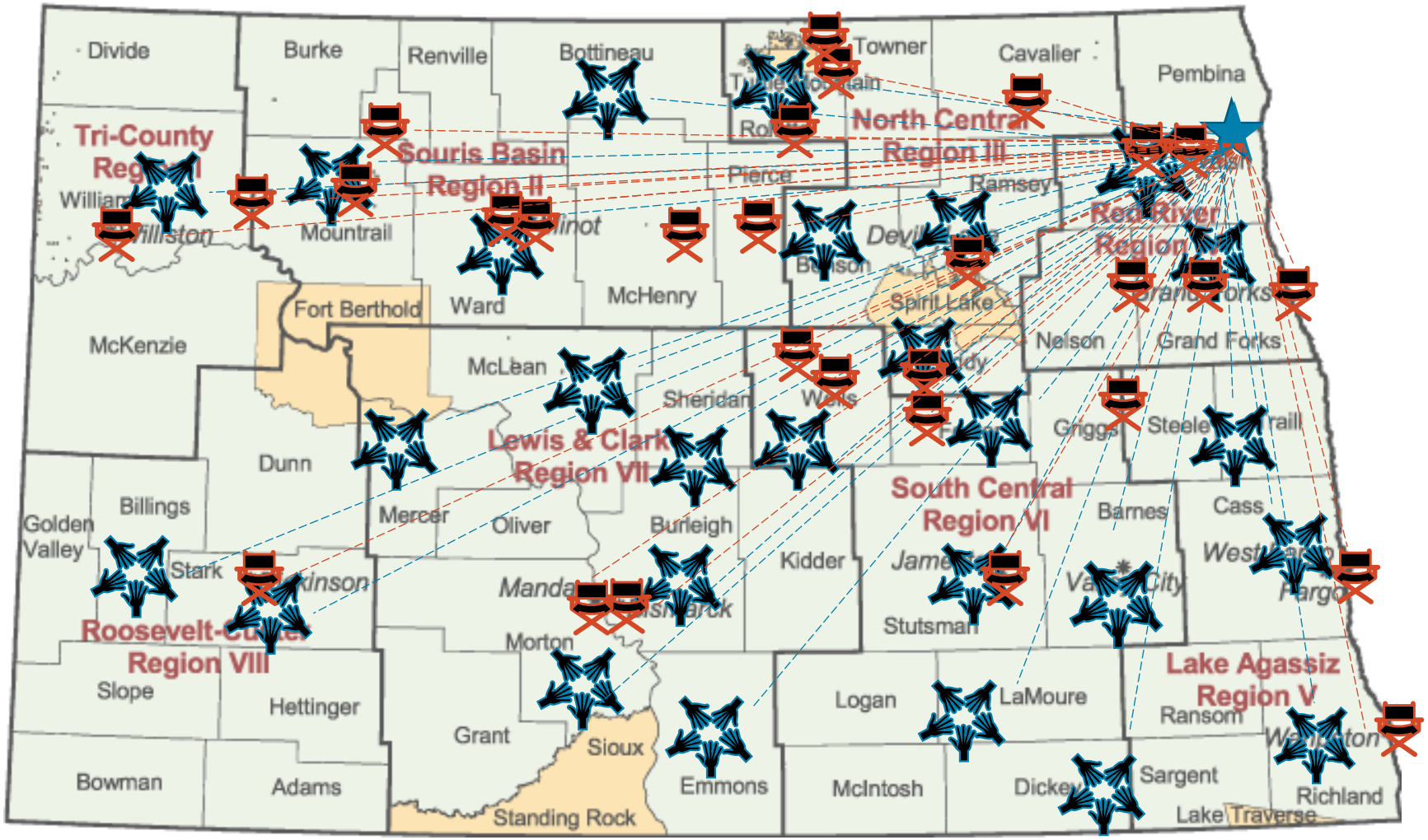
Adaptive Equipment Service

Meet Shelly: Creating a fully customized seating system



- Shelly has extreme physical deformity and inability to bend at the hips to sit, her complex seating needs are beyond what is normally available by the commercial market.
- Shelly requires the use of a tilt-in-space wheelchair frame and a custom, single piece seating surface to accommodate her extreme physical deformities.
- This molded seating system now allows her the ability so be safely assisted in her home and community and be essentially pressure sore free.

LSTC provided in-community transition and stabilization support to 500 people living in communities across ND



Customized Adaptive Equipment
(assessment, fitting, design, development, delivery)

Stabilization Supports
(transition follow-up, transition TA, assessment, observation, crisis calls, crisis assistance)

NORTH Dakota | Health & Human Services
Be Legendary.

Improving the lives of North Dakotans

Our "Everyday Philosophy" for Services & Supports







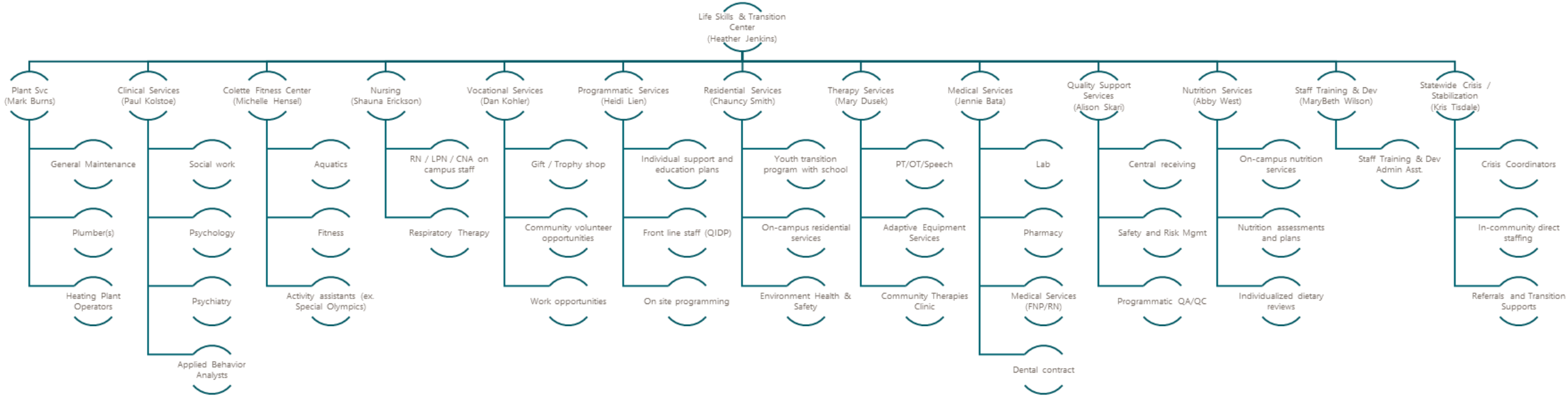
People are served in the **lowest level of care necessary** which will return **better outcomes**.

People have **the opportunity to learn about their options** and **make an informed choice** about the **most integrated setting** that is **right for them**

System partners work together to create **robust options** for non-institutional living, optimizing autonomy, choice, self-direction and community integration.

NORTH Dakota Be Legendary. | Health & Human Services

Life Skills & Transition Center
Team Structure and Staffing



Life Skills & Transition Center		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**12-31-22 Vacancies**
303.34	303.34	47.9

Avg Age **47**

Avg Years of Service **11**

Turnover 2021 **26.9%**

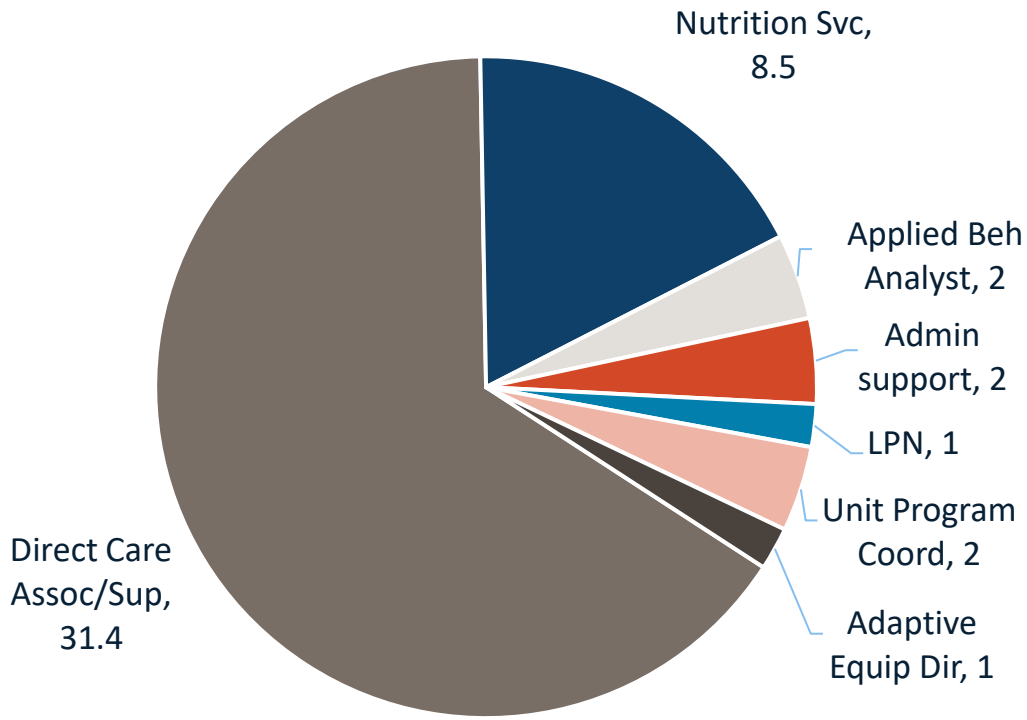
Turnover 2022 **17.6%**

NORTH Dakota Be Legendary. | Health & Human Services

Vacancy report represents ongoing challenge of achieving full staffing level at LSTC

Current status of 47.9 FTEs reported as vacant in Jan 2023

- 9.0 - filled
- 6.0 – offer has been extended
- 4.5 – interviewing
- 24.4 – in recruiting process
- 4.0 – updating JD to re-post



The **overall LSTC vacancy rate** is **15.8%** (47.9 of 303.34).

LSTC has two **job types that experience higher than average vacancy rates:**

✓ Residential Direct Care Associate - 21.4% (of 155.1 total FTE)

✓ Cooks/Food Service Asst – 48.6% (of 17.5 total FTE)

About LSTC Workforce Realities

303.34

FTE

# of full-time equivalent positions assigned to LSTC

84.3%
Filled
255.88

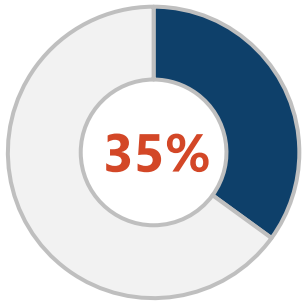
15.8%
Vacant
47.46

3,383.5

8-hour shifts to fill each month

To fulfill the care needs of the current census at LSTC

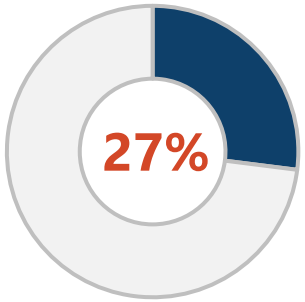
October 2022



Shifts unfilled
After all employees scheduled

1,225 hrs
Mandatory Overtime

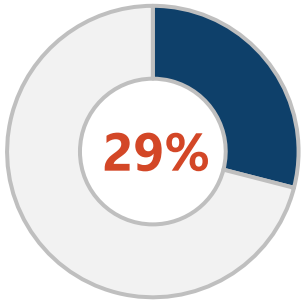
November 2022



Shifts unfilled
After all employees scheduled

1,454 hrs
Mandatory Overtime

December 2022



Shifts unfilled
After all employees scheduled

1,622 hrs
Mandatory Overtime

NORTH Dakota | Health & Human Services
Be Legendary.

LSTC goals for staffing will help move toward greater stability in the workforce, which enhances ability to serve people when and where they need it



- Of the roles that are needed to operate LSTC:
  - 43% - direct care
  - 13% - medical/health services
  - 44% - stabilization/community supports

GOAL is to rely on:

- Mandatory OT no more than 80 hours/month
- Flex(temp) staff to cover time off for FTE employees instead of as a way to cover vacancies
- Contract staff for 0% of shifts

LSTC has adopted a comprehensive approach to meeting the challenge presented by workforce constraints

- ✓ Required Mandatory Overtime both direct care and for professional level positions
- ✓ Utilizing Staffing Contracts to assist filling staffing needs
  - Worldwide Travel Staffing
  - Prime Time Healthcare
- ✓ Talent Acquisition, Retention and Employee engagement strategies
  - Recruitment bonuses for hard to fill positions
  - Retention Bonuses for current employees
  - Equity Study/Review to assure current employees are being paid fairly
  - Contracted Staffing Agencies
  - Outreach events (Career Fairs; School visits)
  - Sourcing Data collected during application process
  - Employee referral program activated
  - Midco Advertising campaign
  - Local Movie Theater Campaign
  - Increased Social media presence
  - Updated Webpage



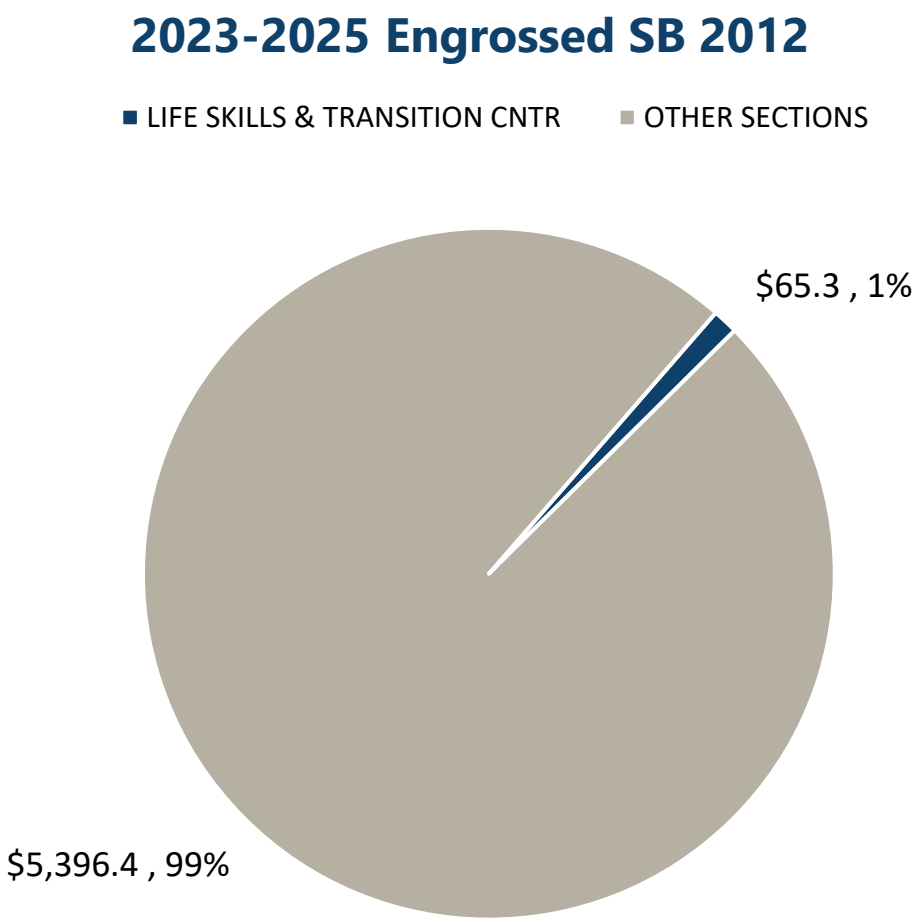
About Life Skills & Transition Center Audit Oversight

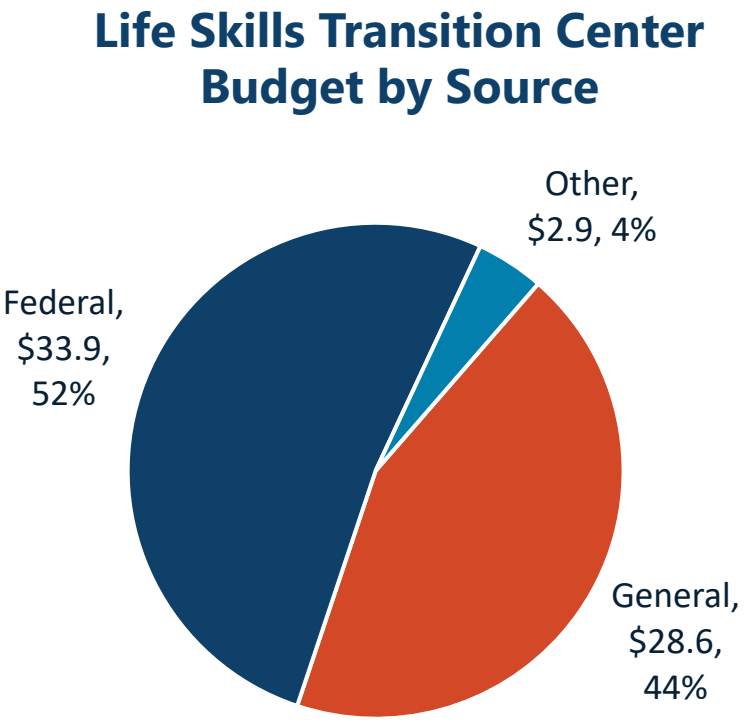
- Center of Medicaid services (Title XIX)
- Life Code Safety
- Center on Council & Leadership
- DD HCBS Waiver
- ND State Pharmacy Board
- ND State Nursing Board
- CLIA/COLA- Laboratory Certification
- ND State Fiscal Audit Report



Section budget compared to Engrossed SB 2012

LSTC represents 1% of SB 2012 budget





NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 budgets and related funding

By major expense

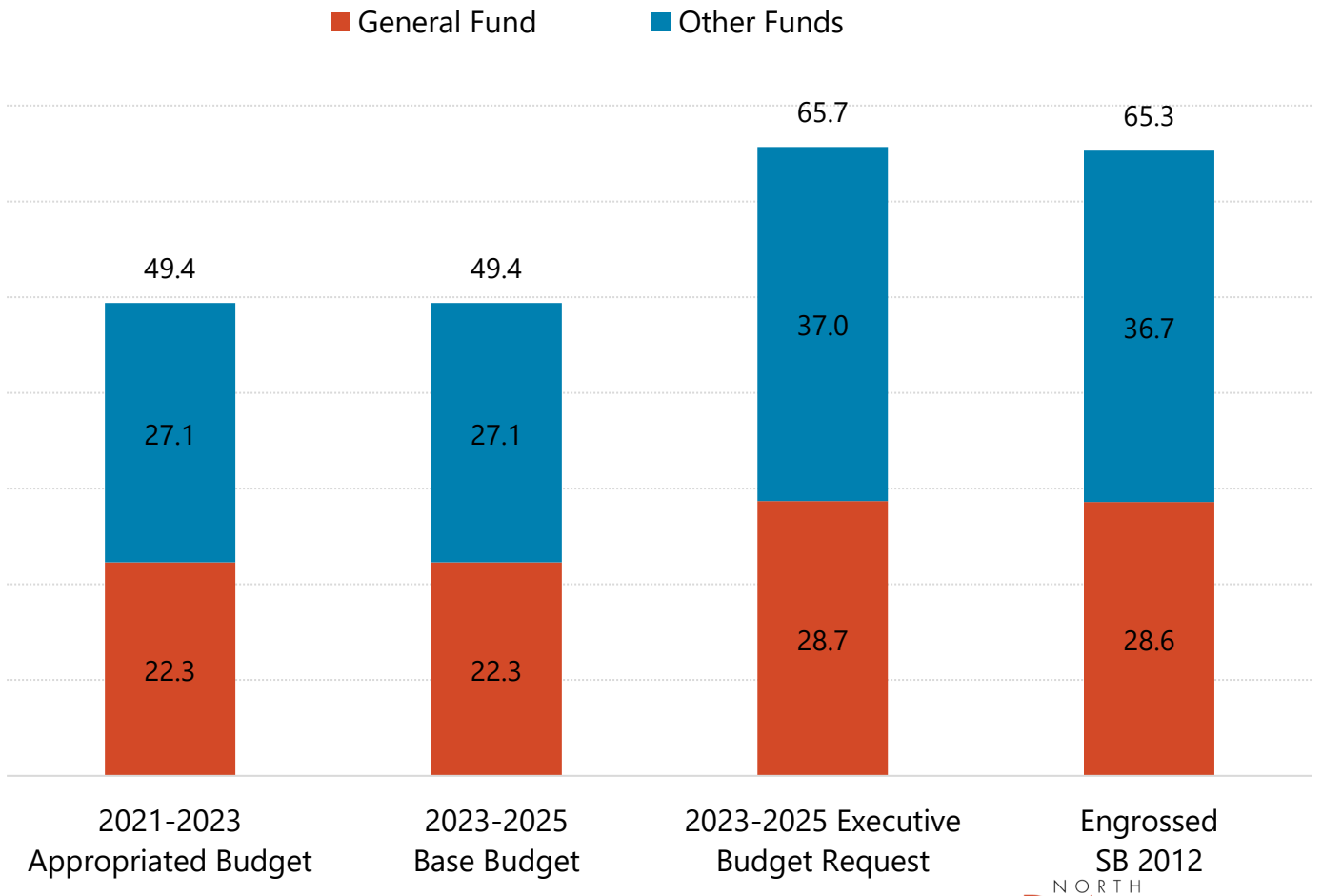
Description	**2023 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
Salaries and Benefits	$ 40,600,566	$ 14,670,359	$ 55,270,925	$ (344,112)	$ 54,926,813
Operating	7,787,913	1,591,285	9,379,198	-	9,379,198
IT Services	212,392	(15,500)	196,892	-	196,892
Capital Asset Expense	638,076	44,903	682,979	-	682,979
Capital Assets	208,055	(44,903)	163,152	-	163,152
Grants	-	-	-	-	-
Total	$ 49,447,002	$ 16,246,144	$ 65,693,146	$ (344,112)	$ 65,349,034
General Fund	**$ 22,312,455**	**$ 6,418,086**	**$ 28,730,541**	**$ (148,162)**	**$ 28,582,379**
Federal Funds	**24,572,832**	**9,471,983**	**34,044,815**	**(180,791)**	**33,864,024**
Other Funds	**2,561,715**	**356,075**	**2,917,790**	**(15,159)**	**2,902,631**
Total Funds	**$ 49,447,002**	**$ 16,246,144**	**$ 65,693,146**	**$ (344,112)**	**$ 65,349,034**
Full Time Equivalent (FTE)	303.34	-	303.34	-	303.34

Comparison of total budget with funding (in millions)

INCREASE FROM BASE TO ENGROSSED SB 2012 $15.9 MILLION

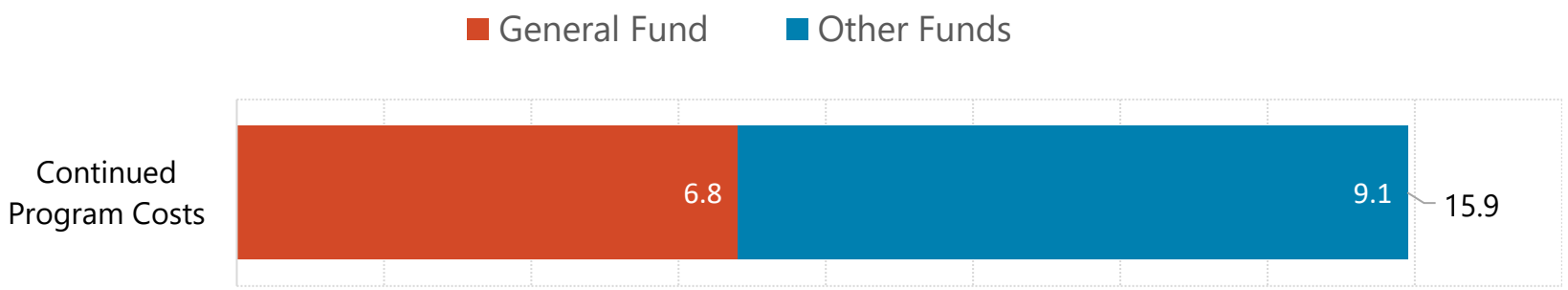
LSTC Budget includes 303.34 FTE

- Salaries - $55.2 million (84%) of total budget
  - Salaries-Other includes shift differential for staff working nights and weekends
  - Temp-status employees in a variety of positions (direct care staff who cover sick leave and vacations of the full-time direct care staff, activity assistants)
  - Salaries include no under-fund to allow for possible salary roll-up
- Operating costs - $9.57million (15%) of total budget
  - Food & Clothing
  - Utilities
  - Operating Fees & Services (Contracts & Bed Assessment)
  - Pharmacy
- Capital repairs & equipment >$5,000 - $846,131 (1%) of budget



NORTH Dakota Be Legendary. | Health & Human Services

Comparison of base budget and SB 2012 (in millions)



Comparison of 2023-2025 budgets and related funding

By detailed expense

Description	**2022 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
511x Salaries - Regular	$ 21,013,702	$ 11,489,872	$ 32,503,574	$ (275,461)	$ 32,228,112
512x Salaries - Other	610,128	556,028	1,166,156	(0)	$ 1,166,156
513x Salaries Temp	1,240,800	-	1,240,800	0	$ 1,240,800
514x Salaries Overtime	484,730	172,424	657,154	(0)	$ 657,154
516x Salaries Benefits	17,251,205	2,452,036	19,703,241	(68,651)	$ 19,634,590
Total Salaries & Benefits	$ 40,600,566	$ 14,670,359	$ 55,270,925	$ (344,112)	$ 54,926,813
52x Travel	381,048	206,288	587,336	-	$ 587,336
53x Supply	1,117,193	368,051	1,485,244	-	$ 1,485,244
54x Postage & Printing	31,108	(3,000)	28,108	-	$ 28,108
55x Equipment under $5,000	108,973	6,321	115,294	-	$ 115,294
56x Utilities	1,189,738	154,000	1,343,738	-	$ 1,343,738
57x Insurance	64,121	12,289	76,410	-	$ 76,410
58x Rent/Leases - Bldg/Equip	104,055	(39,975)	64,080	-	$ 64,080
59x Repairs	224,565	(77,000)	147,565	-	$ 147,565
61x Professional Development	126,936	(7,500)	119,436	-	$ 119,436
62x Fees - Operating & Professional	4,440,176	971,811	5,411,987	-	$ 5,411,987
67x Expenses	-	-	-	-	$ -
53x Supplies	32,081	1,500	33,581	-	$ 33,581
60x IT Expenses	180,311	(17,000)	163,311	-	$ 163,311
68x Land, Building, Other Capital	638,076	44,903	682,979	-	$ 682,979
69x Over	208,055	(44,903)	163,152	-	$ 163,152
69x Equipment Over $5,000	-	-	-	-	$ -
71x Grants, Benefits, & Claims	-	-	-	-	$ -
72x Transfers	-	-	-	-	$ -
Total Operating	$ 8,846,436	$ 1,575,785	$ 10,422,221	$ -	$ 10,422,221
Total	$ 49,447,002	$ 16,246,144	$ 65,693,146	$ (344,112)	$ 65,349,034

NORTH Dakota Be Legendary. | Health & Human Services

About Life Skills & Transition Center Contracts

Medical Contracts- $ 213,600

- Altru Health System
- Unity Medical Center
- Kern Dentistry
- Pharmacy

Plant Services Contracts - $1,370,991

- Montana Dakota Utilities
- Trane U.S. Inc.
- Johnson Controls, Inc.
- Schindler Elevator Corp.
- Nalco Company LLC.
- Rock's Electric Construction
- Ecolab Inc.

Staffing Contracts- $722,000

- Worldwide Travel Staffing
- Prime Time Healthcare

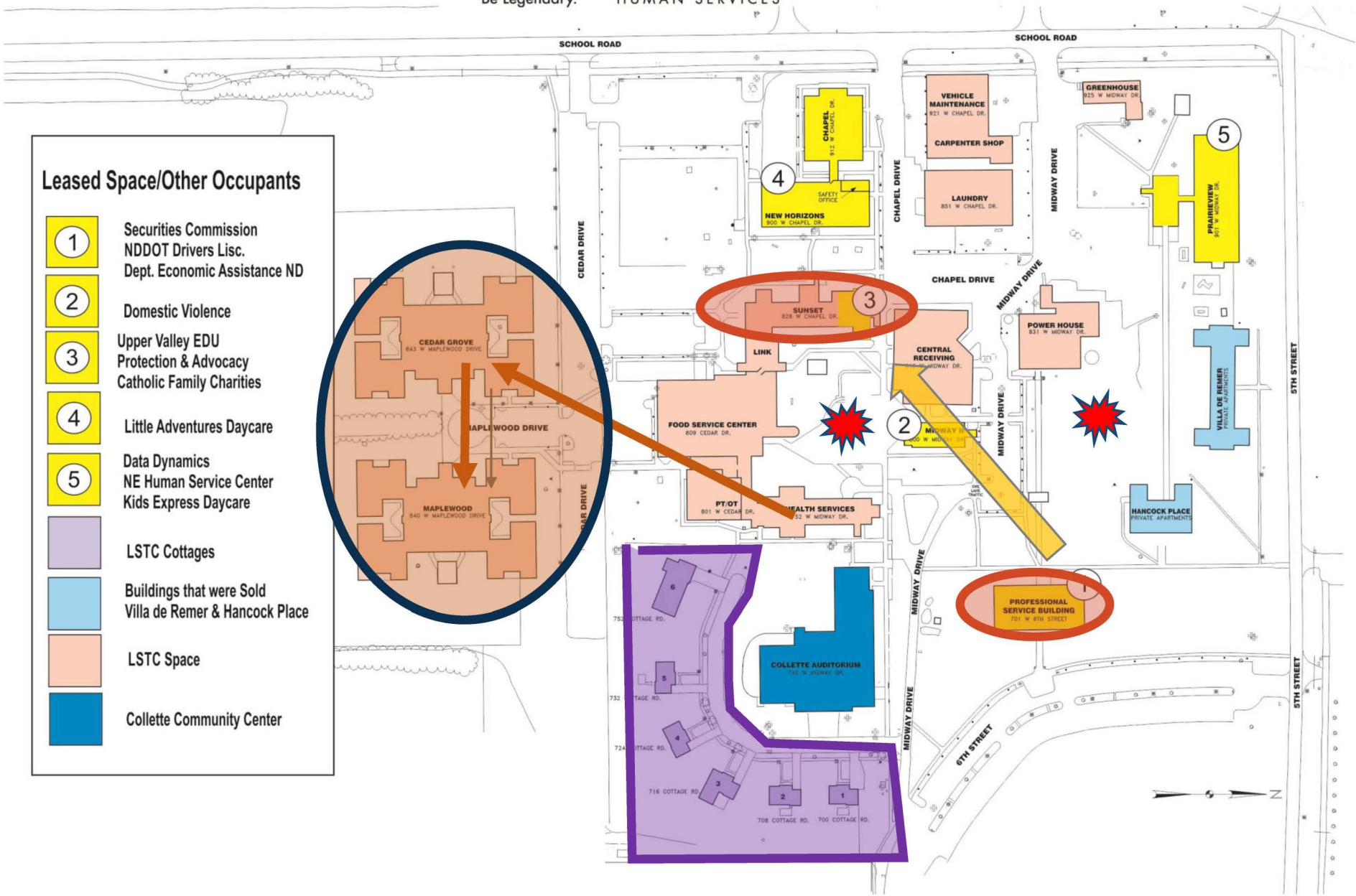
Other Contracts- $114,280

- Laaveg Law Office
- ASL Interpreting Services
- Trophy Shop
- The Council on Quality & Leadership
- Religious contracts

Comparison of 2023-2025 funding

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
General Fund	$ 22,312,455	$ 6,418,086	$ 28,730,541	$ (148,162)	$ 28,582,379
Federal Funds	24,572,832	9,471,983	34,044,815	(180,791)	33,864,024
Other Funds	2,561,715	356,075	2,917,790	(15,159)	2,902,631
Total Funds	$ 49,447,002	$ 16,246,144	$ 65,693,146	$ (344,112)	$ 65,349,034

NORTH Dakota | Life Skills & Transition Center
Be Legendary.™ HUMAN SERVICES



NORTH Dakota | Health & Human Services
Be Legendary.

On the horizon for Life Skills & Transition Center



- Work together with system partners to create robust options for non-institutional living, optimizing autonomy, choice, self-direction and community integration to build capacity for LSTC to focus more Heavily on Stabilization and diversion
- Inter-connect and align discharge/transition/diversion planning for people to have the opportunity to learn about their options and make informed choices about the most integrated setting that is right for them
- Discontinue the Residential Habilitation Program at LSTC as this no longer aligns with the mission of services and utilize the resources throughout LSTC and continue to expand the Statewide Crisis/Stabilization supports
- Continue to collaborate on how to make use of the under-utilized buildings on LSTC campus
- Continue to re-look at and re-align Services to match the needs of ND citizens with ID/DD and fill the gaps

NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Heather Jenkins

Superintendent, Life Skills Transition Center

hcjenkins@nd.gov

www.hhs@nd.gov

NORTH Dakota Be Legendary. | Health & Human Services

State of North Dakota

Decision Package Summary

Biennium 2023-25

Department of Human Services

Priority	Form Name	2023-25 Agency Request					2023-25 Executive Recommendation				
		General Fund	Federal	Special	Total	FTE	General Fund	Federal	Special	Total	FTE
32500 - Department of Human Services		**324,887,040**	**81,557,932**	**(1,386,502)**	**405,058,470**	**176.20**	**246,130,291**	**96,320,782**	**52,644,186**	**395,095,259**	**81.00**
01	Crisis support services	12,641,616	-	-	12,641,616	27.00	11,518,430	-	-	11,518,430	21.00
02	Home & Community-based svc FOR TARGET POP MEMBERS (DOJ)	10,349,295	3,674,233	2,809,268	16,832,796	29.00	9,956,359	2,552,905	2,350,289	14,859,553	14.00
03	06 Behavior Health Required	61,214,758	(20,697,940)	(15,330,201)	25,186,617	-	36,028,141	(20,697,940-)	(15,330,201-)	-	-
04	Community-based behavioral health svc & support	4,014,058	284,668	-	4,298,726	52.00	1,799,794	-	1,000,000	2,799,794	30.50
05	Addressing Basic Needs of North Dakotans - TANF	15,572,585	-	-	15,572,585	-	7,496,368	-	-	7,496,368	-
06	Child Health, Safety and Wellbeing	5,360,100	278,512	-	5,638,612	3.00	3,747,700	184,420	-	3,932,120	6.00
07	Addressing Basic Needs of North Dakotans - HEALTH INS / MA	22,750,117	20,038,209	-	42,788,326	-	7,875,670	7,284,064	-	15,159,734	-
08	Serving the needs of VULNERABLE ADULTS across ND	1,136,686	733,418	-	1,870,104	9.20	592,256	221,756	-	814,012	2.00
09	Beh health svc FOR people who are (or are at risk of) CRIM JUST INVOLV	17,809,806	-	-	17,809,806	11.00	7,019,514	-	8,326,380	15,345,894	-
10	Public health and wellbeing	188,658	-	-	188,658	1.00	-	-	-	-	-
11	Supporting ND Workforce initiatives	45,021,198	371,474	-	45,392,672	6.50	62,982,846	311,862	13,000,000	76,294,708	5.50
12	Addressing Basic Needs of North Dakotans - FOOD	15,992,444	-	-	15,992,444	-	12,992,444	-	-	12,992,444	-
13	Beh health svc FOR YOUTH	1,295,968	-	-	1,295,968	4.00	-	-	-	-	-
14	Home & Community-based svc FOR YOUTH	3,962,914	4,711,642	-	8,674,556	-	3,868,959	4,607,797	-	8,476,756	-
16	HHS infrastructure to support strategic initiatives	2,608,296	2,328,656	-	4,936,952	2.00	2,250,000	2,250,000	-	4,500,000	-
17	Data Assets and Data Modernization	943,948	91,968	-	1,035,916	2.00	-	-	-	-	-

18	Improving HHS ability to respond to growing demand for svc	1,278,758	908,788	-	2,187,546	17.50	172,370	179,406	-	351,776	2.00
19	Public Health Emergency Response & Preparedness	188,658	-	-	188,658	1.00	-	-	-	-	-
20	Tribal partnerships related to HHS	407,130	-	-	407,130	2.00	-	-	-	-	-
21	Investing in HHS Workforce	1,205,190	216,608	-	1,421,798	6.00	-	-	-	-	-
22	Improving HHS capacity to meet North Dakotans' basic needs	20,400,000	39,600,000	-	60,000,000	-	-	39,600,000	20,400,000	60,000,000	-
23	Integrated and interconnected HHS data systems	16,839,242	5,164,242	-	22,003,484	3.00	-	-	11,000,000	11,000,000	-
24	Required Technology Investments	15,015,000	-	-	15,015,000	-	-	-	-	-	-
25	Funding shared delivery of Human Services with Human Svc Zones	27,201,890	4,332,369	11,134,431	42,668,690	-	19,816,723	2,991,189	10,823,588	33,631,500	-
26	Employee Payouts	953,418	492,895	-	1,446,313	-	-	-	-	-	-
27	Inflation for HHS Operating	19,800,153	19,028,190	-	38,828,343	-	10,282,172	10,282,172	-	20,564,344	-
31	Deferred Maintenance HSC	735,154	-	-	735,154	-	-	-	735,154	735,154	-
32	Provider Inflation	-	-	-	-	-	46,887,871	46,553,151	338,976	93,779,998	-
33	Rent Model - 32500	-	-	-	-	-	842,674	-	-	842,674	-

Request Name: Crisis support services

	2023-25 Agency Request				2023-25 Executive Recommendation			
	Ongoing	One-Time	Total	FTE	Ongoing	One-Time	Total	FTE
Priority: 01								
General	12,641,616	-	12,641,616	27.00	11,518,430	-	11,518,430	21.00
Federal	-	-	-	-	-	-	-	-
Special	-	-	-	-	-	-	-	-
Unassigned Employees	-	-	-	-	-	-	-	-
Total	**12,641,616**	**-**	**12,641,616**	**27.00**	**11,518,430**	**-**	**11,518,430**	**21.00**

Request Name: Crisis support services

NORTH Dakota | Health & Human Services
Be Legendary.

Life Skills and Transition Center



LSTC serves as a specialized resource to the network of approximately 120 private residential facilities and thousands of families who have a loved one with an intellectual or developmental disability for whom they are a caregiver or guardian. LSTC's goal is to:

- Operate as a **specialty care and support resource** for people experiencing crisis and/or who need stabilization;
- Work together with guardians **to identify opportunities** for each person to live in a community setting of their choice wherever and whenever possible;
- Provide **individualized** information and advisement regarding community-based care **options**, **supports** and **approaches** to help the person served and their care teams explore ideas and opportunities that may help the person served be able to realize their goals.

LSTC offers both residential and non-residential services for youth and adults

Crisis/Stabilization Residential
(Specialized ICF)

- Crisis Residential
- Short-term Stabilization Residential
- Transitioning to Community Residential
- Vocational Services
- Long-term specialized residential

Statewide Stabilization Supports

- Applied Behavioral Analysts
- Statewide crisis/stabilization team
- Therapeutic Clinic
- Adaptive Equipment Center

280 LSTC team members

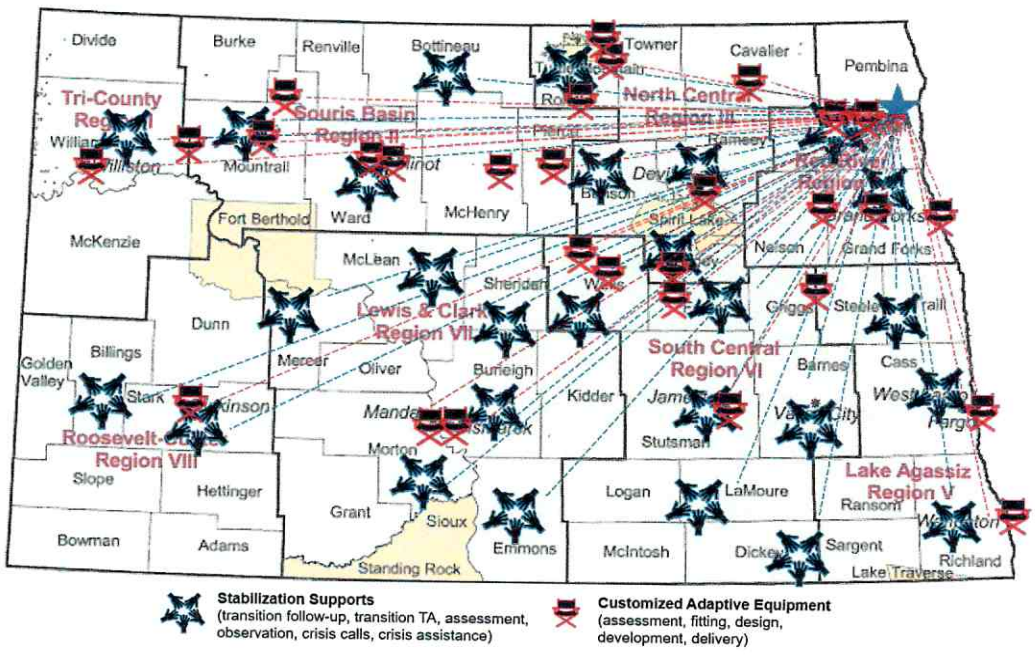
24/7 Round-the-clock services

61 People receiving LSTC residential services (point in time Jan 23)

150+ People living with family or served by other providers - LSTC non-residential svc

In the first 18 months of the 2021-23 biennium (Jul 21 - Dec 22), LSTC provided in-community / in-home, transition and stabilization support to 150+ people living in 50 different communities.

During that same time period, LSTC residential services accepted 13 Crisis admissions and successfully completed 17 transitions. The team, together with public and private partners, diverted 24 requested admissions to LSTC and was prepared to complete an additional 7 transitions that were put on hold or ultimately cancelled by the transition partner.



Last updated January 2023



Senate Bill 2012

House Appropriations HR Section
Representative Jim Nelson, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Adult and Aging Services Section | Nancy Nikolas Maier - Director
March 07, 2023



Purpose of the programs

The Adult and Aging Services Section administers and delivers more than 40 in-home and community-based services to eligible North Dakotans.

We also protect the health, safety, welfare and rights of vulnerable adults in the community and long-term care residents.

NORTH Dakota | Health & Human Services
Be Legendary.

Providing programs that help adults access services closer to home



Support in-home and community-based living

- Service Payments to the Elderly & Disabled (SPED)
- Expanded Service Payments to the Elderly and Disabled (Ex-SPED)
- HCBS Medicaid Waiver/ State Plan-Personal Care, Money Follows the Person
- Supervise HCBS Case Managers



Protect vulnerable adults

- Long-term Care Ombudsman
- Vulnerable Adult Protective Services
- Guardianship Establishment Fund



Administer Older Americans Act svcs

- Contract with local providers for nutrition services, health maintenance and assistive technology
- Legal assistance, falls prevention classes, companionship services



Support caregivers

- Family Caregiver Support Program
- Lifespan Respite
- Dementia Care Services

NORTH Dakota Be Legendary. | Health & Human Services

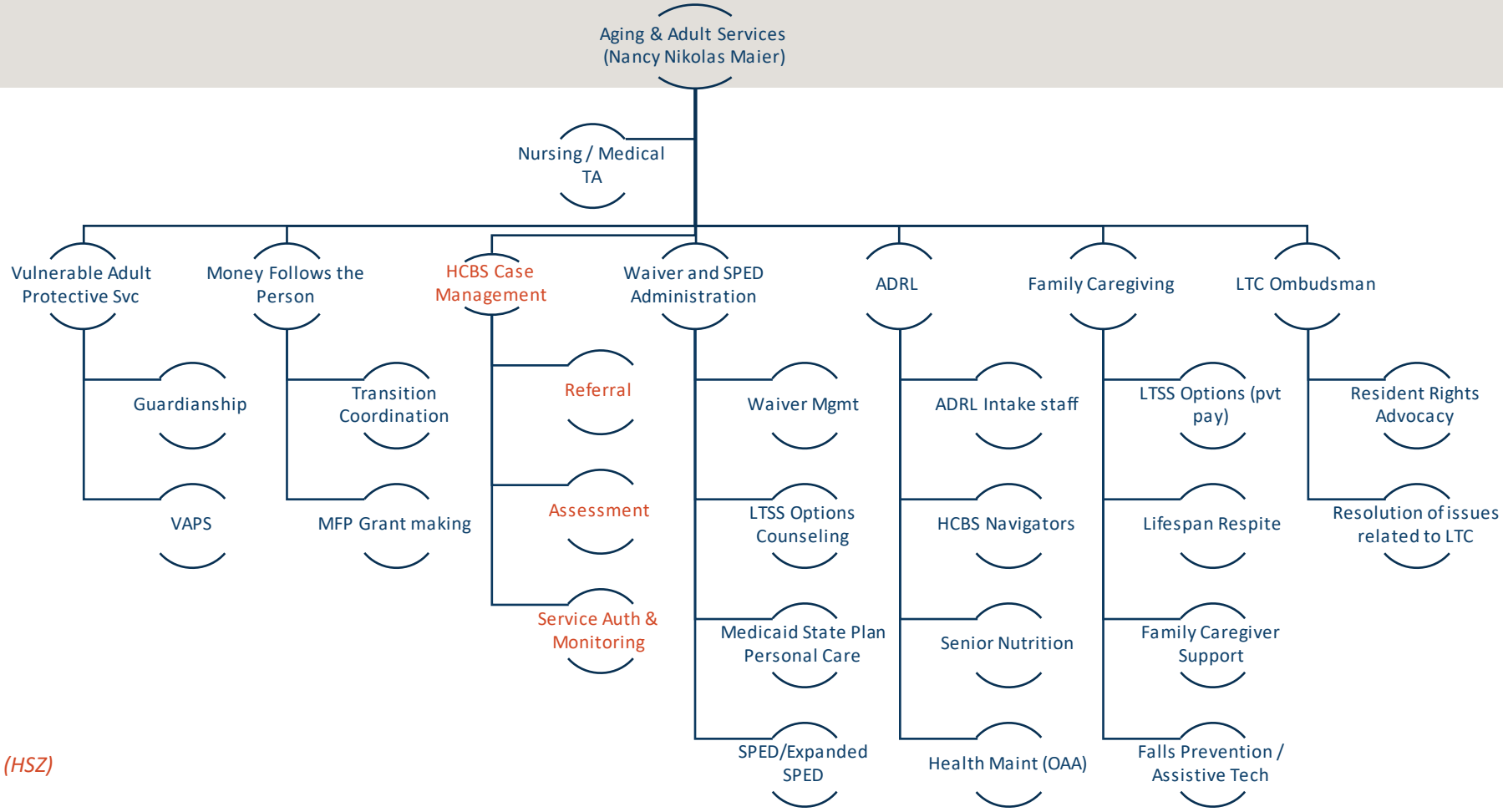
AGING & ADULT SERVICES: Team Structure and Functions

Adult/Aging Svc (HHS budget)		
21-23 Authorized FTE Base	**23-25 Engrossed SB 2012 FTE**	**12-31-22 Vacancies**
45.7	50.7	5.0

Avg Age	Avg Yrs of Service	Turnover 2021	Turnover 2022
46	**11**	**5.9%**	**8.7%**

Adult/Aging Svc (457/HSZ budget)		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**12-31-22 Vacancies**
67.0	0	0

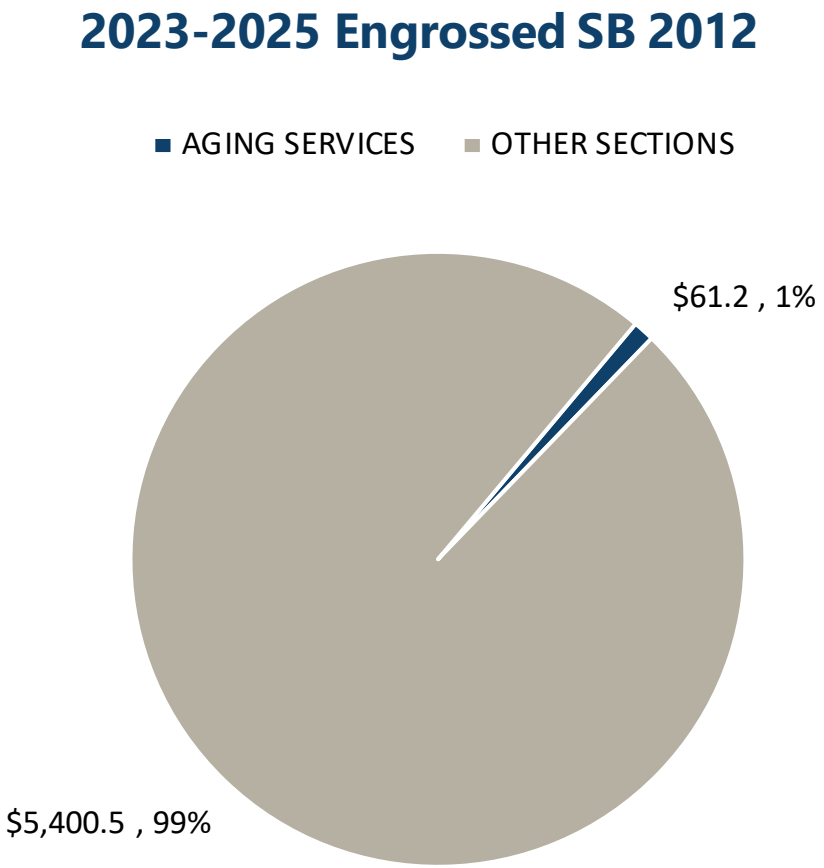
Red font = Staff funded via 457 / Human Service Zone (HSZ)

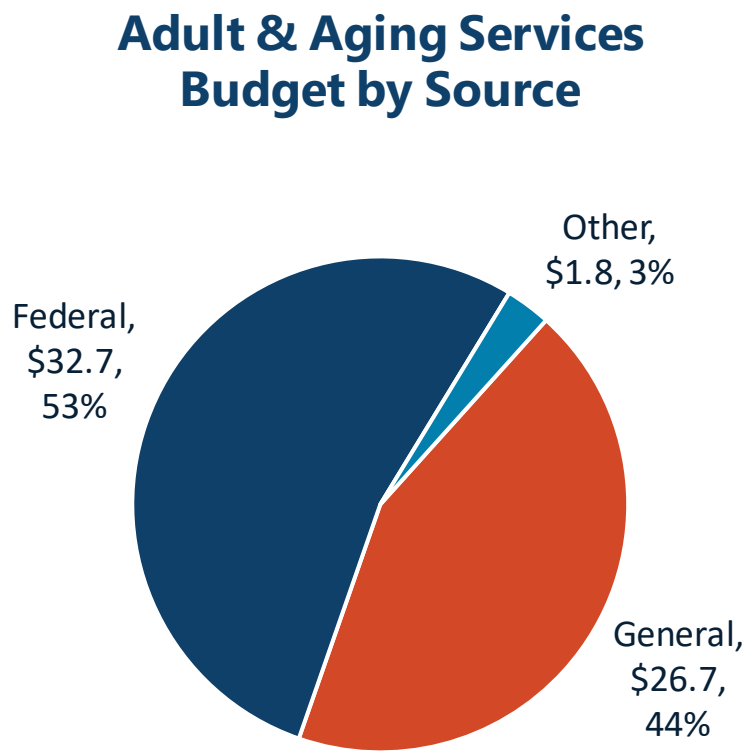


NORTH Dakota Be Legendary. | Health & Human Services

Section budget compared to Engrossed SB 2012 (in millions)

Adult & Aging Services represents 1% of SB 2012, $61.2 million





NORTH Dakota Be Legendary. | Health & Human Services

ND Century Code Chapters

Chapter	Chapter Name
50-06	Department of Human Services
50-06.2	Comprehensive Human Services Programs
50-10.2	Rights of Health Care Facility Residents
50-10.2-02 (1)	Nursing Homes and Basic Care Facilities
50-11	Foster Care Homes for Children and Adults
50-24.1	Medical Assistance for Needy Persons
50-24.7	Expanded Service Payments for the Elderly and Disabled
50-25.2	Vulnerable Adult Protective Services
50-24.5	Aid to Aged, Blind, and Disabled Persons



NORTH Dakota Be Legendary. | Health & Human Services

Adult & Aging Svc: COVID Funding 2020-22

- Home Delivered Meals - $8,171,250
- Family Caregiver Support Program - $1,921,375
- Supportive Service - $1,988,500
- Companionship Program - $600,000
- Money Follows the Person - $5,000,000
- Public Health Workforce - $78,610
- Long Term Care Ombudsman - $259,300
- Vulnerable Adult Protective Services - $2,576,895
- Supplemental ADRL COVID Grant - $305,454
- Preventive Health Services - $218,900
- Expanding Access to COVID-19 Vaccines - $408,836

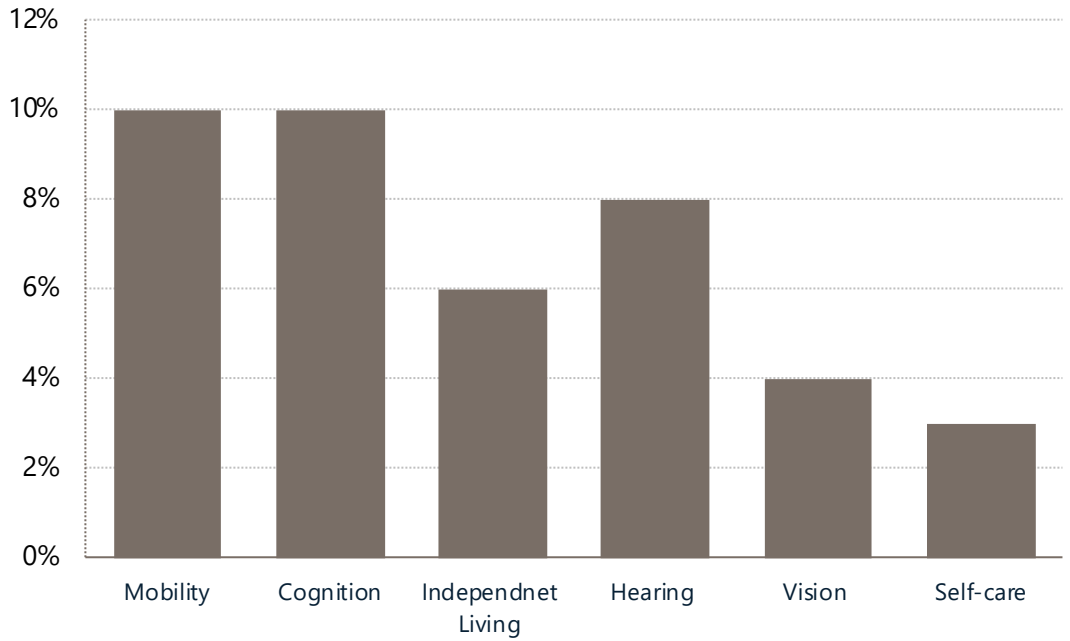
ND's older adult and adults with physical disability population –Who we serve

Types of Disability

- Mobility: Serious difficulty walking or climbing stairs
- Cognition: Serious Difficulty concentrating, remembering, or making decisions
- Independent living: Serious difficulty doing errands alone such as visiting a doctor's office
- Hearing: Deafness or serious difficulty hearing
- Vision: Blind or serious difficulty seeing
- Self-care: Difficulty dressing or bathing

16% of ND's population is 65+

Percentage of adults in ND with select functional disability types



Source: 2022 CDC Disability Impacts ND

NORTH Dakota Be Legendary. | Health & Human Services

ADULT & AGING SERVICES
Types of SUPPORT SERVICES available via HCBS

- Adult Day Care
- **Adult Foster Care**
- Adult Residential Care
- Attendant Care
- Case Management
- Chore Service
- Community Support Services / Residential Habilitation
- Community Transition Services
- **Companionship**
- Emergency Response System
- Environmental Modification
- Extended Personal Care
- Emergency Response System
- Environmental Modification
- **Family Home Care** & Family Personal Care
- **Home-Delivered Meals**
- Homemaker Services
- Non-Medical Transportation
- Personal Care Services
- Respite Care
- Specialized Equipment
- Supervision
- Supported Employment
- Transitional Care

Adult & Aging Services: Who provides care?

Qualified Service Providers (QSPs)

Agency and individual independent contractors who enroll to provide various HCBS

1,156

Qualified Service Providers (QSPs)

137

Agency QSPs

1,019

Individual QSPs

What motivates individual QSPs to enroll as a provider?

- Someone important to them needed care

What would make it easier to stay a QSP?

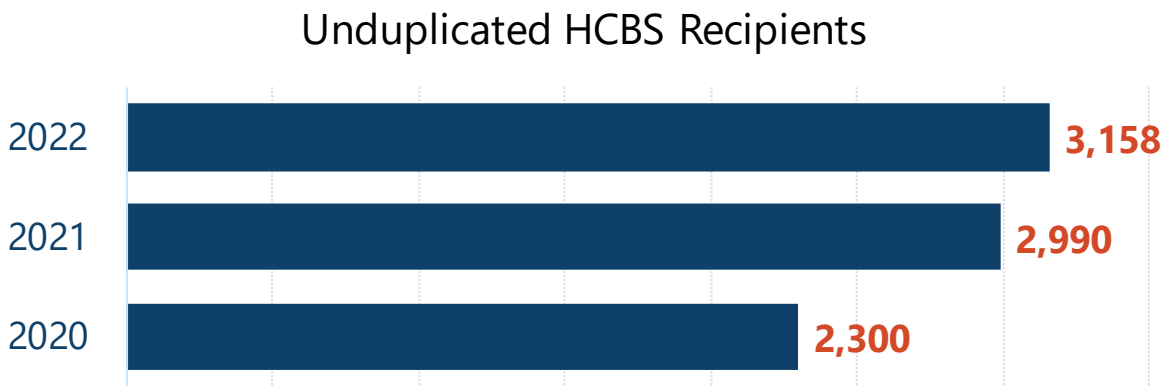
- Higher rate for services provided

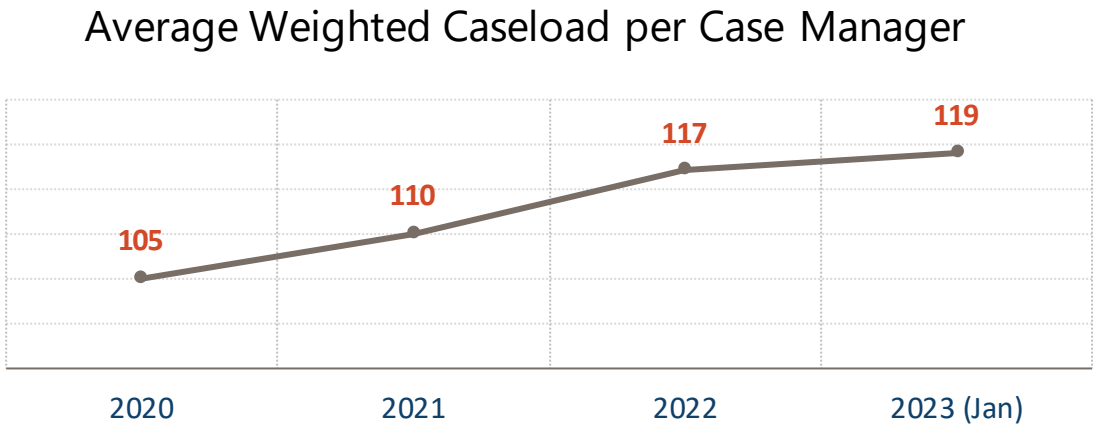
UND Independent QSP Survey June 2022

NORTH Dakota Be Legendary. | Health & Human Services

More North Dakotans are choosing home-based community care options every year

- ✓ Since the pandemic, the **demand** for in-home and community-based services has continued to **increase**
- ✓ Increased demand has increased the **average weighted caseload** per HCBS Case Manager
- ✓ **Many HCBS participants have complex needs** (medical and behavioral health needs) that increase the amount of time it takes to provide quality case management services
- ✓ Increased **need** for **additional** HCBS case management **staff**

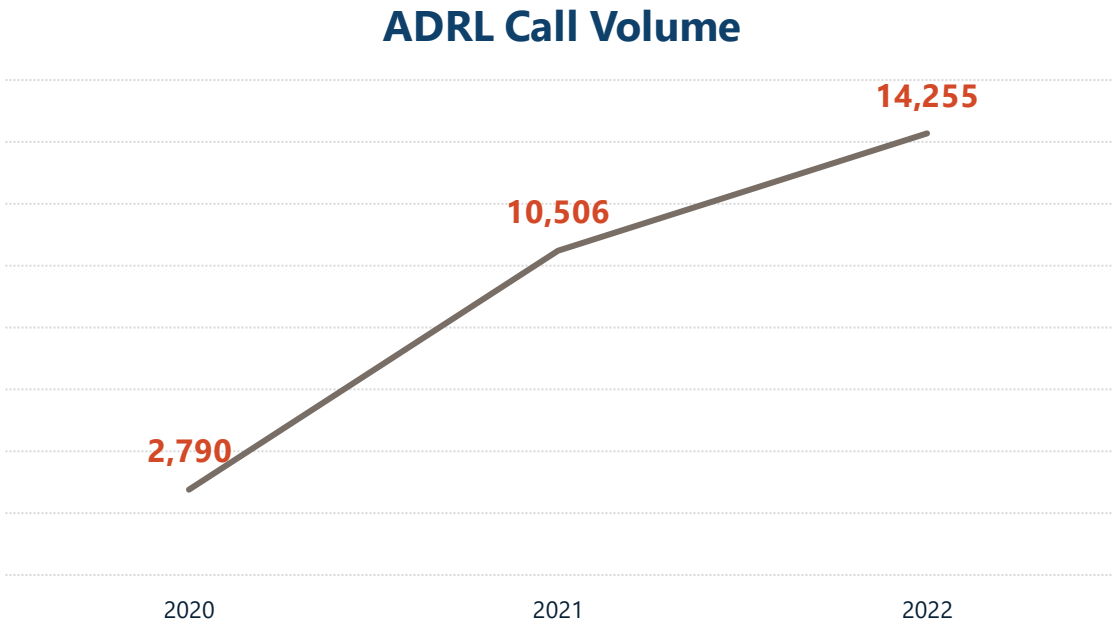




NORTH Dakota Be Legendary. | Health & Human Services

ADULT & AGING SERVICES - Aging & Disability Resource Link (ADRL) Centralized Intake

- **Process to receive services referrals**
- Based on “no wrong door” approach
- Network built to support individuals needing long-term care services by simplifying and streamlining access to information and services
- 6 FTE dedicated to centralized intake
- Fully implemented January 2021



7 in 10
Americans 65+ will need LTC services for an average of 3 years

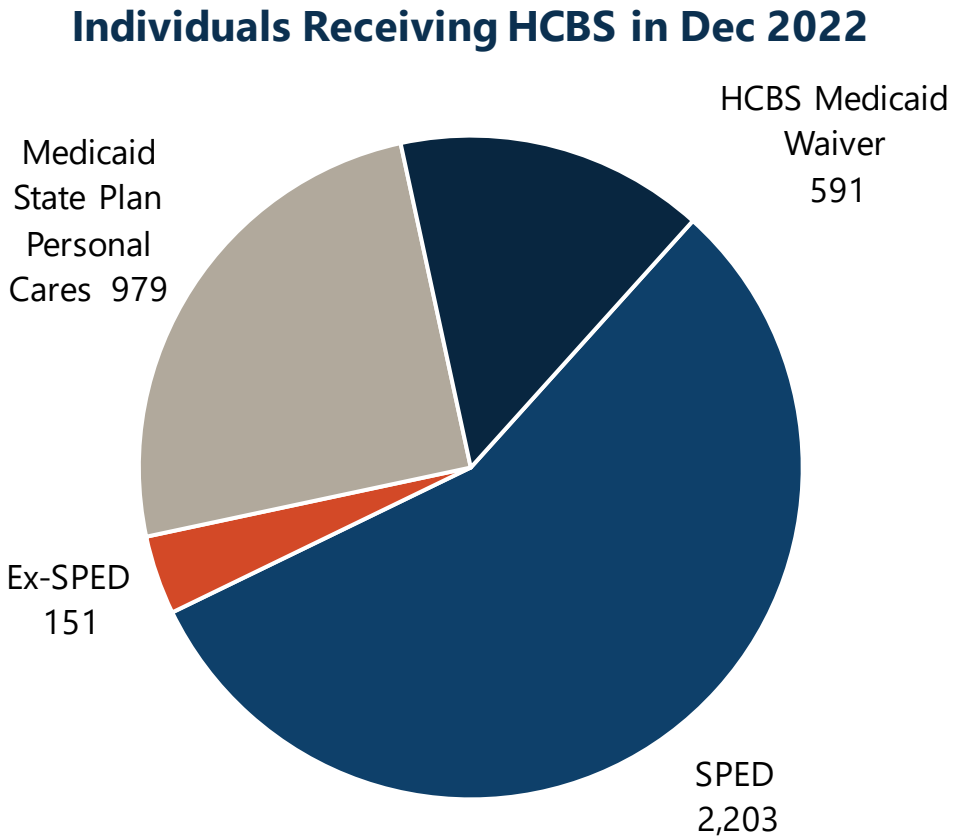
NORTH Dakota Be Legendary. | Health & Human Services

ADULT & AGING SERVICES
Individuals receiving HCBS services (Dec 2022)

3,158
Number of unduplicated recipients supported by HCBS in CY2022

36% ↑
increase since 2020

- Primarily serves older adults and individuals with physical disabilities
- Recipients must be both functionally and financially eligible
- May have client cost share based on income
- Federal and state funds
- Recipients range in age from 15-104 yrs old



Source: DHS HCBS Caseload Data Nov 2022

NORTH Dakota Be Legendary. | Health & Human Services

Adult & Aging Services: HCBS Case Management

HCBS Case Managers

Provide the support and structure needed to connect eligible people in need of in-home and community-based care to QSPs in their community.

What do they do?

- Determine eligibility
- Conduct person-centered planning
- Assess needs
- Authorize services
- Monitor for health and safety
- Provide support and guidance to family caregivers

67

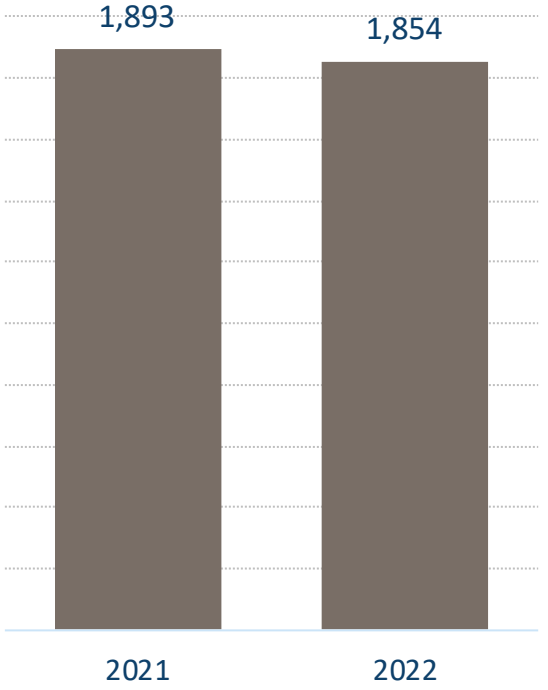
HCBS case managers supervised by Adult & Aging Services

158 and 86

On average, 158 new referrals and 86 new cases opened for HCBS each month

Case Management to **3,158** HCBS recipients and **799** Medicaid Basic Care Residents in 2022

HCBS Case Management Referrals

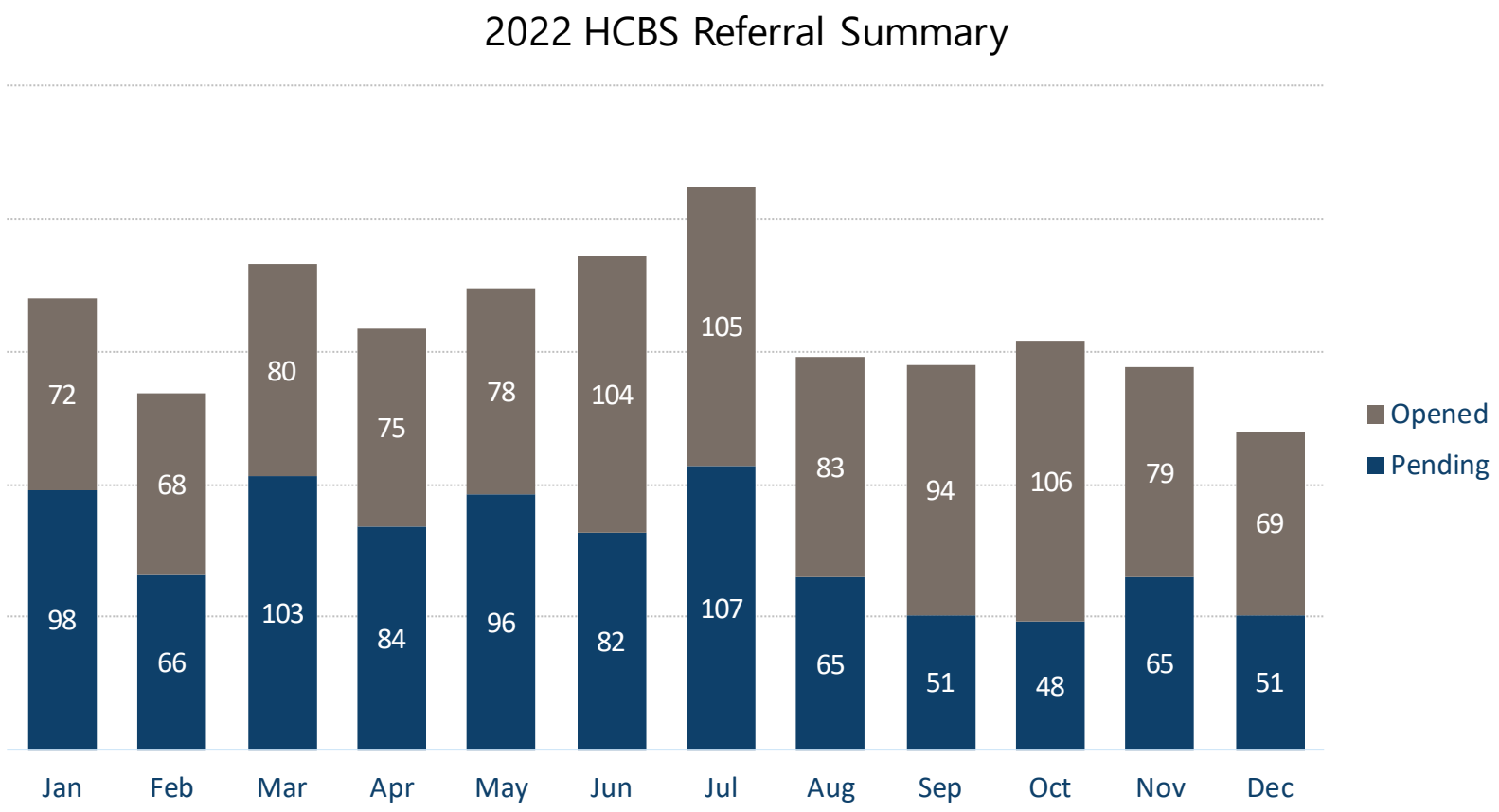


NORTH Dakota Be Legendary. | Health & Human Services

HCBS Case Managers handle pending cases, new referrals and case closures

The nature of HCBS work means that caseloads are constantly changing -- there are many cases opening and closing each month due to:

- Changes in chronic health conditions
- Medical emergencies (stroke, falls) that increase level of disability and need for assistance
- Death



NORTH Dakota Be Legendary. | Health & Human Services

Included in 2023-25 Executive Budget Request (not part of engrossed SB 2012)

Shift funding for HCBS Case Management from HSZ/457 Fund to HHS

- HCBS Case Managers designated as part of state team in the Social Service Redesign legislation.
- 457 Fund pays for salary, travel, supplies, and other related costs for these staff.
- EBR proposes change in funding source for HCBS Case Management costs from 457 Fund to HHS budget.

Total	General	Other
$14,763,939	$13,779,234	$984,705



Included in 2023-25 Engrossed SB 2012

Increase staff capacity to deliver HCBS case management and implement DOJ Settlement Agreement

Includes funds to hire 11 FTE to meet demand and strengthen the HCBS delivery system.

- *7 FTE HCBS Case Management 457/HSZ budget (EBR request was for 10 FTE)*
- 1 FTE Aging Services Generalist
- 2 FTE provider navigators
- 1 FTE quality assurance

Total	General	Other
$1,597,591	$247,780	$1,349,811
$783,430		$783,430

**Funding for 3 HCBS case managers included in EBR but not included in Engrossed SB 2012*

US Department of Justice Settlement Agreement requires the State to provide for a sufficient number of case managers to meeting with eligible individual's face-to face and develop a person-centered plan (PCP). HCBS Case Managers are also required to provide for all necessary services described in the PCP.



NORTH Dakota Be Legendary. | Health & Human Services

ADULT & AGING SERVICES
Older Americans Act (OAA) Services

30,554

Older adults
served in FFY2021

30% increase since FFY 2020

- Serves people age 60+
- No income limits
  - Voluntary contribution
  - Cannot deny service due to unwillingness or inability to contribute
- Federal, state, and local funds
- Services provided by over 40 contracted vendors



About Adult & Aging Services Contracts FFY2022

Who provides the care?

- Eight OAA Senior Nutrition Program - $7,570,272
- Six Health Maintenance - $812,000
- Four Tribal Nutrition/Home visits - $224,701
- Three Vulnerable Adult Protective Services - $583,871
- Four Centers for Independent Living – Money Follows the Person transition coordination - $4,178,799
- Alzheimer's Association Dementia Care Services – $1,300,000



NORTH Dakota | Health & Human Services
Be Legendary.

ADULT & AGING SERVICES
Long-Term Care Ombudsman Program

ND Long-Term Care System

5,244	Nursing Facility Beds*
659	Swing Beds
2,097	Basic Care Beds
3,149	Assisted Living Units

**In 248 facilities statewide*

Most Common Complaints

Nursing Homes/Swing Bed Facilities

- Autonomy, Choice, Exercise of Rights
- Care
- Admission, transfer, discharge, eviction

Basic Care & Assisted Living Facilities

- Autonomy, Choice, Preference, Exercise of Rights
- Care
- Environment

1,249
Consultations

397
Complaints Received

274
Cases Closed

ADULT & AGING SERVICES
Vulnerable Adult Protective Service (VAPS)

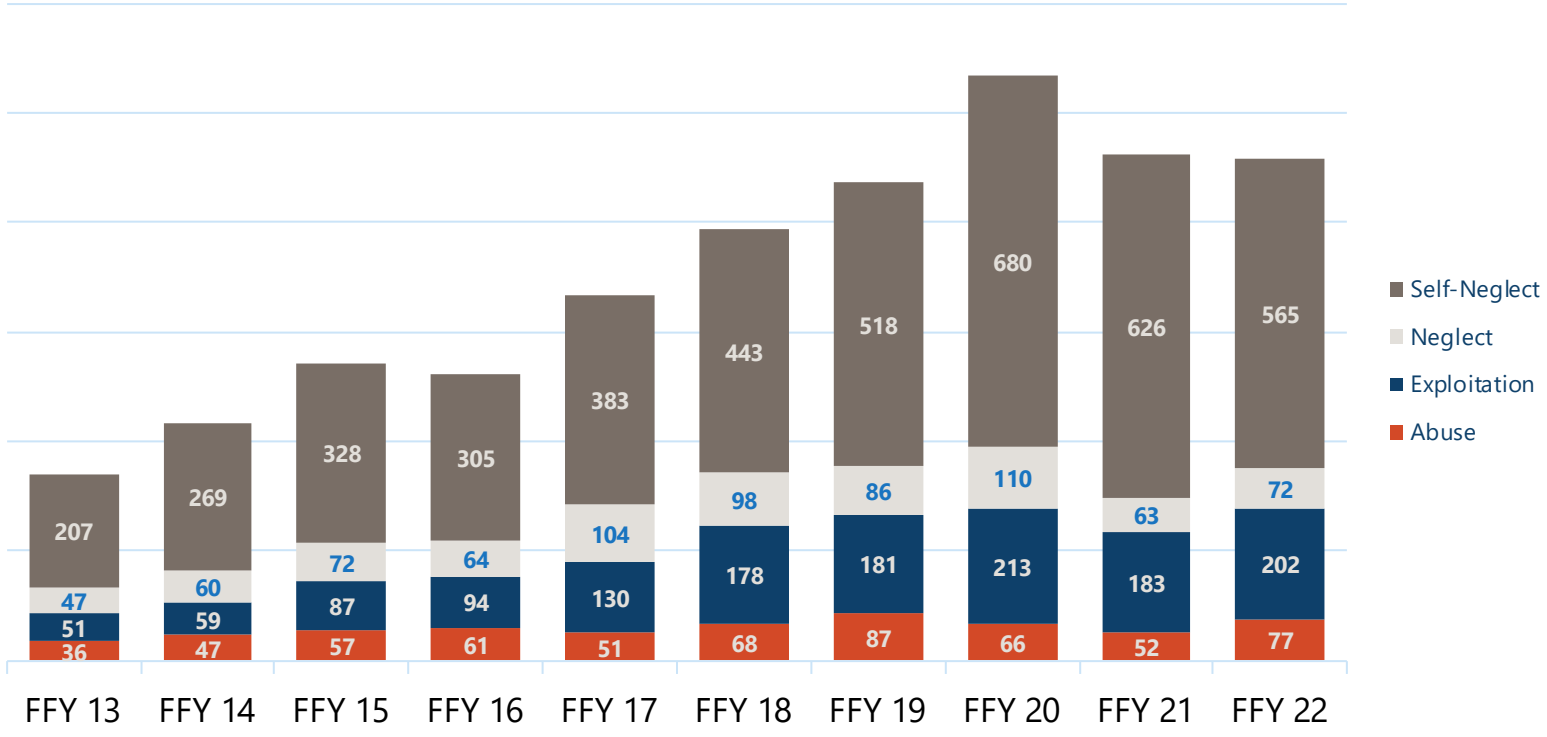
1,641 investigations

1,676 allegations

916 substantiated

Most common allegations:
Self Neglect
Financial Exploitation

Substantiated Allegations
FFY 2013 – FFY 2022



NORTH Dakota Be Legendary. | Health & Human Services

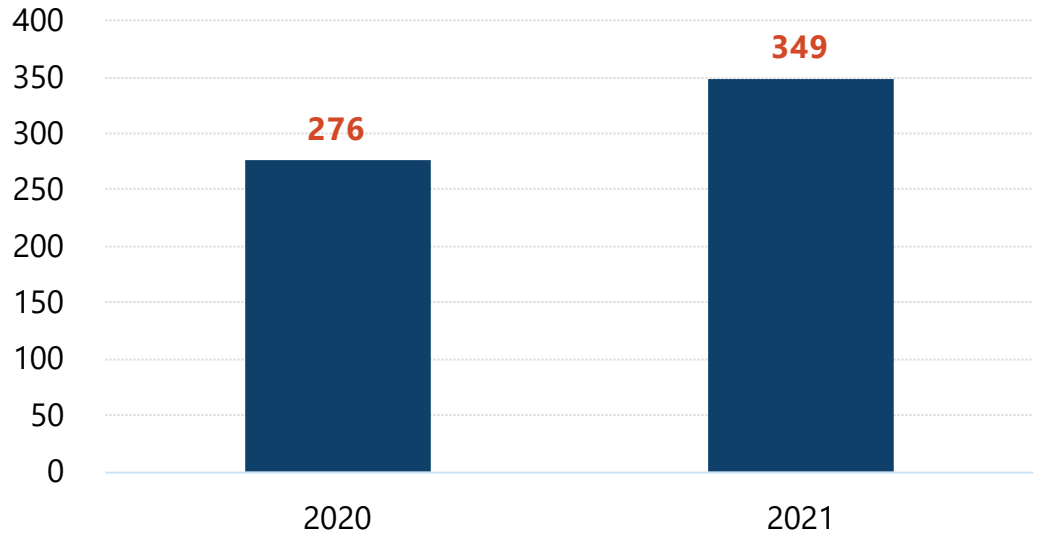
Supporting North Dakota's Family Caregivers

Dementia Care Services – Alzheimer's Association

- Care consultations for family caregivers and facility staff
- Information and assistance services
- Public and professional training

19,000 caregivers support 15,000 individuals 65+ who are living with Alzheimer's in North Dakota

Family Caregiver Support Program
Consumer Volume



Most utilized service is respite care - short break for caregivers.

NORTH Dakota Be Legendary. | Health & Human Services

Guardianship Establishment Fund

Fund pays legal costs associated with petitioning for guardianship for eligible adults who are incapacitated

179

adults served
July 2021 – Dec 2022

$2,500

Max petitioning cost per person



Included in 2023-25 Engrossed SB 2012

Increase funding cap for guardianship establishment fund

- Fund covers most petitioning costs for eligible adults who are incapacitated.
- Increase max petitioning costs paid to local attorneys who are willing to assist vulnerable adults and their families and agencies by $500 (from $2,500 to $3,000)
- Engrossed SB 2012 does not increase the number of people served; it just increases the max reimbursement rate.

Total	General	Other
$70,500	$70,500	$0
$177,000	*$177,000*	*$0*

**Note: This item was included in the Executive Budget Request but due to changing utilization, department requests consideration of higher amount*



Senior Nutrition Services

The pandemic changed the **way meals are delivered** to older adults.

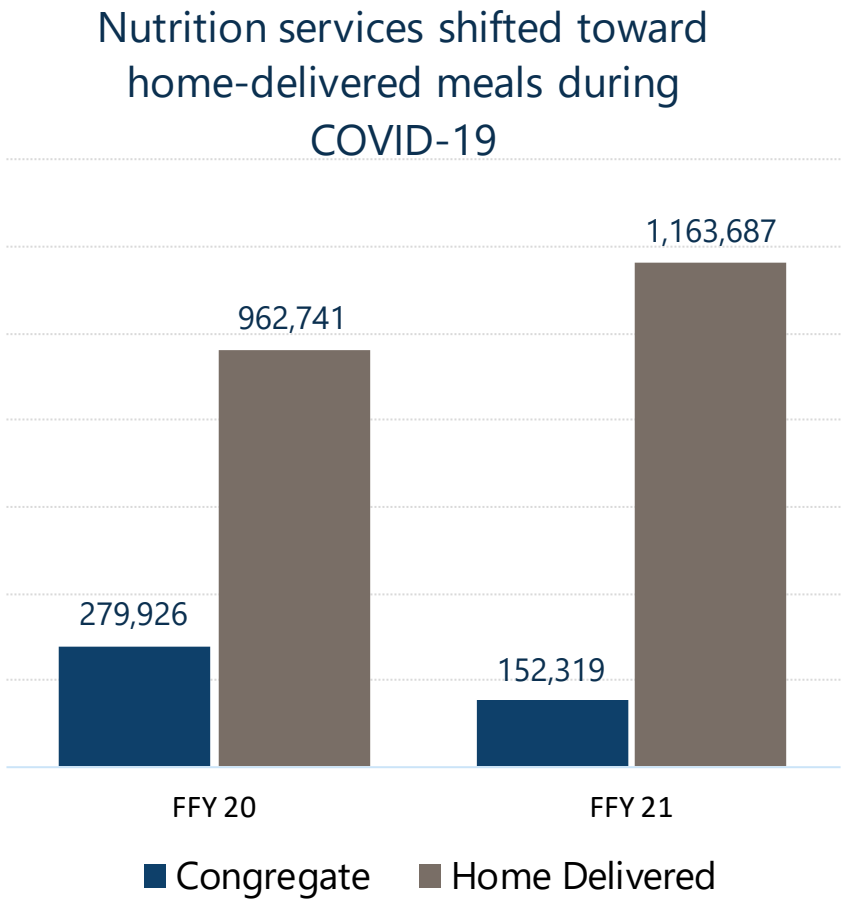
- Home delivered
- Pre-packaged grab-and-go
- Curbside pickup
- Frozen meal options

1,316,006

Meals served FFY2021

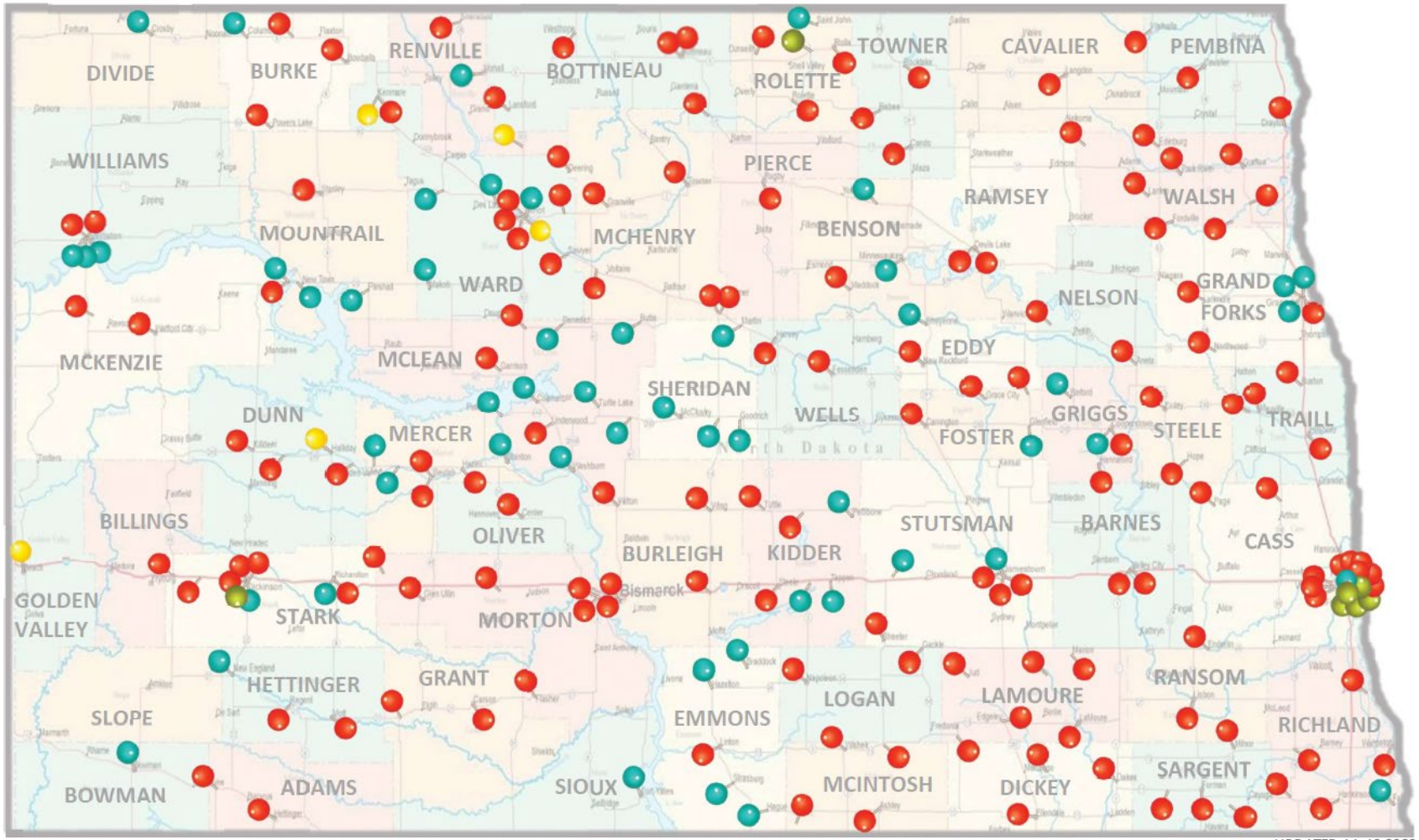
21,008

Consumers served





Older Americans Act (OAA)
North Dakota Nutrition Sites



UPDATED 11-10-2022

MAP LEGEND:

- Congregate Nutrition Sites Only
- Home Delivered Meals (HDM) Only
- Both Congregate and HDM Options
- Café 60 Nutrition Sites

STATE TOTAL:

214

07 Congregate Nutrition Sites Only
53 Home Delivered Meals (HDM) Only
149 Both Congregate and HDM Options
05 Café 60 Nutrition Sites

NORTH Dakota Be Legendary. | Health & Human Services

Included in 2023-25 Engrossed SB 2012

Increase per meal rate for OAA Senior Nutrition program

- Demand and the cost of labor, groceries, fuel, and packaging of home delivered, and congregate meals has increased.
- Nutritionally dense meals help older adults maintain strength which helps maintain their independence.
- All senior nutrition program meals are currently being reimbursed at $6 per meal.
    - Contract dates July 1, 2022, through June 30, 2023.
- Engrossed SB 2012 increases meal rate to $7.62 congregate, and $8.89 for home-delivered meals.

Total	General	Other
$12,854,294	$12,854,294	$0



Nutrition 23-25 Walkthrough

North Dakota Department of Human Services
Changes in Nutrition Services from 2021-2023 Appropriation to 2023-2025 Engrossed SB 2012

Service Description	2021-2023 Appropriation	Changes in federal funds	Changes in general fund	2023-2025 Budget to OMB	Inflation 4%/3%	2023-2025 Budget To Chamber 1	Inflation Year 2 1% Increase	2023-2025 Budget To Chamber 2
Congregate Meals	**5,102,530**	0	2,640,715	**7,743,245**	0	**7,743,245**		**7,743,245**
Home Delivered Meals	**9,874,422**	(7,047,628)	11,213,579	**14,040,373**	0	**14,040,373**		**14,040,373**
Nutrition Services Incentives	**1,693,820**	24,071	0	**1,717,891**	0	**1,717,891**		**1,717,891**
State Funds to Providers	**1,421,654**	0	0	**1,421,654**	79,044	**1,500,698**	7,392	**1,508,090**
Total	**18,092,426**	(7,023,557)	13,854,294	**24,923,163**	79,044	**25,002,207**	7,392	**25,009,599**
General Funds	**3,212,272**	0	13,854,294	**17,066,565**	79,044	**17,145,609**	7,392	**17,153,001**

NORTH Dakota Be Legendary. | Health & Human Services

Implementing the Settlement Agreement between U.S. DOJ & State of North Dakota

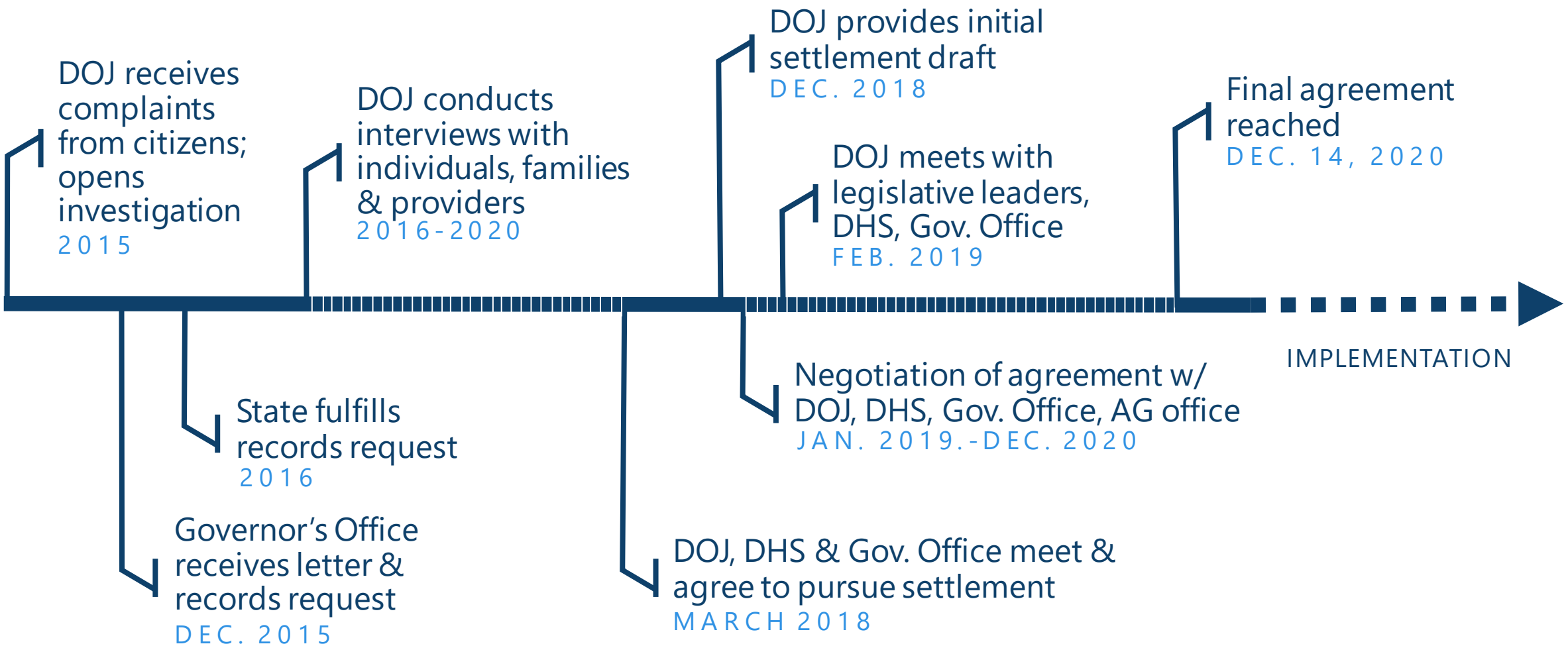
PURPOSE is to ensure that ND will **meet Americans with Disabilities Act (ADA) requirements** by providing services, programs, and activities for individuals with physical disabilities in the most integrated setting appropriate to their needs.

Effective Dec. 14, 2020

Agreement will terminate eight years after effective date if Parties agree that the state has attained substantial compliance with all provisions and maintained that compliance for a period of one year.



TIMELINE


DOJ receives complaints from citizens; opens investigation
2015
DOJ conducts interviews with individuals, families & providers
2016-2020
DOJ provides initial settlement draft
DEC. 2018
DOJ meets with legislative leaders, DHS, Gov. Office
FEB. 2019
Final agreement reached
DEC. 14, 2020
IMPLEMENTATION
State fulfills records request
2016
Governor's Office receives letter & records request
DEC. 2015
DOJ, DHS & Gov. Office meet & agree to pursue settlement
MARCH 2018
Negotiation of agreement w/ DOJ, DHS, Gov. Office, AG office
JAN. 2019.-DEC. 2020

VARIETY OF CONCERNS

EXAMPLES PROVIDED BY DOJ

- **Unnecessary segregation** of disabled individuals in skilled nursing facilities
- Adults in skilled nursing facilities who would **rather be in their community**
- **Imbalance of funds** to skilled nursing facilities and community-based services
- **Lack of awareness** about existing transition services and available tools

WHO ARE WE TRYING TO REACH?

Defining Target Population

Basic Eligibility

- Individual with physical disability
- Over age 21
- Eligible or likely to become eligible to receive Medicaid long-term services and supports (LTSS)
- Is likely to require LTSS for at least 90 days.



IF in skilled nursing setting

- Receive Medicaid-funded nursing facility services AND
  - Likely to require long term services and supports
- Receive nursing facility services AND
  - Likely to become eligible for Medicaid within 90 days, have submitted a Medicaid application, and have approval for a long-term nursing facility stay

IF in hospital or home setting

- Referred for a nursing facility level of care determination AND
  - Likely to need services long term
- Need services to continue living in the community AND
  - Currently have a HCBS Case Manager or have contacted the ADRL

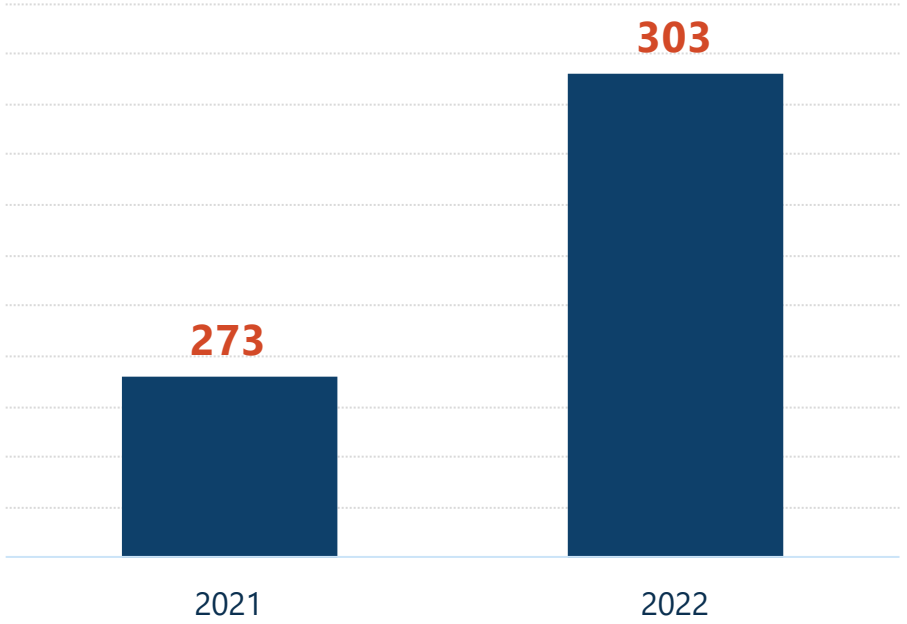
New Target Population Members (TPMs) Receiving HCBS that were DIVERTED from a SNF

"**Diversion**" happens when a Medicaid eligible individual who screens at a nursing facility level of care receives a set of services (HCBS, housing etc.) that allows them to remain in an integrated setting and avoid institutionalization.

DOJ Settlement Agreement **REQUIRED** ND to **divert at least 100** individuals by Dec. 13, 2022.

Benchmark achieved ☑

HCBS Unduplicated Diversions



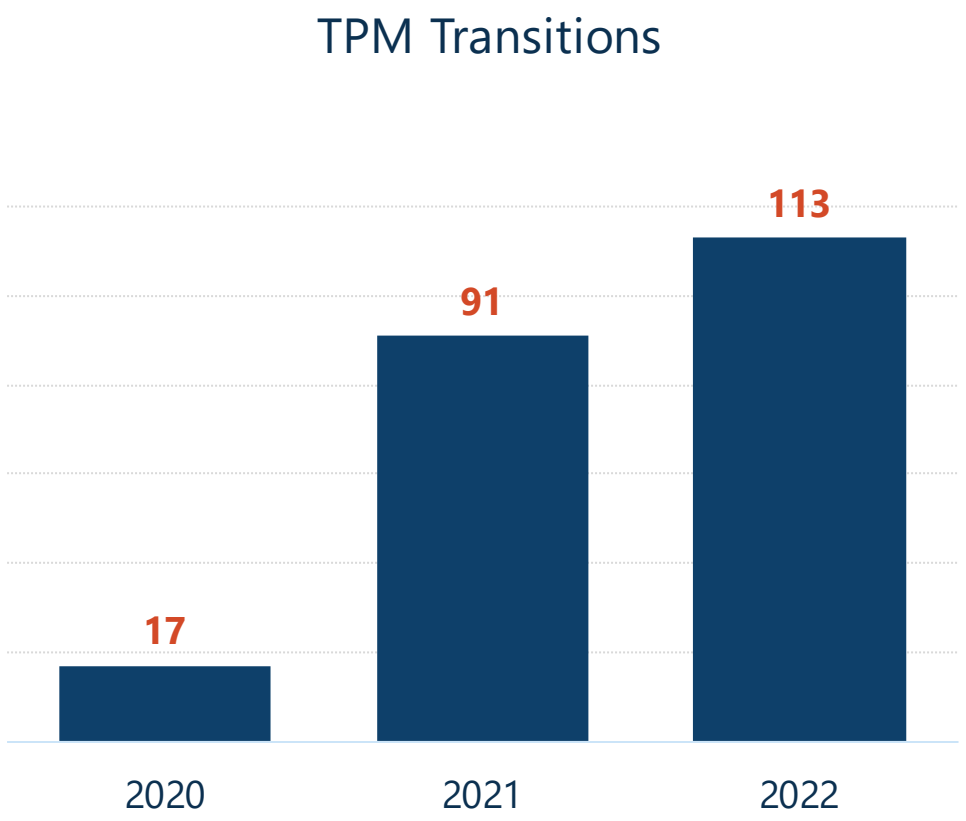
NORTH Dakota Be Legendary. | Health & Human Services

ADULT & AGING SERVICES
TPMs who Transitioned to an Integrated Setting

"Transition" happens when a Medicaid eligible individual who resides at a nursing facility receives transition supports and a set of services (HCBS, housing etc.) that allows them to move to an integrated setting in the community.

DOJ Settlement Agreement
REQUIRED ND to transition at least 100 individuals by Dec. 13, 2022.

Benchmark achieved ☑



NORTH Dakota Be Legendary. | Health & Human Services

Included in 2023-25 Engrossed SB 2012

Staff person to assist with continued implementation of US DOJ Settlement Agreement

- Requesting 1 FTE for the US DOJ Settlement Support Specialist
- Language in 2021-2023 HB 2012 included a sunset for this position.
- State implementation of settlement is 8 years if we can show substantial compliance.
- Job responsibilities include, administrative support for the Agreement Coordinator, data collection and overseeing the development of the semi-annual and ad hoc requirements in the Settlement Agreement.

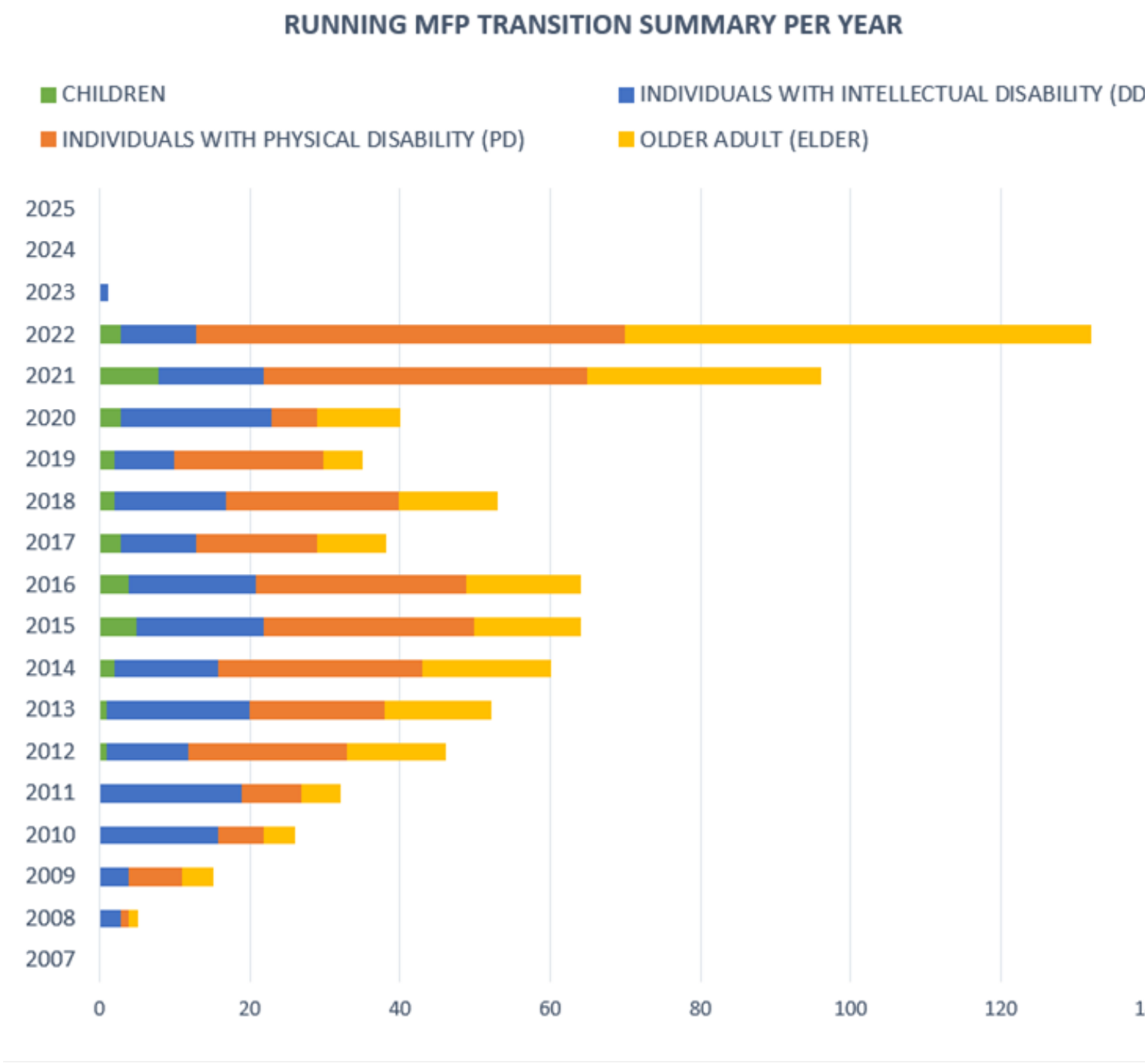
Total	General	Other
$ 235,208	$0	$ 235,208



Adult & Aging Services

Money Follows the Person Grant

- Federal Grant designed to assist states to increase the use of HCBS to achieve Long Term Service (LTSS) and Supports System Rebalancing
- Eliminate barriers that prevent individuals from receiving LTSS in the setting of their choice
- MFP Grant started 2007 - $8.9 million
- Award through 2022 $47.8 million (fed) and $4.3 (state)
- Transitioned 759 individuals over the past 15 years



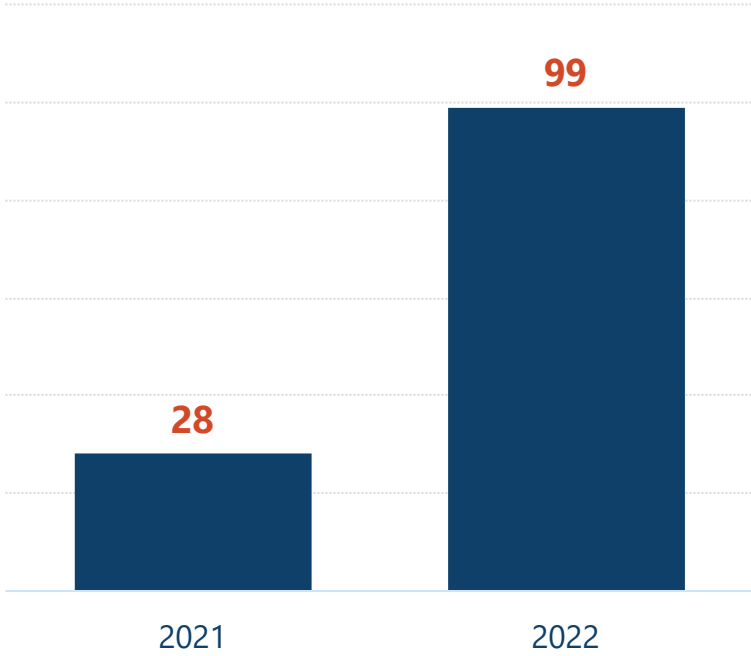
ADULT & AGING SERVICES
TPMs Receiving Permanent Supported Housing

"**Permanent Supported Housing**" is providing affordable housing, rental assistance, meeting with landlords, application assistance etc., in addition to other traditional HCBS that allows an individual to live in a private residence alone or with family, their significant other or roommates of their choosing.

DOJ Settlement Agreement REQUIRED
ND to provide this service to
20 individuals by Dec. 13, 2021, and
30 individuals by Dec. 13, 2022

Benchmark achieved ☑

TPM Receiving Permanent Supported Housing



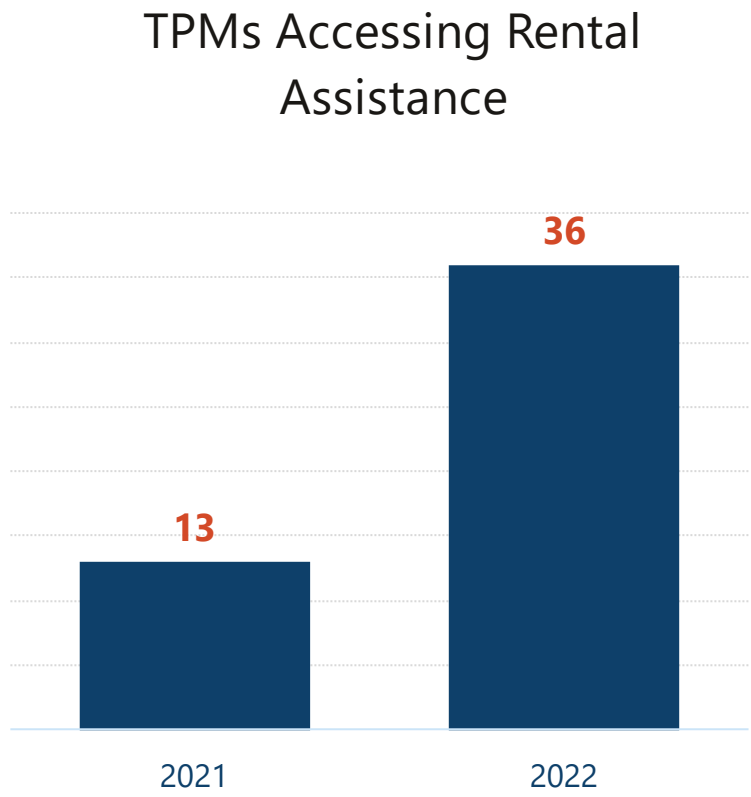
NORTH Dakota Be Legendary. | Health & Human Services

ADULT & AGING SERVICES
TPM Accessing Various Forms of Rental Help

"**Rental assistance**" is assisting individuals in paying for affordable housing in the community and may also involve paying for affordable housing costs during an institutional stay, so the individual does not loose their place to live in the community.

2021-2023 approved budget included $300,000 to fund approx. 375 months of housing assistance over the course of the biennium.

Strategy achieved ☑



NORTH Dakota Be Legendary. | Health & Human Services

Additional Adult/Aging Svc Request

Rental assistance funds to meet housing requirements in the US DOJ Settlement Agreement

Total	General	Other
$300,000	$300,000	$0

- US DOJ Settlement Agreement requires the State to provide permanent supported housing (PSH), including rental assistance as necessary, to a specified number of target population members each year.
  - Year 1 – 20 people
  - Year 2 – 30 people
  - Year 3 – 60 people
  - Year 4 - # based on aggregate of need
- The item was inadvertently omitted from the executive budget request; it was intended to have been included in the base budget.



NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 budgets and related funding

By major expense

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
Salaries and Benefits	$ 8,748,214	$ 20,359,994	$ 29,108,208	$ (16,672,038)	$ 12,436,170
Operating	23,443,640	20,968,013	44,411,653	499,081	44,910,734
IT Services	6,000	19,800	25,800	-	25,800
Capital Asset Expense	-	-	-	-	-
Capital Assets	-	-	-	-	-
Grants	4,318,476	(807,503)	3,510,973	310,779	3,821,752
Total	$ 36,516,330	$ 40,540,304	$ 77,056,634	$ (15,862,178)	$ 61,194,456

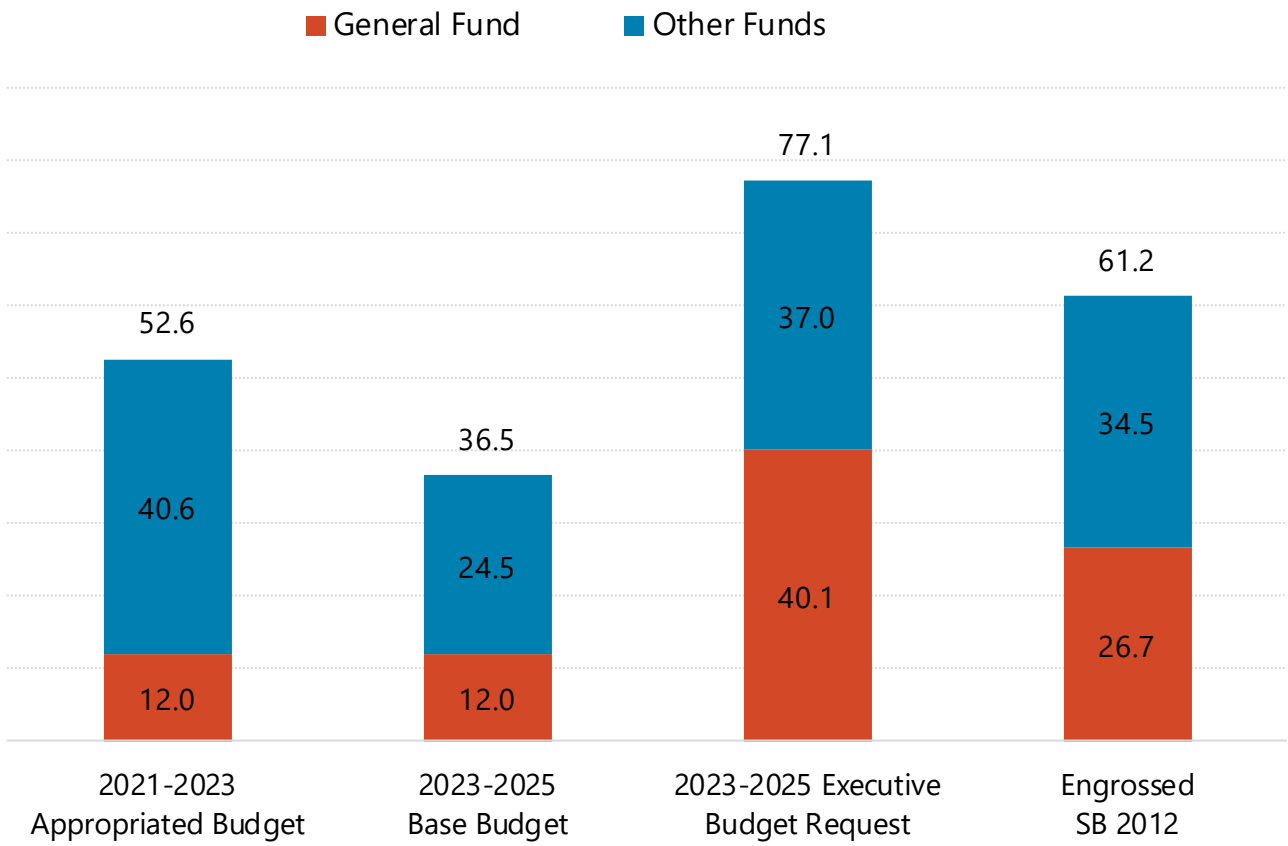
General Fund	**$ 11,963,529**	**$ 28,094,380**	**$ 40,057,909**	**$ (13,338,440)**	**$ 26,719,469**
Federal Funds	**23,806,863**	**9,035,940**	**32,842,803**	**(173,042)**	**32,669,761**
Other Funds	**745,938**	**3,409,985**	**4,155,923**	**(2,350,697)**	**1,805,226**
Total Funds	**$ 36,516,330**	**$ 40,540,305**	**$ 77,056,635**	**$ (15,862,179)**	**$ 61,194,456**

Full Time Equivalent (FTE)	45.70	82.00	127.70	(77.00)	50.70

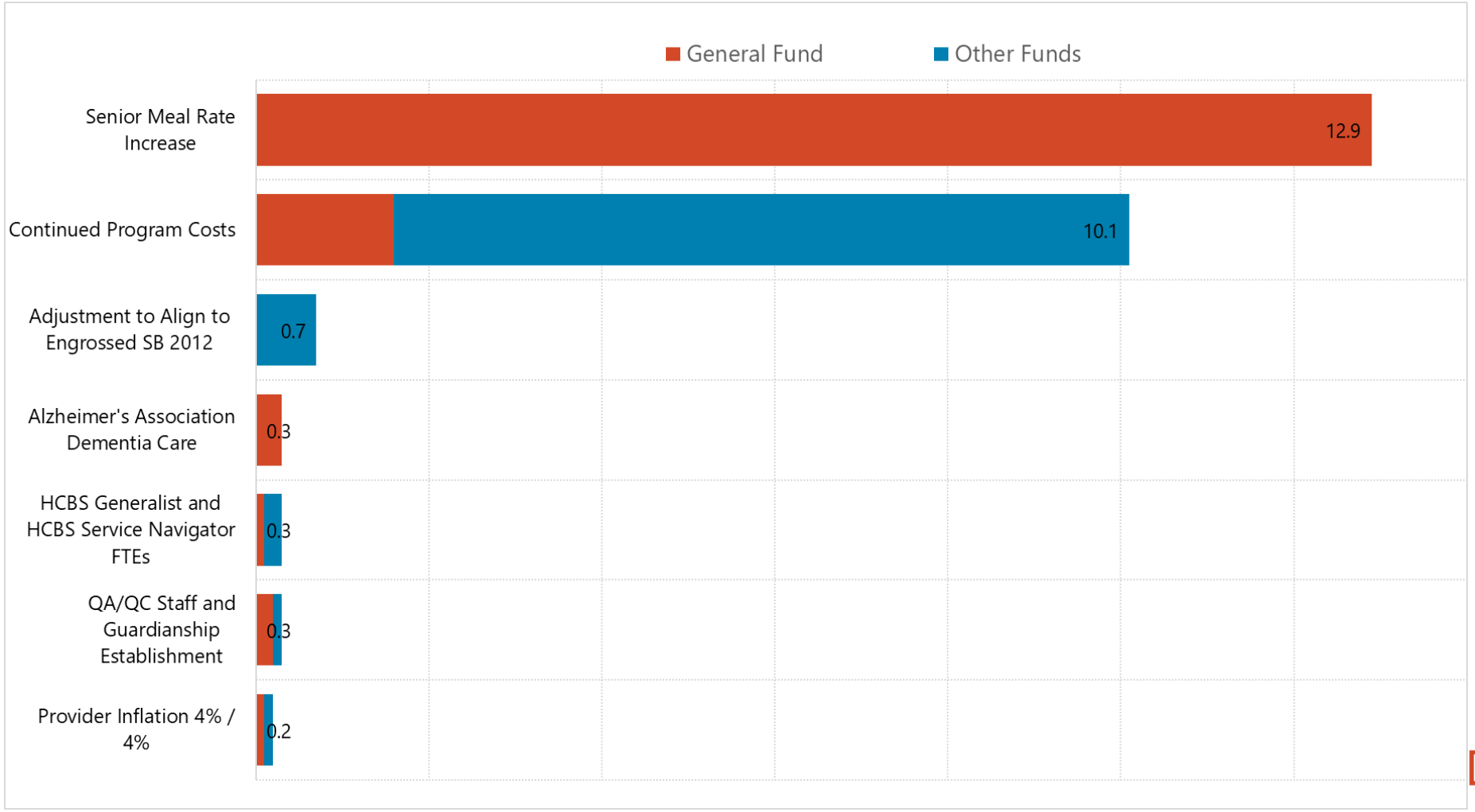
Adult & Aging Services Comparison of total budget with funding (in millions)

INCREASE FROM BASE TO ENGROSSED SB 2012 $24.7 MILLION

- Increase in operating/IT costs of $21.5M
- Increase in salaries and benefits of $3.7M
- Decrease in grants of ($0.5M)



Comparison of base budget to Engrossed SB 2012(in millions)



Comparison of 2023-2025 budgets and related funding

By detailed expense

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
511x Salaries - Regular	$ 5,909,352	$ 12,102,558	$ 18,011,910	$ (11,348,518)	$ 6,663,391
512x Salaries - Other	-	-	-	-	-
513x Salaries Temp	110,082	2,298,204	2,408,286	-	2,408,286
514x Salaries Overtime	-	116,262	116,262	(116,262)	-
516x Salaries Benefits	2,728,781	5,842,970	8,571,751	(5,207,258)	3,364,493
Total Salaries & Benefits	$ 8,748,214	$ 20,359,995	$ 29,108,209	$ (16,672,039)	$ 12,436,170
52x Travel	119,167	182,690	301,857	(182,440)	119,417
53x Supply	7,918	111	8,029	(2,148)	5,881
54x Postage & Printing	11,273	901	12,174	-	12,174
55x Equipment under $5,000	750	1,750	2,500	(1,500)	1,000
56x Utilities	-	-	-	-	-
57x Insurance	3,300	-	3,300	-	3,300
58x Rent/Leases - Bldg/Equip	61,584	227,715	289,299	-	289,299
59x Repairs	-	-	-	-	-
61x Professional Development	41,138	21,325	62,463	(20,000)	42,463
62x Fees - Operating & Professional	23,198,510	20,533,521	43,732,031	705,169	44,437,200
67x Expenses	-	-	-	-	-
53x Supplies	3,000	-	3,000	-	3,000
60x IT Expenses	3,000	19,800	22,800	-	22,800
68x Land, Building, Other Capital	-	-	-	-	-
69x Over	-	-	-	-	-
69x Equipment Over $5,000	-	-	-	-	-
71x Grants, Benefits, & Claims	4,072,480	(807,503)	3,264,977	310,778	3,575,756
72x Transfers	245,996	-	245,996	-	245,996
Total Operating	$ 27,768,116	$ 20,180,310	$ 47,948,427	$ 809,859	$ 48,758,286
Total	$ 36,516,330	$ 40,540,305	$ 77,056,635	$ (15,862,179)	$ 61,194,456

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 funding

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive	Increase / (Decrease)	Engrossed SB 2012
General Fund	$ 11,963,529	$ 28,094,380	$ 40,057,909	$ (13,338,440)	$ 26,719,469
Federal Funds	23,806,863	9,035,940	32,842,803	(173,042)	32,669,761
Other Funds	745,938	3,409,985	4,155,923	(2,350,697)	1,805,226
Total Funds	$ 36,516,330	$ 40,540,305	$ 77,056,635	$ (15,862,179)	$ 61,194,456

Summary of Additional Adult & Aging Services Budget Requests

	General	Other	TOTAL
Increase the per petition funding cap available through the guardianship establishment fund *	$177,000 *(in addition to original request of $70,500)*	$0	$177,000 *(in addition to original request of $70,500)*
Rental assistance funds to meet housing requirements in the US DOJ Settlement Agreement	$300,000	$0	$300,000
3 additional HCBS Case Managers in the HSZ/457 fund		$783,430	783,430
TOTAL	$477,000	$783,430	$1,260,430

**Note: This item was included in the Executive Budget Request but due to changes in utilization, requesting consideration for additional funding; this table reflects additional amount*

SB 2012 Sections 23, 25 and 32
Exemptions

SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
AGING SERVICES SECTION

SECTION 23 (Governor's Recommendation). EXEMPTION. The amount appropriated for the purpose of vulnerable adult protection services program in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the vulnerable adult protection services program during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 25 (Governor's Recommendation). EXEMPTION. The amount appropriated for the purpose of money follows the person capacity program in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the money follows the person capacity program during the biennium beginning July 1, 2023, and ending June 30, 2025.

SECTION 32 (Governor's Recommendation). EXEMPTION. The amount appropriated for the purpose of federal medical assistance percentage adjustments in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the home and community-based services 10% plan during the biennium beginning July 1, 2023, and ending June 30, 2025.

NORTH Dakota
Be Legendary.



On the horizon for Adult & Aging Services



- Meet the continued implementation and reporting requirements of the US DOJ SA
- Continue to address the workforce shortage and "service deserts" by partnering with the provider community and thinking of creative ways to attract and retain direct service professionals.
- Improve the provider enrollment experience.
- Create opportunities for adults of all ages to complete futures planning by providing education and support to create durable powers of attorney for healthcare etc.

NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Nancy Nikolas Maier

Director, Adult & Aging Services Section

nmaier@nd.gov

https://www.hhs.nd.gov/adults-and-aging

ADRL 1-855-462-5465

U.S. Department of Justice Settlement Agreement | Health and Human Services North Dakota

NORTH Dakota Be Legendary. | Health & Human Services



Engrossed Senate Bill 2012

House Appropriations Committee | HR Division

Jon Nelson, Chairman

Child Support Section | Jim Fleming, Director | March 6, 2023

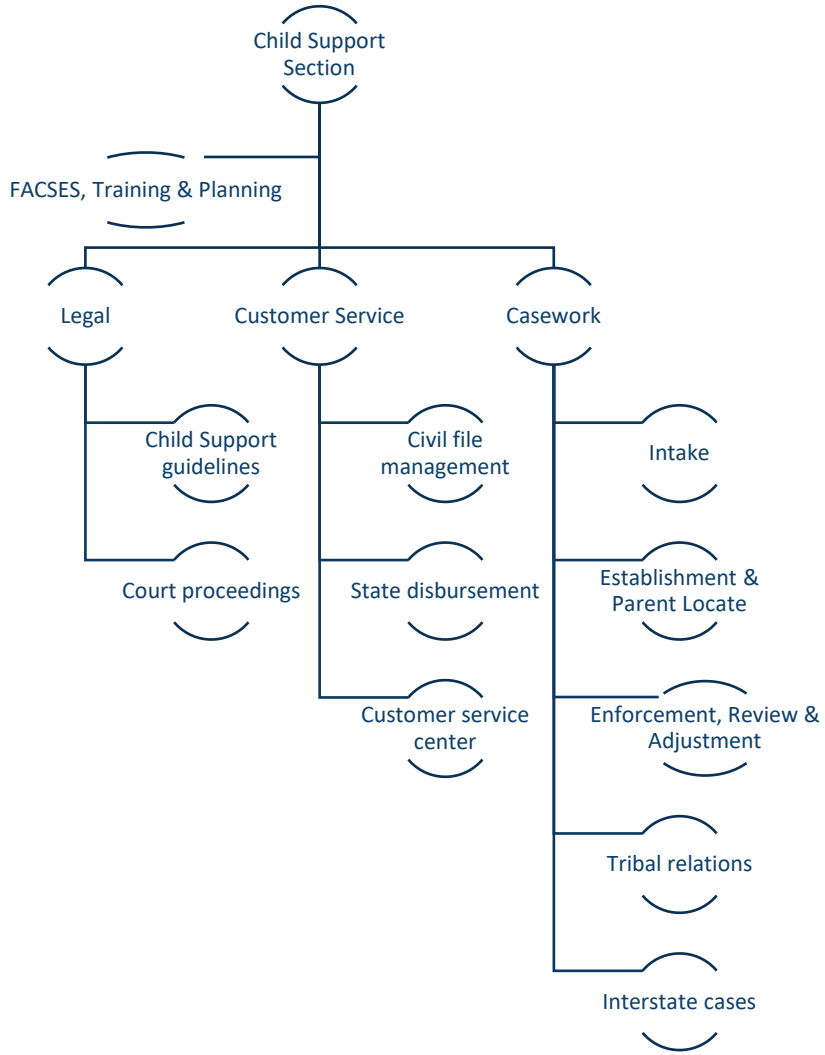
NORTH Dakota Be Legendary. | Health & Human Services

Child Support: Staffing and Team Structure

The purpose of the Child Support program is to help parents meet the needs of their children by securing appropriate and sustainable child support.

Child Support		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**12-31-22 Vacancies (from base)**
161.2	161.2	6.00

Avg Age	Avg Yrs of Service	Turnover 2021	Turnover 2022
49	**14**	**6.5%**	**9.6%**



NORTH Dakota Be Legendary. | Health & Human Services

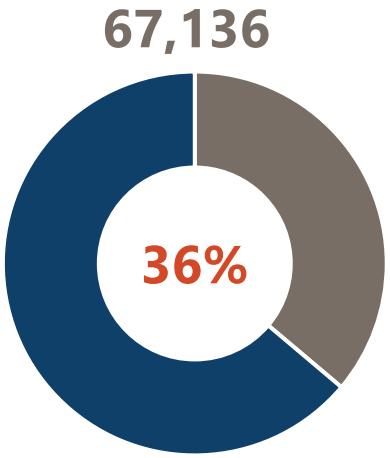
Who we serve

As of 2022, the Child Support section delivers programs and services to:

- 67,136 children
- 86,050 parents
- 53,318 cases
  - Full service. – 32,797
  - Limited service – 20,521
- Employers 79,176

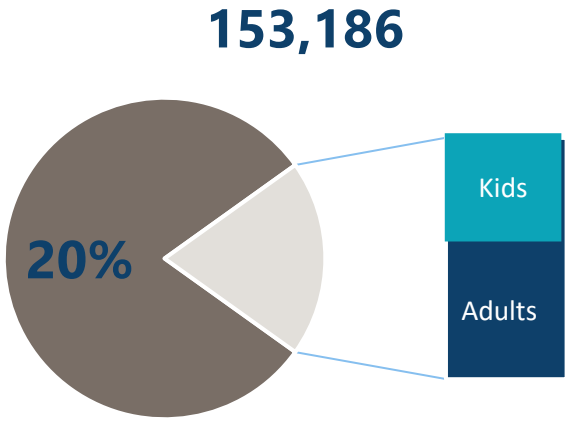


Child Support
Who we serve



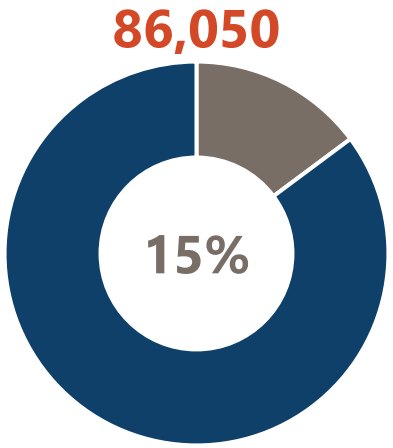
1 in 3 ND kids

In 2022, 67,136 children received child support services. That is more than 1 of every 3 children under age 18 in the state.



1 in 5 North Dakotans

153,186 people received child support services in North Dakota in 2022.



1 in 7 ND adults

In 2022, 86,050 parents received child support services. That means nearly 1 of every 7 adults (age 18+) in the state has a connection to the child support division.

NORTH Dakota Be Legendary. | Health & Human Services

Meet Bobbi Jo & Tanner



Bobbi Jo is 22 years old and lives in Devils Lake. She used to live with the father of her two-year old son Tanner.

Tanner's father acknowledged his paternity in the hospital when Tanner was born but broke up with Bobbi Jo when Tanner was a baby.

Bobbi Jo has a part-time job at a local convenience store. She is receiving health coverage for herself and Tanner under the Medicaid program.

She is struggling to make ends meet, but currently makes too much income to be eligible for SNAP or TANF.

NORTH Dakota | Health & Human Services
Be Legendary.

Child Support section provides services that promote family self sufficiency



Customer Service

- 24/7/365 information on website and interactive phone system
- Customer service call center
- Appointments



Establish paternity

- In-hospital paternity acknowledgment program
- Genetic tests
- Paternity judgment



Establish and modify court orders for child and medical support

- Child Support guidelines
- Periodic reviews



Enforcement

- Income withholding
- Tax refunds
- License suspension
- Employment assistance



Account Management

- Receive payments
- Maintain payment ledger
- Disburse payments

NORTH Dakota Be Legendary. | Health & Human Services

Child Support
Opening a Full-Service case

- TANF Referral
- Medicaid Referral
- Foster Care Referral
- Referral from another state or tribal or international child support program
- Application by a parent



NORTH Dakota | Health & Human Services
Be Legendary.

Child Support
What we do – Full Service and Limited Service

All Cases

- Customer service
- Income withholding
- Account management

Full-Service Cases

- Establishment of paternity
- Establishment of a child support and medical support order
- Other enforcement actions such as tax refund offset and license suspension
- Employment services
- Periodic review and modification of child support obligation



NORTH Dakota | Health & Human Services
Be Legendary.

How we measure success
Collection of payments owed

When child support is received, the child is able to grow up in a more secure and stable environment.

Studies have shown that for every $1 a family receives in child support, $0.19 is saved in reduced need for TANF, SNAP, Medicaid and other programs.



Child Support Return on Investment

- Every **$1.00 spent** on Child Support generated **$6.31 for family recipients**

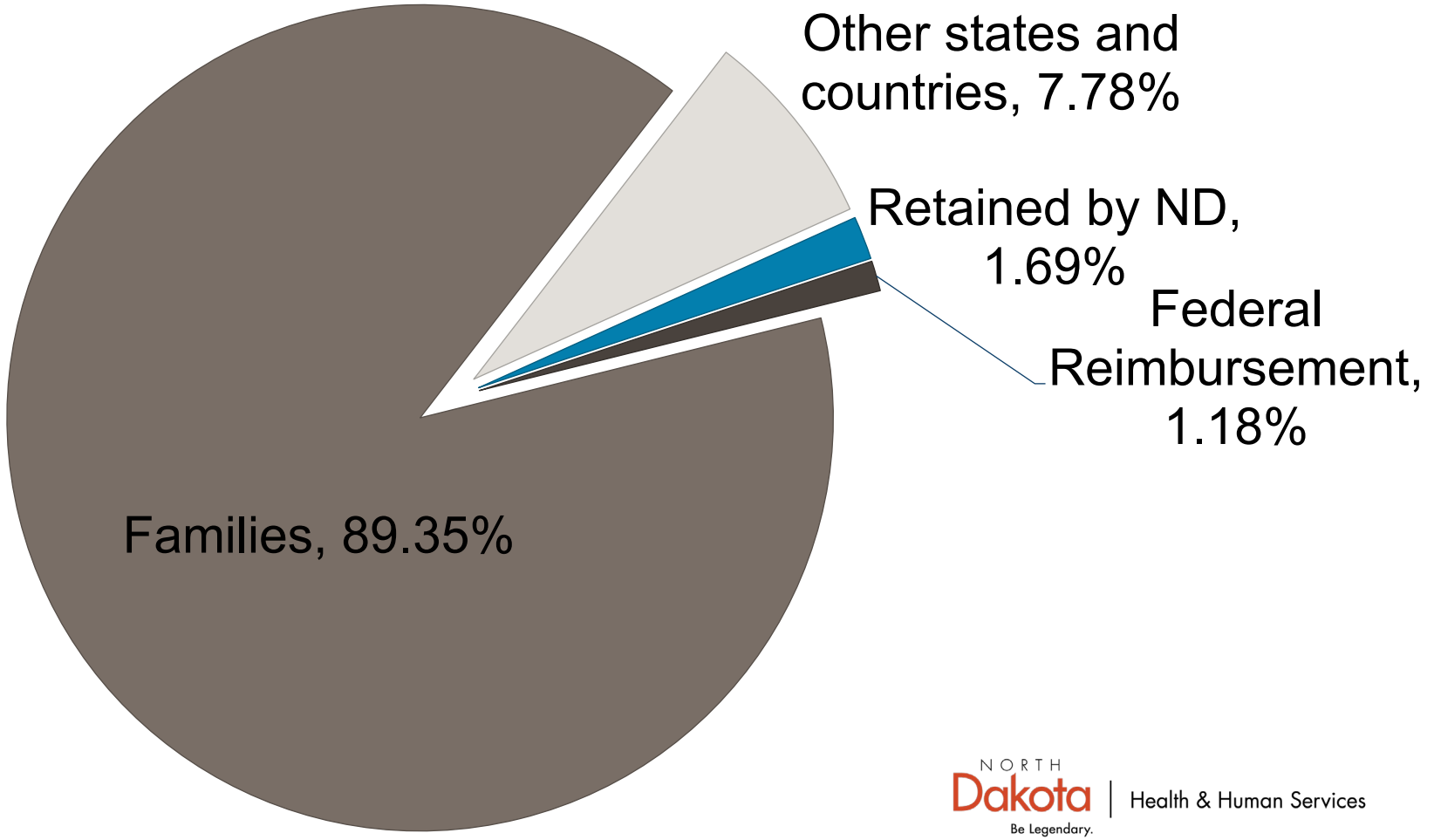
- Every **$1.00 in state General Funds spent** on Child Support generates **$18.55 in support for family** recipients



NORTH Dakota | Health & Human Services
Be Legendary.

Collections - Where the $183 million goes

Child support agencies work collaboratively, across state lines, to ensure that families receive the child support they are owed regardless of where they live.



NORTH Dakota Be Legendary. | Health & Human Services

Child Support Partners



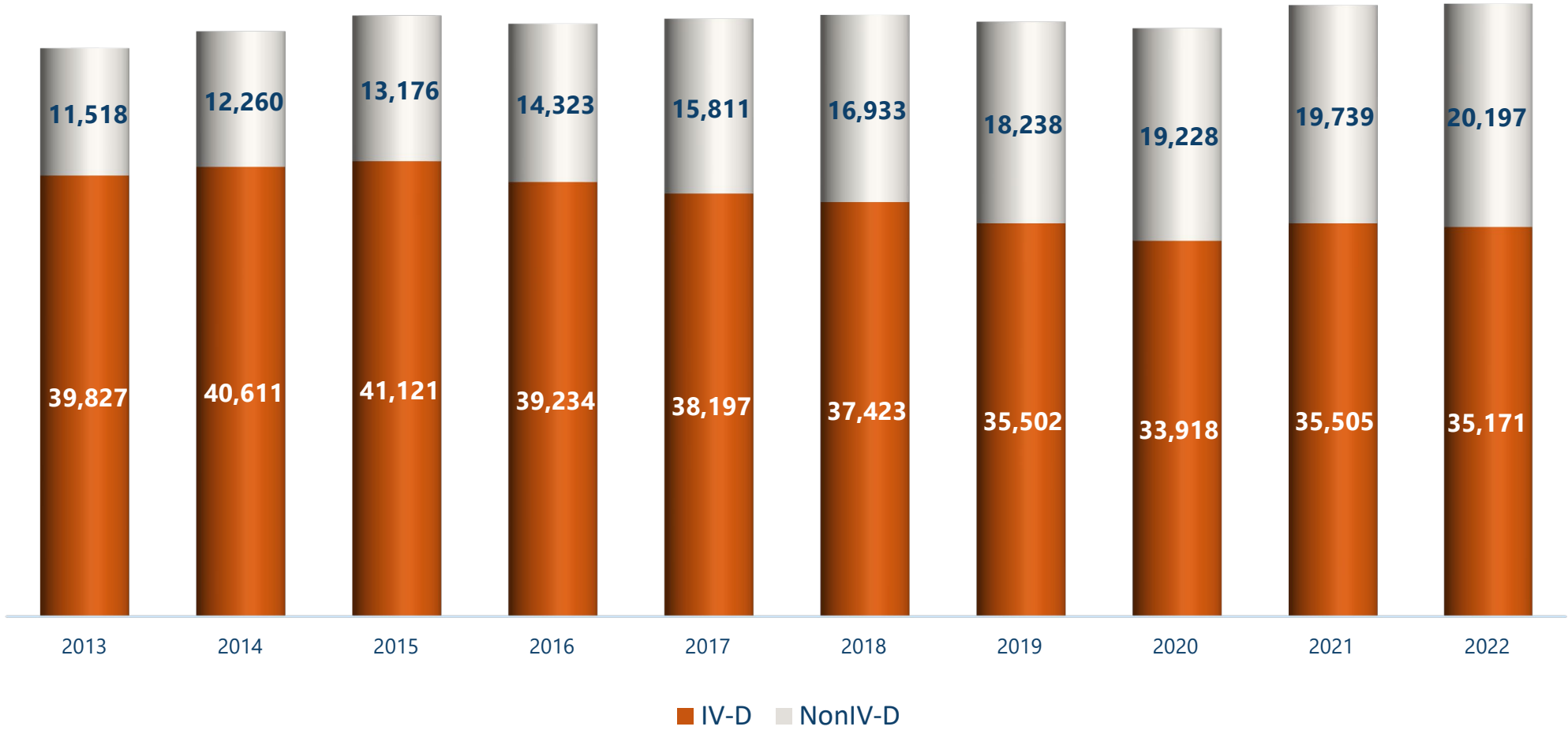
- Employers
- Judges
- Clerks of court
- Sheriffs
- ND state and local government agencies
- Other state and tribal child support programs
- Private attorneys
- Car dealers
- Gaming operators

Child Support Tribal Partnerships

- "Lack of jurisdiction" cases are excluded from federal performance measures
- Partnership with Three Affiliated Tribes and Standing Rock Sioux Tribe child support programs
- Bring actions in Turtle Mountain and Spirit Lake tribal courts
- Host Tribal Offset Partnership so tribes can access federal offset services



Child Support caseload is stable



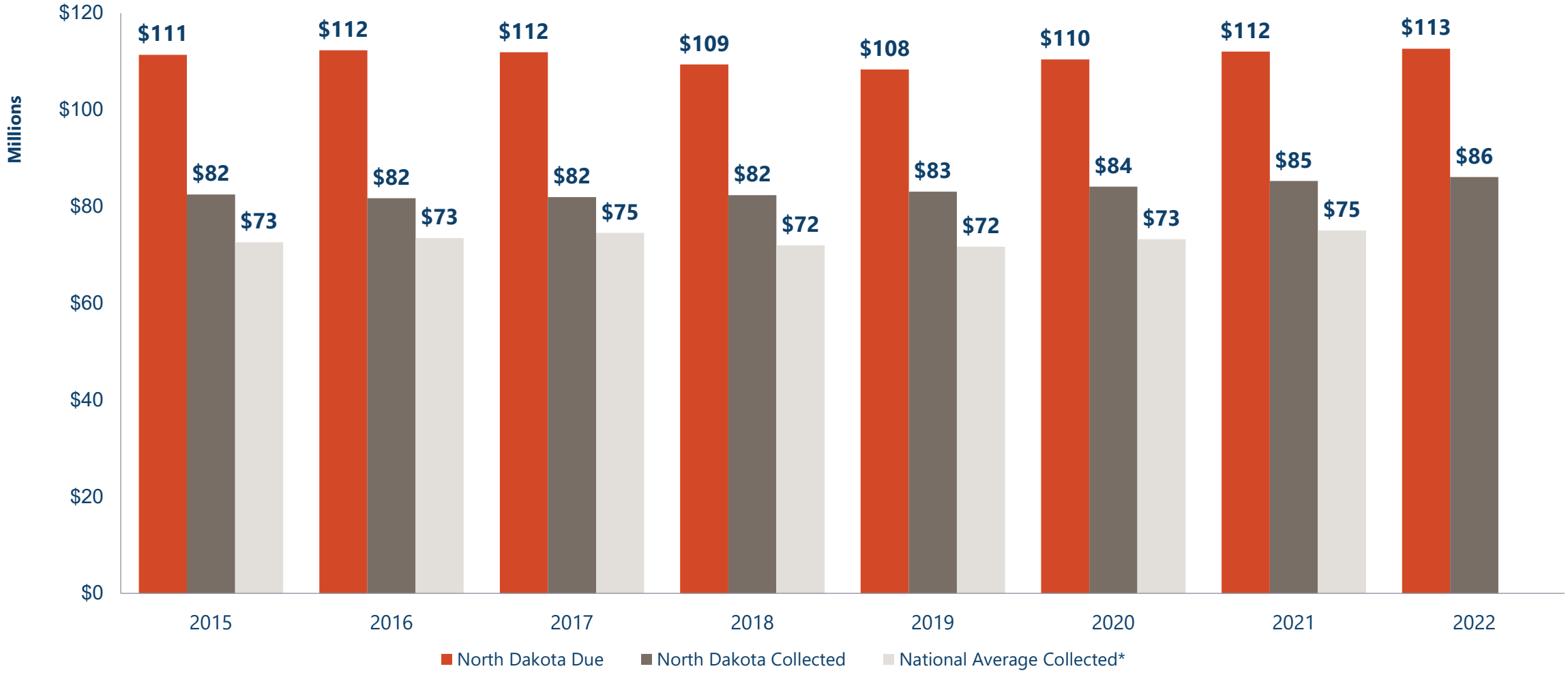
Non-IV-D case = Limited Service

IV-D case = Full Service

Child Support Performance Measures

	Orders Established	Paternity Established	Current Support	Cases with Arrears Collection	Cost Benefit
ND FFY 2022	90.09%	108.66%	75.88%	67.34%	$6.31
ND FFY 2021	90.38% (20)	104.67% (7)	75.45% (5)	67.72% (28)	$6.26 (13)
#1 State	94.83%	165.33%	84.33%	86.33%	$11.80
#5 State	94.44%	110.95%	75.45%	75.28%	$7.92
#10 State	93.14%	101.75%	71.33%	73.16%	$6.43

ND child support collections typically exceed national averages by about 10%

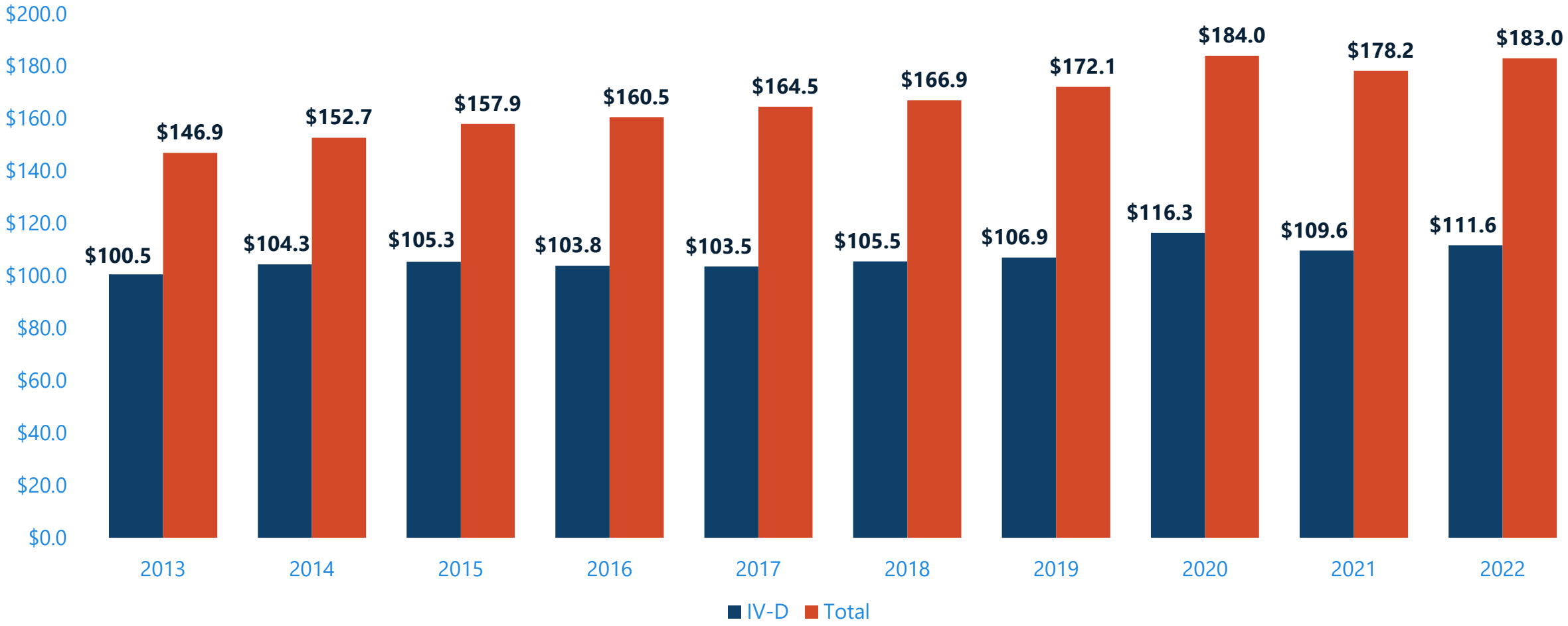


	2015	2016	2017	2018	2019	2020	2021	2022
North Dakota	74.1%	72.8%	73.2%	75.3%	76.7%	76.2%	75.5%	75.9%
National Average	65.2%	65.4%	66.6%	65.8%	66.2%	66.3%	67.0%	N/A

NORTH Dakota Be Legendary. | Health & Human Services

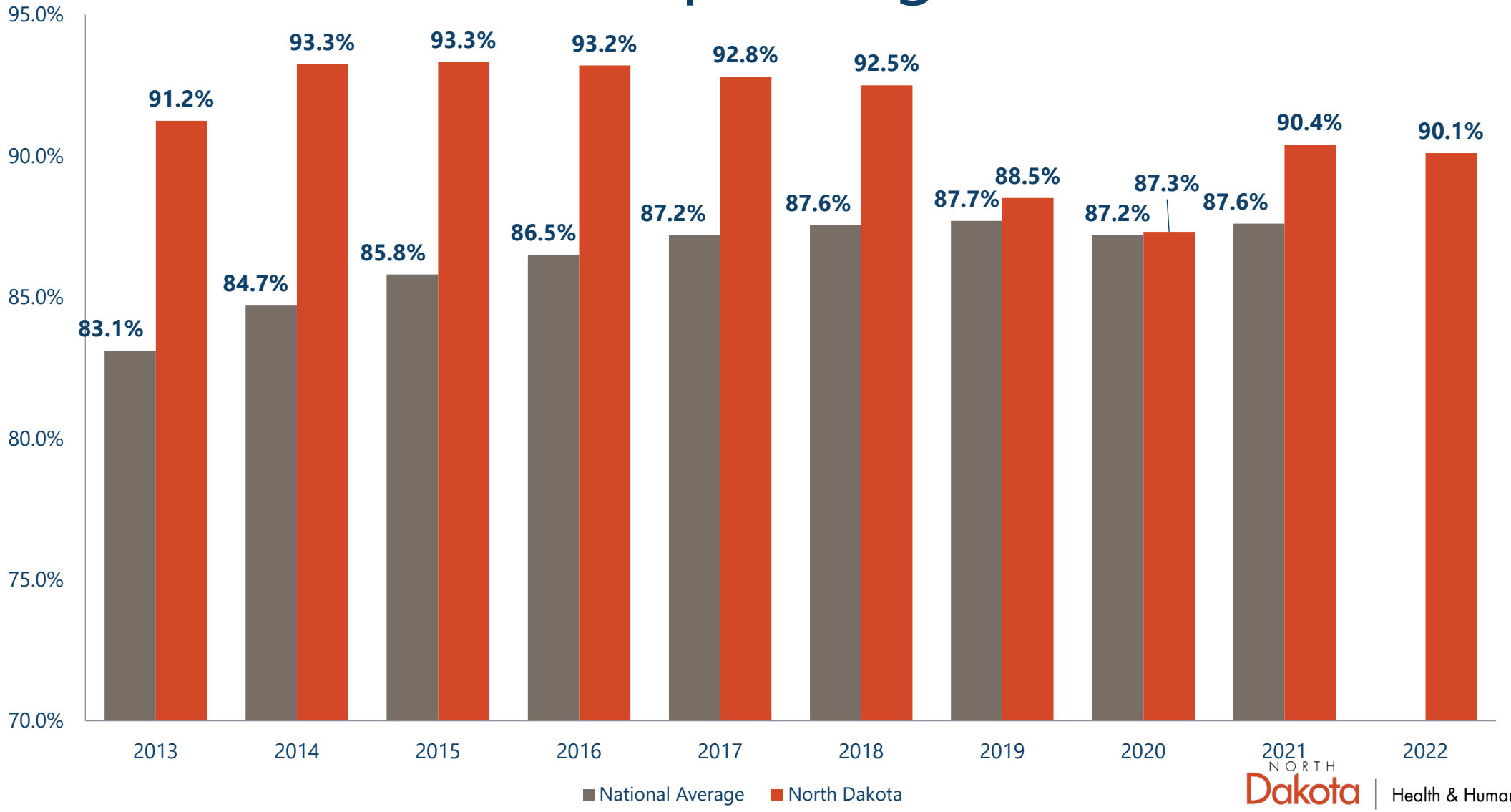
**National average performance applied to North Dakota's current support due.*

Collections continue to increase



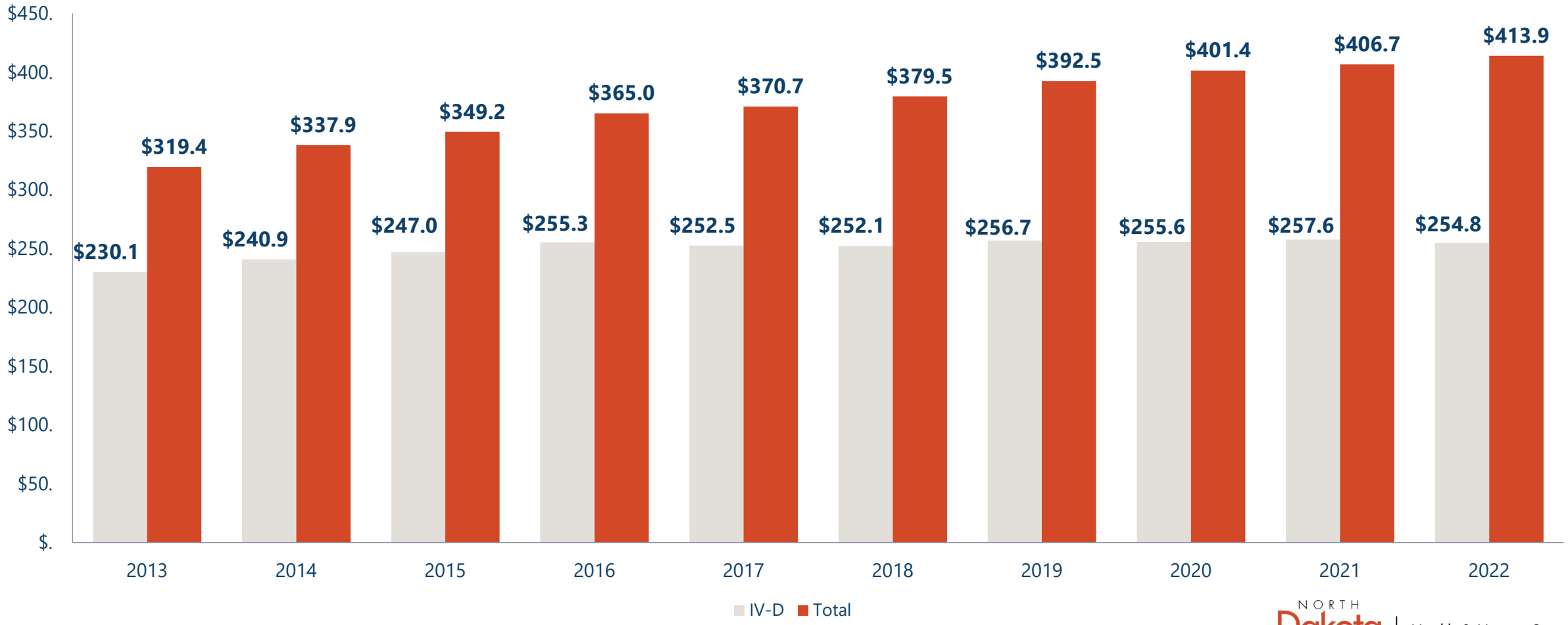
NORTH Dakota Be Legendary. | Health & Human Services

Order establishment improving after COVID-19



NORTH Dakota Be Legendary. | Health & Human Services

Unpaid support in full-service cases is being contained



NORTH Dakota Be Legendary. | Health & Human Services

How do customers reach us?



childsupport@nd.gov



(800) 231-4255

NORTH Dakota Be Legendary. | Health & Human Services



A future of continued progress

2023-2025 is the biennium to complete modernization of the child support program as a component of economic health and delivery of comprehensive human services

NORTH Dakota | Health & Human Services
Be Legendary.

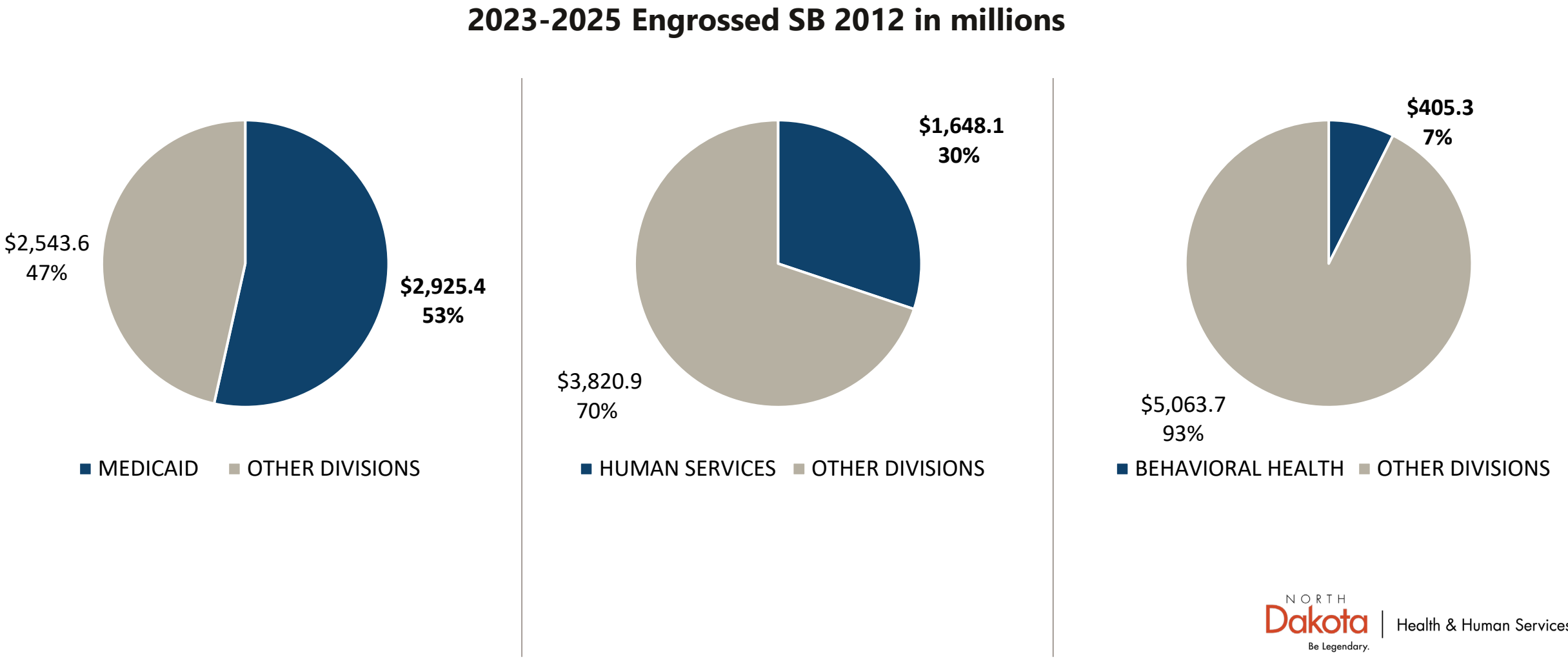


2023-2025 Budget request

The **program, systems and workforce support** necessary to continue to serve North Dakotans

NORTH Dakota | Health & Human Services
Be Legendary.

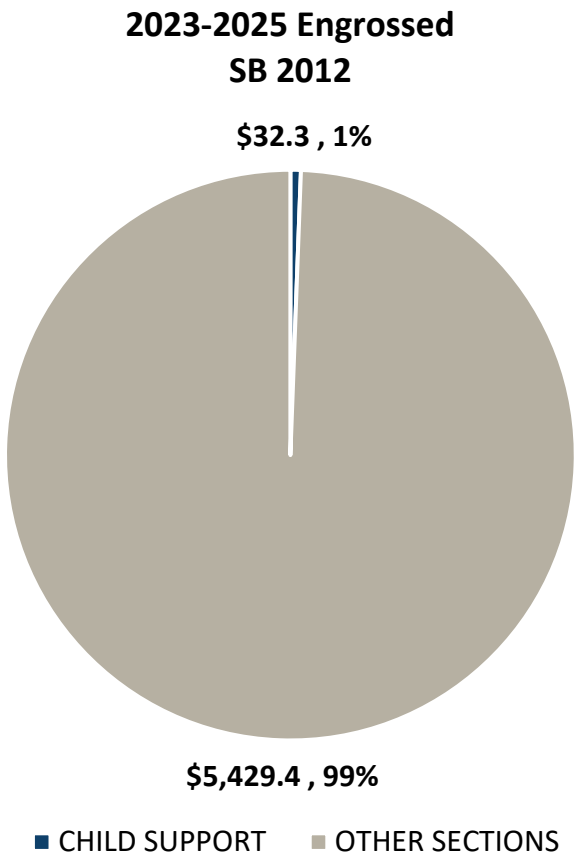
Division budgets compared to Engrossed SB 2012



NORTH Dakota Be Legendary. | Health & Human Services

Section budget compared to Engrossed SB 2012 (in millions)

Represents 1% of SB 2012, $32.3 million



NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 budgets and related funding

By major expense

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
Salaries and Benefits	$ 27,413,957	$ 2,733,526	$ 30,147,483	$ (533,454)	$ 29,614,029
Operating	3,461,249	(917,645)	2,543,604	-	2,543,604
IT Services	99,555	27,600	127,155	-	127,155
Capital Asset Expense	-	-	-	-	-
Capital Assets	-	-	-	-	-
Grants	-	-	-	-	-
Total	$ 30,974,761	$ 1,843,481	$ 32,818,242	$ (533,454)	$ 32,284,788

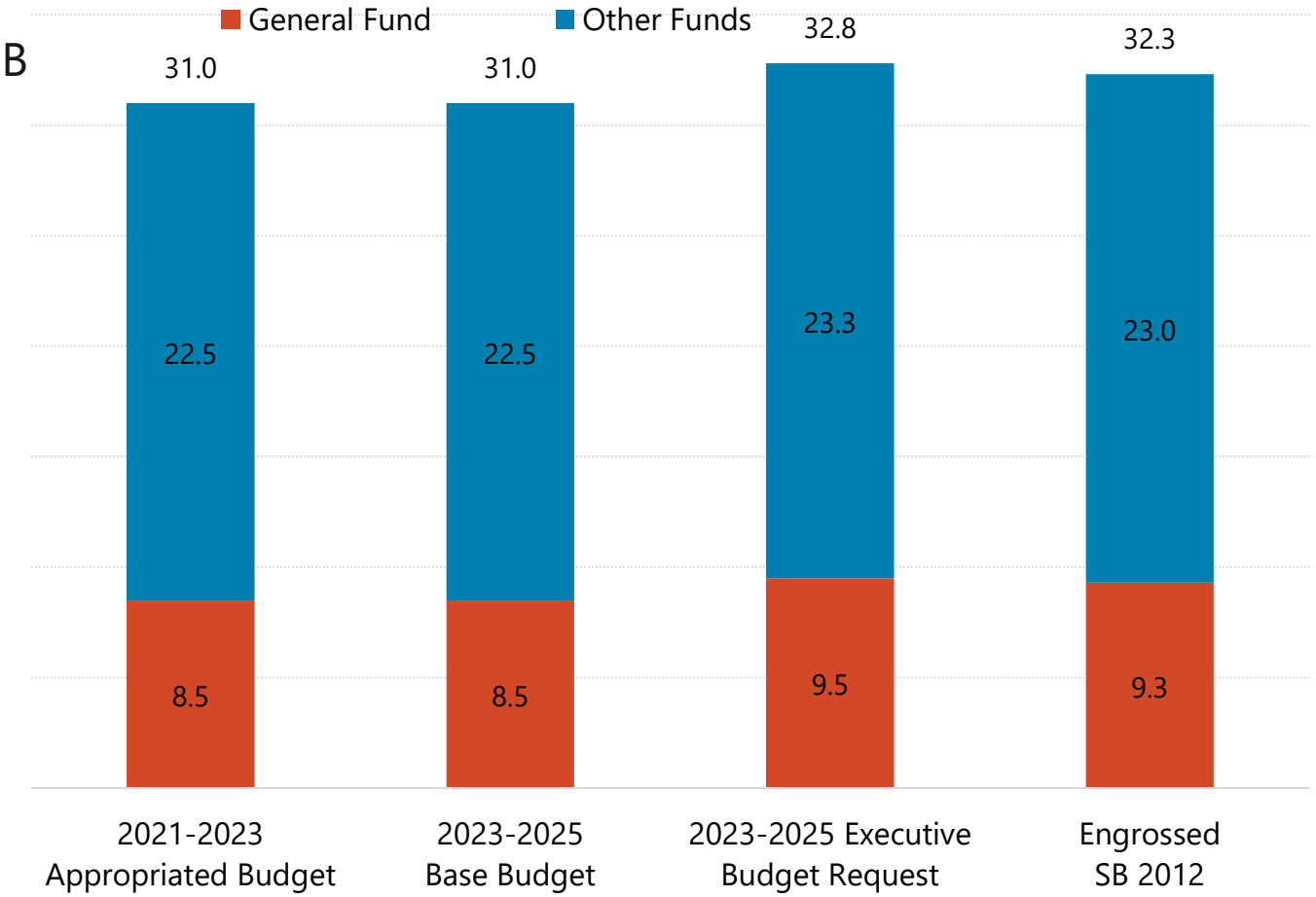
General Fund	**$ 8,486,110**	**$ 980,259**	**$ 9,466,369**	**$ (212,669)**	**$ 9,253,700**
Federal Funds	**18,465,044**	**973,254**	**19,438,298**	**(320,785)**	**19,117,513**
Other Funds	**4,023,607**	**(110,032)**	**3,913,575**	**-**	**3,913,575**
Total Funds	**$ 30,974,761**	**$ 1,843,481**	**$ 32,818,242**	**$ (533,454)**	**$ 32,284,788**

Full Time Equivalent (FTE)	161.20	-	161.20	-	161.20

Comparison of total budget with funding (in millions)
Appropriated budget is larger than base

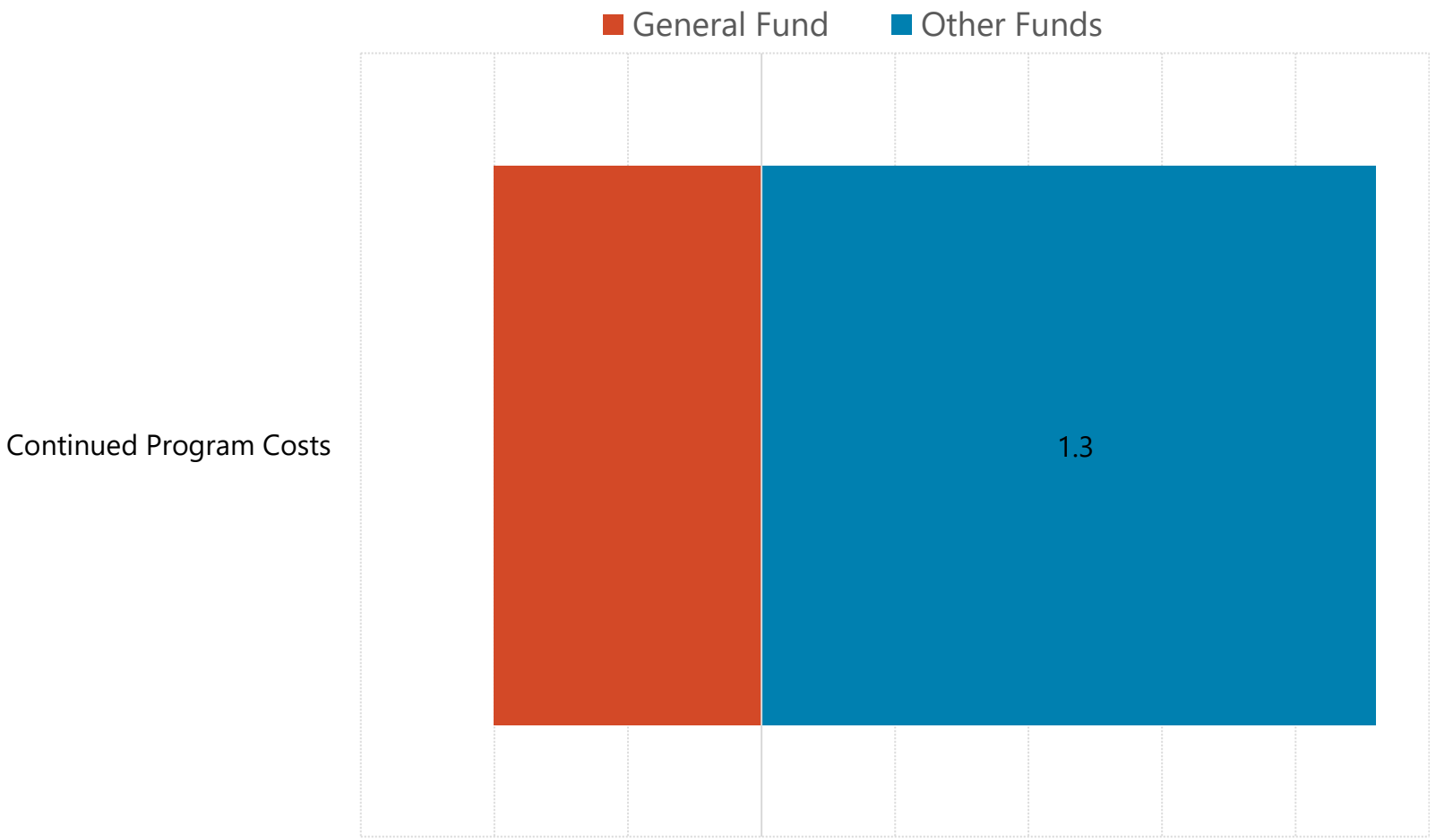
INCREASE FROM BASE TO ENGROSSED HB 2012 $1.3 MILLION

Enter main bullet points
- Remote customer service
- Transition to Telework
- IT request for new case management system



NORTH Dakota Be Legendary. | Health & Human Services

Comparison of base budget to Engrossed SB 2012 (in millions)



NORTH Dakota Be Legendary. | Health & Human Services

2023 -2025 authorized and vacant FTE

Human Services - Child Support			
23-25 Authorized FTE Base	**23-25 Executive Budget FTE**	**23-25 Engrossed SB 2012 FTE**	**# vacancies 12-30-22 (from base)**
161.2	161.2	161.2	6.0

About Child Support Contracts

- $800,000 Supreme Court (all federal)
- $618,646 Rent ($1.3 million for 2019-2021)
- $389,090 Data matching and Locate
- $200,000 Access and Visitation (all federal)
- $96,000 Service of legal documents



NORTH Dakota | Health & Human Services
Be Legendary.

Comparison of 2023-2025 budgets and related funding

By detailed expense

Description	**2023 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
511x Salaries - Regular	$ 18,319,787	$ 1,397,819	$ 19,717,606	$ (482,187)	$ 19,235,419
512x Salaries - Other	-	-	-	-	-
513x Salaries Temp	81,920	8,192	90,112	50,688	140,800
514x Salaries Overtime	-	-	-	-	-
516x Salaries Benefits	9,012,249	1,327,516	10,339,765	(101,955)	10,237,810
Total Salaries & Benefits	$ 27,413,957	$ 2,733,526	$ 30,147,483	$ (533,454)	$ 29,614,029
52x Travel	34,840	5,057	39,897	-	39,897
53x Supply	31,789	(6,495)	25,294	-	25,294
54x Postage & Printing	294,202	(133,732)	160,470	-	160,470
55x Equipment under $5,000	9,000	(1,750)	7,250	-	7,250
56x Utilities	-	-	-	-	-
57x Insurance	1,000	(350)	650	-	650
58x Rent/Leases - Bldg/Equip	906,674	(253,225)	653,449	-	653,449
59x Repairs	69,688	(23,747)	45,941	-	45,941
61x Professional Development	19,110	2,670	21,780	-	21,780
62x Fees - Operating & Professional	2,094,946	(506,073)	1,588,873	-	1,588,873
67x Expenses	-	-	-	-	-
53x Supplies	58,000	42,000	100,000	-	100,000
60x IT Expenses	41,555	(14,400)	27,155	-	27,155
68x Land, Building, Other Capital	-	-	-	-	-
69x Over	-	-	-	-	-
69x Equipment Over $5,000	-	-	-	-	-
71x Grants, Benefits, & Claims	-	-	-	-	-
72x Transfers	-	-	-	-	-
Total Operating	$ 3,560,804	$ (890,045)	$ 2,670,759	$ -	$ 2,670,759
Total	$ 30,974,761	$ 1,843,481	$ 32,818,242	$ (533,454)	$ 32,284,788

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 funding

Description	**2022 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
General Fund	**$ 8,486,110**	**$ 980,259**	**$ 9,466,369**	**$ (212,669)**	**$ 9,253,700**
Federal Funds	**18,465,044**	**973,254**	**19,438,298**	**(320,785)**	**19,117,513**
Other Funds	**4,023,607**	**(110,032)**	**3,913,575**	**-**	**3,913,575**
Total Funds	**$ 30,974,761**	**$ 1,843,481**	**$ 32,818,242**	**$ (533,454)**	**$ 32,284,788**

Engrossed SB 2012 Section 2: One-Time Expenditures
Child Support System Replacement

- Fully Automated Child Support Enforcement System (FACSES)
- $60 million estimate, covers:
  - Project Management
  - Design, Development, and Implementation
  - Independent Verification and Validation
  - Quality Assurance
  - User Acceptance Testing
- Integrated case management, electronic case records, and customer interface



Engrossed SB 2012 Section 7
Estimated Income – Community Health Trust Fund

SECTION 7. ESTIMATED INCOME - COMMUNITY HEALTH TRUST FUND. The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $20,400,000 from the community health trust fund for defraying expenses of the child support computer replacement project.



NORTH Dakota | Health & Human Services
Be Legendary.

On the Horizon
Supporting Family Stability & Economic Health

20,000

Over 20,000 families who are owed child support are not receiving the program's full services

$27 million

More than $27 million in child support per year is not received in the month when it is due

$250 million

More than $250 million is owed in past-due support in full-service cases and nearly $414 million total in all cases

NORTH Dakota Be Legendary. | Health & Human Services

Summary and key takeaways

- **Program efficiency** continues to improve
- **Revised referral strategies** will further improve program integration
- **Program performance** is strong but has further room for improvement
- **Service improvements** depend on legislative support for a modern case management system



NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Jim Fleming

Director, Child Support Section

jfleming@nd.gov

https://www.childsupport.dhs.nd.gov/

NORTH Dakota Be Legendary. | Health & Human Services

Prepared by Health and Human Services
March 7, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL 2012

NEW SECTION. APPROPRIATION – CHILD SUPPORT. There is appropriated out of any moneys in the department of health and human services operating fund in the state treasury, not otherwise appropriated, the sum of $4,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of repayment of monies, including interest, not withheld by the state of North Dakota in accordance with section 14-09-09.16 from an obligor's unemployment benefits from June 1, 2021, through September 30, 2021, for the period beginning with the effective date of this Act and ending June 30, 2023.

NEW SECTION. EMERGENCY. Section X of this Act is declared to be an emergency measure.



Senate Bill 2012

House Appropriations Committee | HR Section
Representative Nelson, Chairman

Children and Family Services, Cory Pedersen, Director
March 8, 2023

NORTH Dakota | Health & Human Services
Be Legendary.

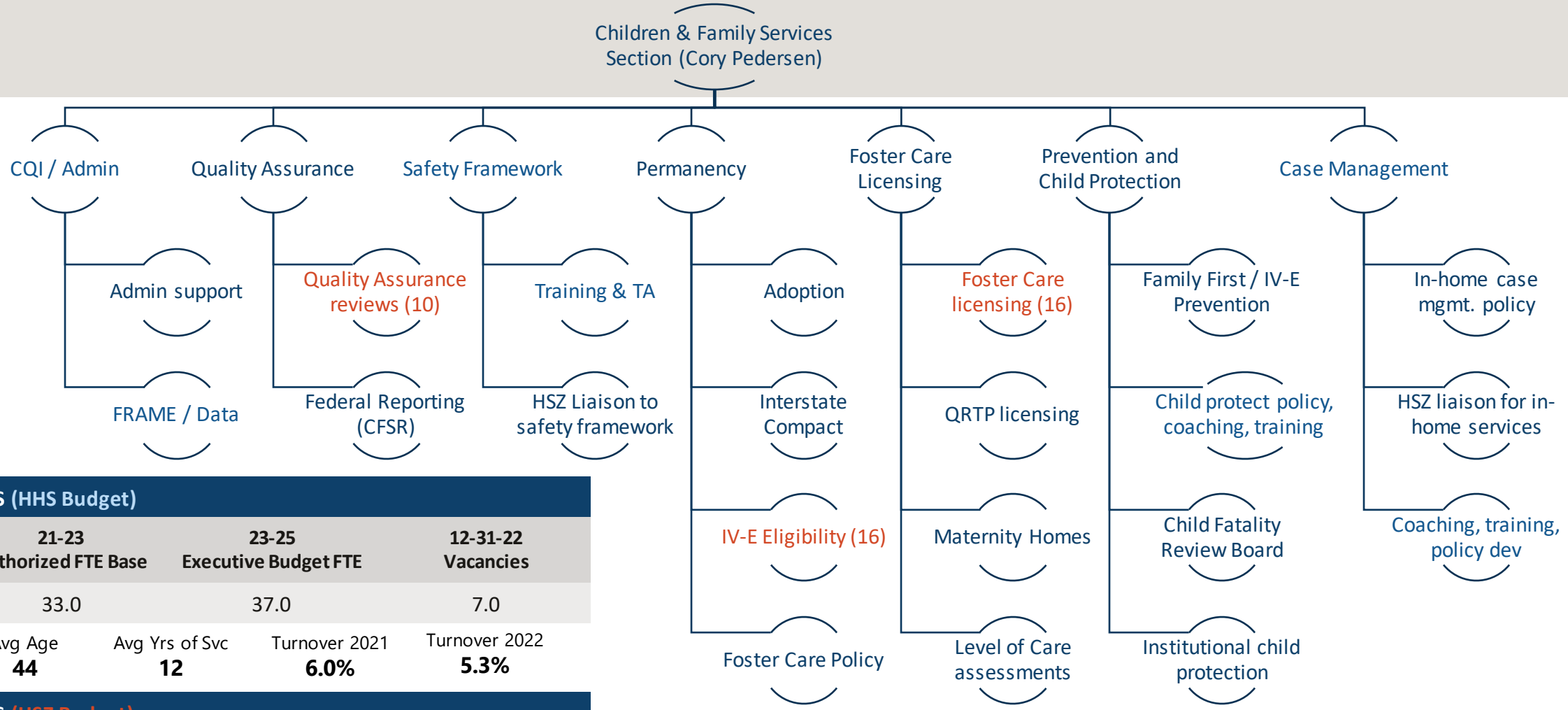
CFS Program Purpose and ND Century Code Reference(s)

Facilitate delivery of services that support child safety, child permanency, and well-being, which together are designed to prevent and reduce the incidence of child abuse and neglect and support family reunification and stability whenever possible.

Chapter	Chapter Name
50-25.1	Child Abuse and Neglect
50-11	Foster Care
14-15	Adoption for Children



Children & Family Services: Staffing and Team Structure



CFS (HHS Budget)			
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**12-31-22 Vacancies**	
33.0	37.0	7.0	
Avg Age **44**	Avg Yrs of Svc **12**	Turnover 2021 **6.0%**	Turnover 2022 **5.3%**

CFS (HSZ Budget)		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**12-31-22 Vacancies**
42.0	42.0	2.0

NORTH Dakota Be Legendary. | Health & Human Services

Children and Family Services
What we do

Safety	Permanency	Well-being
• Child protective services • Child fatality review panel • State Child protection team • Parent Resource Centers • Alliance for Children's Justice	• Foster Care • Adoption • Guardianships • Interstate compacts for the placement of children • Unaccompanied minor services • Independent living services • Licensing for Foster homes, QRTPs and LCPAs	• Family preservation services • Intensive In-home therapy • Nurturing Parent programs • Healthy Families • Parent aides • In-home case management • Respite care • Family centered engagement • Children in Need of Services

Children and Family Services Section

In ND child welfare services are delivered by local, state, tribal and private providers using both federal and state funds

Dept of Human Services

Human Service Centers
- Crisis teams
- Intensive In-home services (therapy & treatment, skills training, behavior mod)
- Targeted case management

Children & Family Services
- Training and coaching of field staff
- Oversee quality service delivery
- Administration of policy
- License foster homes
- IV-E and Adoption Eligibility

Private Human Service Providers

- Safe shelter for crisis
- Human trafficking supports and safe beds
- Unaccompanied minor services
- Foster homes, including therapeutic
- Targeted case management

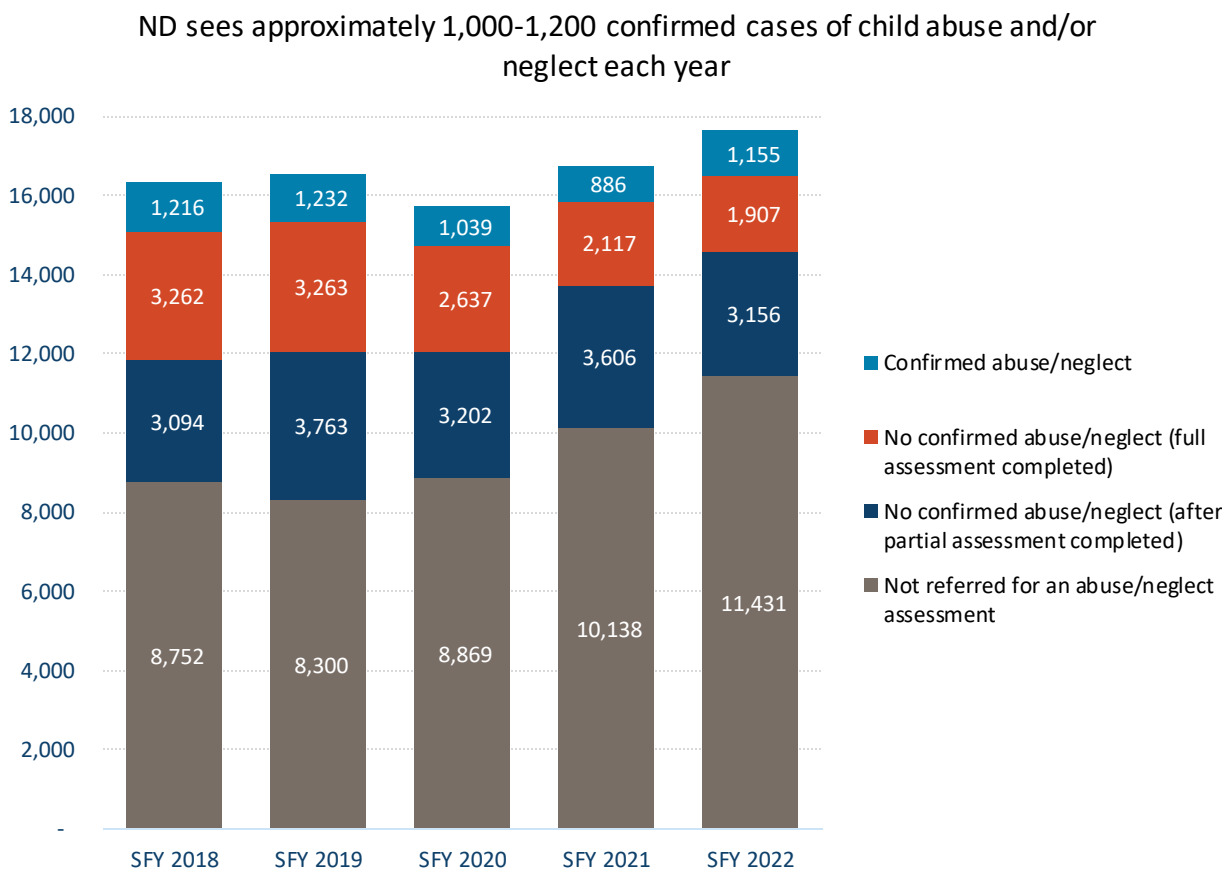
Tribal Social Services

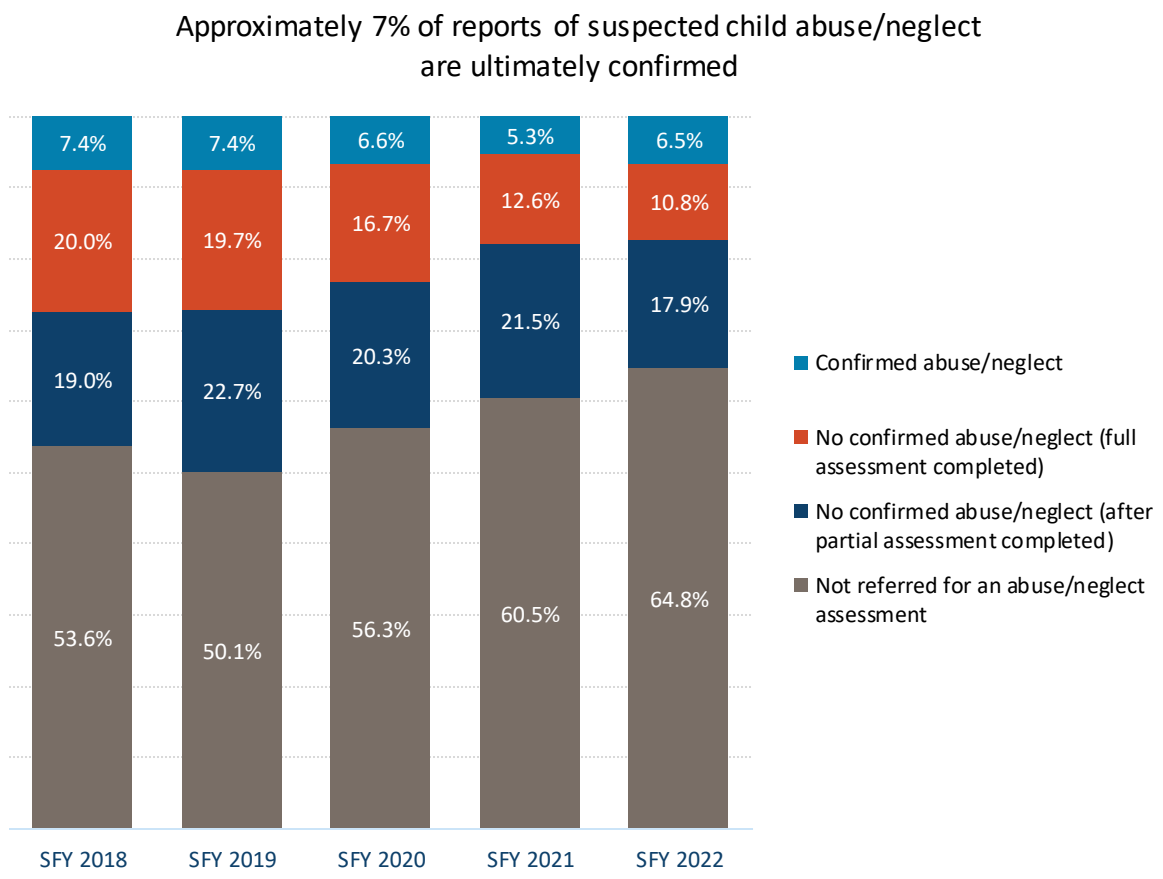
- FRAME entry and foster eligibility determinations
- Joint practice model and ICWA training
- Native American Training Institute supports (training, billing, IEP (IWCA Family Preservation)
- FMAP service contracting
- IV-E agreements boost access to funding

Human Service Zones

- Assess present and impending danger
- Safety planning
- Case management
- Assess and build parent capacities
- Provide safe supports for children and families
- In home supports
- Parent aides
- License foster homes
- Intake for child abuse and neglect reports
- CHINS (Children in Need of Services

ND sees approximately 1,000 – 1,200 confirmed cases of child abuse or neglect each year





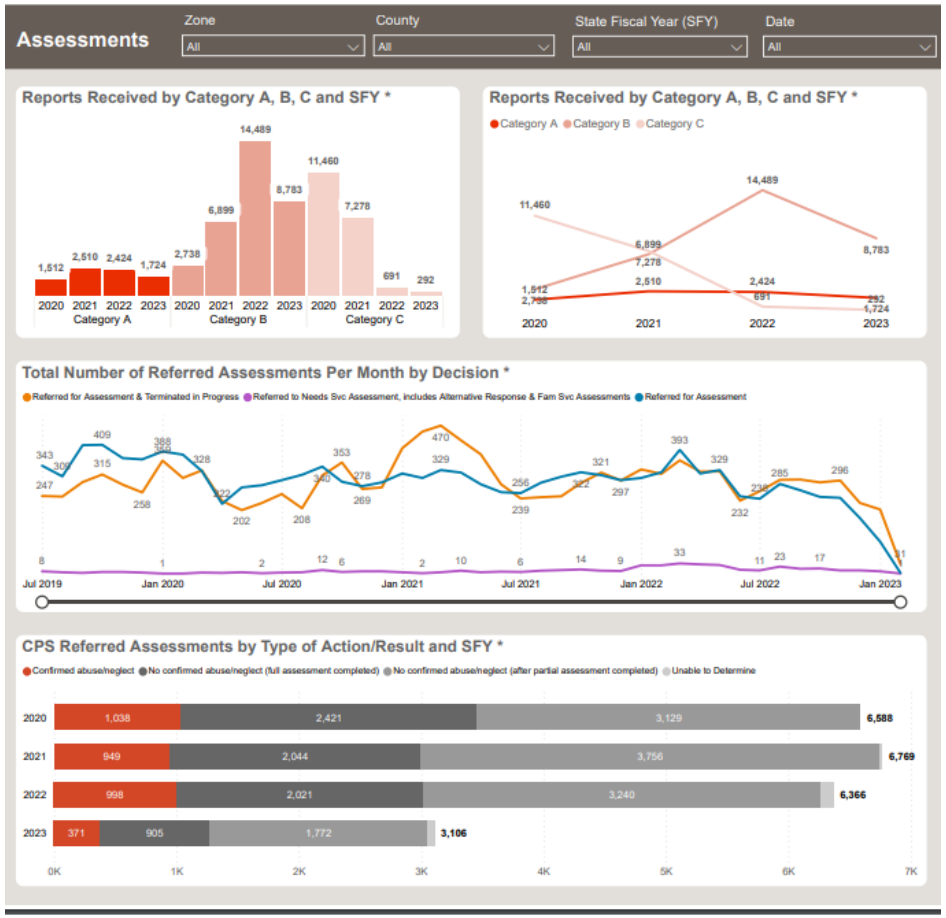
NORTH Dakota Be Legendary. | Health & Human Services

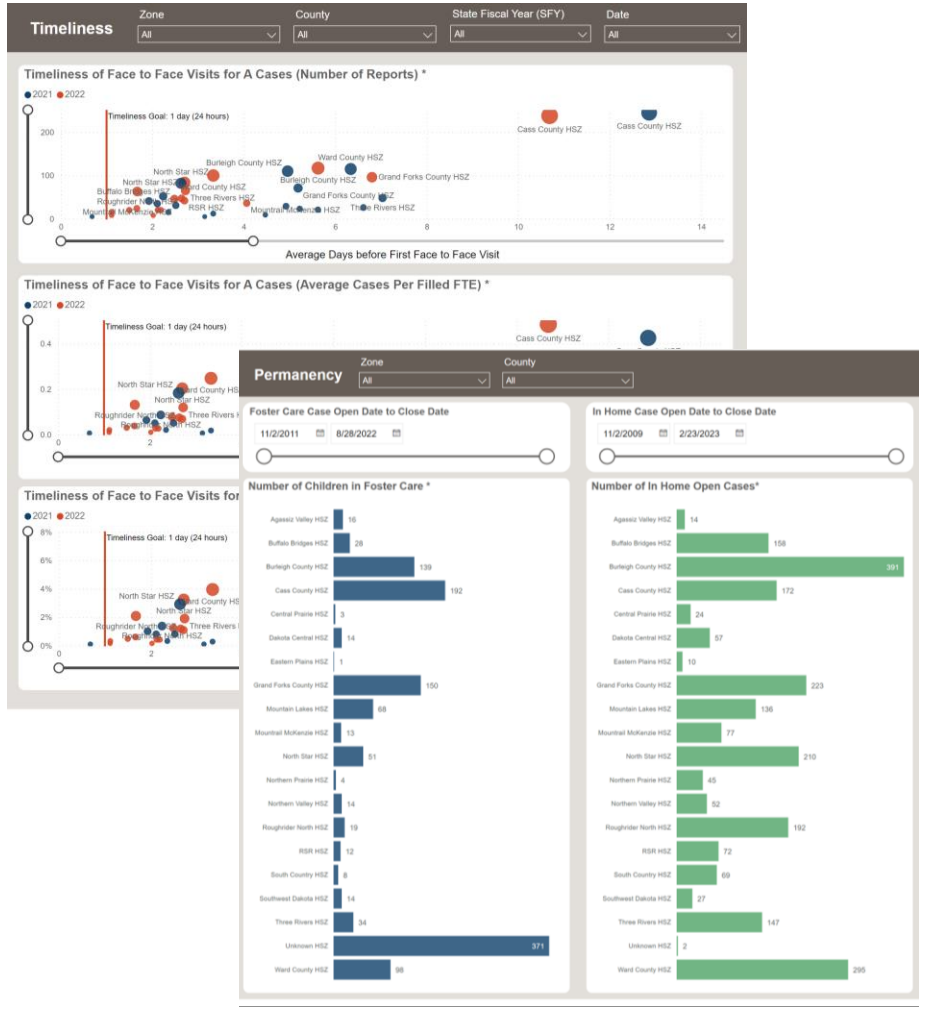
About CFS Audit Findings

- State Audit
  - Child Safety – Failure to timely contact suspected victim of child abuse and neglect
- Federal
  - Child and Family Service Review
    - PIP Program Improvement Plan
  - Safety , Permanency, Well Being
    - Child Protection Timely Response
    - Permanency Goals reached timely for a child
  - Face to Face monthly contact



Sharing data re timeliness and key practice metrics will help HSZ and HHS staff work together to improve services





Newly established internal facing dashboard to provide insight to Human Service Zone and HHS staff related to delivery of child protection and permanency services across the state.

NORTH Dakota | Health & Human Services
Be Legendary.

Included in 2023-25 Exec Budget Request & Engrossed SB 2012

Child Safety Response Team and Kinship Caregiving Supports

- Child Safety Response Team to support Zones with temporary barriers to achieving timeliness goals for face to face visits and work with families (4 FTE)
- Support for Kin Caregivers via maintenance payments that are comparable to payments available to foster parents (150 families, 6 months max)

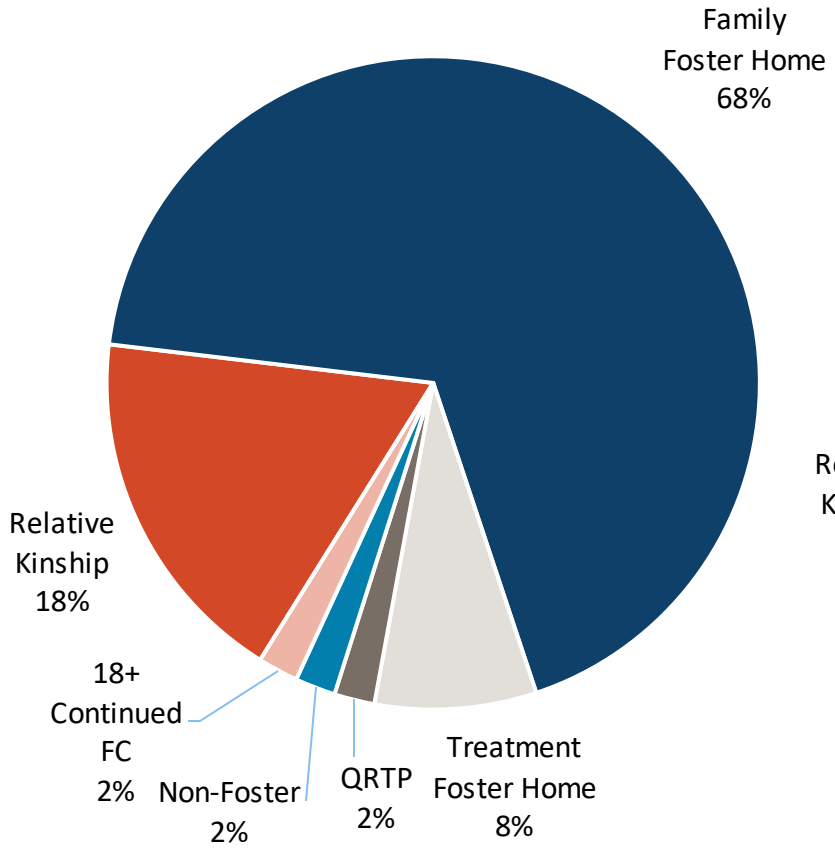
Total	General	Federal
$2 million	$1.5 million	$500,000



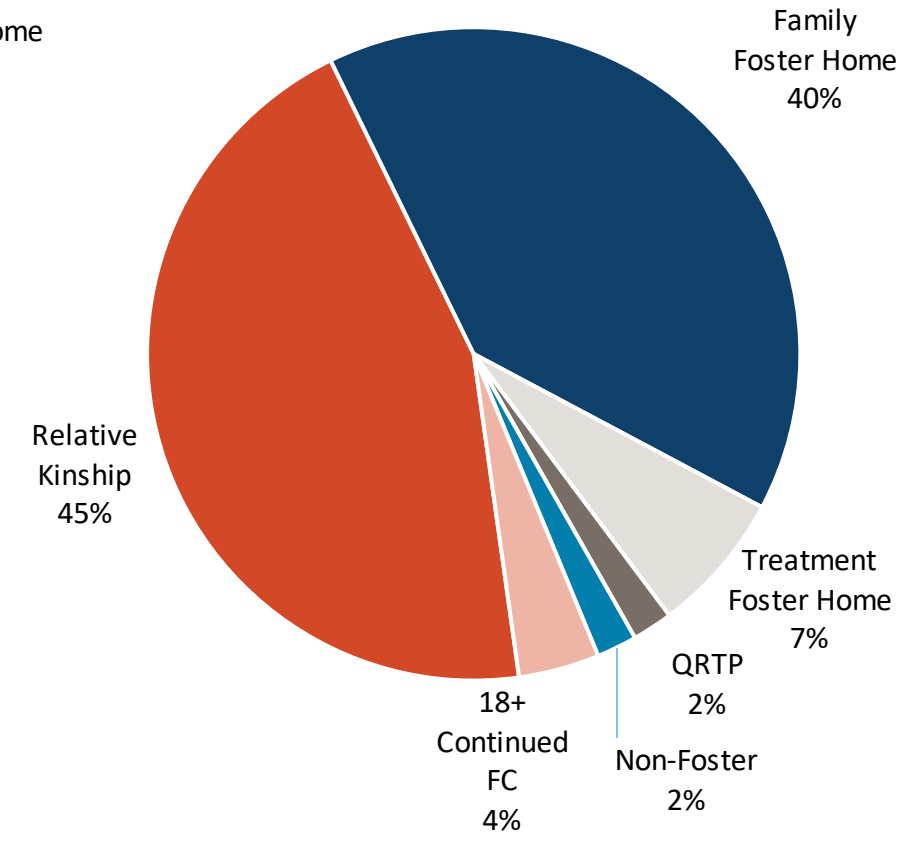
NORTH Dakota | Health & Human Services
Be Legendary.

Increasing the prevalence of Relative / Kinship Care in North Dakota should support more positive outcomes for kids

FY22



Towards a Future State



Rethink child welfare

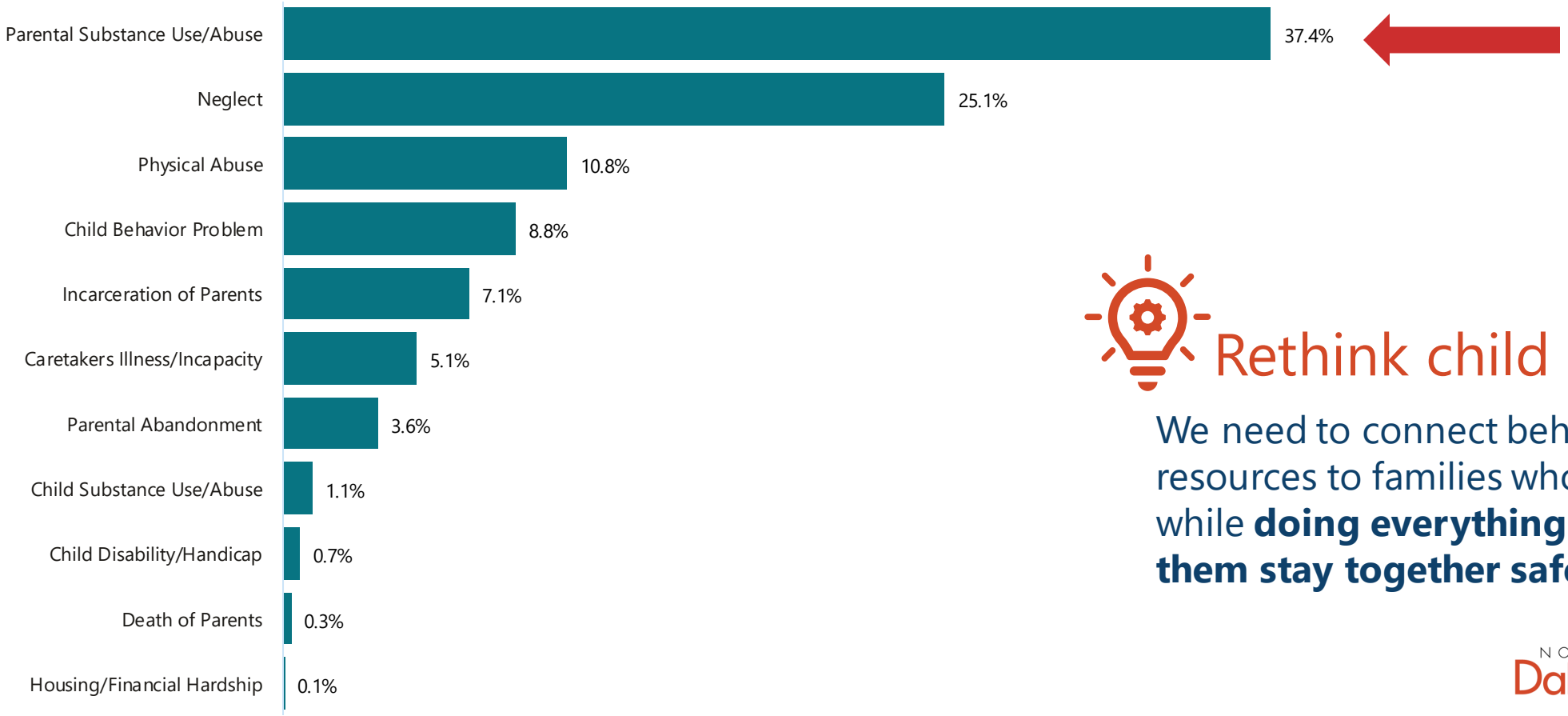
Finding ways for kids to be cared for by relatives or other adults with whom they have existing, significant relationships creates better outcomes

NORTH Dakota Be Legendary. | Health & Human Services

Substance abuse and unaddressed mental health needs are major de-stabilizing forces in families

Removal Reasons

Percent of children entering care for each removal reason: SFY2022



Rethink child welfare

We need to connect behavioral health resources to families who are struggling while **doing everything we can to help them stay together safely.**

NORTH Dakota Be Legendary. | Health & Human Services

Family foster homes provide care for 68% of children affected by an out-of-home placement

North Dakota Child Welfare System Continuum of Care



Relative Kinship Care

18%



Family Foster Home

68%

(20% are licensed relatives)



Treatment Foster Home

8%



Qualified Residential Treatment (QRTP)

2%



Non-Foster

(PRTF, DD, Job Corp, Detention, Hospital)

2%

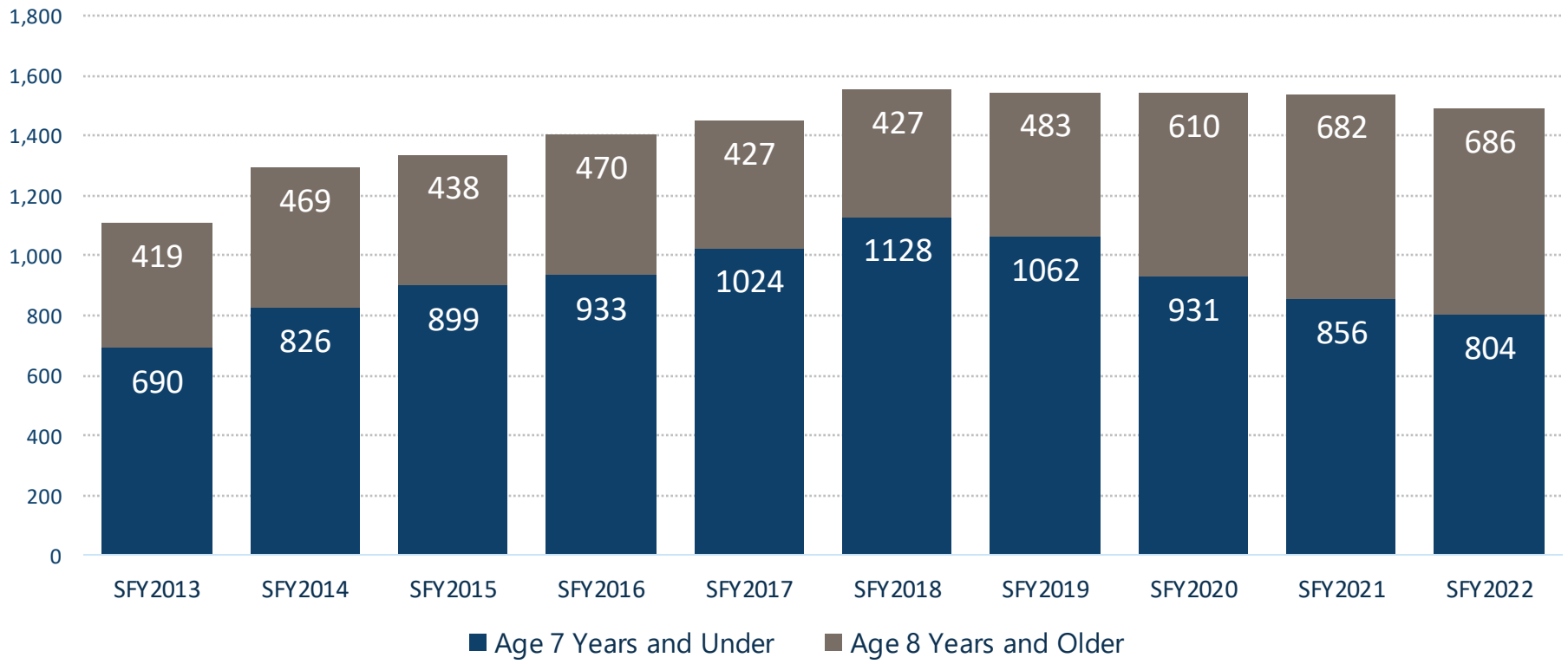


18+Continued Foster Care

2%

NORTH Dakota Be Legendary. | Health & Human Services

In FY22 54% of the 1,490 children in foster care are younger than age 7



Point-in-Time Average of ND Foster Care census and those age 7 years and under, FFY 2013-2022

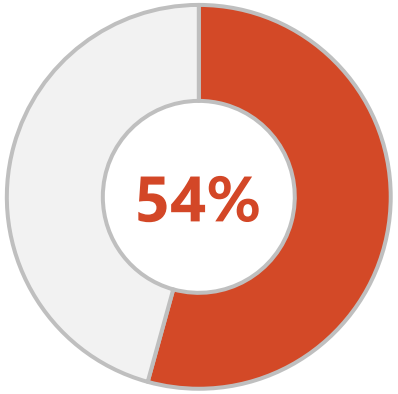
Rethink child welfare

Early interventions with young families are key to reducing foster care placement for the youngest children.

NORTH Dakota Be Legendary. | Health & Human Services

Children & Family Services
Foster Care in North Dakota – 2022 Snapshot

804



1 in 2 age 0-7

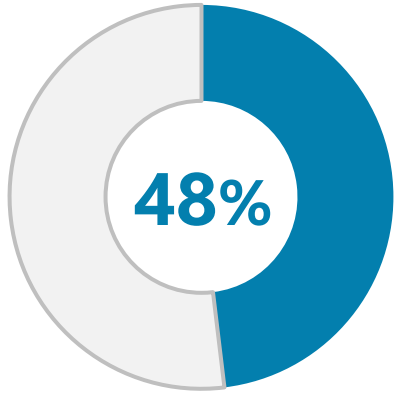
Half of the 1,490 children in foster care in North Dakota are age 7 or younger. (2022)

42%

Intense level of care

Of the **192** kids receiving treatment foster care in SFY2022, 81 (42%) were age 7 or younger.

715



5x more likely

Native American children make up **48%** of the total number of children in foster care in ND (715 of 1,490).

Native American children make up **9%** of kids under age 18 in ND.

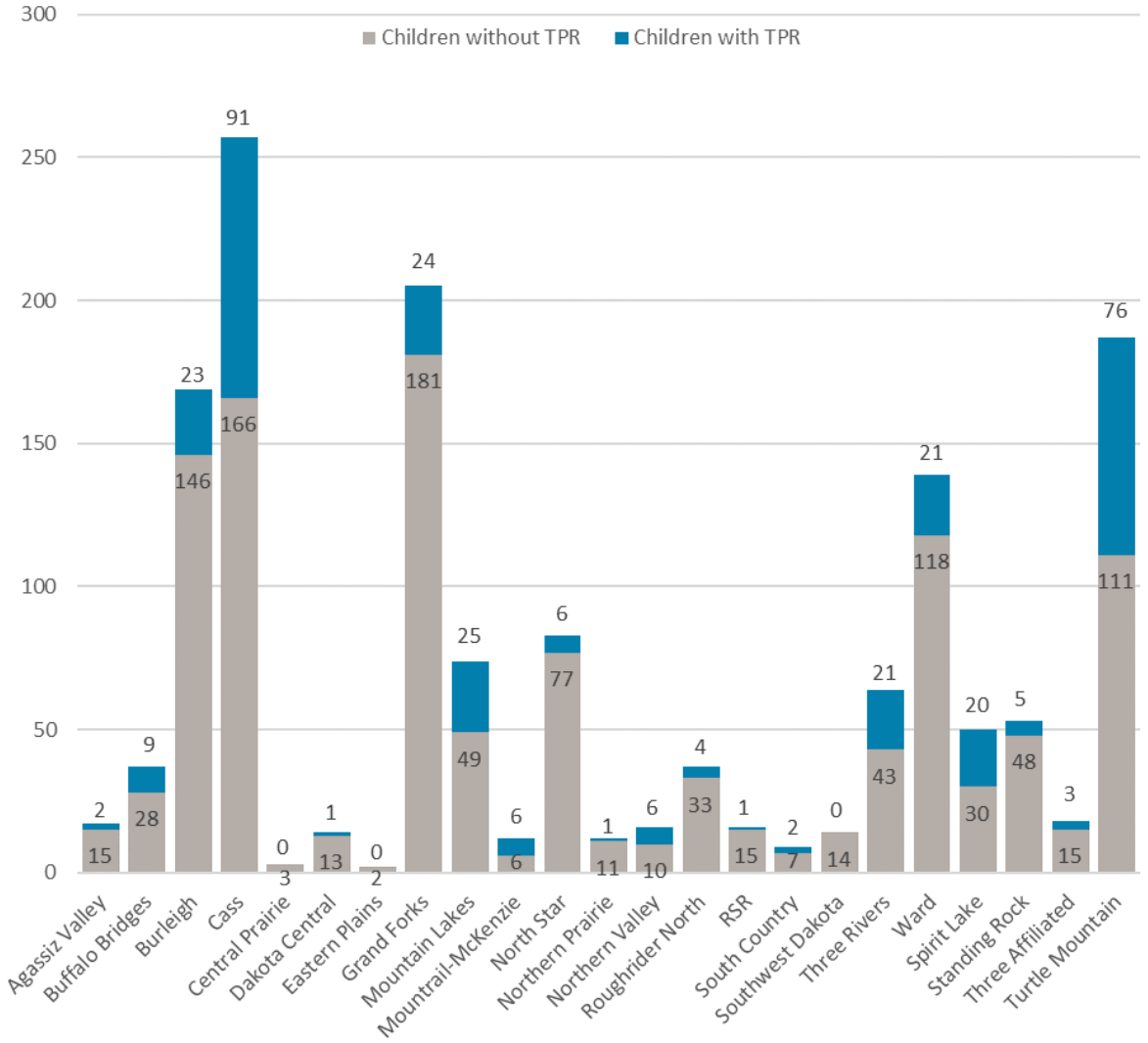
NORTH Dakota Be Legendary. | Health & Human Services

Children who are orphaned as a result of TPR (termination of parental rights) comprise 23% of all children in ND's foster care system in FY22

23%

Parental Rights Terminated

Of the **1,490** kids in foster care in SFY2022, 347 (23%) have no legal connection to their biological parents due to Termination of Parental Rights (TPR).

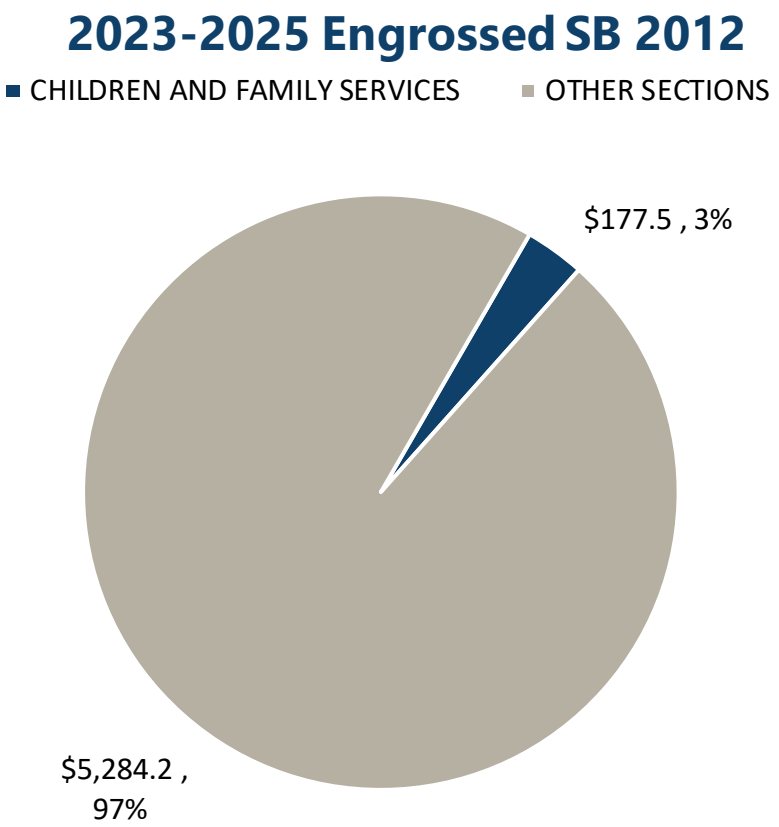


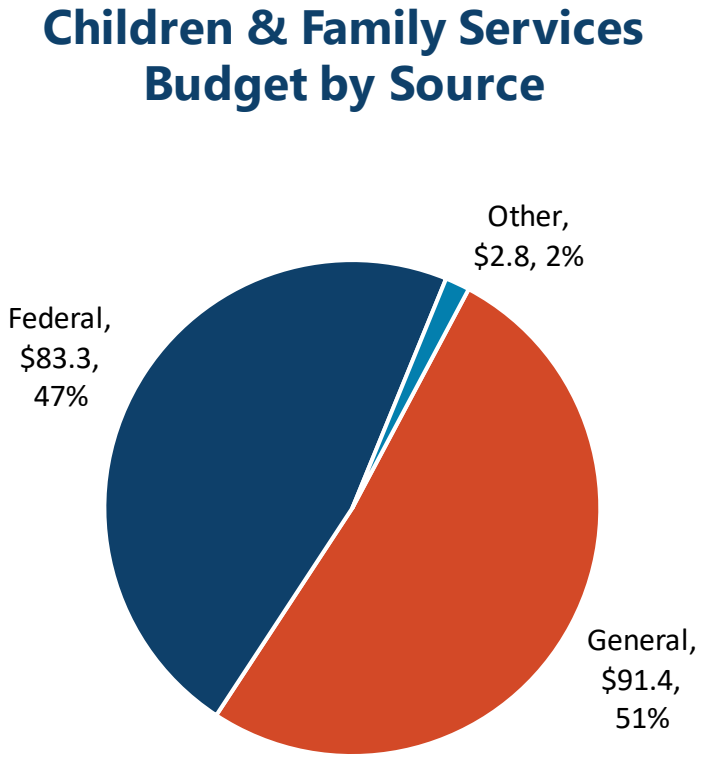
Rethink child welfare

There are both positive and negative consequences associated with terminating parental rights – the balance is different for every child

North Dakota Be Legendary. | Health & Human Services

Section budget compared to Engrossed SB 2012 (in millions)
Children & Family Svc represents 3% of SB 2012, $177.5 million





NORTH Dakota Be Legendary. | Health & Human Services

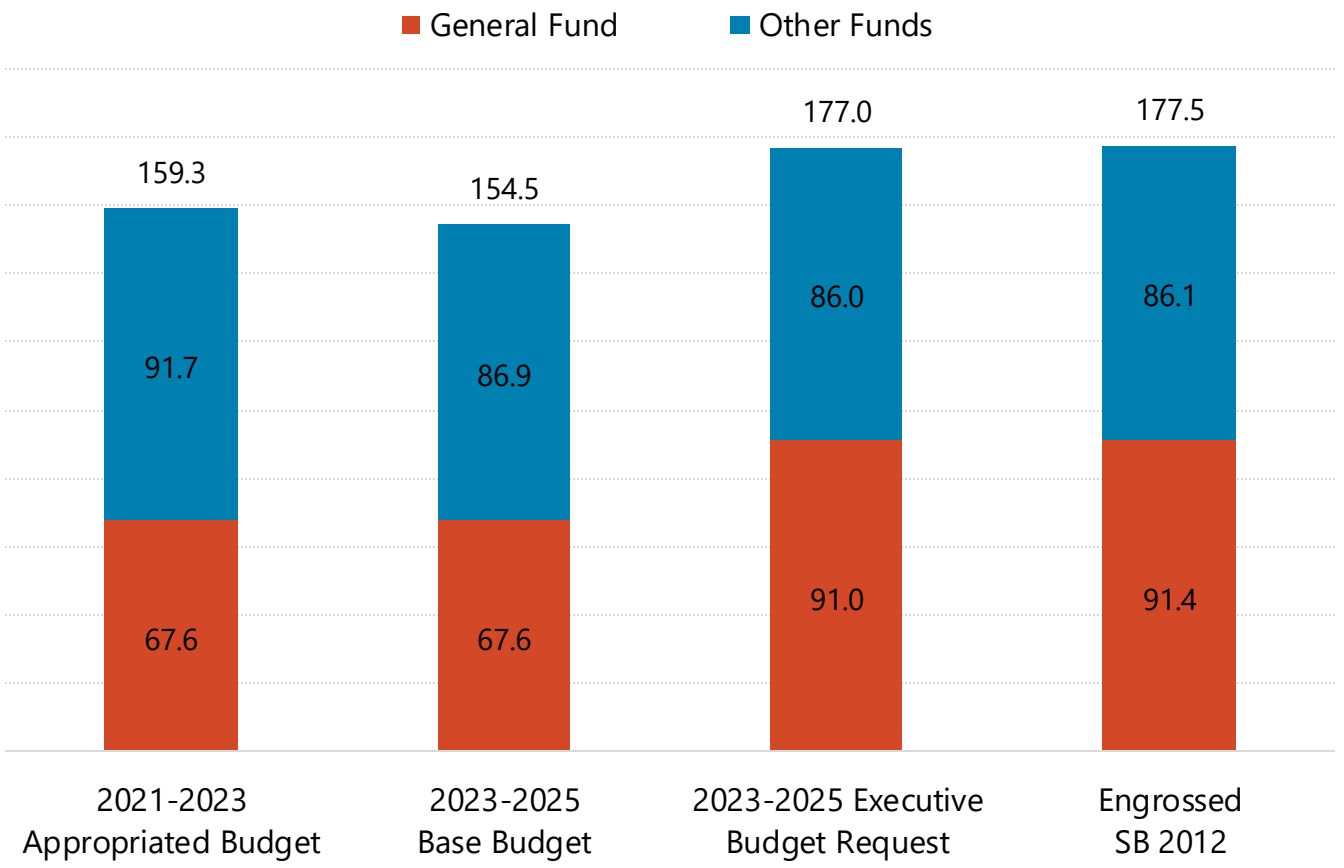
Children and Family Services: Comparison of 2023-2025 budgets and related funding

By major expense

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
Salaries and Benefits	$ 6,798,097	$ 2,196,557	$ 8,994,654	$ (1,127,324)	$ 7,867,330
Operating	6,172,806	115,268	6,288,074	-	6,288,074
IT Services	1,814	(1,814)	-	-	-
Capital Asset Expense	-	-	-	-	-
Capital Assets	-	-	-	-	-
Grants	141,499,313	20,179,075	161,678,388	1,656,763	163,335,151
Total	$ 154,472,030	$ 22,489,086	$ 176,961,116	$ 529,439	$ 177,490,555
General Fund	**$ 67,590,033**	**$ 23,425,640**	**$ 91,015,673**	**$ 336,084**	**$ 91,351,757**
Federal Funds	**83,010,867**	**94,231**	**83,105,098**	**193,355**	**83,298,453**
Other Funds	**3,871,129**	**(1,030,784)**	**2,840,345**	**-**	**2,840,345**
Total Funds	**$ 154,472,029**	**$ 22,489,087**	**$ 176,961,116**	**$ 529,439**	**$ 177,490,555**
Full Time Equivalent (FTE)	33.00	4.00	37.00	(4.00)	33.00

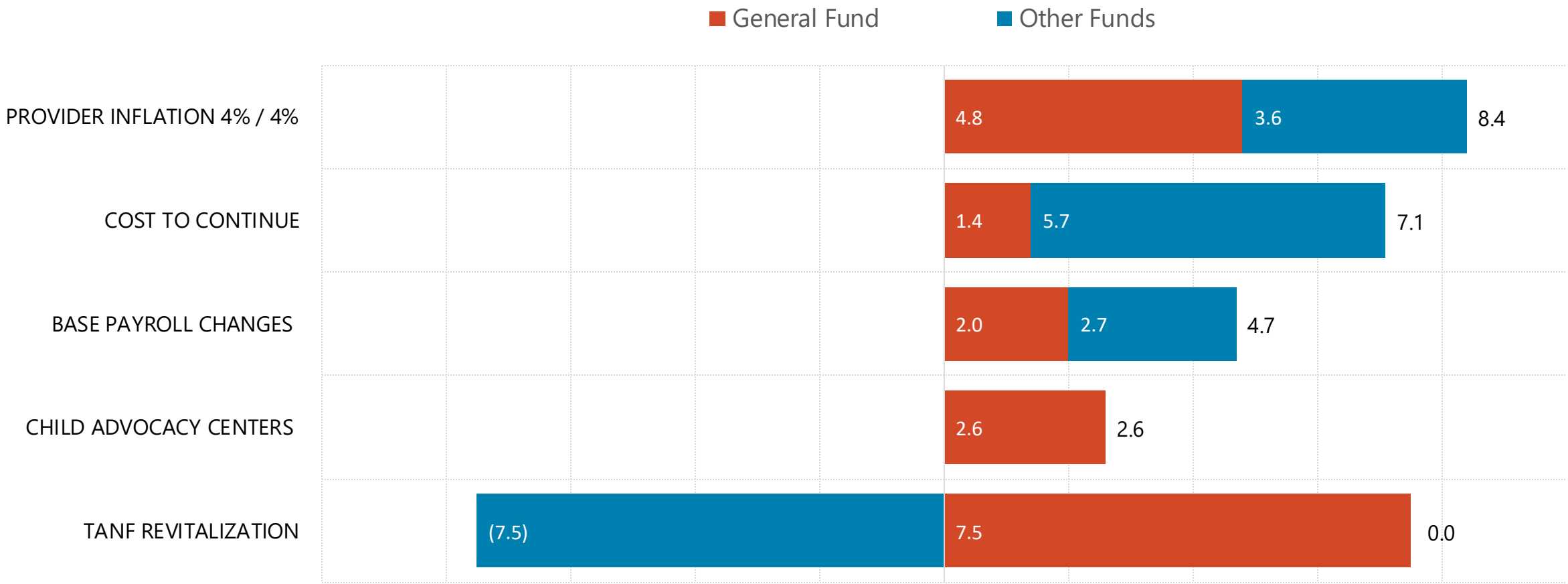
Comparison of total budget with funding (in millions)

INCREASE FROM BASE TO ENGROSSED SB2012 RECOMMENDATION $ 23.0MILLION



NORTH Dakota Be Legendary. | Health & Human Services

Children & Family Services: Overview of Budget Changes
(in millions)



NORTH Dakota Be Legendary. | Health & Human Services

Children & Family Services: Comparison of 2023-2025 budgets and related funding

By detailed expense

Description	2022 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
511x Salaries - Regular	$ 4,606,829	$ 1,249,322	$ 5,856,151	$ (816,630)	$ 5,039,521
512x Salaries - Other	-	-	-	-	$ -
513x Salaries Temp	170,893	337,912	508,805	-	$ 508,805
514x Salaries Overtime	18,516	(18,516)	-	-	$ -
516x Salaries Benefits	2,001,858	627,840	2,629,698	(310,694)	$ 2,319,004
Total Salaries & Benefits	$ 6,798,097	$ 2,196,557	$ 8,994,654	$ (1,127,324)	$ 7,867,330
52x Travel	144,683	73,962	218,645	-	$ 218,645
53x Supply	26,603	1,288	27,891	-	$ 27,891
54x Postage & Printing	21,430	912	22,342	-	$ 22,342
55x Equipment under $5,000	150	(150)	-	-	$ -
56x Utilities	-	-	-	-	$ -
57x Insurance	10,000	14,000	24,000	-	$ 24,000
58x Rent/Leases - Bldg/Equip	33,366	(750)	32,616	-	$ 32,616
59x Repairs	800	(800)	-	-	$ -
61x Professional Development	85,939	(9,089)	76,850	-	$ 76,850
62x Fees - Operating & Professional	5,849,835	35,895	5,885,730	-	$ 5,885,730
67x Expenses	-	-	-	-	$ -
53x Supplies	-	-	-	-	$ -
60x IT Expenses	1,814	(1,814)	-	-	$ -
68x Land, Building, Other Capital	-	-	-	-	$ -
69x Over	-	-	-	-	$ -
69x Equipment Over $5,000	-	-	-	-	$ -
71x Grants, Benefits, & Claims	141,499,313	20,179,075	161,678,388	1,656,763	$ 163,335,151
72x Transfers	-	-	-	-	$ -
Total Operating	$ 147,673,933	$ 20,292,529	$ 167,966,462	$ 1,656,763	$ 169,623,225
Total	$ 154,472,029	$ 22,489,087	$ 176,961,116	$ 529,439	$ 177,490,555

CFS utilizes both Contracts and Fee-based arrangements to support ND's child welfare infrastructure

Prevention/Preservation

Fee for service (rate schedule)

- IV-E Evidence Based Services (various enrolled providers)
- Certified Shelter Care (various enrolled providers)

Contracted service

- Family Centered Engagement (Village Family Services) - $785,400
- Nurturing Parenting programs (NDSU Regional Parent/Family Resource Ctrs) - $280,500
- Family Resource Centers (NDSU Regional Parent/Family Resource Ctrs) - $467,924
- Home Visiting MOE (Uspire ND) - $612,000



CFS utilizes both Contracts and Fee-based arrangements to support ND's child welfare infrastructure

Child Protection/Safety

Contracted service

- Forensic interview supports (Children Advocacy Centers) - $3,200,000 *(Senate Engrossed SB 2012 increased by an additional $900,000)*
- Tribal Preservation Services grants to tribal nations - $600,000
- Respite for child welfare families (Nexus PATH) - $400,000
- Foster parent recruitment and retention (UND) - $435,540

Permanency

Fee for Service (rate schedule)

- Subsidized Adoption / AASK (Catholic Charities and Village Family Services)
- Incentive based QRTP after-care services (Dakota Boys/Girls Ranch Fargo & Minot, Home on the Range) - $2,040,000



CFS utilizes both Contracts and Fee-based arrangements to support ND's child welfare infrastructure

Tribal Nation Collaboration

- IV-E Agreements
- FMAP funding contracts ($1,315,003)

Training

Contracted service

- Child Welfare Certification / stipends (UND Training Center) - $2,226,991
- Tribal liaison / Culture-specific child welfare training (Native American Training Institute) - $1,138,344
- Mandated Reporter training / Children's Justice Alliance (Prevent Child Abuse ND) - $296,018



Children and Family Services
Grants on a Walkthrough

Description	2021-2023 Legislatively Approved Budget	Funding Shift One-Time Funding	Cost to Continue	FMAP	Total Changes	To Governor	Provider Inflation (4/3)	TANF Revitalization	Executive Changes	To Chamber 1	Provider Inflation (4/4)	Chamber 1 Adjustments	To Chamber 2
FOSTER CARE-IV-E	31,751,003		(2,946,291)		(2,946,291)	28,804,713		-	-	28,804,713		-	28,804,713
FOSTER CARE-REGULAR	28,610,391		4,338,181		4,338,181	32,948,572		-	-	32,948,572		-	32,948,572
FOSTER CARE-SERVICES-RCCF	1,661,647		5		5	1,661,652		-	-	1,661,652		-	1,661,652
FOSTER CARE-THERAPEUTIC	4,520,955		(244,472)		(244,472)	4,276,483		-	-	4,276,483		-	4,276,483
SUBSIDIZED GUARDIANSHIP	1,426,015		(38,721)		(38,721)	1,387,293		-	-	1,387,293		-	1,387,293
FOSTER CARE-SERVICES-IMD	346,815		(6)		(6)	346,809		-	-	346,809		-	346,809
SUBSIDIZED ADOPTION-FM	38,875,147		5,649,172		5,649,172	44,524,319		-	-	44,524,319		-	44,524,319
SUBSIDIZED ADOPTION-REG	5,801,446		319,790		319,790	6,121,236		-	-	6,121,236		-	6,121,236
PROVIDER INFLATION	-		-		-	-	7,855,450	-	7,855,450	7,855,450	581,762	581,762	8,437,212
Total	112,993,419	-	7,077,658	-	7,077,658	120,071,077	7,855,450	-	7,855,450	127,926,527	581,762	581,762	128,508,289
General Fund	42,895,466		4,756,382	(18,029)	4,738,352	47,633,819	4,430,167	7,496,368	11,926,535	59,560,354	343,159	343,159	59,903,513

Children & Family Services

Comparison of 2023-2025 funding by source

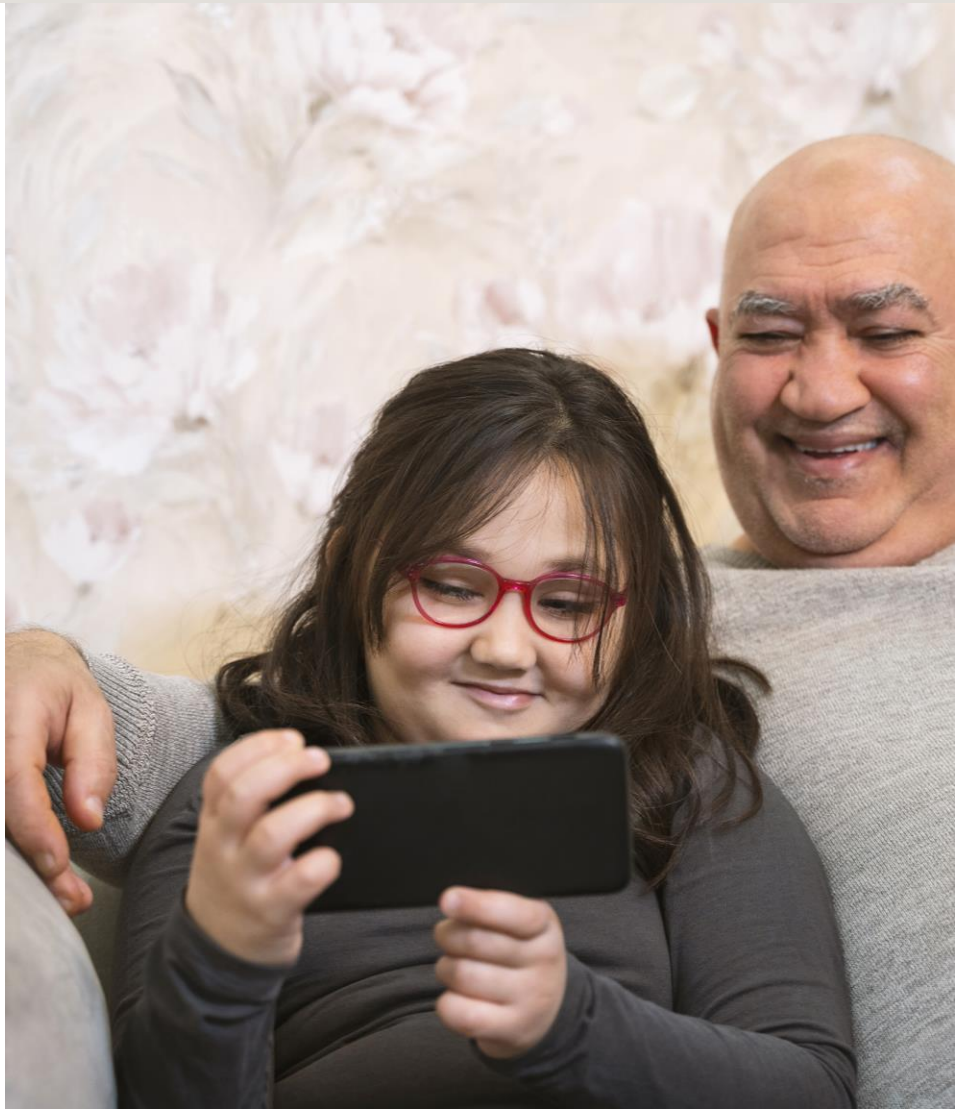
Description	**2022 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
General Fund	**$ 67,590,033**	**$ 23,425,640**	**$ 91,015,673**	**$ 336,084**	**$ 91,351,757**
Federal Funds	**83,010,867**	**94,231**	**83,105,098**	**193,355**	**83,298,453**
Other Funds	**3,871,129**	**(1,030,784)**	**2,840,345**	**-**	**2,840,345**
Total Funds	**$ 154,472,029**	**$ 22,489,087**	**$ 176,961,116**	**$ 529,439**	**$ 177,490,555**

NORTH Dakota Be Legendary. | Health & Human Services

SB 2012 Section 24
EXEMPTION – CFS Transition Program

SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
CHILD AND FAMILY SERVICES SECTION

SECTION 24 (Governor's Recommendation). EXEMPTION. The amount appropriated for the purpose of children and family services transition program in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the children and family services transition program during the biennium beginning July 1, 2023, and ending June 30, 2025.



Children & Family Services: COVID funding (HHS/ACF)

HB 1394 (67th Legislative Assembly)

- Promoting Safe & Stable Families Program ($90,342)
- Chafee Foster Care / Successful Transition to Adulthood ($1,146,203)
- Chafee Education and Training vouchers ($160,756)
- Child Welfare Services State Grant ($76,858)

HB 1395 (67th Legislative Assembly)

- Child Abuse State Grants ($284,363)
- Community based child abuse prevention ($592,780)

Enhanced FMAP – IV-E Foster Care / Adoption

- $6,089,517



NORTH Dakota Be Legendary. | Health & Human Services

CFS-Related Policy Bills with Budget Impact

- HB 1091 – Kinship
  - Fiscal note referenced $960,000 *(equivalent was included in EBR)*
- HB1375 & SB 2230 Adoption Funding - $512,000

Total	General	Federal
$512,000	$512,000	$0



Continued progress includes an enhanced focus on prevention and right services at the right time







Evidence-based Prevention Services

Provide opportunity for families to access services to keep families together

Certified Shelter Care/Foster Homes

Use safe housing for children as a prevention strategy to keep children close to home and in home communities

Enhanced Case Management Team

Build a team to work with Human Service Zones to provide service to children with the most complex needs





Child Protection Team

Build a deployment team to support child protection work in Zones with highest needs

Safely keep children with family

Continue to redesign how child protective and wellbeing services are delivered to improve lives of families and children in North Dakota

NORTH Dakota Be Legendary. | Health & Human Services

CFS: What's on the horizon?

- Safe Children and Healthy Families
- Improve timely response
- Engagement of stakeholders to improve practice
- Safely Reduce Foster Care
  - IV-E Prevention services
  - Kinship program





Contact information

Cory Pedersen

Director, Children & Family Services

ctpedersen@nd.gov

www.hhs.nd.gov

NORTH Dakota Be Legendary. | Health & Human Services

SB 2012

Testimony in Support

Chairman Nelson and members of the House Appropriations – Human Services Division Committee. For the record my name is Dr. Michael McNeff – I serve as the superintendent of schools in Rugby, ND. I come to you today to provide some feedback on SB 2012, more specifically on the Best In Class Grant, a preschool funding stream established during the last legislative session.

I believe we have a unique program that we have developed over the years within Rugby, ND and I'd like to share a bit about it with all of you. The Rugby Public Schools and Early Explorers Head Start developed a partnership to offer pre-kindergarten services in the fall of 2014. This is a universal preschool program for the community of Rugby, ND. The district provides two classrooms located on the campus of the Rugby High School in the vocational arts building next to the football field. The classrooms operate Monday–Thursday from 8:30 am – 3:00 pm. The two classrooms are blended with children who qualify for Head Start or Pre-K slots. The goal of the partnership is to target children who are at risk or have the greatest need for school readiness services. Each student is screened for developmental delays and if we are at capacity we will take the neediest children. The program is not first-come, first served. School district slots are reserved for children who turn four by August 1st each year (the year before kindergarten). The program averages around 35 students each year and is free for families and runs the length of the school year.

I support the expansion of early childhood education and providing high-quality preschool experiences for all students across the state. Since the fall of 2014, our school district has allocated a portion of our general fund budget to support a preschool experience for children ages 3-5 within our community. Up to this point, we have not turned away families with four-year-old child within our school district boundaries. Our school board has been extremely supportive of early childhood education and has seen the payoff with increased levels of kindergarten readiness due to this financial commitment. The program costs the Rugby Public School District approximately $150,000 to operate our preschool program annually. The majority of these funds come from our

general fund budget and we continue to find ways to ensure we ear mark funds to keep the Rugby Early Learning Center operating.

We are always on the lookout for additional grant opportunities to support this program to make our funds stretch a little further. Fortunately for our school district and others, the state legislature supported preschool funding through the Best In Class Grant Program last legislative session. We were able to qualify for up to $60,000 to support our preschool programming for our students who will attend kindergarten the following year. The collaboration with the Early Explorers Head Start, the Rugby Public School District, and Best In Class grant funding have helped us to continue to operate a free preschool experience for all four-year-olds within the Rugby Public School District boundaries.

The Best In Class Grant funding has helped to fund our preschool program. It should be mentioned that the funding also comes with instructional coaching and curriculum. We have been assigned an instructional coach that works closely with our teaching staff at our preschool. They have been extremely helpful in bringing best practices within early childhood to our preschool teacher. The additional teacher support has been a wonderful addition to our program.

As mentioned, our preschool experience operates four days a week, is a full-day program, and runs the length of the school year. We recognize that parents lack quality childcare for their children in Rugby and throughout North Dakota. Our preschool helps remove the barriers for parents by aligning to a typical workday schedule and we help transport their children to daycare centers within our community until they can pick them up after work. This ensures that parents have minimal work schedule disruptions so they can provide for their families and also receive a high-quality preschool experience.

A state supported universal preschool program is needed within North Dakota. If we are to help solve workforce issues in our state then we must first address childcare gaps. Funding early childhood education programs like the Best In Class Grant can help provide childcare options for families. We respectfully ask for an expansion of the funding for the Best In Class Grant Program,

our preschool program has helped improve kindergarten readiness within our community and provides early intervention programming for students who need it.

I ask that you provide additional financial support to the Best In Class Grant Program within SB 2012.

House Appropriations – Human Resources Division

Testimony on Senate Bill 2012

Representative Jon Nelson – Chairman

March 9th, 2023

Chairman Nelson and members of the House Appropriations Committee – Human Resources Division, my name is Donna Byzewski and I am the Program Director of the corporate guardianship program for individuals with intellectual disabilities at Catholic Charities North Dakota. I have been a guardianship worker and/or director for more than 33 years at Catholic Charities North Dakota. I am testifying in support of SB 2012 as it relates to corporate guardianship for individuals with intellectual disabilities. The funding would have an immediate impact on reducing the waiting list for services and decrease the time that a person must wait for corporate guardianship services.

On any particular day, a guardianship worker may be assisting an individual on their caseload in finding housing after they have been evicted for the 4th time in a year for allowing strangers to stay at their apartment; helping a person work through a diagnosis of a serious or life threatening medical condition which carries the responsibility of being the decision maker for these difficult medical decisions; spending countless hours working with credit card companies after a person has racked up huge credit card bills; accessing and maximizing the benefits that an individual receives – hours are spent on completing applications for housing, Social Security, food stamps, etc.; finding and accessing psychiatric services when a person is experiencing mental health struggles (more than 74% of the individuals on our caseload receive the services of a psychiatrist); monitoring and reporting any incidents of suspected abuse, neglect and/or exploitation; assisting an individual in obtaining restraining orders against abusive boyfriends or girlfriends or sexual predators. We are available 24 hours per day/365 days per year for emergencies or crises through our on-call system.

For more than 35 years, the Developmental Disabilities (DD) Division has contracted with Catholic Charities ND to provide guardianship services on behalf of adults with intellectual disabilities. Since 1987, we have served as guardian for more than 1,000 individuals with intellectual disabilities. It is important to note that many adults with intellectual disabilities are their own decision maker. However, there are critical times when a person may need the

services of a guardian, and if no one else is available or appropriate, a corporate guardianship is a necessity. Corporate guardianship is the guardian of last resort. Our contract with the DD Division specifies that Catholic Charities ND can only accept referrals from Developmental Disabilities Program Managers from the regional human service centers in North Dakota. Most referrals tend to fall into one of three categories: the person is at risk of harm or experiencing a medical crisis and has no family or friends to serve as guardian; families are not wanting to be guardian because the needs of their son, daughter, brother or sister have burned them out and are more than they can manage; or family may be the ones exploiting the person financially or abusing the individual physically or sexually.

We are currently serving as guardian for 500 individuals who live throughout the state of North Dakota. We have 15 guardianship workers who carry an average caseload of 34 people. Our guardianship workers must have a four year degree and be either a licensed social worker or a Qualified Developmental Disabilities Professional (QDDP). They often travel 50 to 140 miles one way to visit each person on their caseload, attend team meetings, court hearings and attend medical appointments. Our guardianship workers' duties and responsibilities typically include the following: determining the individual's living arrangements; assuring that the person's medical needs are met and providing consent for all medical procedures, surgeries, treatments, medications, end of life decisions, etc.; arranging and authorizing educational and vocational opportunities; legal decision making; and making financial decisions as well as overseeing the individual's assets and social security benefits.

In closing, I respectfully ask each of you for your support of funding for corporate guardianship services as outlined in SB 2012. With your help, the good and necessary work of the corporate guardianship program can continue to give individuals with intellectual disabilities opportunities and respect. I would welcome any questions that you may have. Thank you!

State Testimony SB2012

My name is Mary Martin, and I am the Elementary Principal at Park River Area School. I am in support of SB2012 and the continued funding of the Best in Class Grant in North Dakota. This is our second year participating with Best in Class and the opportunities the grant has provided are meaningful towards enhancing the learning experiences for our PreK students.

Part of the Best in Class program involves working with an Early Childhood Coach. Our coach has done an amazing job. We have been guided through reflective evaluations of current programming and have been able to participate in ongoing collaboration to assess student needs and determine the most appropriate ways to address them. Our coach has been able to provide new perspectives and ideas to enhance our program and the grant funding has provided resources to help provide them. As a result, students are immersed in a learning environment with enhanced opportunities to develop skills that the ND Early Learning Standards outline and that will be essential for students' school and long term success.

Another part of the Best in Class program involves professional development. Our staff have been able to participate in ongoing training that supports their instructional and assessment practices. With intentional plans to build on the strengths of early learners, students are continually involved in exploration and meaningful experiences that build multiple areas of development simultaneously. Best in Class programming clearly strives to strengthen practices that prepare young children for success.

Investing in our future involves supporting those that support our future, our children. Continued funding of the Best in Class programming will help ensure that ND students build necessary skills in their most critical years, from birth to age five. Please continue to support Best in Class for our future.

Mary Martin

Elementary Principal
Park River Area School
605 6th St. West
Park River, ND 58270
701-284-6550



Senate Bill 2012

House Appropriations Committee | HR Section

Representative Nelson, Chairman

Human Service Zone Operations, Kristen Hasbargen, Director

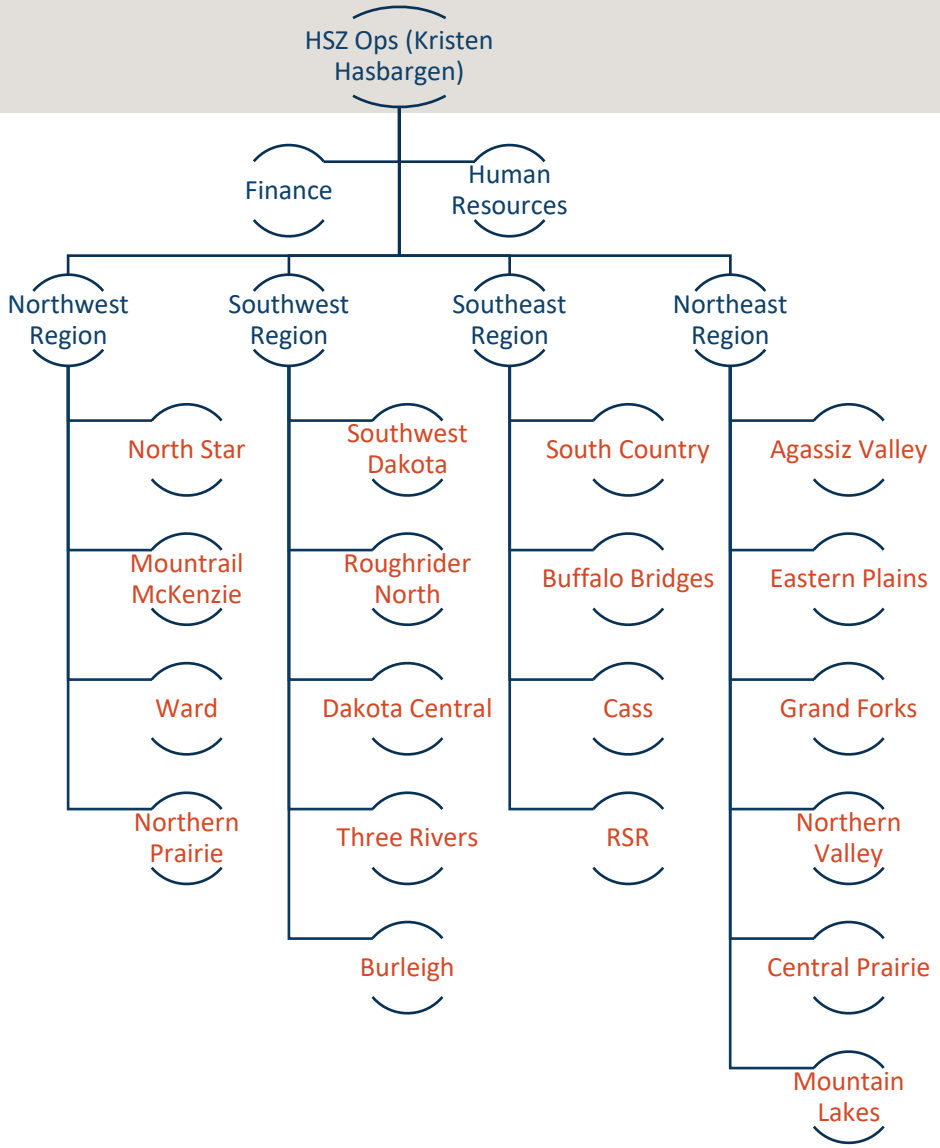
March 8, 2023

NORTH Dakota | Health & Human Services

Be Legendary.

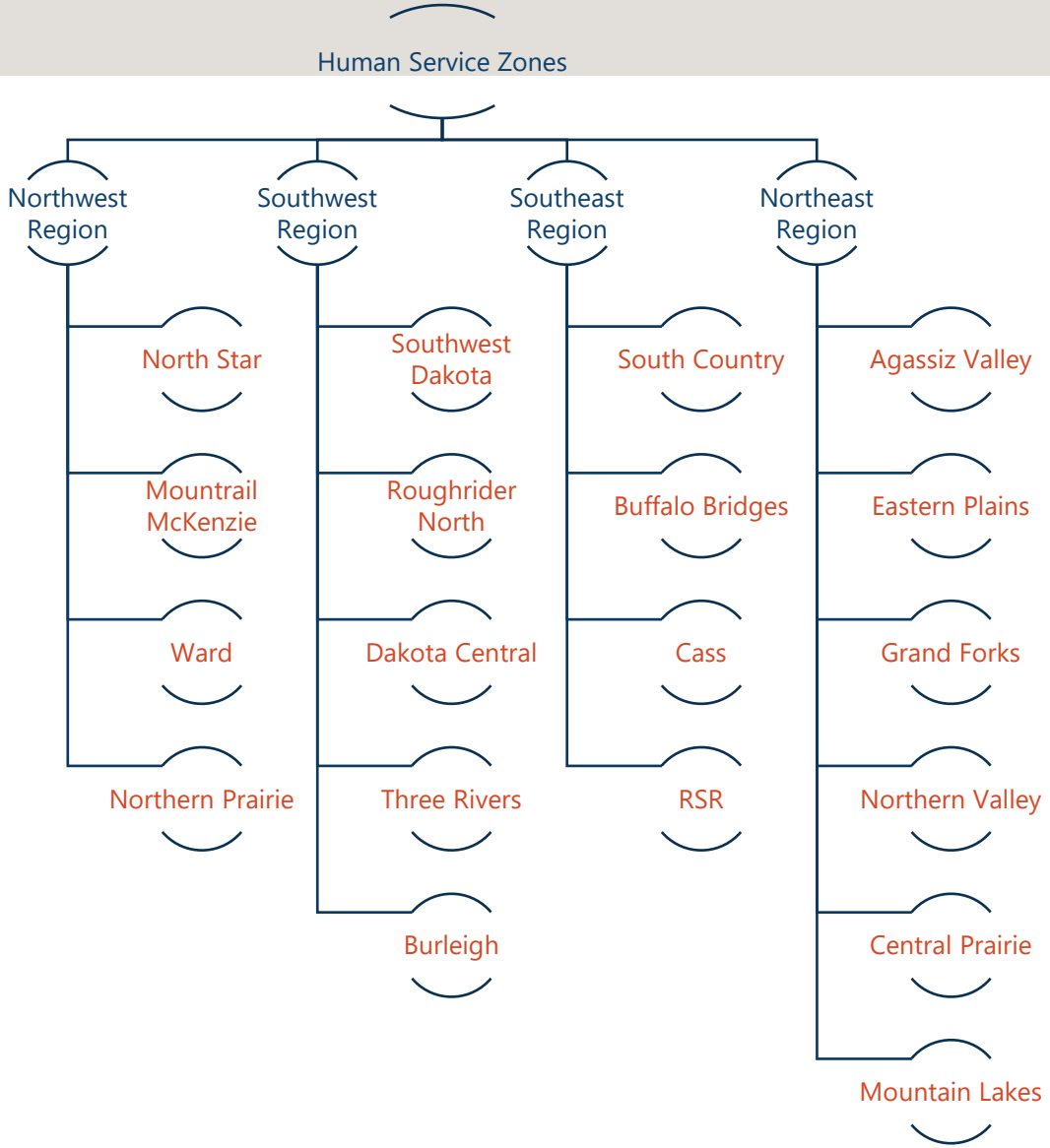
Human Service Zone: Staffing and Team Structure

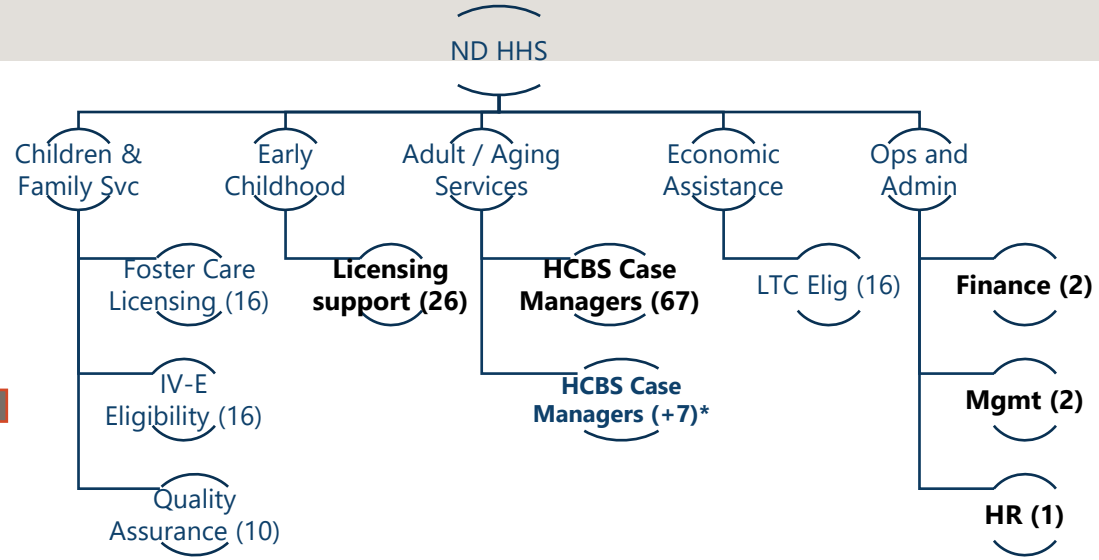
The purpose of the HSZ Ops team is to support the work of the HSZs and HSZ Boards, including review of HSZ Plans, as well as infrastructure support related to various HR and budget functions.



NORTH Dakota Be Legendary. | Health & Human Services

Human Service Zone: Staffing and Team Structure





HSZ - State-Delivered Services / Supports					
21-23 Authorized FTE Base			23-25 Executive Budget FTE	Engrossed 23-25 SB 2012	12-31-22 Vacancies
156	**-98**	=	58		2
156				**+7**	

Color Key to staffing chart

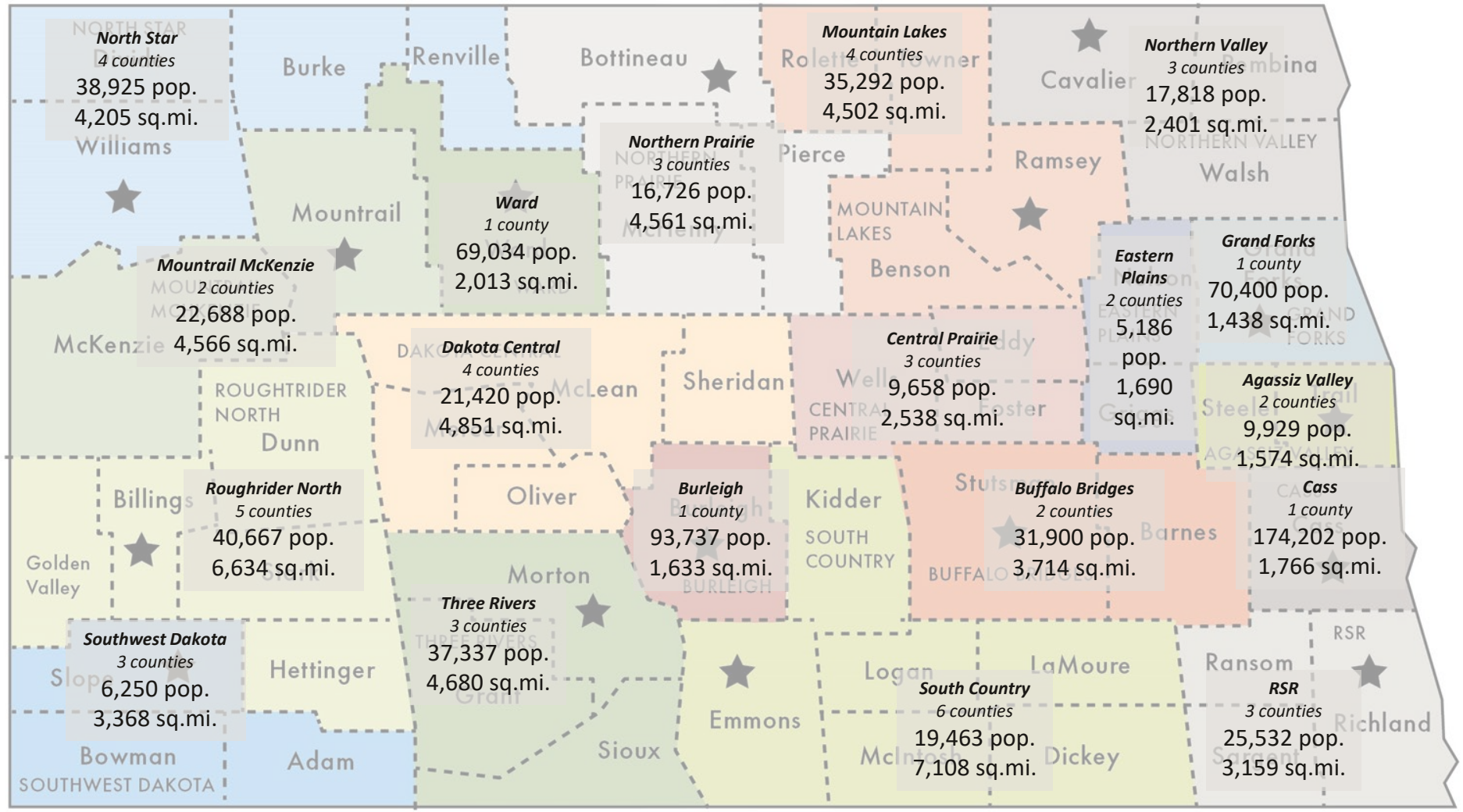
HSZ staff *(present day)*

HHS staff *(present day)*

HHS staff funding shift *(EBR proposal)*

HHS staff addition *(EBR proposal / amended via engrossed SB 2012)*

19 unique Human Service Zones work together to serve every corner of ND



Population:
5,186 to 174,202

County collaborations:
1 to 6

Square miles of geography covered:
1,438 to 7,108

NORTH Dakota Be Legendary. | Health & Human Services

Social Service Redesign set the stage for Counties and the State to work together to serve North Dakotans through the Human Service Zone structure

- Standardization
- Consistency
- Shared services + workload
- Increased access and resources for clients
- Decreased multi-function jobs and allowed for specialization/expertise – reduced # of hats
- Clear program performance measurements
- Increased state collaboration + oversight
- Property Tax Relief

	Host County	Zone	HHS
Employer	✖		
Benefits	✖		
HR Policy Manual		✖	✖
HP Policy Addendums - Submitted by Zone/ DHS Approval		✖	
Merit System Requirements			✖
Office Closure	✖	✖	
Supervision of Staff		✖	
Mileage/Reimbursement	✖		
Bonuses (Performance, Retention, etc,...)		✖	✖
Programmatic Policy			✖

NORTH Dakota Be Legendary. | Health & Human Services

What does it mean to work together?
What it means to be a Zone Employee



HR Policies

- The Zone HR Policy Manual was created in July of 2020 with HHS and Zone representation
- All of the policies are based on Admin Code, Best Practice or State/Federal Laws
- The Zones must follow the established Zone HR Policy Manual, but each Zone has the ability to create addendums (changes) to certain areas of the policy manual
- Example: Dress Code, Weather Related Closures, Benefits
- The Host County determines office closures related to weather or other incidents
- Telecommute workers are required to work when the office is closed due to weather related or other closures

What does it mean to work together?
FTE Committee (HR)



Hiring

- SB 2124 directed: "The department of health and human services shall develop a process to review a request from a human service zone for any proposed increase in staff."
- Zones assisted in development of both process and group composition. The committee consists of 4 Zone Directors and 4 members of the HHS Zone Team.
- Salary offers need approval from FTE committee only if above midpoint of salary range.
- Committee meets twice per week.
- This group reviews salary increases, bonuses, and temporary hires.

NORTH Dakota Be Legendary. | Health & Human Services

What does it mean to work together?
HHS/State Role



- Establish policy and procedure for programs based on law and administrative rule
- Support programs teams in the zones with technical assistance, hands on training and reviews, including quality reviews
- Administer and adhere to the state merit system for human resource management
- Provide HR technical assistance and support as needed
- Provide official posting and ranking of Zone candidates for interview

New state responsibilities since SB2124

- Funder of all direct costs for delivery of human services
- Provide fiscal support for budgeting and purchasing
- Partner with the zone board on zone director performance management, hiring and terminations

NORTH Dakota Be Legendary. | Health & Human Services

What does it mean to work together?
Host County Role



- State's Attorney (employee issues, child welfare, contracts)
- Host County Employer
- Host County Auditor
- Payroll + Benefit administration
- Retirement Provider
- Physical Space
- HR Support (varies by Zone)
- EAP Provider (if offered)

NORTH Dakota Be Legendary. | Health & Human Services

What does it mean to work together?

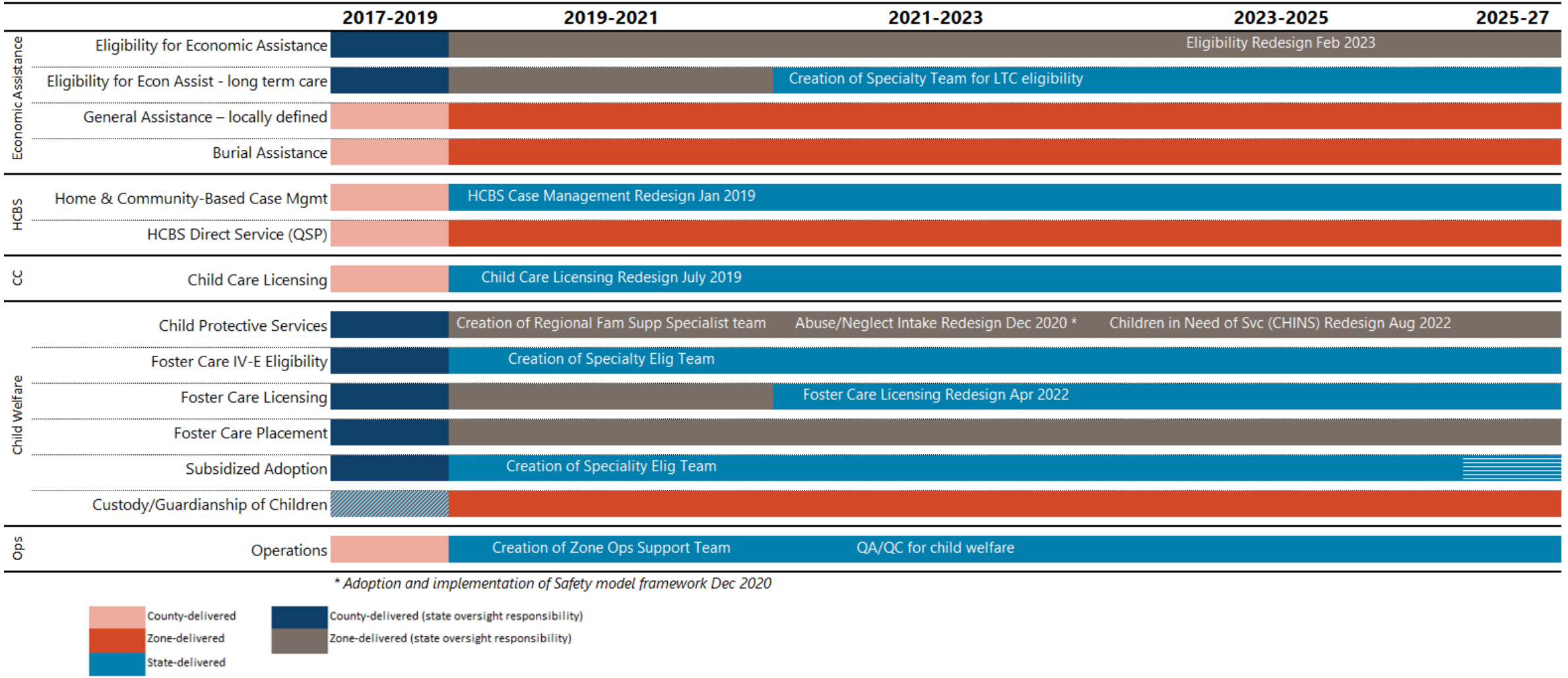
Human Service Zone Board Role



- Serve as an Advisory Board
- Representative of those served by the Zones
- Co-manage Zone Director Performance, Hiring and Termination

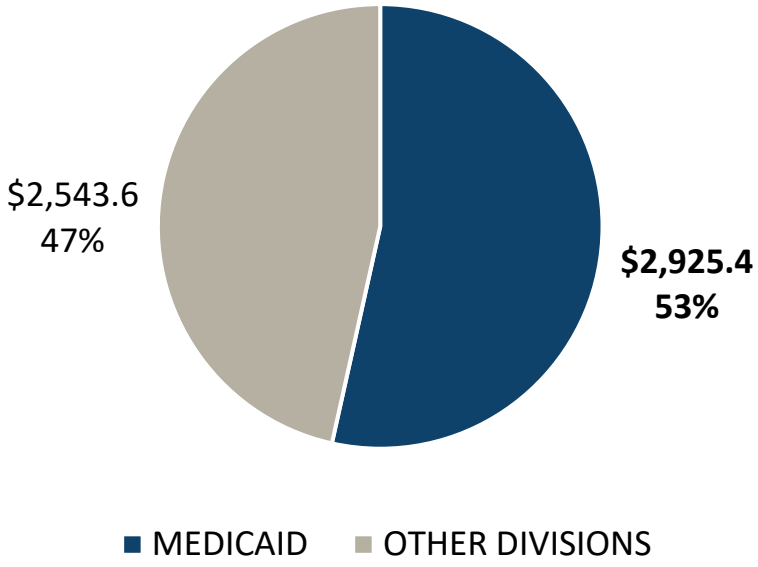
NORTH Dakota | Health & Human Services
Be Legendary.

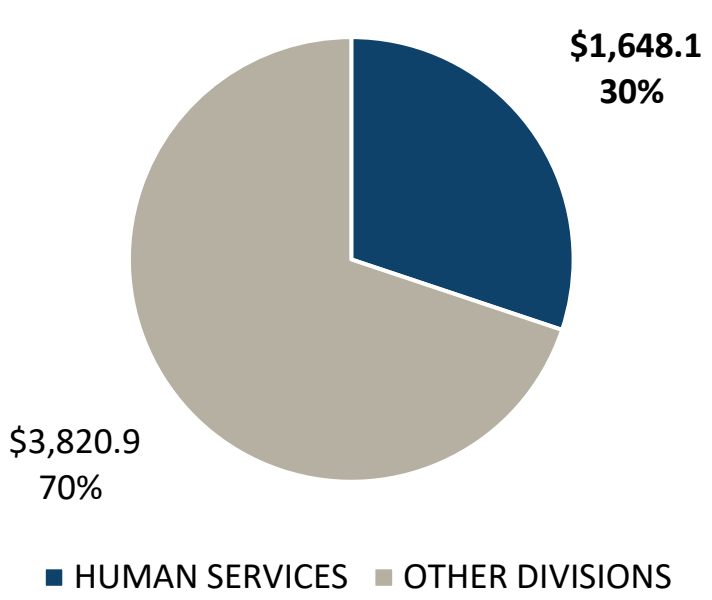
North Dakota's model of human service delivery is characterized by shared roles and responsibilities

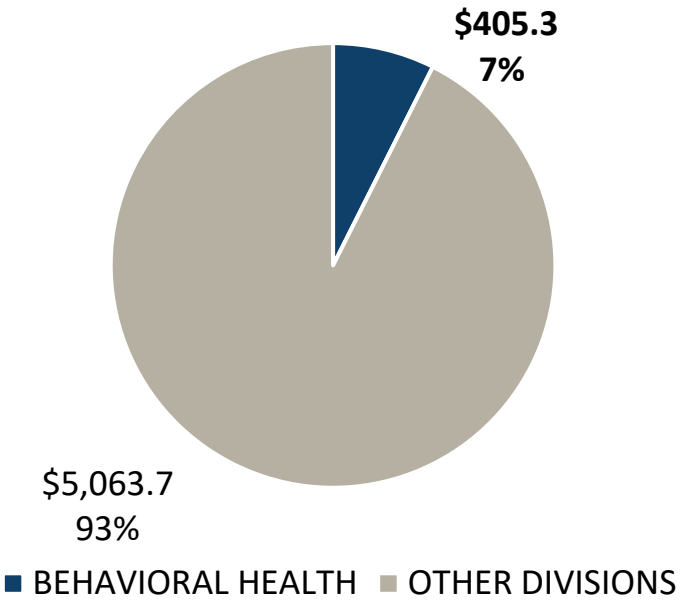


Division budgets compared to Engrossed SB 2012

2023-2025 Engrossed SB 2012 in millions



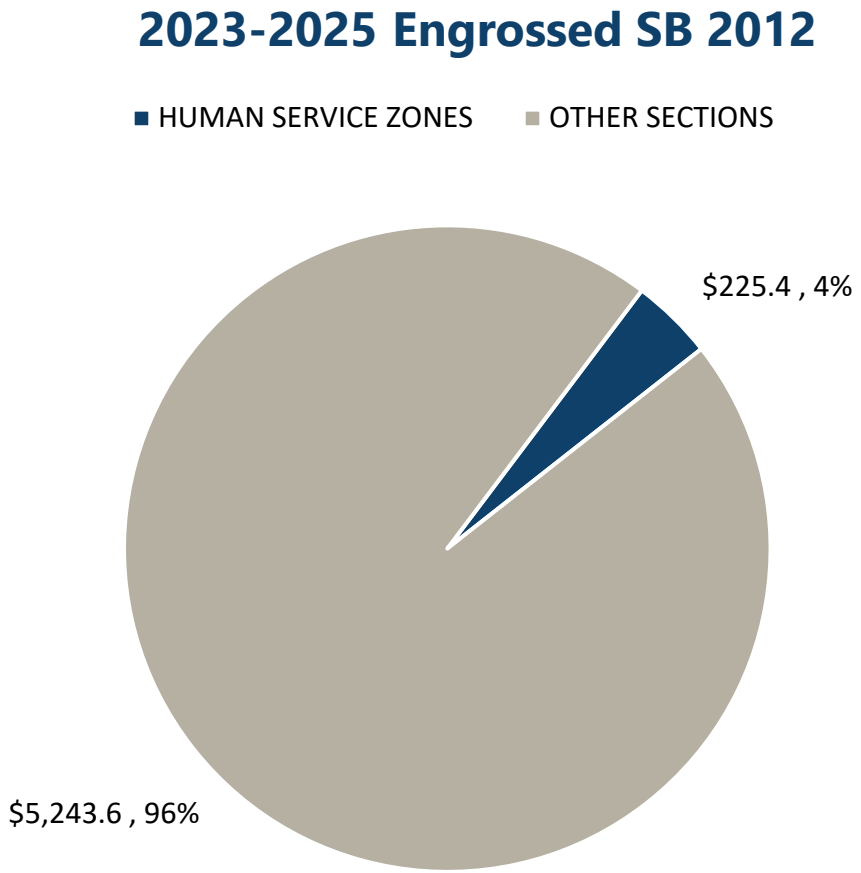


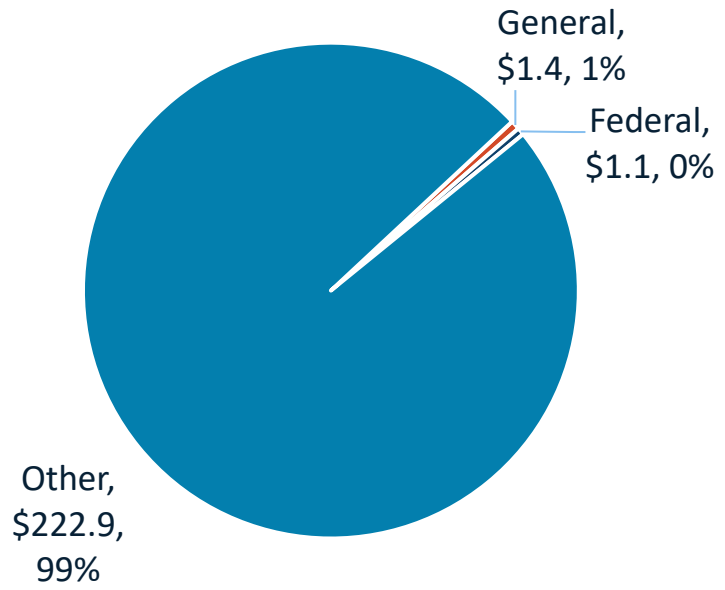


NORTH Dakota Be Legendary. | Health & Human Services

Section Budget Compared to Engrossed SB 2012 (in millions)

Human Service Zones represent 4% of SB 2012 budget





NORTH Dakota Be Legendary. | Health & Human Services

Human Service Zones: Overview of budget changes

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
Salaries and Benefits	$ 26,977,885	$ (16,296,846)	$ 10,681,039	$ 22,914,638	$ 33,595,677
Operating	4,171,761	(3,719,725)	452,036	1,318,105	1,770,141
IT Services	17,128	(355)	16,773	355	17,128
Capital Asset Expense	-	-	-	-	-
Capital Assets	-	-	-	-	-
Grants	158,750,611	32,322,796	191,073,407	(1,094,767)	189,978,640
Total	$ 189,917,385	$ 12,305,870	$ 202,223,255	$ 23,138,331	$ 225,361,586
General Fund	**$ 1,240,391**	**$ (1,240,391)**	**$ -**	**$ 1,351,072**	**$ 1,351,072**
Federal Funds	**1,176,874**	**1,046,382**	**2,223,256**	**(1,151,772)**	**1,071,484**
Other Funds	**187,500,121**	**12,499,879**	**200,000,000**	**22,939,030**	**222,939,030**
Total Funds	**$ 189,917,386**	**$ 12,305,870**	**$ 202,223,256**	**$ 23,138,330**	**$ 225,361,586**
Full Time Equivalent (FTE)	156.00	(98.00)	58.00	7.00	163.00

Costs for State-delivered svc

Costs for Zone-delivered svc

FTE associated with State-delivered svc

NORTH Dakota Be Legendary. | Health & Human Services

Included in 2023-25 Executive Budget Request

Budget Transition for State-Delivered Services

- Today, all of the funding for these staff who deliver human services as per SB 2124 comes from the Property Tax Relief Fund.
- This proposal requests that the State shift the cost of funding social services delivered by state employees to the state HHS budget, and that the cost of social services delivered by HSZ employees continue to come from the Property Tax Relief Fund.
- Removing the costs associated with HSZ-to-State transferred teams from the Property Tax Relief Fund and aligning them with their respective programs would offer greater transparency into total cost to operate each program.

Total	General	Other
$0	$19,816,722	($19,816,722)

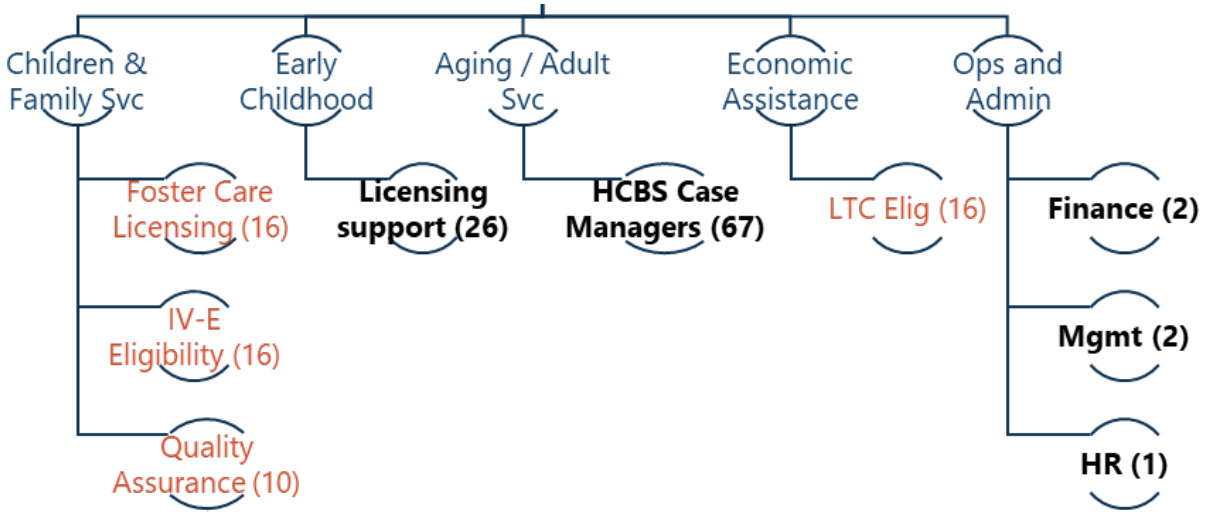


NORTH Dakota Be Legendary. | Health & Human Services

Included in 2023-25 Executive Budget Request

Summary of 457 Fund decrease related to state-delivered services and supports

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
Salaries and Benefits	$ 26,977,885	$ (16,296,846)	$ 10,681,039	$ 22,914,638	$ 33,595,677
Operating	4,171,761	(3,719,725)	452,036	1,318,105	1,770,141
IT Services	17,128	(355)	16,773	355	17,128
Capital Asset Expense	-	-	-	-	-
Capital Assets	-	-	-	-	-
Grants	158,750,611	32,322,796	191,073,407	(1,094,767)	189,978,640
Total	$ 189,917,385	$ 12,305,870	$ 202,223,255	$ 23,138,331	$ 225,361,586



TOTAL obligation to transfer from 457 to HHS: $20,833,563 and 98 FTE

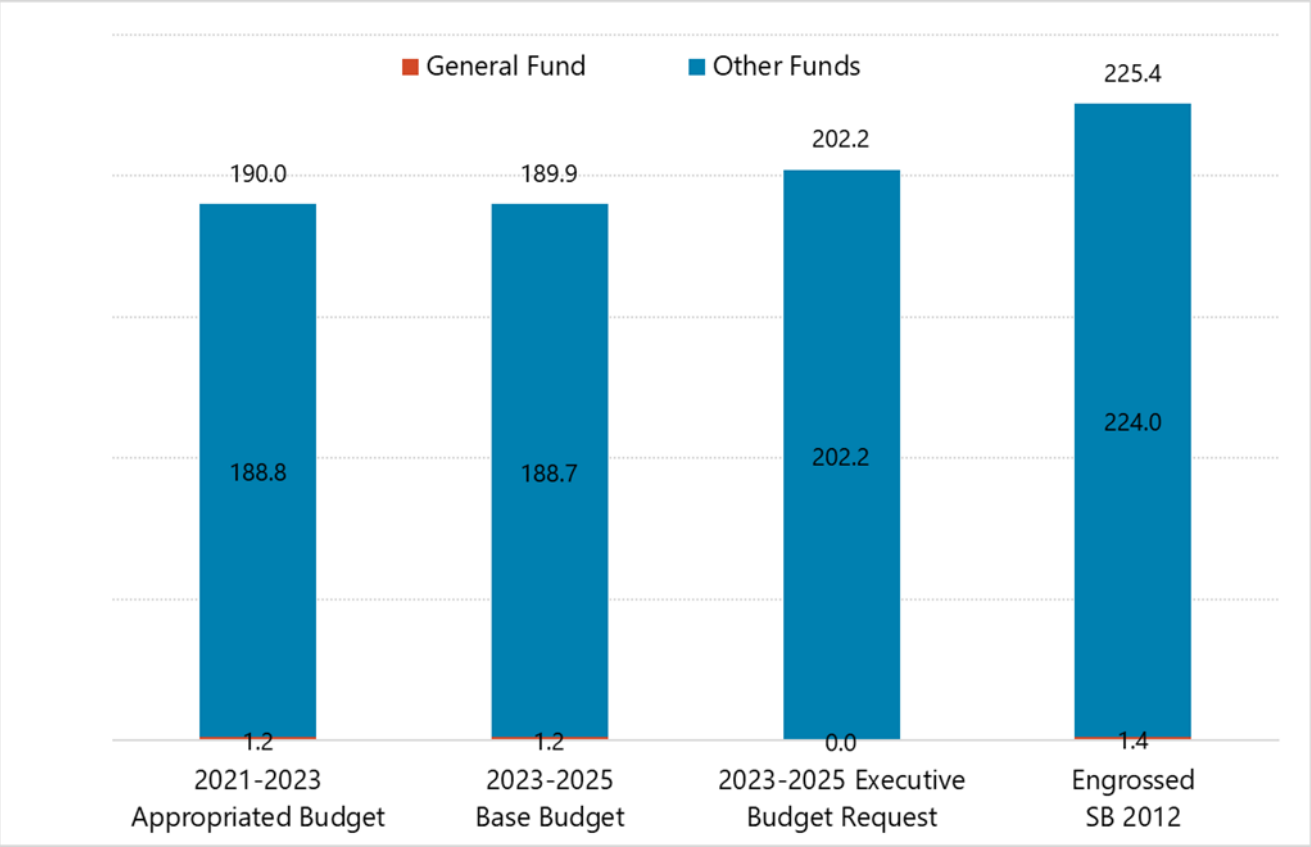
- Early Childhood
  - $4,659,684 total expenses attributed to this cost pool (staffing, travel, IT)
  - 26 FTE
- HCBS Case Management
  - $13,326,329 total expenses attributed to this cost pool (staffing, travel, IT)
  - 67 FTE
- Ops and Admin
  - $2,847,550 total expenses attributed to this cost pool (staffing, contracts (incl indirect cost), public notices, travel, IT)
  - 5 FTE

NORTH Dakota Be Legendary. | Health & Human Services

Human Service Zones: Overview of budget changes
(IN MILLIONS)

INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION
$ 12.2 MILLION

- 6%/4% proposed salary increase (amended to 4%/4% in Engrossed SB 2012)
- 5% annual increase in base HSZ budgets
- Additional Zone-delivered supports in child welfare and in-home care
- Minus the costs associated with transferring a portion of state-delivered services from 457 / Prop Tax Relief fund to HHS budget (amended out of Engrossed SB 2012)
- Engrossed SB 2012 includes 7 additional FTE for HCBS case management capacity



NORTH Dakota Be Legendary. | Health & Human Services

Human Service Zones: Overview of budget changes

Budget detail by account

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
511x Salaries - Regular	$ 19,058,733	$ (12,046,743)	$ 7,011,990	$ 15,726,962	$ 22,738,953
512x Salaries - Other	-	-	-	-	-
513x Salaries Temp	-	-	-	-	-
514x Salaries Overtime	-	0	0	(0)	-
516x Salaries Benefits	7,919,152	(4,250,103)	3,669,049	7,187,674	10,856,723
Total Salaries & Benefits	$ 26,977,885	$ (16,296,845)	$ 10,681,040	$ 22,914,636	$ 33,595,676
52x Travel	326,985	(261,594)	65,391	261,594	326,985
53x Supply	4,205	(3,205)	1,000	3,205	4,205
54x Postage & Printing	745	(500)	245	500	745
55x Equipment under $5,000	-	-	-	-	-
56x Utilities	-	-	-	-	-
57x Insurance	-	-	-	-	-
58x Rent/Leases - Bldg/Equip	3,242	(3,242)	0	3,242	3,242
59x Repairs	-	-	-	-	-
61x Professional Development	25,600	(18,100)	7,500	18,100	25,600
62x Fees - Operating & Professiona	3,810,984	(3,433,084)	377,900	1,031,464	1,409,364
67x Expenses	-	-	-	-	-
53x Supplies	-	-	-	-	-
60x IT Expenses	17,128	(356)	16,772	356	17,128
68x Land, Building, Other Capital	-	-	-	-	-
69x Over	-	-	-	-	-
69x Equipment Over $5,000	-	-	-	-	-
71x Grants, Benefits, & Claims	158,750,611	32,322,796	191,073,407	(1,094,767)	189,978,640
72x Transfers	-	-	-	-	-
Total Operating	$ 162,939,501	$ 28,602,715	$ 191,542,216	$ 223,694	$ 191,765,910
Total	$ 189,917,386	$ 12,305,870	$ 202,223,256	$ 23,138,330	$ 225,361,586

NORTH Dakota Be Legendary. | Health & Human Services

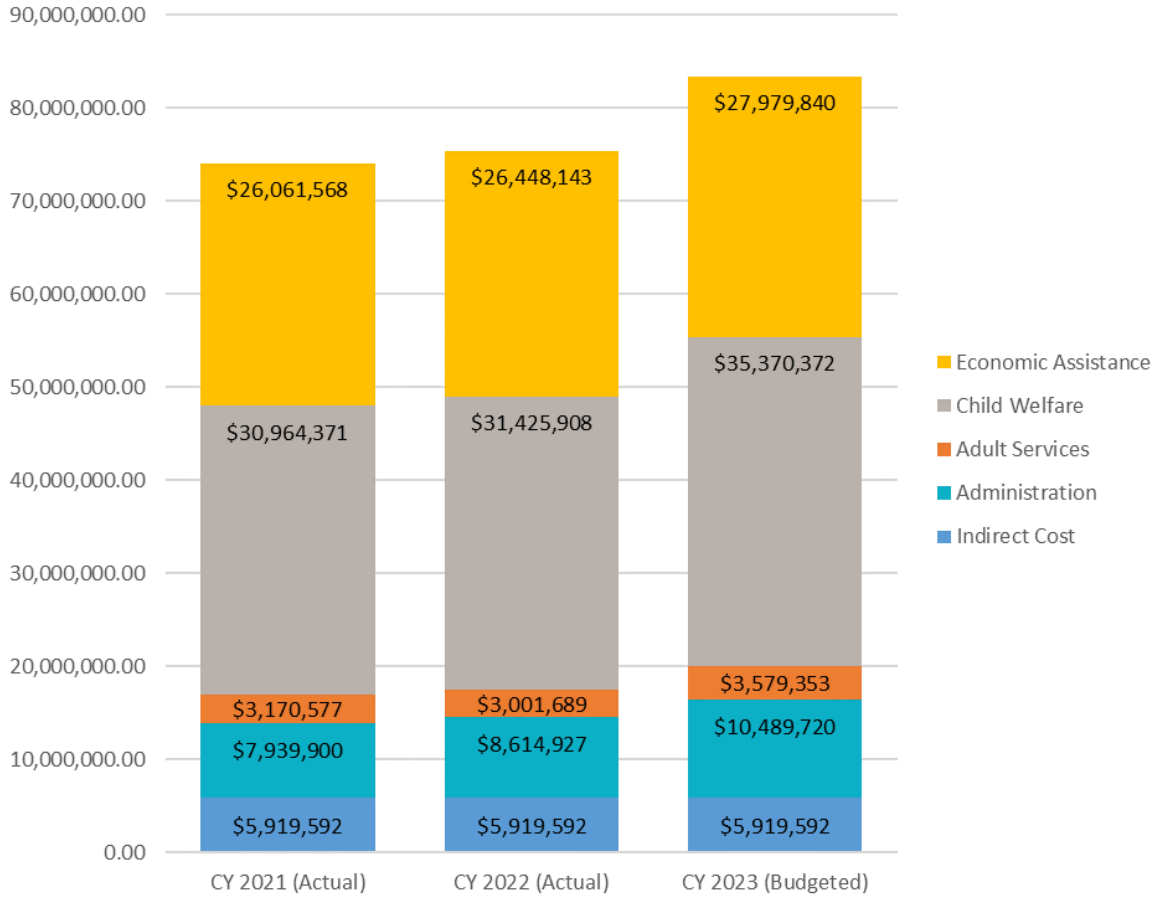
Human Service Zones: Overview of budget changes

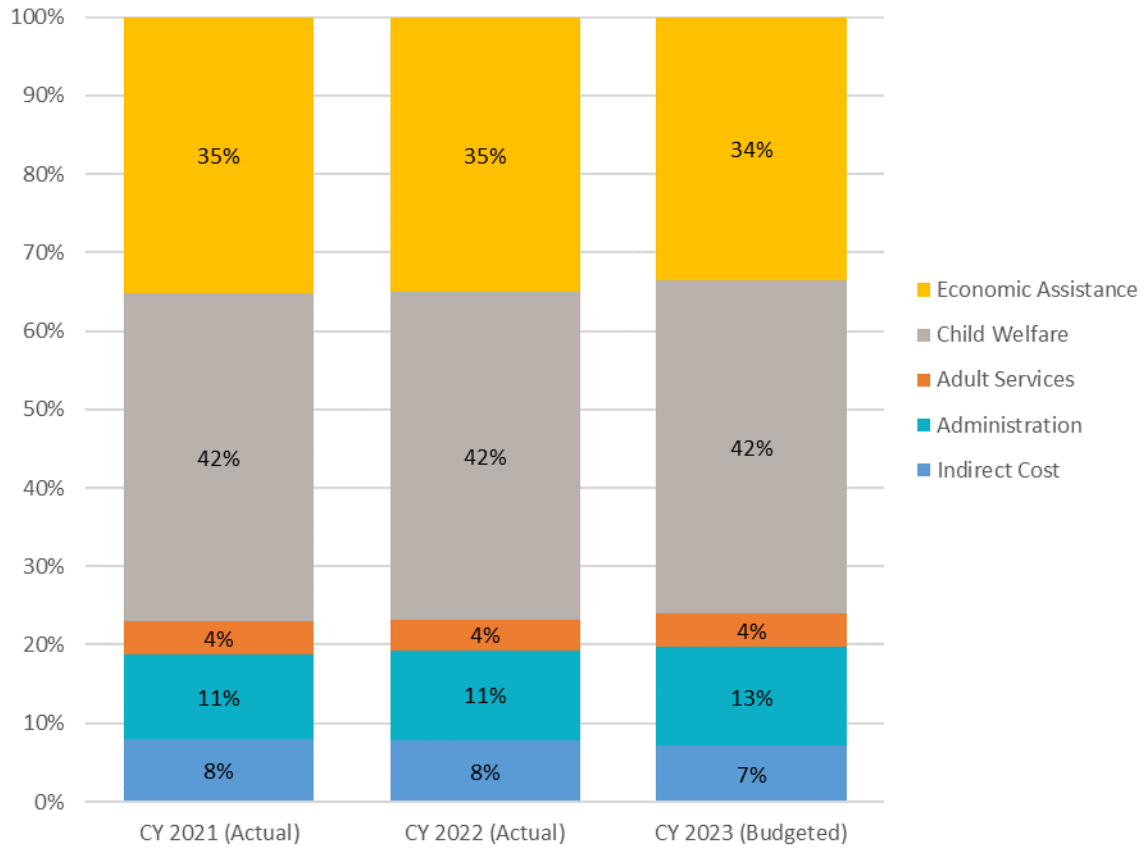
Funding Source Summary

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive	Increase / (Decrease)	Engrossed SB 2012
General Fund	$ 1,240,391	$ (1,240,391)	$ -	$ 1,351,072	$ 1,351,072
Federal Funds	1,176,874	1,046,382	2,223,256	(1,151,772)	1,071,484
Other Funds	187,500,121	12,499,879	200,000,000	22,939,030	222,939,030
Total Funds	$ 189,917,386	$ 12,305,870	$ 202,223,256	$ 23,138,330	$ 225,361,586

NORTH Dakota Be Legendary. | Health & Human Services

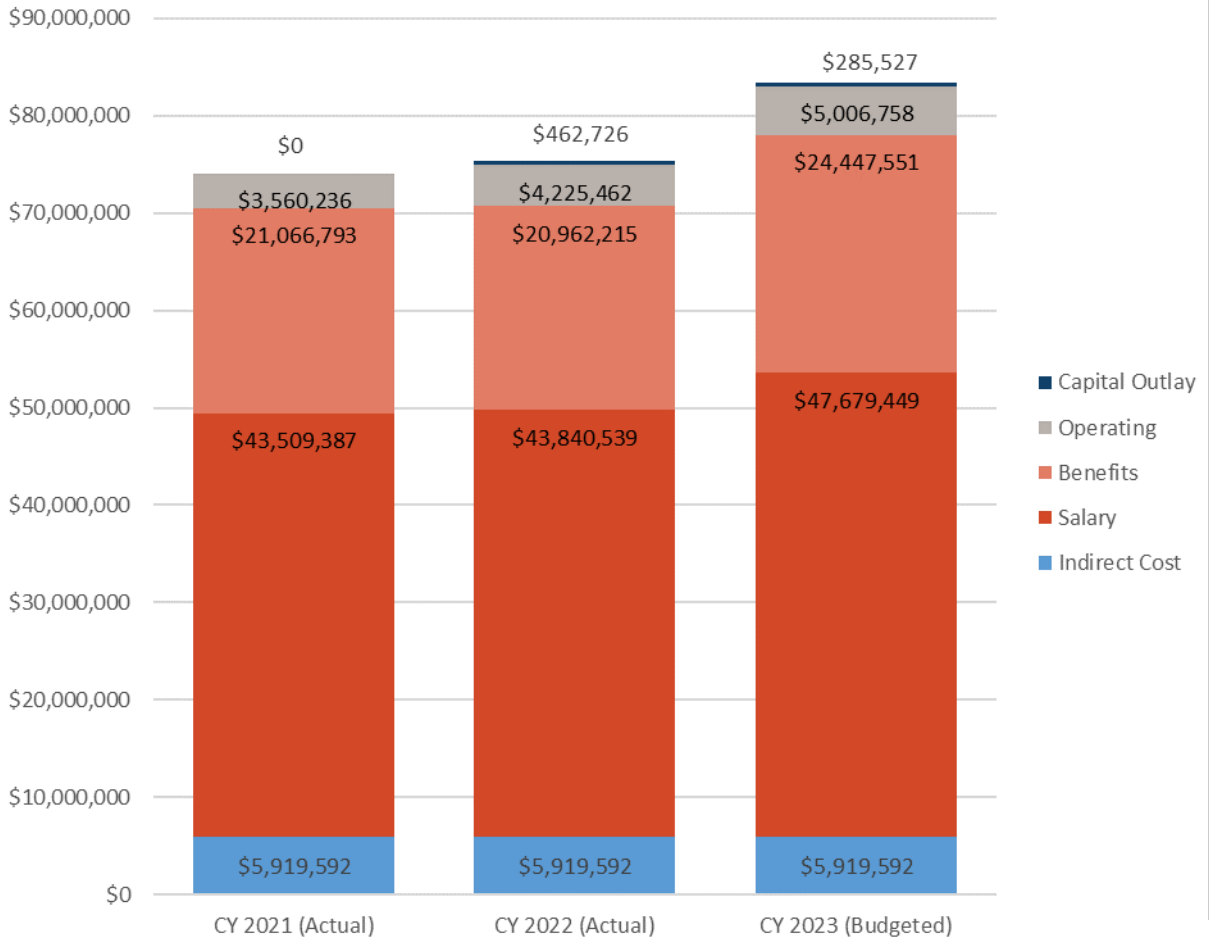
86% of state dollars invested in Human Service Zones goes to deliver services in 3 core areas

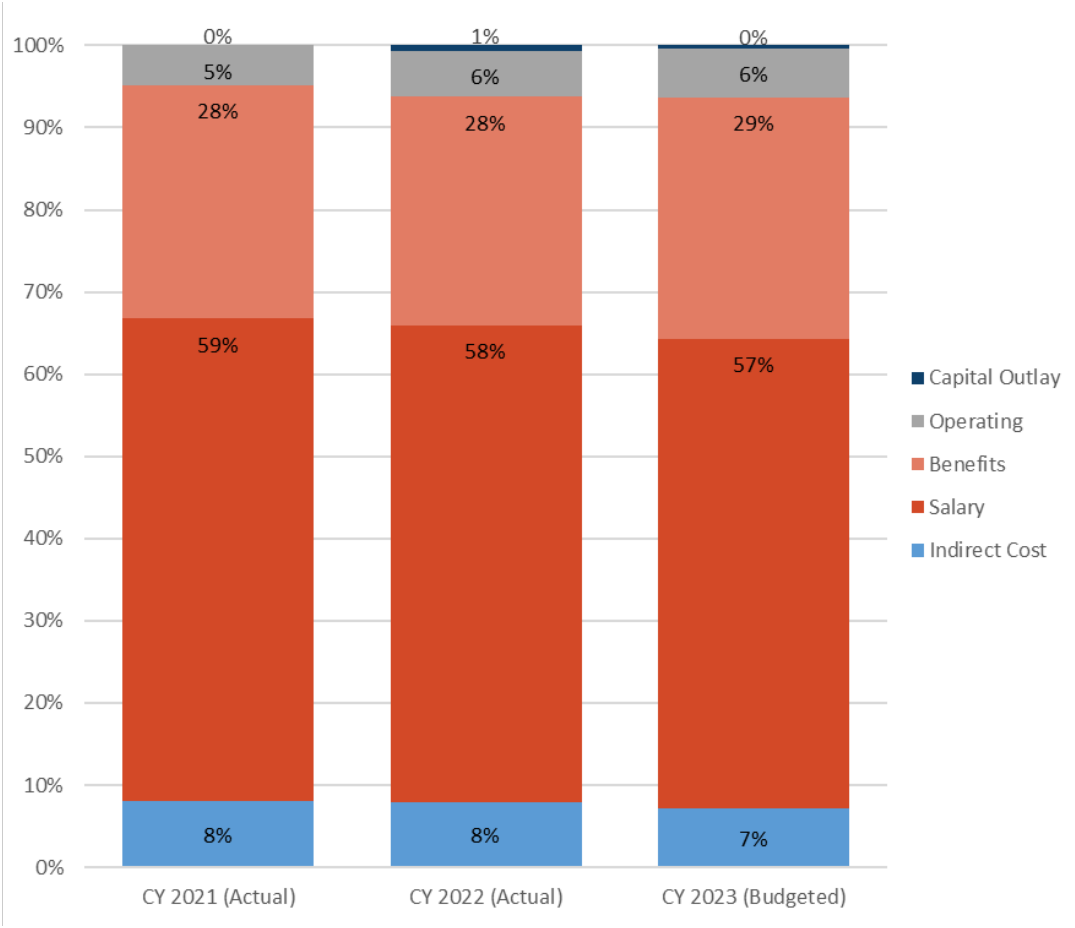




NORTH Dakota Be Legendary. | Health & Human Services

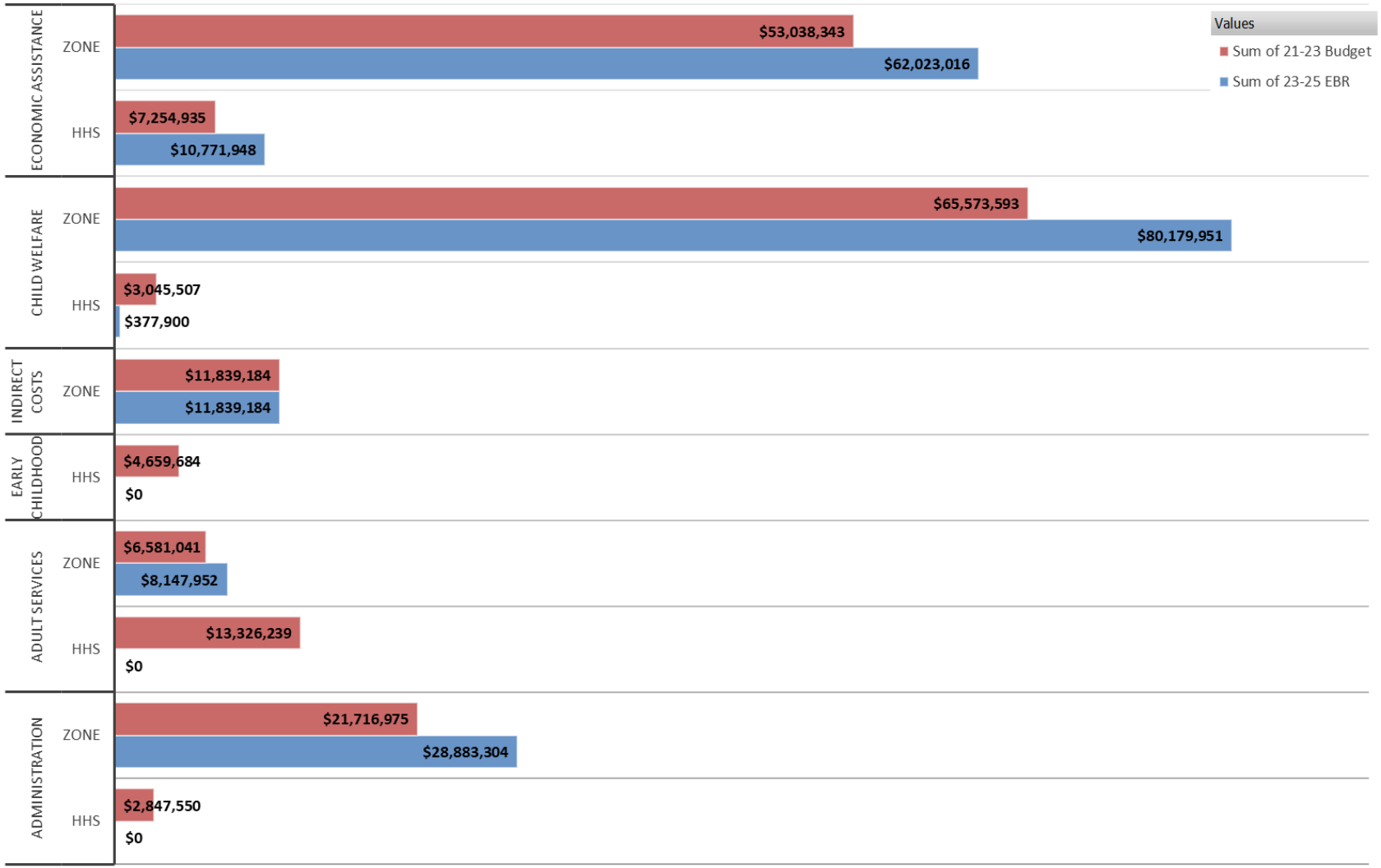
Staff compensation accounts for 86% of HSZ Expenses that are reimbursed by the ND Property Tax Relief Fund





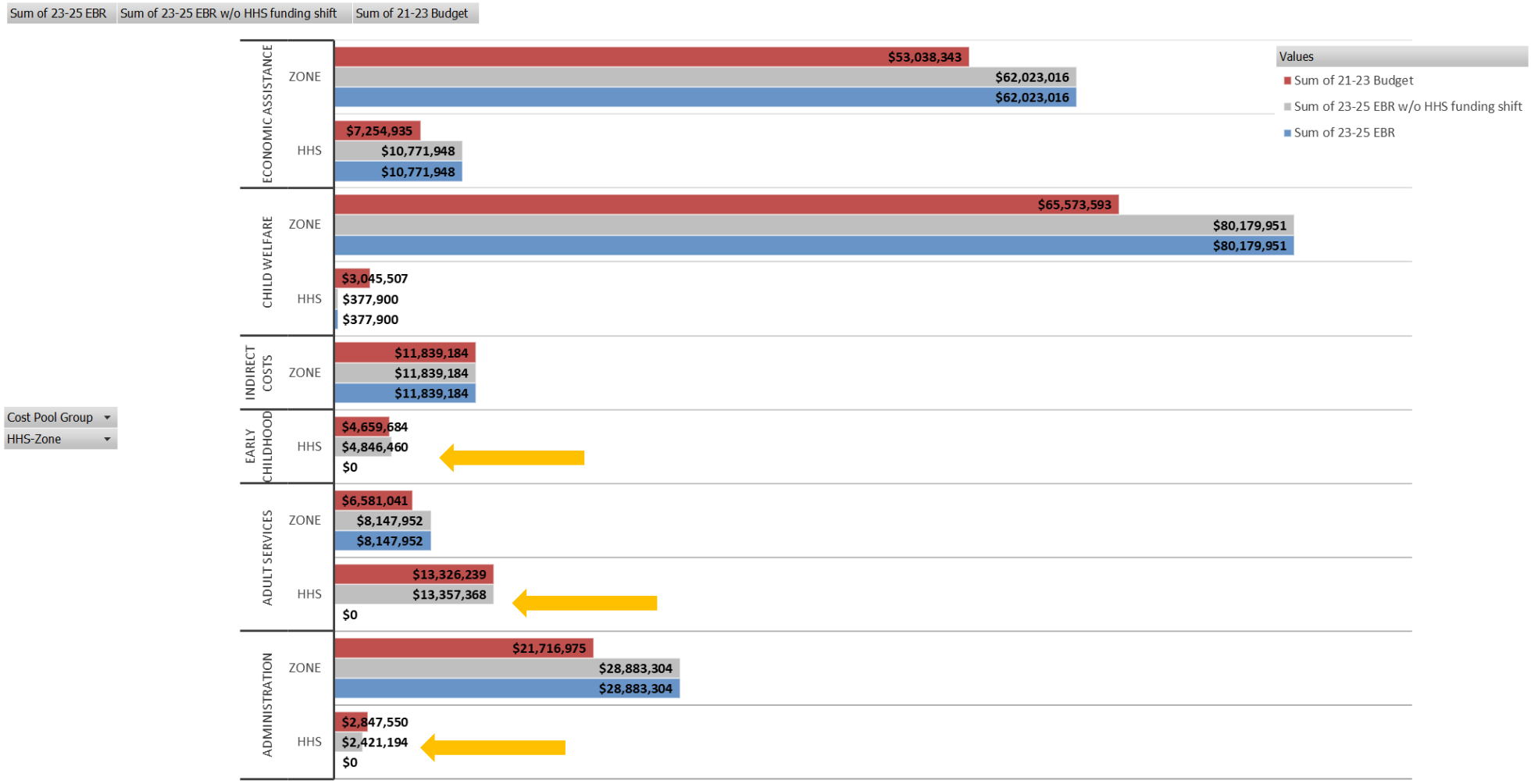
NORTH Dakota Be Legendary. | Health & Human Services

The majority of increases in the 23-25 EBR represent additional investment in staffing (both compensation and roles)



NORTH Dakota Be Legendary. | Health & Human Services

The funding shift from the Property Tax Relief Fund to the HHS budget does not change budgeted funding proposed for HSZs



NORTH Dakota | Health & Human Services
Be Legendary.

Policy Bills with Budget Impact

SB 2139 - Burial Assistance

- Bill proposes final dispositions (cremation or burial) are reimbursed at $3,500 for all Zones
  - Senate passed SB 2139 with a $612,000 fiscal note
  - Engrossed SB 2012 added $612,000 to HSZ budget (funding from Property Tax Relief Fund)

Total	General	Other
$612,000	$0	$612,000



SB 2012 Section 5 / Engrossed SB 2012 Section 6
Estimated Income – Human Service Finance Fund

23.0266.02000

FIRST ENGROSSMENT

Sixty-eighth
Legislative Assembly
of North Dakota

ENGROSSED SENATE BILL NO. 2012

Introduced by

Appropriations Committee

SECTION 6. ESTIMATED INCOME - HUMAN SERVICE FINANCE FUND. The estimated income line item in subdivision 4 of section 1 of this Act includes the sum of $221,600,000 from the human service finance fund for state-paid economic assistance and social and human services.

NOTE

SB 2367 increased the funding level for the Property Tax Relief Fund to $250 million from the current $200 million



NORTH Dakota | Health & Human Services
Be Legendary.

On the horizon for Human Service Zones and HHS



- Review results of comp/equity study and proposed implementation
- Embracing a regional processing approach for SNAP, CCAP, LIHEAP, TANF, and Medicaid eligibility- Eligibility “redesign” went live in February 2023
- Solidifying the work of new statewide teams
  - CHINS (children in need of service)
  - Child Abuse and Neglect Hotline
  - Foster care licensing and eligibility
  - Cross Zonal Continuous Quality Improvement peer groups
- Creating HSZ Data Snapshots – key program measures of effectiveness and impact
- Working together to problem solve
  - Guardianship | HCBS services | Case mgmt for children with complex needs | Timeliness of child protection visits| 1915(i)

NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Kristen Hasbargen

Director of Zone Operations, HHS

krhasbargen@nd.gov

https://www.hhs.nd.gov/human-service/zones

NORTH Dakota Be Legendary. | Health & Human Services



Compensation + Equity Study

House Appropriations – HR Section

Rep Jon Nelson, Chairman March 8, 2023

NORTH Dakota | Health & Human Services

Be Legendary.

Sara Stolt, Deputy Commissioner HHS

Overview



Zones

- County Employees
- County Benefits
- Follow State Merit System
- Equity Challenges
- Market Challenges
- Receive Legislative Increases
- Recruiting and Retention Challenges



Benefits

- Host County determined benefit packages
- Entire County has the same benefit package
- Disparity between each zone and zones in comparison to the state



Health and Human Services

- Newly integrated
- State Benefits
- Equity Challenges
- Market Challenges
- Recruiting and Retention Challenges

Legislative Study: SB2086 (‘21 Biennium)



Compensation Efforts

Equity + Disparity

Executive Budget Recommended Increase

6/4%

Legislative Recommended Increase

4/4%

Performance Increase

Executive Budget Equity Package

- $10.3M (biennium)
- Does NOT include Human Service Zones

- Focuses on:
  - Verifiable, significant market gaps for job categories
  - Staffing issues with impact on services and operations
  - Relatively low paid employees & agencies

SB2086 Comp and Equity Study

- Phase 1: Market
- Phase 2: Equity
- Phase 3: Benefits

Focus: Within Zones, Zones to HHS, Overall Zones/State to Market

Comp + Equity By the Numbers

Budgeted Item	FY 22 Annual	Executive Budget Equity Package	Executive Budget Recommendation – General Performance Increase	Gallagher HHS/Zone - Market Recommendation	Gallagher- Zone Salary Disparity Recommendation	Gallagher - Zone Benefits Disparity Recommendation
HHS Payroll + Payroll Associated Benefits***	$169 M	$10.3 M Biennium	$30.3 M** Biennium	$21 M Biennium		
Zone Payroll	$44.3 M		$8.3 M** Biennium	$5.5 M Biennium	$3.5 M Biennium	
Zone Benefits (HC Premiums + Payroll Associated Benefits)	$21 M			$2.2 M Biennium		$8.8 M Biennium

**Based on 6% and 4%

*** Does not include HC premium increases

Both internal and external analysis supports a 6% and 4% increase. Gallagher's market recommendation is NOT in addition to the EBR of 6% and 4%.

NORTH Dakota Be Legendary. | Health & Human Services

Methodology: Approach

Gallagher
Insurance | Risk Management | Consulting

Best Practices

Follow the Federal Trade Commission and the U.S. Department of Labor guidelines that 5 matches should exist per job in order to draw reliable conclusions	Follow guidelines for job matching (at least 80% match)	Follow professionally accepted guidelines for defining labor markets
Published sources utilized must meet specific criteria (reputable, not self-reported, conducted on a continual basis, etc.)	Use trend factors from either the U.S. Department of Labor data or WorldatWork surveys	ERI, a third party resource, is used to identify geographic differentials

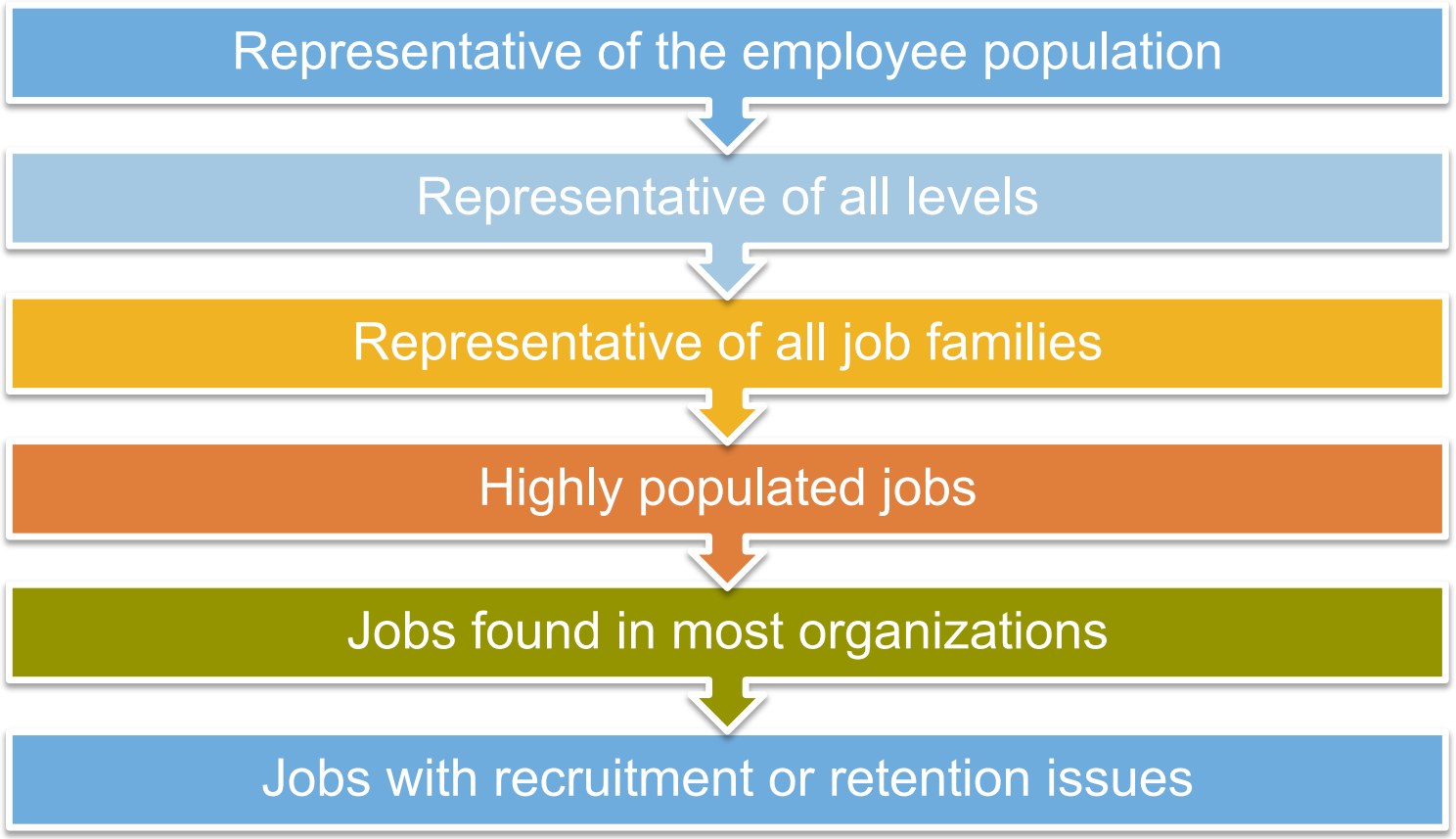
Benchmarks

(non-unique, comparable, representative of the employee population/functional areas/levels, highly populated, hard-to-recruit)

Methodology: Benchmark Selection

Gallagher
Insurance | Risk Management | Consulting

Benchmark Job Selection Guidelines



©2021 ARTHUR J. GALLAGHER & CO. | Gallagher Human Resources Compensation Consulting

Methodology: Market Data

Gallagher
Insurance | Risk Management | Consulting

North Dakota Department of Health and Human Services (ND DHHS) contracted with Gallagher Benefit Services, Inc. (GBS) to conduct a study to evaluate the market position of:

- **109 represented jobs within ND DHHS and Human Service Zones**

This analysis includes:

- Collecting data from obtained from published surveys (Willis Towers Watson, Mercer, CompData, Economic Research Institute)
- Using the data collected from the study to determine the market value of the evaluated positions to be competitively aligned at the 50th percentile

©2021 ARTHUR J. GALLAGHER & CO. | Gallagher Human Resources Compensation Consulting

Methodology: Market Data

Summary Comparison			
Client	Market 25th % Diff	Market 50th % Diff	Market 75th % Diff
Benchmark Summary - Published	*10%*	*-5%*	*-13%*

- ND DHHS and Human Service Zones pays above market for low-skill, easy to recruit, roles
- ND DHHS and Human Service Zones pays significantly below market for highly skilled, highly-compensated individuals
- Current workforce demands at or above market in hard to fill roles and we are lagging, significantly.

©2021 ARTHUR J. GALLAGHER & CO. | Gallagher Human Resources Compensation Consulting

Methodology: Trend Data

Gallagher
Insurance | Risk Management | Consulting

Employment Cost Index (ECI) indicates a **5.1%** increase in the fourth quarter that ended December 31, 2022 that has been consistent across the second and third quarters of 2022.

- December 31, 2022 nationally for public employees for the past twelve months indicated a **5.3%** increase.
- The North Central Region showed a **6.2%** increase over the third quarter and trended down to **4.5%** over the fourth quarter.

Environmental scan data notes that South Dakota provided a **6%** across the board increase this fiscal year.

World at Work trend data:

- Nationally, salary and wages have increased 4.1%
- For the central region, salary and wages have increased 4.0%
- For North Dakota, salary and wages have increased 4.1%

©2021 ARTHUR J. GALLAGHER & CO. | Gallagher Human Resources Compensation Consulting

Phase 1: Recommendation
General Market Comparison

Gallagher
Insurance | Risk Management | Consulting

- The market data collected and evaluated indicates ND DHHS lags the market by 5% at the 50th percentile.
- The Employment Cost Index indicates an increase of 4.5% in the North Central Region to 5.3% nationally.
- World at Work trend data indicates salaries and wages have increased 4.1% nationally.

Gallagher recommends realigning compensation to ensure a competitive market position, recognizing the market and the effects of the current talent landscape on the state to successfully recruit and retain its workforce across geographies.

The addition of ensuring appropriate benefit alignment as part of the overall total rewards package represents an additional amount of 20% of payroll.

©2021 ARTHUR J. GALLAGHER & CO. | Gallagher Human Resources Compensation Consulting

Phase 2: Equity
Cost Comparison - Annual

Gallagher
Insurance | Risk Management | Consulting

Row Labels	Sum of Cost to Rate based on YOS (No Cap)	Sum of Cost to Rate based on YOS (Cap @ Mid)	Sum of Cost to Rate based on YOS (Cap @
State	$ 3,011,478.09	$ 2,713,675.05	$ 3,011,478.09
Zone	$ 1,005,148.95	$ 852,297.06	$ 1,003,131.22
Sub Total	**$ 4,016,627.04**	**$ 3,565,972.12**	**$ 4,014,609.31**
Compensation Related Benefits	$ 803,325.41	$ 713,194.42	$ 802,921.86
Total	**$ 4,819,952.45**	**$ 4,279,166.54**	**$ 4,817,531.18**

Zone Biennium Projection = $2,412,357.48

©2021 ARTHUR J. GALLAGHER & CO. | Gallagher Human Resources Compensation Consulting

State to Zone Comparison

Gallagher
Insurance | Risk Management | Consulting

Row Labels	State Avg Pay	Zone Avg Pay	Overall Avg Pay	State EE Count	Zone EE Count	Overall EE Count	Both	Variance
Admin Svcs I	$ 17.63	$ 15.46	$ 15.82	1	5	6	2	12.29%
Admin Svcs II	$ 17.82	$ 17.99	$ 17.86	77	24	101	2	-0.93%
Admin Svcs III	$ 18.67	$ 19.88	$ 19.03	112	48	160	2	-6.52%
Admin Svcs IV	$ 23.15	$ 22.42	$ 22.65	129	286	415	2	3.13%
Admin Svcs V	$ 28.16	$ 28.30	$ 28.25	17	29	46	2	-0.48%
Human Svcs I	$ 19.93	$ 18.01	$ 19.22	77	45	122	2	9.64%
Human Svcs II	$ 19.90	$ 19.99	$ 19.91	164	25	189	2	-0.48%
Human Svcs III	$ 23.72	$ 22.57	$ 23.66	68	4	72	2	4.85%
Human Svcs IV	$ 27.74	$ 29.23	$ 27.81	436	21	457	2	-5.39%
Human Svcs V	$ 30.91	$ 30.85	$ 30.88	268	231	499	2	0.20%
Human Svcs VI	$ 38.05	$ 39.57	$ 38.35	151	37	188	2	-4.01%
Manager III	$ 51.06	$ 50.31	$ 50.79	34	19	53	2	1.49%
Program Management II	$ 28.88	$ 31.59	$ 29.05	15	1	16	2	-9.38%

Green = State Higher
Red = Zone Higher

©2021 ARTHUR J. GALLAGHER & CO. | Gallagher Human Resources Compensation Consulting

Phase 3: Health Insurance Premium Equity

1. Reviewed health insurance premium by host county
2. Identified % of employee responsibility for a family health insurance plan
3. Formula: Total # of Employees x Employee Responsibility/Month Family Health Insurance

Total = $8.8M / Biennium to create Health Insurance Premium Equity

This does not address retirement plan equity.

©2021 ARTHUR J. GALLAGHER & CO. | Gallagher Human Resources Compensation Consulting

Comp + Equity By the Numbers

Budgeted Item	FY 22 Annual	Executive Budget Equity Package	Executive Budget Recommendation – General Performance Increase	Gallagher HHS/Zone - Market Recommendation	Gallagher- Zone Salary Disparity Recommendation	Gallagher - Zone Benefits Disparity Recommendation
HHS Payroll + Payroll Associated Benefits***	$169 M	$10.3 M Biennium	$30.3 M** Biennium	$21 M Biennium		
Zone Payroll	$44.3 M		$8.3 M** Biennium	$5.5 M Biennium	$3.5 M Biennium	
Zone Benefits (HC Premiums + Payroll Associated Benefits)	$21 M			$2.2 M Biennium		$8.8 M Biennium

**Based on 6% and 4%

*** Does not include HC premium increases

Both internal and external analysis supports a 6% and 4% increase. Gallagher's market recommendation is NOT in addition to the EBR of 6% and 4%.

NORTH Dakota Be Legendary. | Health & Human Services



Contact information

Sara Stolt

HHS Deputy Commissioner
sarastolt@nd.gov

www.hhs@nd.gov

NORTH Dakota Be Legendary. | Health & Human Services



Engrossed Senate Bill 2012

House Appropriations Committee

Representative Jon Nelson, Chairman

NORTH Dakota | Health & Human Services

Be Legendary.

Early Childhood | March 8, 2023 | Kay Larson, Early Childhood Section Director

What happens during early childhood lays the foundation for school and life success.



NORTH Dakota | Health & Human Services
Be Legendary.

Early Childhood Program Purpose and ND Century Code Reference



Facilitate delivery of programs and services so kids ages 0 – 5 from all backgrounds and circumstances, their families, and those who support them have the opportunity to realize their potential.

Chapter	Chapter Name
50-11.1	Early Childhood Services

NORTH Dakota Be Legendary. | Health & Human Services

The Early Childhood Sections provides services to



Help families access early childhood services so they can go to school or participate in ND's workforce

- Child care referrals
- Navigating early intervention and early childhood special needs



Support early childhood experience providers in their day to day work with children

- Training and Professional Development
- Coaching on health, safety, inclusion
- Quality Improvement



Support children's optimal development and school readiness

- Developmental screening and referrals
- Supporting teachers in assessment and planning for child outcomes

NORTH Dakota Be Legendary. | Health & Human Services

Early Childhood Section Programs and Services



Licensing

Consumer protection that reduces the risk of children being cared for in an unsafe environment



Professional Development

Maintain workforce registry and vet trainers and training, offer technical assistance to potential and existing providers



Quality

Operate quality improvement system, maintain early childhood standards, support inclusive child care



Best in Class

Support to offer quality experiences in the year before kindergarten focused on child outcomes



Family Support and Education

Consumer ed, child care assistance and referrals, early intervention and special education, head start collaboration



EC Operations

CCDBG CCDF state plan, EC technology coordination and support

NORTH Dakota Be Legendary. | Health & Human Services

In ND early childhood is a mixed delivery system, involving both public and private partners using both federal and state funds

Human Services Division

Early Childhood

Children & Family Services
- Home Visitation
- Child Protection
- Abuse Prevention

Developmental Disabilities
- Early Intervention
- In home supports

Economic Assistance
- Child Care Assistance Program

Training and Early Childhood Supports

Trainers, coaches, mentors, consultants
- Health and wellness
- Business success
- Quality improvement
- Inclusive child care

Consumer education resource and referral

Early Childhood Experience Providers

- Early childhood programs including center and home based programs
- Public School PreK
- Early Childhood Special Education services
- Head Start and Early Head Start
- Home visiting providers
- Developmental Disabilities and Early Intervention providers

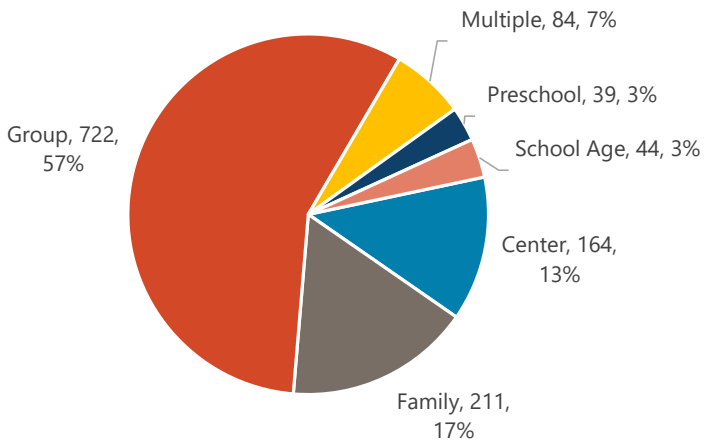
ND Department of Public Instruction

- Office of Specialized Services
- PK-12 Vision
- K-12 coordinating council
- Comprehensive State Literacy Program
- Child and Adult Care Food Program
- Family Engagement Council

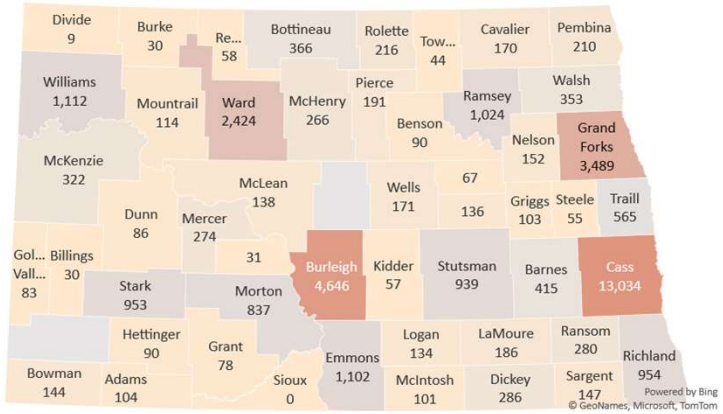
NORTH Dakota Be Legendary. | Health & Human Services

Early Childhood by the Numbers

1,264 Licensed Early Childhood Programs



Licensed Child Care Capacity – 36,866



7,523
Growing Futures members

1,000+
Coaching hours delivered by our contracted partners

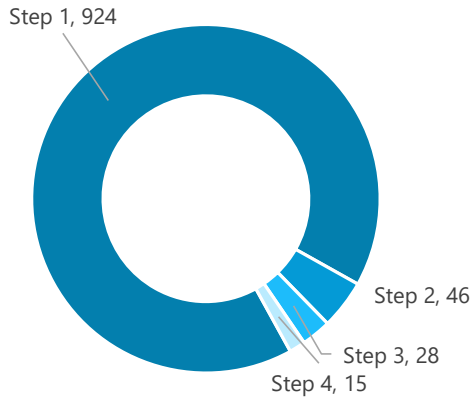
3,179
Children supported by IDEA Part C Early Intervention

1,653
Children supported by IDEA Part B 619 services

1,177
Waterford Upstart households representing all but two counties

Data current as of December 2022

1,013 Quality Rated Programs



33 Best in Class Programs 2022-23



NORTH Dakota | Health & Human Services
Be Legendary.

Working Better Together

Early Childhood Family and School Engagement Unit

- IDEA Part B 619 Special Ed for 3-5 year olds
- Head Start Collaboration

Developmental Disabilities

- IDEA Part C Early Intervention for Birth through 35 months

Healthy and Safe Communities

- Special Health Services Unit

DPI Office of Specialized Services

Benefits to North Dakotans

Strong collaboration and co-leadership of the Interagency Coordinating Council connect early intervention services and prevention awareness for children with disabilities and at-risk children ages 0 to five at more touchpoints.



21-23 Budget helped give ND children ages 0 to 5 an opportunity to realize their full potential



New early childhood section

- Coordinated Early Childhood supports and consistency in approach to serve the mixed delivery system



Best in Class program

- Pilot year one: 23 grantees, 28 sections, 371 children
- Pilot year two: 33 grantees, 44 sections, 544 children



Support for EC providers

- Child Care Stabilization
- Workforce Incentives and Stipends
- Child Care Licensing system

NORTH Dakota Be Legendary. | Health & Human Services

About Early Childhood Audit Findings

STATE

Finding	Resolution
Rechecks on Correction Orders	Child Care Licensing Data System dashboards for specialists to know workload at a quick glance ✓

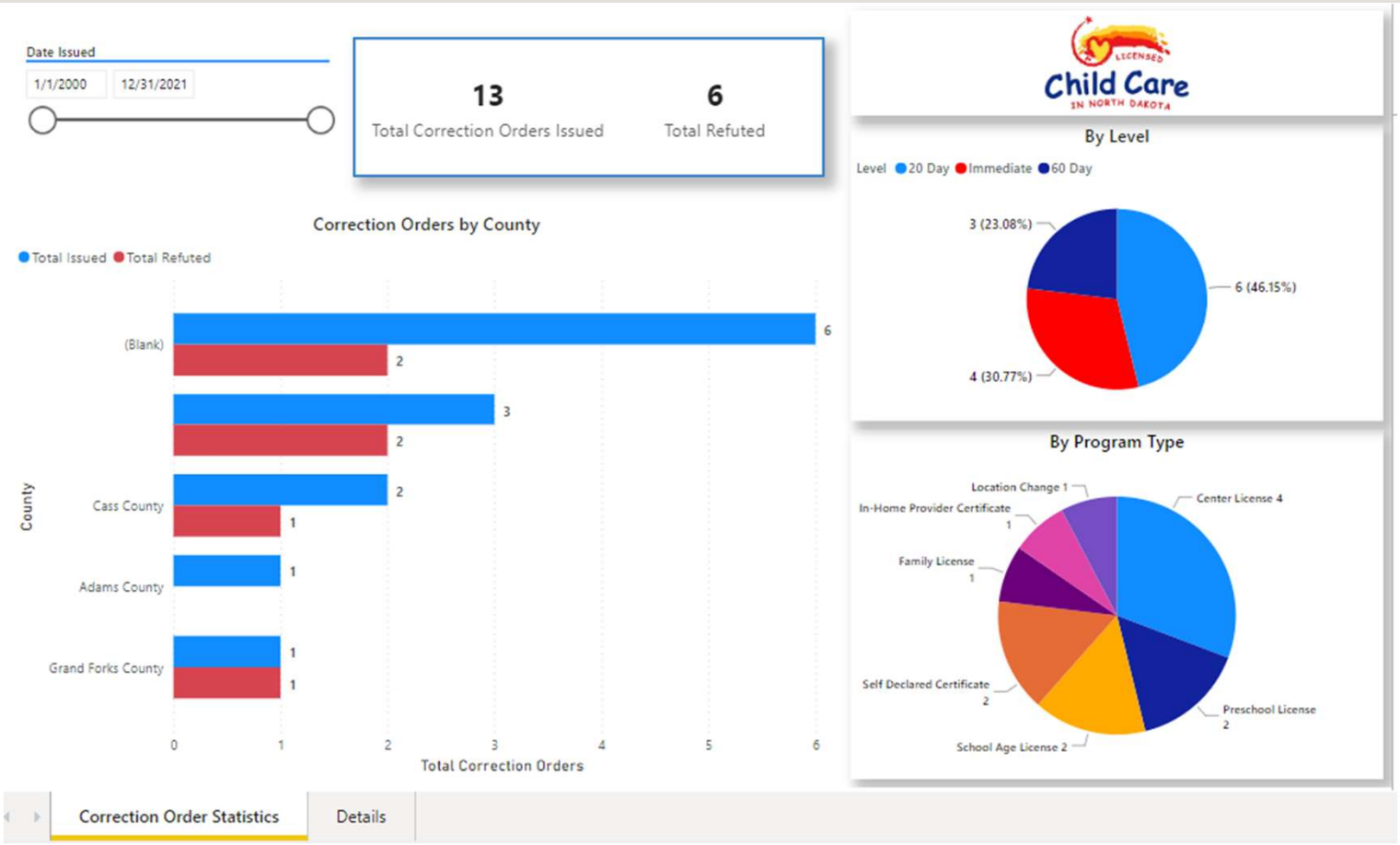
FEDERAL

Finding	Resolution
Statewide Disaster Planning Collaboration	Engaged providers on the Early Childhood Council for input and review. Brought to full council when relaunched in 2022 ✓
Health and Safety Standards (i.e. Pediatric first aid, consistency of regulations across license types)	Corrections made in NDAC effective 1.1.23 ✓ Still to come – updating monitoring checklists in Child Care Licensing Data System

NORTH Dakota | Health & Human Services
Be Legendary.



Child Care Licensing (CCL) Data System will support more effective and timely insight



CCL dashboards can help licensing specialists be more effective in supporting early childhood programs

- Applications by status
- Processing time
- Correction statistics
- Caseload overviews
- Future renewals

NORTH Dakota | Health & Human Services
Be Legendary.

Early Childhood: Overview of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2023 Deadline	Grant Year 2023 Award
Child Care Development Fund (CCDF) *CCDF funds are used in both Early Childhood and Economic Assistance*	Primary Federal Program specifically devoted to providing families with child care subsidy and funding supports to states to improve quality. Requirements: 3% Infant Toddler Quality 9% Quality 5% Admin 70% Direct Service	Discretionary (100% Federal) By end of 3rd Federal Fiscal Year	9/30/2025	$14,277,486
		Mandatory (100% Federal) No specific liquidation date requirement.	N/A	$2,506,022
		Matching – Federal/State Match (based on Federal Medicaid Assistance Percentage) By end of 2nd Federal Fiscal Year	9/30/2024	Federal: $5,666,420 State: $4,277,546
		Maintenance of Effort (MOE) By end of 1st Federal Fiscal Year	9/30/2023	$1,017,036
Head Start State Collaboration Grant	Facilitate collaboration among Head Start agencies and entities that carry out activities designed to benefit low-income children from birth to school entry, and their families.	100% Federal Annual awards March 1 – Feb 28	2/28/2023	$125,000

Early Childhood: Overview of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2022 Award
Office of Special Education Programs (OSEP) Part B Section 619 *HHS interdepartmental billing to ND Department of Public Instruction for joint supervision of state requirement*	Assist the State in ensuring the oversight and provisions of all requirements under IDEA, including the assurance of a free appropriate public education (FAPE) in the least restrictive environment, are granted to children with disabilities ages 3-5.	Federal allocation is awarded annually to NDDPI. Federal IDEA, Part B-619 funds are directly distributed to the 31 Special Education Units who serve as the local educational agency (LEA). Administrative set aside funds for the NDHHS 619 Coordinator position continue at 5%	$64,825

Early Childhood Section: Team Staffing and Structure

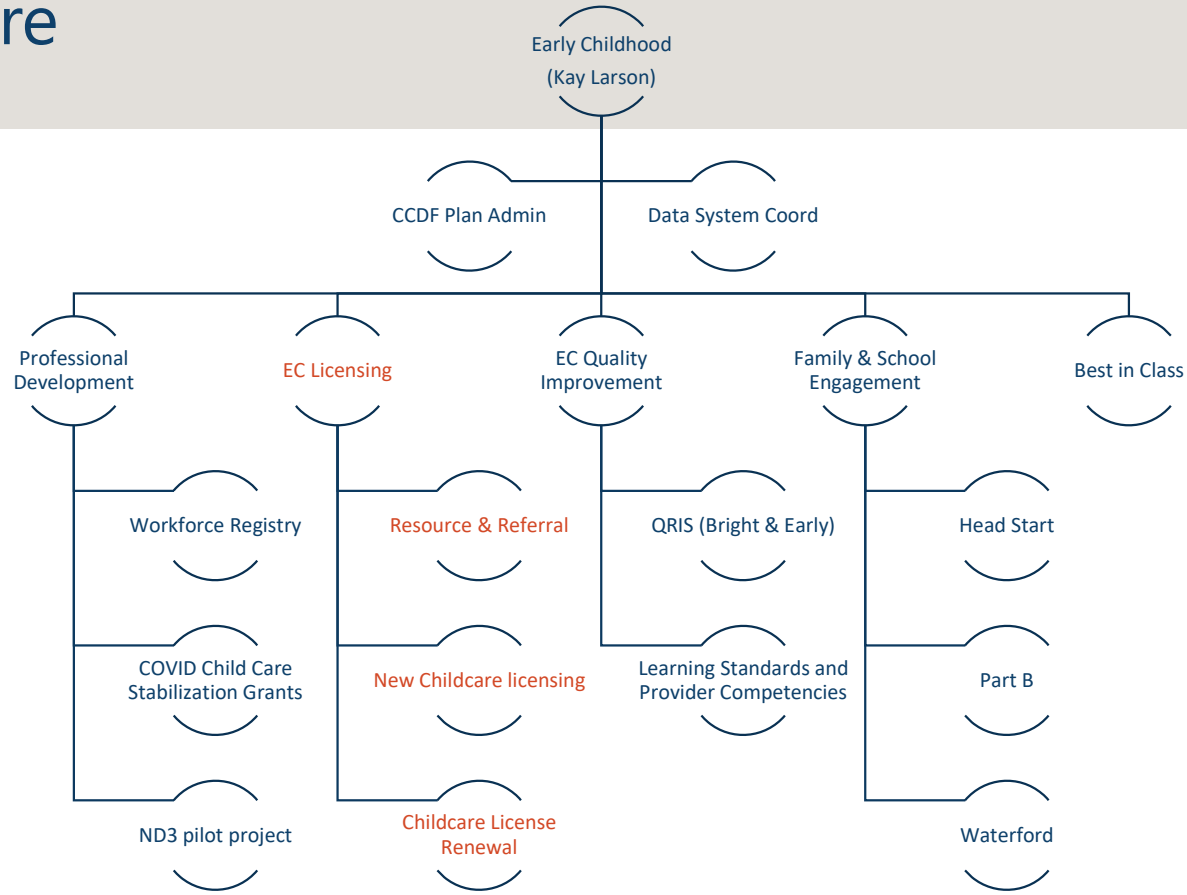
Early Childhood (HHS budget)			
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**23-25 Engrossed SB 2012**	**12-31-22 Vacancies**
19.0	47.0	20.0*	0.00

** Includes addition of 1 of 2 requested FTE as per EBR/ND Child Care Proposal*

Avg Age	Avg Yrs of Service	Turnover 2021	Turnover 2022
48	**8**	**16.7%**	**2.3%**

Early Childhood (457/HSZ budget)			
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**23-25 Engrossed SB 2012**	**12-31-22 Vacancies**
26.0	0	26.0	0

Red font = Staff funded via 457/Human Service Fund



NORTH Dakota Be Legendary. | Health & Human Services

About Early Childhood Section Contracts

Child care resource and referral

- Provide referrals and consumer education to families searching for child care
- Consultation and resources for existing and potential licensed providers to support their day-to-day work with special attention to health and safety in group child care settings, child care environments, interactions with children and families, and business essentials.
- Contract held by South East Education Cooperative. $2,056,250

QRIS Coaching and Assessment

- Continuous quality improvement coaching and assessment of programs participating in QRIS cohorts
- Contract held by Community Action Program Lakes and Prairies. $984,508

Inclusive Child Care Support

- Consultation, coaching and resources to support providers in caring for children with physical, developmental, or behavioral needs.
- Contract held by USpireND. $306,250

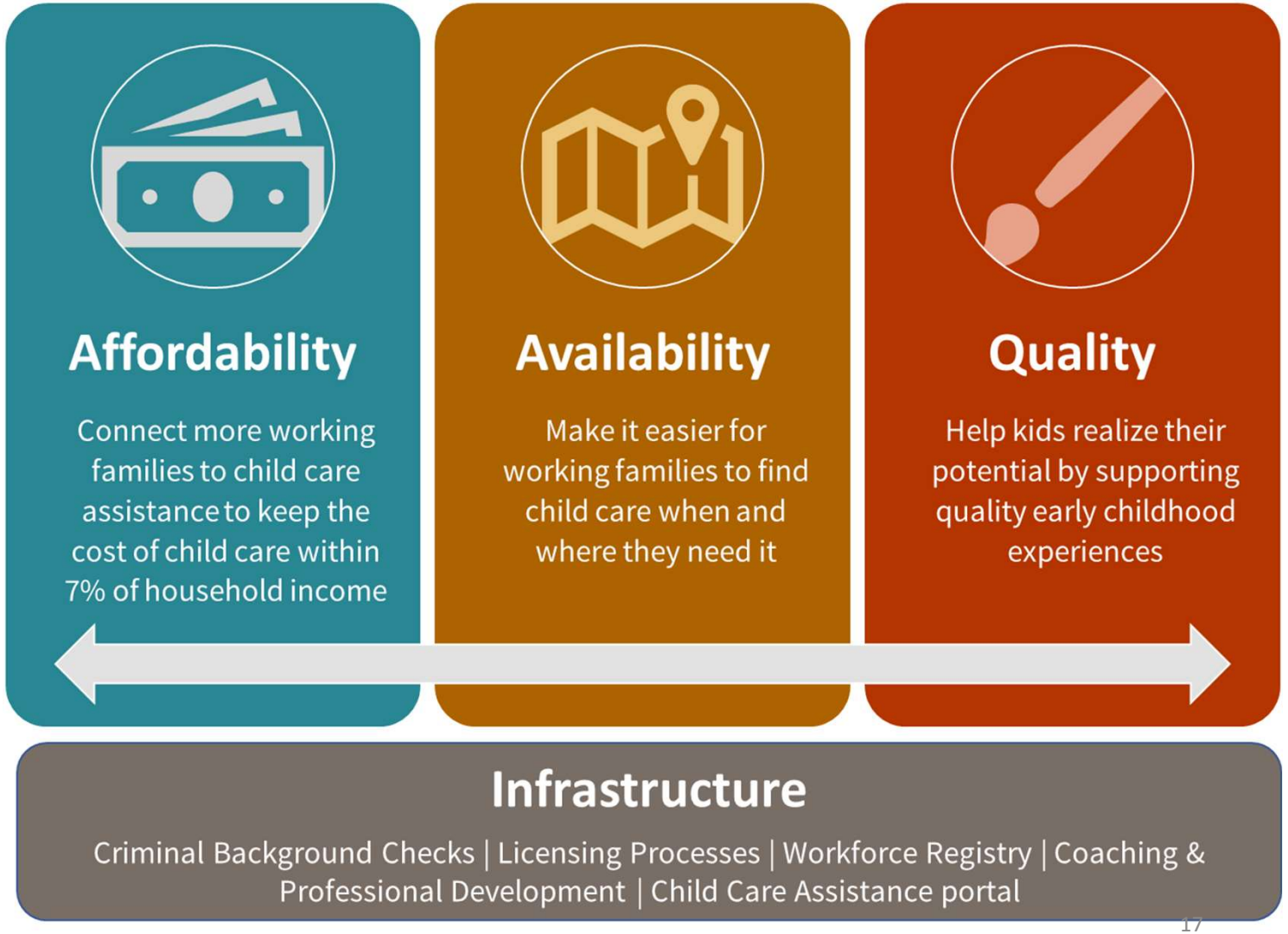
About Early Childhood Section Vendor Contracts



- **Teaching Strategies.** GOLD Online Assessment Portfolios, Creative Curriculum, Professional Development. $332,125
- **Waterford Upstart.** Recruitment, educational technology, software, training and support for parents, progress monitoring. $1,789,836
- **Insight Solutions.** Insight Data System that powers Early Childhood Workforce Registry, QRIS and other Quality Initiatives, Learning Management System, Grants Administration. $344, 407

NORTH Dakota Be Legendary. | Health & Human Services

Continued progress requires a bold and comprehensive strategy



Included in 2023-25 Executive Budget Request

Supporting Workforce / Early Childhood

Supporting Workforce Initiative: $34 M to improve affordability, availability and quality

- Grants, Resources and Shared service supports for child care providers - $7 million *(engrossed SB 2012 reduced by $2 million)*
- Pilot partnership(s) between employer(s) and child care program(s) for care offered during non-traditional hours - $1 million
- Invest in quality infrastructure to support child care programs continued excellence in service delivery, including 1 FTE - $3 million
- Expand Best in Class program - $16 million, including 1 FTE (1,800 children participating each year by 2025) *(engrossed SB 2012 reduced by $4 million)*
- Extend Employer-led Child Care Cost Sharing Pilot - $5 million (supplement $9 million ARPA provided during special session, to serve an estimated 1,500 children/families) *(engrossed SB 2012 reduced by $4 million)*
- Reward child care workers with training stipends for completing "above and beyond" training - $2 million

Total	General	Other
$34,000,000	$23,000,000	$13,000,000



Included in 2023-25 Executive Budget Request (not included in Engrossed SB 2012)

Waterford Upstart family engagement

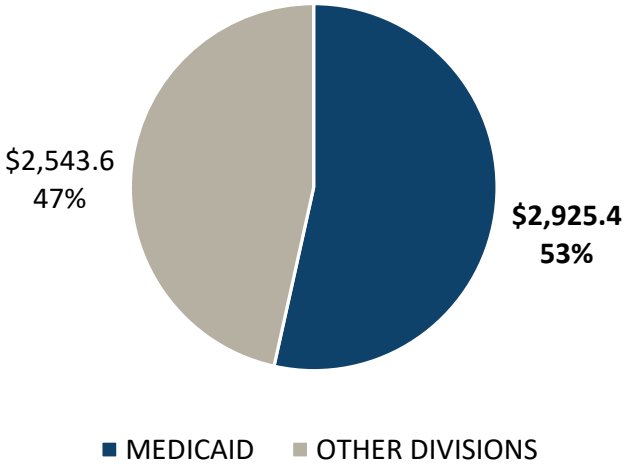
- Waterford Upstart is a home-based family engagement and online early learning program with personalized family education and coaching for families with children who are a year away from entering kindergarten.
- Pilot implementation in 2021 and 2022 with funding from DPI.
- Request would provide funding for 1,000-1,200 children each year of the biennium (includes internet service for homes without service and ongoing support for families using the service)

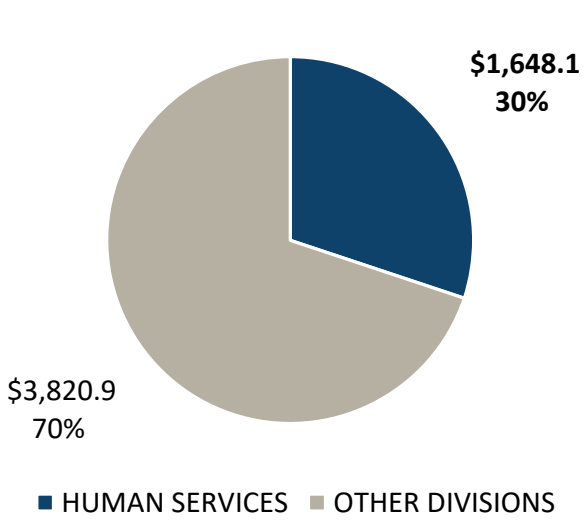
Total	General	Other
$ 2,400,000	$2,400,000	$0

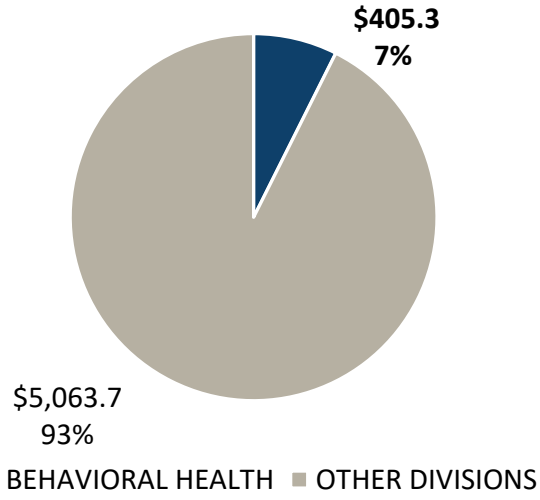


Division budgets compared to Engrossed SB 2012

2023-2025 Engrossed SB 2012 in millions

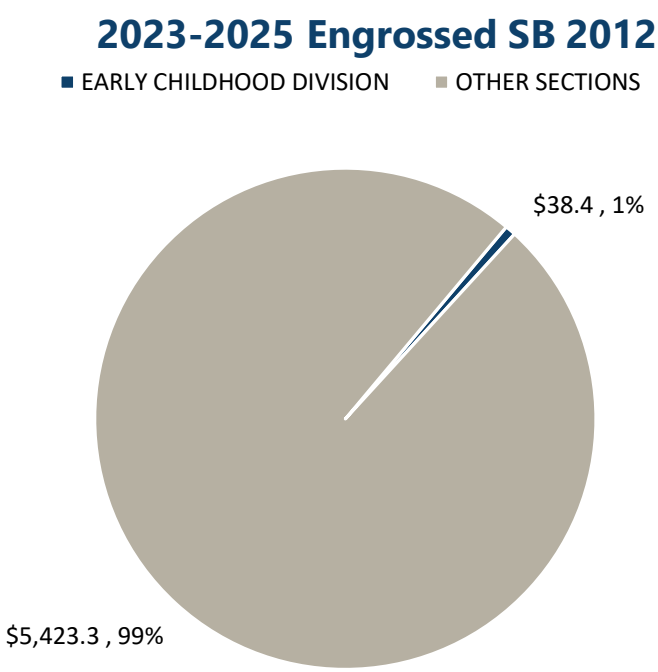


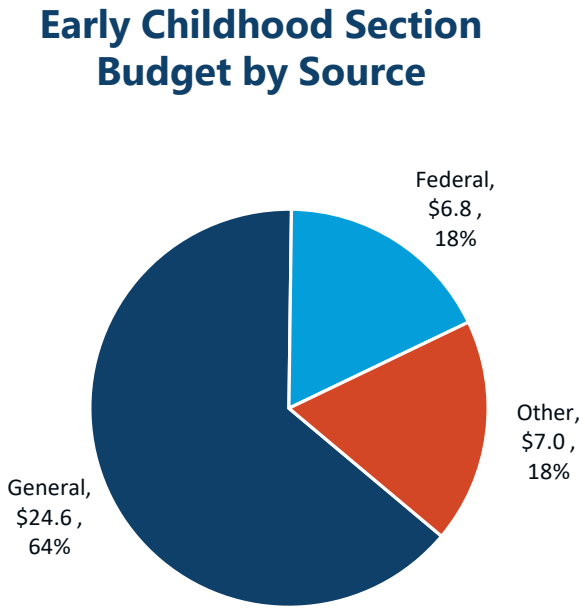




NORTH Dakota Be Legendary. | Health & Human Services

Section budget compared to Engrossed SB 2012 (in millions)
Early Childhood represents 1% of SB 2012, $38.4 million





NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 budgets and related funding

By major expense

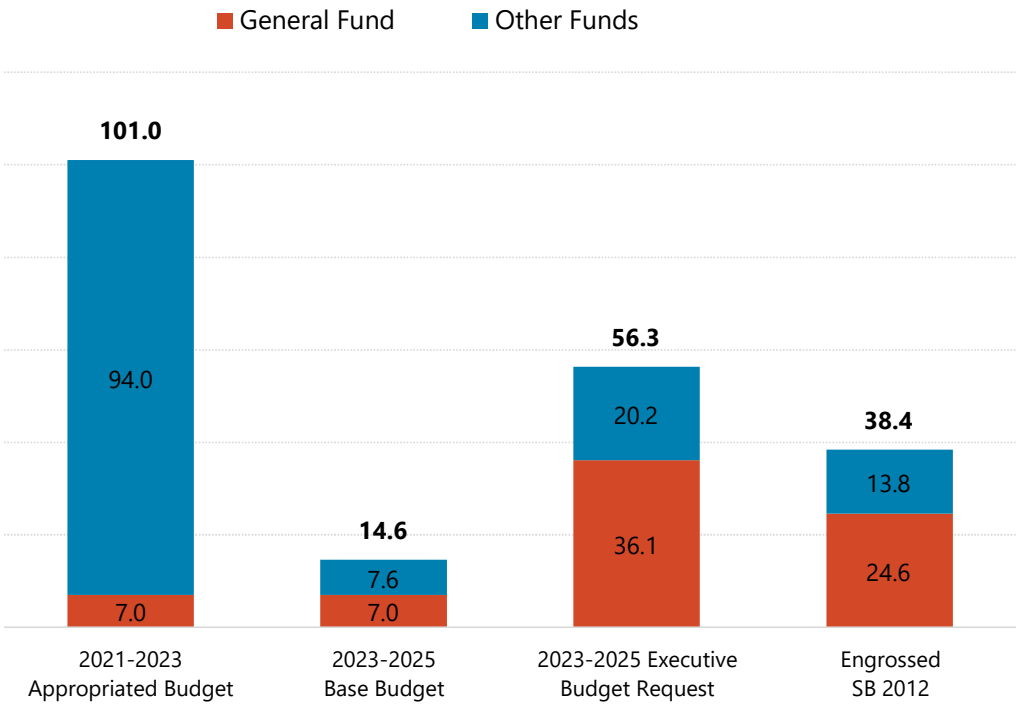
Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
Salaries and Benefits	$ 3,824,550	$ 5,776,126	$ 9,600,676	$ (5,394,650)	$ 4,206,026
Operating	585,522	416	585,938	(93,285)	492,653
Grants	10,152,967	35,950,000	46,102,967	(12,400,000)	33,702,967
Total	$ 14,563,039	$ 41,726,542	$ 56,289,581	$ (17,887,935)	$ 38,401,646
General Fund	**$ 6,960,072**	**$ 29,101,069**	**$ 36,061,141**	**$ (11,451,477)**	**$ 24,609,664**
Federal Funds	**7,422,479**	**(194,039)**	**7,228,440**	**(436,457)**	**6,791,983**
Other Funds	**180,488**	**12,819,512**	**13,000,000**	**(6,000,000)**	**7,000,000**
Total Funds	**$ 14,563,039**	**$ 41,726,542**	**$ 56,289,581**	**$ (17,887,934)**	**$ 38,401,647**
Full Time Equivalent (FTE)	19.00	28.00	47.00	(27.00)	20.00

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of total budget with funding (in millions)

INCREASE FROM BASE TO Engrossed SB 2012
$ 23.8 MILLION

- 2023-2025 base budget reflects original (21-23) section funding from originating sources of CFS and DPI
- 2021- 2023 appropriated budget includes federal COVID funding designated for early childhood (appropriated during both regular and special session)
- 2023 – 2025 Executive Budget Request included state funds to shift funding source for child care licensing staff (would change funding source from 457 to general), continuation of Waterford Upstart, and several elements of ND Child Care Proposal
- 2023-25 Engrossed SB 2012:
  - Rejected proposed funding source transfer for child care licensing staff (funds maintained in HSZ budget)
  - Removed funding for Waterford Upstart (-$2.4 M)
  - Reduced proposed expansion of Best in Class (-$4 M and 1 FTE)
  - Reduced child care grants and incentives (-$2 M)
  - Reduced employer-led child care program (-$4 M)



NORTH Dakota Be Legendary. | Health & Human Services

COVID Grants for Child Care Programs and Workforce

2020	2021	2022	2023	2024	2025

Child Care Emergency Operating Grants
$48.88M

APRA Child Care Stabilization Grants
$37.5M
Program level grants for:
Stabilization, Facility Health and Safety, Technology, Inclusion

CRSSA CCDF Funding
$1.65M
Career Path and Training Incentives

CRSSA +ARPA Funding
$18.6M
Child Care Workforce Retention

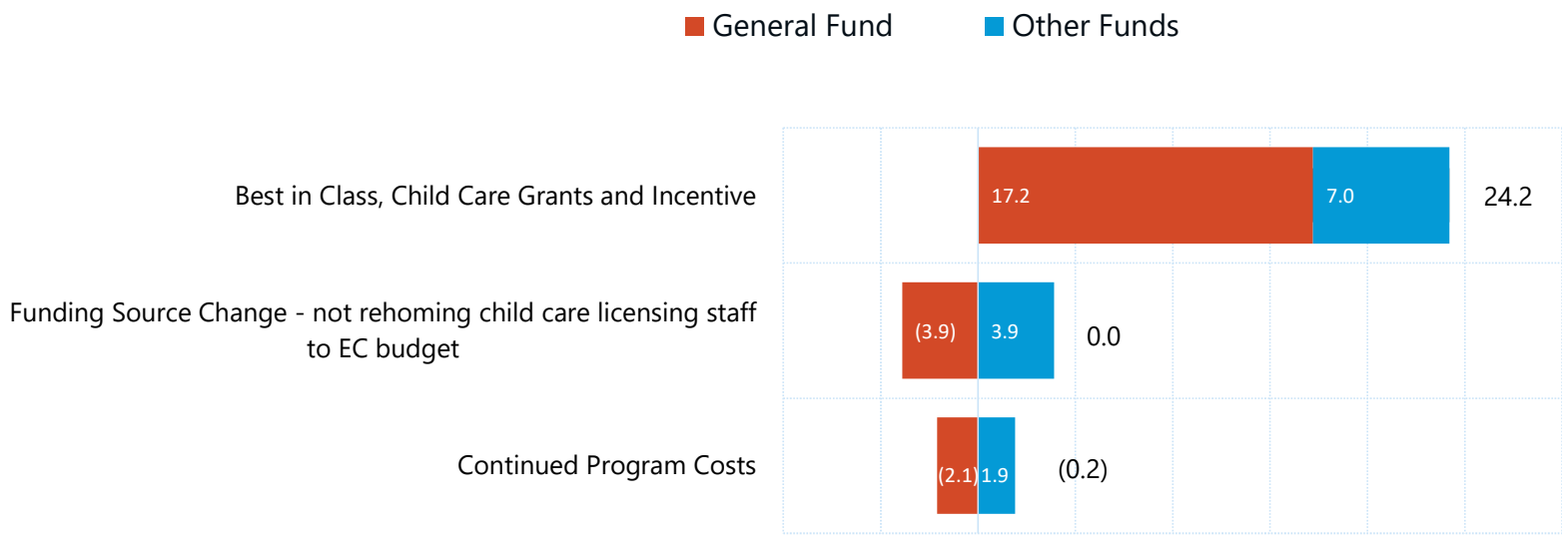


Program Grant Participation
884 Stabilization
819 technology grants
744 health and safety
99 start up
86 inclusion

Workforce Grant Participation
411 Career Pathway
500 Training Incentives
2852 workforce retention

NORTH Dakota Be Legendary. | Health & Human Services

Overview of budget changes (in millions)



NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 budgets and related funding
By detailed expense

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
511x Salaries - Regular	$ 3,526,254	$ 2,732,361	$ 6,258,616	$ (3,575,516)	$ 2,683,099
512x Salaries - Other	-	-	-	-	-
513x Salaries Temp	(1)	187,841	187,840	-	187,840
514x Salaries Overtime	-	-	-	-	-
516x Salaries Benefits	298,297	2,855,923	3,154,220	(1,819,134)	1,335,087
Total Salaries & Benefits	$ 3,824,550	$ 5,776,126	$ 9,600,676	$ (5,394,650)	$ 4,206,026
52x Travel	173,478	148,333	321,811	(70,660)	251,151
53x Supply	6,600	4,500	11,100	(500)	10,600
54x Postage & Printing	6,214	500	6,714	(500)	6,214
55x Equipment under $5,000	-	-	-	-	-
56x Utilities	-	-	-	-	-
57x Insurance	-	-	-	-	-
58x Rent/Leases - Bldg/Equip	-	-	-	-	-
59x Repairs	-	-	-	-	-
61x Professional Development	1,960	52,325	54,285	(21,625)	32,660
62x Fees - Operating & Professional	397,270	(205,242)	192,028	-	192,028
67x Expenses	-	-	-	-	-
53x Supplies	-	-	-	-	-
60x IT Expenses	-	-	-	-	-
68x Land, Building, Other Capital	-	-	-	-	-
69x Over	-	-	-	-	-
69x Equipment Over $5,000	-	-	-	-	-
71x Grants, Benefits, & Claims	10,152,967	35,950,000	46,102,967	(12,400,000)	33,702,967
72x Transfers	-	-	-	-	-
Total Operating	$ 10,738,489	$ 35,950,416	$ 46,688,905	$ (12,493,285)	$ 34,195,620
Total	$ 14,563,039	$ 41,726,542	$ 56,289,581	$ (17,887,935)	$ 38,401,647

Early Childhood Section: Comparison of 2023-2025 funding

Description	**2023 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
General Fund	**$ 6,960,072**	**$ 29,101,069**	**$ 36,061,141**	**$ (11,451,477)**	**$ 24,609,664**
Federal Funds	**7,422,479**	**(194,039)**	**7,228,440**	**(436,457)**	**6,791,983**
Other Funds	**180,488**	**12,819,512**	**13,000,000**	**(6,000,000)**	**7,000,000**
Total Funds	**$ 14,563,039**	**$ 41,726,542**	**$ 56,289,581**	**$ (17,887,934)**	**$ 38,401,647**

NORTH Dakota Be Legendary. | Health & Human Services

Additional Request to original Executive Budget

Increase in Federal Program Grants (request for federal authority)

Preschool Development Grant renewal (100% federal)

- 3 year grant of $20,268,309 (awarded 12-31-22); approximately $6.8 million each year. Funding will support:
  - Updating and aligning early childhood **competencies, career pathways and expanding professional development supports to grow the early childhood workforce** from entry into the field to credentials and degrees
  - Redesign of the **quality improvement system for the early childhood mixed delivery system**
  - **Engaging families** with greater access to information they need
  - Expand infrastructure to **support children's mental health and emotional well-being**
- All activities complement work that is proposed in EBR; they are not duplicative of existing or proposed efforts.

	Total	General	Federal
Early Childhood	$20,268,309	$0	$20,268,309



NORTH Dakota Be Legendary. | Health & Human Services

Policy Bills with Budget Impact to Early Childhood Section

SB 2301 – Child Care Stabilization program

- HHS fiscal note of $36,181,170
- Status: Introduced and referred to House Industry, Business, and Labor; committee heard bill 3/7



SB 2012 Section 2

One-Time Funding (ND Child Care Proposal)

SENATE BILL NO. 2012
DEPARTMENT OF HEALTH AND HUMAN SERVICES' BUDGET
EARLY CHILDHOOD SERVICES SECTION

SECTION 2 (SECTION 2 of Governor's Recommendation). ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-NINTH LEGISLATIVE ASSEMBLY.

One-Time Funding Description	2021-23	2023-25
Child Care Programs	0	16,000,000

EBR lists the following 4 elements of the ND Child Care Proposal as One-Time Funding

- *$7 million – grants and shared svcs for early childhood programs (Engrossed SB 2012 reduced by $2 million)*
- *$1 million – partnership to pilot approach for care during non-traditional hours*
- *$3 million – quality coaching, infrastructure, and evaluation*
- *$5 million – employer-led cost share program for working parents child care benefit (Engrossed SB 2012 reduced by $4 million)*

NORTH Dakota Be Legendary. | Health & Human Services



SB 2012 Section 7/Engrossed SB 2012 Section 8

Estimated Income – Legacy Earnings Fund

23.0266.02000 **FIRST ENGROSSMENT**

Sixty-eighth Legislative Assembly of North Dakota **ENGROSSED SENATE BILL NO. 2012**

Introduced by

Appropriations Committee

SECTION 8. ESTIMATED INCOME - LEGACY EARNINGS FUND. The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $7,000,000 from the legacy earnings fund for defraying expenses for the child care assistance programs.

EBR includes Legacy Earnings Fund as source for the following 3 elements of the ND Child Care Proposal

- *$7 million – grants and shared svcs for early childhood programs (Engrossed SB 2012 reduced by $2 million)*
- *$1 million – partnership to pilot approach for care during non-traditional hours*
- *$5 million – employer-led cost share program for working parents child care benefit (Engrossed SB 2012 reduced by $4 million)*



NORTH Dakota Be Legendary. | Health & Human Services

SB 2012 Section 13/Engrossed SB 2012 Section 12

Estimated Income – Child Care Financial Assistance-Direct Payments (ND Child Care Proposal)

23.0266.02000

FIRST ENGROSSMENT

Sixty-eighth
Legislative Assembly
of North Dakota

ENGROSSED SENATE BILL NO. 2012

Introduced by

Appropriations Committee

SECTION 12. CHILD CARE FINANCIAL ASSISTANCE - DIRECT PAYMENTS.

Subdivision 2 of section 1 of this Act includes the sum of $1,000,000 for the purpose of financial assistance and direct payments for child care services for the biennium beginning July 1, 2023, and ending June 30, 2025. Notwithstanding subsection 3 of section 50-11.1-14.1, the department may provide financial assistance to beneficiaries related to child care services. The requirements of chapter 54-44.4 do not apply to this subsection, including the selection of recipients and the disbursement of funds.

Note: Engrossed SB 2012 reduced funding from $5 million to $1 million



SB 2012 Section 21/Engrossed SB 2012 Section 25
Exemption

23.0266.02000 **FIRST ENGROSSMENT**

Sixty-eighth
Legislative Assembly
of North Dakota **ENGROSSED SENATE BILL NO. 2012**

Introduced by

Appropriations Committee

SECTION 25. EXEMPTION - EARLY CHILDHOOD INFORMATION SYSTEM. The requirements of chapter 54-44.4 do not apply to the selection of a vendor, the procurement award, or payments made under this section regarding an early childhood workforce and

professional development information system or an early childhood resource and referral information system for the biennium beginning July 1, 2023, and ending June 30, 2025.



SB 2012 Section 39/Engrossed SB 2012 Section 31
Legislative Management Report

23.0266.02000

Sixty-eighth
Legislative Assembly
of North Dakota

Introduced by

Appropriations Committee

FIRST ENGROSSMENT

ENGROSSED SENATE BILL NO. 2012

SECTION 31. LEGISLATIVE MANAGEMENT REPORT - EARLY CHILDHOOD PROGRAMS. During the 2023-24 interim, the department of health and human services shall provide reports to the legislative management regarding the status of early childhood programs managed by the department.



NORTH Dakota Be Legendary. | Health & Human Services

Engrossed SB 2012 Section 30 (new)
Child Care Services Study

SECTION 30. LEGISLATIVE MANAGEMENT STUDY - EARLY CHILDHOOD PROGRAMS AND SERVICES. During the 2023-24 interim, the legislative management shall consider studying the early child care programs and child care services to identify major needs and systemic approaches to stabilize child care infrastructure. The legislative management shall

report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

NORTH Dakota Be Legendary. | Health & Human Services



Early Childhood: What's on the horizon?

We'll be keeping an eye on

- Processing time of licensing applications and correction orders
- Workforce retention grants and how many participate for all eligible quarters
- Quality early childhood experiences and impact on school readiness



NORTH Dakota | Health & Human Services
Be Legendary.

Key Takeaway



Making strategic investments in early childhood will make a difference for North Dakota families and businesses.

- ✓ **Bolster the supply and affordability** of child care
- ✓ **Support quality** early childhood experiences
- ✓ Make **non-standard hour care** available
- ✓ **Allow parents to work**
- ✓ Help local businesses **overcome workforce challenges**

NORTH Dakota Be Legendary. | Health & Human Services



Contact information

Kay Larson

Director, Early Childhood

kaylarson@nd.gov

https://www.hhs.nd.gov/cfs/early-childhood-services

NORTH Dakota Be Legendary. | Health & Human Services

APPENDIX: EARLY CHILDHOOD DIVISION TIMELINE

July 2021 to Oct 2021

April 2021

- HB1416 moves Office of Early Learning from DPI to DHS
- HB1466 establishes Best in Class program
- HB1012 authorizes 8 FTE for EC division
- Begin co-pay relief for families receiving CCAP

May 2021

- Develop BIC application
- Begin drafting RFPs and transitioning data system contracts

June 2021

- Open applications for Best in Class
- Draft plan for COVID-related childcare grants and incentives
- Begin hiring EC team members
- Finalize 3-year CCDF state plan

July 2021

- New EC division launches, coinciding with new biennium
- Complete hiring of state EC team
- Publish RFPs for EC services

August 2021

- Award Best in Class grants
- Let's Chalk 0-5 milestone celebration
- Finalize 1416/1466-related agreements
- Waterford Upstart outreach & enrollment

Sept/Oct 2021

- Best in Class 1st cohort begins
- Open applications for provider grants
- Child Care licensing benchmark study
- DPI SpEd/DHS B-5 plan for Part C to Part B transitions
- CCAP outreach initiative

APPENDIX: EARLY CHILDHOOD DIVISION TIMELINE

Nov 2021-June 2022

Nov 2021

- Launch of inclusion supports by USpireND
- Launch of child care resource and referral services by SEEC
- Pyramid Model and NCEDTL courses available via Growing Futures
- ECIDS project planning

Dec 2021

- Award contract for QRIS supports

Jan 2022

- Finalize integrations for CCL system development
- Finalize five-year plan for Head Start Collaboration Office
- Submit first federal report of APRA grants to child care sector
- ECIDS priority use cases

Feb/Mar/April 2022

- Open application for Best in Class 2022-23 cohort and made awards
- Launch QRIS supports by CAPLP and Four Year Old Program Approval
- Update state Child Care Emergency Plan and RBPD Endorsements

May/Jun 2022

- Prepare for website conversion
- Prepare for Best in Class cohort launch
- Provide staff support to Lt. Governor and Early Childhood Council

APPENDIX: EARLY CHILDHOOD DIVISION TIMELINE

July – Dec 2022

July 2022

- 2022/23 Best in Class cohort begins
- Research partner assists Best in Class programs to market and recruit their community
- Open grant applications for workforce retention, training and career path incentives
- ECIDS Charter and Executive Steering Committee launch

August 2022

- Prepare content for website conversion
- Launch Best in Class 2022-2023 cohort

September 2022

- Launch September QRIS Bright & Early ND Cohort
- Provide staff support to Lt. Governor and Early Childhood Council
- Convene Early Childhood Special Education Directors for training and networking around IDEA

October/November 2022

- CCL training for Licensing Specialists
- Promote new self service portal for child care assistance
- Author a PDG B-5 Renewal Grant application

December 2022

- Launch CCL
- CCL training for child care providers

State Testimony SB2012

My name is Jill Olson, and I am an elementary school principal in Grafton, ND. I am in support of SB2012 and continued funds to support Best in Class programming in North Dakota. Our district has participated in Best in Class the past two school years. We have seen tremendous positive impacts for students, families, and educators. We believe providing high quality experiences to children and families at the preschool age is imperative for the safety, well-being, and success of our students. The developmentally appropriate programming and classroom environment, curriculum and assessments, and reduced class sizes have been instrumental in our students' success. We are already seeing positive results in students' early reading, math, and social, emotional assessments as they move from preschool to kindergarten. Students are transitioning into kindergarten with readiness skills we have not previously experienced prior to Best in Class. This directly and positively impacts our families.

We feel strongly that the Best in Class program is achieving its goal of providing the highest quality experiences to children and families. We sincerely hope that funding is continued to support the program.

Dr. Jill Olson

807 Kittson Avenue

Grafton, ND 58237

701.331.1835

1jillolson@gmail.com

Jill Olson

BOARD OF EDUCATION
Mark Qual
Tony Kelsen
Lance Gulleson
Chad Johnson
Liz Anderson
Lori Lyons, Business Manager

ADMINISTRATION
Justin Fryer, Superintendent
Patrick Adair
High School Principal
Jared Hoff
Middle School Principal
Benjamin Zahrbock
Elementary School Principal

Lisbon Public Schools

School District No. 19

502 Ash Street - Box 593
Lisbon, North Dakota 58054-0593 Phone: (701) 683-4106
High School Fax: (701) 683-4414
Middle School Fax: (701) 683-4111
Elementary School Fax: (701) 683-4415
"Providing Equal Opportunities for Employees and Students"

March 7th, 2023

SB2012

Dear House Appropriations,

I am writing in opposition of SB2012 as it stands. To my knowledge, as it stands, SB2012 would reduce, if not eliminate, funding that has provided learning opportunities to many children in my community that would have not otherwise been available. The funding that has been previously allotted helped to fund a valuable Pre-K program, Waterford Upstart. This program has been very beneficial to many families in our community by giving their child an opportunity to experience preschool skills that may not have been available to them without this program.

As the Elementary Principal of Lisbon Elementary School, I see high value in this program. Our reading data over the past two years for kindergarten and first grade has reached its highest marks in a long time. Our current kindergarten class has 67% of its students at or above the 40th percentile in reading. Yes, we have made curricular adjustments and enhancements along the way to reach the needs of our students, but we are seeing more students entering kindergarten with high skills because of their participation in the Waterford Upstart program. We are currently registering students for the upcoming kindergarten year and have reported having 30 out of 36 incoming students that have signed up for the program and are actively using it.

I can personally testify to the validation of this program. I registered my own son in the Waterford Upstart program as he will be attending Kindergarten in the fall of 2023. I have two older children that are currently in 4th grade and 2nd grade. My wife and I know and strongly believe in the value of reading to our children and have done so faithfully every night because it is a small thing that can produce large returns in the future. Our first two children did not have the Waterford Upstart program when they entered kindergarten. We see a big difference not only in the ability level between our son in the program and our daughters who did not have the program, but also in his confidence and excitement about entering school. He loves doing his "school work" when his sisters are doing their schoolwork at home.

It is my personal feeling that this program is well worth the small price tag in order to allow all children the opportunity be better prepared when entering kindergarten. With no public preschool in our area, students are limited to proper access in building these basic skills. This program is able to fill those gaps and provide this service without an additional financial burden on the parents. I hope you would consider the value of this program that it provides for many students not only in my community, but also across the state.

Thank you for your time.

Sincerely,

Benjamin Zahrbock
Lisbon Elementary Principal & Dad of a Preschool student

North Dakota ASSISTIVE Assistive Technology
There Is No Impossible

FARGO
3240 15th St. S, Suite B
Fargo, ND 58104
701-365-4728

BISMARCK
4501 Coleman St., Suite 107
Bismarck, ND 58503
701-258-4728

House Appropriations Committee – Human Resources Division
Testimony in Support of DHHS Budget – Aging Services, Voc Rehab
March 9, 2023
Mike Chaussee, Executive Director, North Dakota Assistive
mchaussee@ndassistive.org – 701-551-7079

Chairman Nelson and members of the House Appropriations Committee, Human Resources Division,

The intention of this testimony is to provide glowing praise for the Aging Services Division, Vocational Rehabilitation Division, and DHHS as a whole, while attempting to show that the crisis of aging is on par with other health issues that get much more attention.

North Dakota faces dramatic challenges when it comes to its aging population. People 65-and-older make up the fastest growing population in the state. According to data provided by the U.S. Census Bureau and analyzed by the ND Center for Social Research at North Dakota State University, in 2020 residents aged 65 and older made up more than 16 percent of the population. That information is not unique in North Dakota. What is unique, however, is where these people live and the threat of isolation in the state's rural counties. The populations in 17 of North Dakota's 47 counties include 25-percent or more of their residents who are 65 or older. According to data from the United Health Foundation, more than 10-percent of them live alone where isolation can be both sad and fatal.

Compounding the problem is an unprecedented shortage in health care workers. This dilemma faces nearly every state in the country. In a healthcare workforce analysis published by Mercer the U.S. will face a shortage of nearly 450,000 home health aides and another 95,000 nursing assistants. These are the paid workers who primarily assist people who prefer to live in their own homes and communities.

What makes it additionally challenging in rural states like North Dakota is that small towns and regions are already facing an exodus of people. Attracting new people to small, rural communities is nearly impossible. Returning to the demographic data provided by ND Center for Social Research (sited above) 34 of the state's 47 counties have populations of 10,000 or more people. The vast majority of those same counties (24 of 47) recorded a population loss between 2010 and 2020.

North Dakota ASSISTIVE Assistive Technology
There Is No Impossible

FARGO
3240 15th St. S, Suite B
Fargo, ND 58104
701-365-4728

BISMARCK
4501 Coleman St., Suite 107
Bismarck, ND 58503
701-258-4728

That puts a huge burden on those unpaid, family and community caregivers to support their friends and loved ones as they age.

AARP's 2020 Caregiving in the U.S. Report identifies many staggering statistics including the fact there are more than 53-million family caregivers, a dramatic increase of nearly 10 million people in just five years. And that number will most likely rise with increasing health care needs of the baby boomer population. The numbers are staggering enough, but include information like 21-percent of those caregivers say their own health is poor to fair, 61-percent also work, and 45-percent say their caregiving costs them their own money, and the impact becomes exceedingly dramatic.

I spent time highlighting the problems because it's important to understand that the work ahead is difficult. There no quick fixes. But, I believe sustained commitment and creative investment can have a profound impact on the future.

Historically, North Dakota has lagged behind in its reliance on institutional settings. But the tide is turning and Aging Services has led the way. Nancy Nikolas Maier has provided the committee with extensive details about its work to meet the demands of the DOJ settlement. As someone who works with aging North Dakotans on a daily basis and sits on the Governor's Committee on Aging, I can attest that the work being done is significant and impactful.

For the Division to continue on this path, it will need adequate funding and support from every level of state government.

Additionally, we work closely with the Vocational Rehabilitation Division as it executes a plan to improve North Dakotas workforce by matching people who want to work with businesses and organizations who are desperately trying to fill positions.

By helping individuals overcome limitations, they are helping North Dakotans live fulfilling lives. Our nonprofit has seen a steady increase of communication and referrals from vocational rehabilitation counselors looking for solutions that will help their clients land meaningful jobs and keep them for years to come. We've been impressed with how quickly new counselors grasp the value of their work. They too understand the need to think out of the box to solve complex problems, both for individuals and the state.

Our addition to the innovative solutions needed for North Dakotans is through the monumental impact of assistive technology (AT). AT is basically any device that helps someone overcome a

North Dakota ASSISTIVE Assistive Technology
There Is No Impossible

FARGO
3240 15th St. S, Suite B
Fargo, ND 58104
701-365-4728

BISMARCK
4501 Coleman St., Suite 107
Bismarck, ND 58503
701-258-4728

limitation. It can be weighted silverware so someone with Parkinson's can continue to eat independently, it can be electronic reminders to help someone with Autism get to school on time, it can be devices to track people with Alzheimer's who wander, or lift chairs, or ramps, or amplified telephones for those with hearing loss. You name it, there's a piece of technology that can help.

At ND Assistive, **we serve people of every age across the entire state.** We do so by helping connect them with these life-changing devices through demonstrations, trial loans, and a number of programs that can help them get the devices for free or reduced costs.

AT can directly address isolation by making communication easier. During the pandemic, the state of North Dakota worked with us to get iPads in the hands of individuals in nursing homes so they could communicate with loved ones who were no longer allowed to visit in person. We ended up serving nearly every nursing facility in the state in some way and the feedback we've received has been tremendous. But iPads with Zoom or some other application are only a small way AT helps with communication and/or isolation. Just having a telephone that allows the listener hear the person on the other end opens up lines of communication that otherwise become frustrating for people on both ends of the conversation. There are dozens of amplified phones available. There are also phones designed for those with low vision, or those dealing with cognitive or mobility issues.

Premature institutionalization can come from many different things. Lack of housing and transportation being two big issues. But it also happens when activities of daily living become difficult and people believe the only way to address their needs is by moving to a facility. AT exists to help with just about any daily activity you can imagine, including toileting, bathing, dressing, cooking, eating, and cleaning. Safety is also a big issue. We get many requests for alerting and alarm systems. Those are pretty common. But often people are unaware there are devices that can help with medication management (this one is huge!), fall risks, recognition (like not hearing smoke alarms or doorbells), and memory loss, just to name a few.

AT can also help with the workforce and caregiver issues. Solutions include smart home and monitoring technologies. There are devices that can allow one caregiver to monitor situations of multiple clients at one time and/or give a family member peace of mind that they can "drop-in" whenever they are needed. The learning curve is not nearly as steep with these devices as many assume, plus, the cost is much less too.

North Dakota ASSISTIVE Assistive Technology
There Is No Impossible

FARGO
3240 15th St. S, Suite B
Fargo, ND 58104
701-365-4728

BISMARCK
4501 Coleman St., Suite 107
Bismarck, ND 58503
701-258-4728

This last section was certainly a plug for AT and our nonprofit, but more so, it was meant to show you that innovative ideas do exist and solutions are available. DHHS, Vocational Rehabilitation, and Aging Services know what they're doing. They know investing in things like AT can not only help solve some of these huge issues facing the state, they know in the long run it also makes a significantly positive financial impact.

On paper, these budgets may look big. But the investment is worthwhile and the foresighted will see there is a dramatic return on these investments.

If you would like to know more about why we support DHHS, Aging Services and Voc Rehab so much, or about our nonprofit's work, please contact me by email mchaussee@ndassistive.org or phone (701) 551-7079.

State Testimony SB2012

My name is Trisha Cole. I am the PreK teacher at Park River Area School. I am in support of SB2012 and the continued funding of the Best in Class Grant in North Dakota. We are in year two of receiving this grant. Best in Class dollars have positively impacted our community, our school district and most importantly our youngest students and their families.

This grant has allowed us to update our preschool environment. We have been able to create a space that is not only developmentally appropriate, but one that fosters exploration, learning, and that is safe and accessible for all that attend. Best in Class dollars have opened the door for students to explore, learn, play, create, and grow socially. This grant has enabled our school district to provide furniture, toys, art supplies, math manipulatives, microscopes, curriculum, books, musical instruments, and so much more that would never have been possible with district funds alone.

The family engagement component has helped create a scaffold to support students and their families. It has helped to build positive relationships between parents, teachers and our community. It provides parents with practical guidance so they can continue to help their child learn and grow. This in turn helps our students with making connections, developing language and vocabulary, and managing emotions. For many parents, this is the first interaction they have with our school. Building positive relationships between home and school will impact our preschoolers as they transition to kindergarten and beyond.

Although we have only participated with Best in Class for a year and a half, our winter test scores have shown noticeable gains when comparing data from 2017 to present. Specifically, we saw significant upward trends in phonological awareness, oral language and vocabulary. Our year-end composite scores in 2022 for the PELI (Preschool Early Learning Indicators, an assessment designed to measure pre-literacy and oral language skills) reflected the highest test scores since 2017 with the majority of children testing above benchmark and no children testing below the average range.There is no way of knowing the full impact BIC has had at this point. We hope to continue to measure achievements and to see these upward trends continue.

I have been an educator for 28 years. I have taught PreK for 14 years. I am here to tell you this makes a difference. As teachers, we do our best with what we have. We sometimes don’t allow ourselves to dream of what an impact having the best tools for the job could have on our students. This grant has allowed Park River Area School to build a preschool program that meets everyone's needs. It has allowed us to create an environment that fosters learning, exploration, creativity, and inclusiveness. Everyone is welcome and families feel supported. The professional development opportunities have helped me grow as an educator. I am going to leave you with one story from a student I had last year.

When you get the Best in Class grant, one of the first things you have to do is an assessment/inventory of what you currently have. When I did this, it was determined that I

needed more resources in my classroom that represented different cultures and diversity. I had never considered this a top priority and I hadn't given much thought to how this could impact my students. I ordered people for the dollhouse that represented different cultures, ages, and disabilities. I ordered many new books for our class library that represented different cultures. New dolls were added to the dramatic play center. I added new Lego people to our Lego table. The Lego people represented different ages, cultures, and occupations. The new Lego people quickly became a favorite of many of my students. They fostered opportunities for play that included vocabulary and language that I had not observed. It brought many more girls to the Lego table than previously observed. One child in particular came to me one morning with tears in her eyes and gave me a huge hug. When I asked her what was wrong she replied, "Thank you Mrs. Cole, for finding Lego people that look just like me!" Her mother was from the Philippines. This interaction highlights how important it is to be mindful and diligent about the environment we provide and its effects on how included and accepted others feel. The BIC programming and funding guides and supports us in making profound impacts towards engaging children in the learning environment and promoting the success for all students.

This grant is making a difference at Park River Area School. I sincerely hope that you will continue to support Best in Class for North Dakota.

Trisha Cole
6751 County Rd 12B
Park River, ND 58270
trishajcole@gmail.com



Senate Bill 2012

House Appropriations Committee | Human Resources Division
Representative Jon Nelson, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Vocational Rehabilitation | Damian Schlinger – Director

March 9, 2023

HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the **FOUNDATIONS** of well-being

- Economic Health
- Behavioral Health
- Physical Health

Ensure everyone has the opportunity to realize their **POTENTIAL**

- Strong, Stable Families
- Services Closer to Home
- Early Childhood Experiences

Give everyone the **OPPORTUNITY** to decide to:

- Be Healthy
- Be Active
- Find & Prevent Disease Early

Efficiency Through Redesign

High-Performing Team

NORTH Dakota Be Legendary. | Health & Human Services

DHHS serves people with Disabilities



Intellectual Disability

Fetal Alcohol Syndrome
Autism Spectrum
Down Syndrome



Physical or Sensory Disability

Mobility Impairment
Vision Impairment
Hearing Impairment



Behavioral Health Disability

Anxiety Disorders
Depression
Addication



Cognitive or Neurological Disability

Learning Disability
Acquired Brain Injury
Multiple Sclerosis

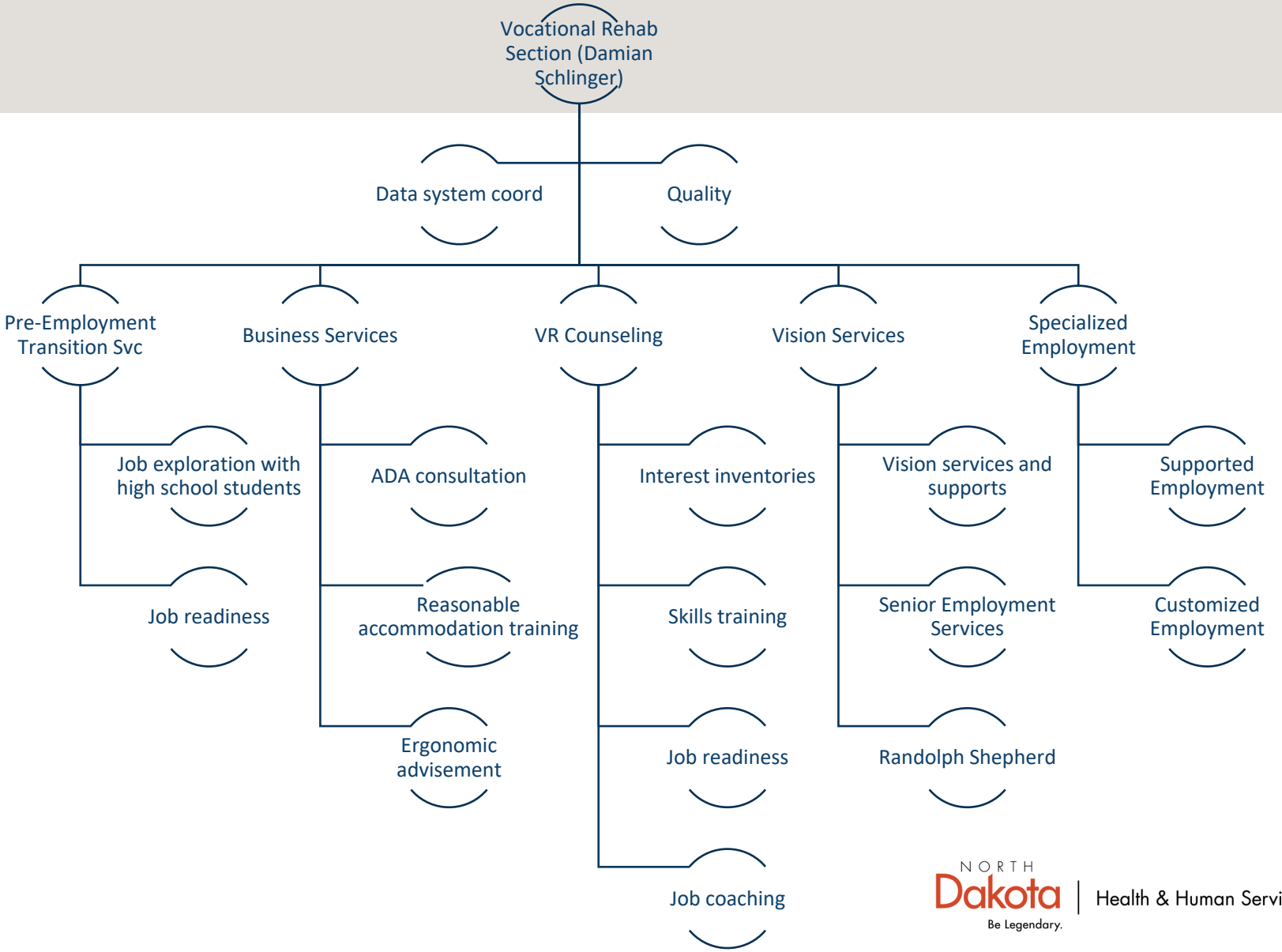
Vocational Rehab: Staffing and Team Structure

The purpose of Vocational Rehab is to assist North Dakotans with disabilities to enter or re-enter the workforce through individualized services

Vocational Rehab

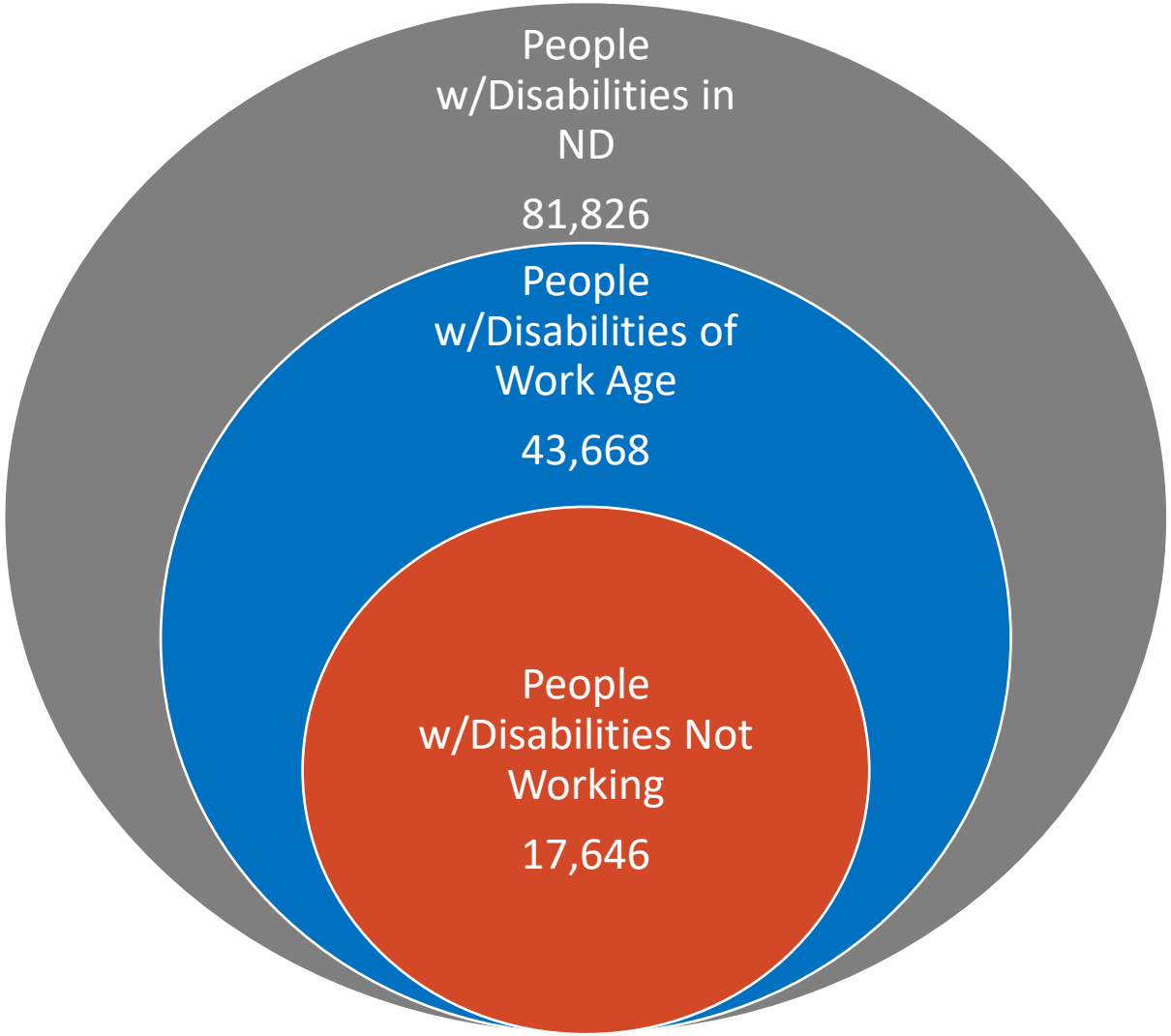
21-23 Authorized FTE Base	23-25 Executive Budget FTE	12-31-22 Vacancies
85.0	85.0	2.0

Avg Age	Avg Yrs of Service	Turnover 2021	Turnover 2022
48	**9**	**22.7%**	**18.8%**



NORTH Dakota Be Legendary. | Health & Human Services

Vocational Rehabilitation: An Essential Part of the Workforce Solution



NORTH Dakota Be Legendary. | Health & Human Services

Who might choose to seek services from Voc Rehab?



- Individual seeking service can have a congenital or acquired disability
- Services are inclusive of all types of disability – learning, developmental, physical, cognitive, behavioral
- Barrier to seeking, maintaining, or advancing in employment due to disability
- Jobs acquired are from entry-level to professional
- Clients can come back through the process for career progression, change in career goal or job situation

NORTH Dakota | Health & Human Services
Be Legendary.

What is Vocational Rehabilitation? What do we do?

Pre-employment Transition Services (Pre-ETS)	Services to Business	Supported Employment/ Customized Employment	Vision Services (OIB-Older Individuals who are Blind)	Specialized Programs
• Students ages 14-21 • Job exploration • Job readiness training • VR has contracts w/ 71 school in ND	• Connect to qualified applicants • Retaining existing employees w/ developed or have a worsening disability • ADA accommodation consultation • Education on disability awareness, tax incentives	• Additional support during Rehab Process • Job search, interviewing skills, resume writing, tuition assistance, negotiate job tasks w/employer, on-the-job training, etc. • Coordinate supports once VR case is closed	• Individuals 55+ with a significant visual impairment • Home or environmental accommodations/ equipment • Assistive technology – magnifiers, lighting • Communication skills	• Senior Community Service Employment Program (SCSEP) – part of Older Americans Act – 55+, unskilled • Randolph-Sheppard – blind vendors in cafeteria settings in federal buildings

The Voc Rehab Process

Intake

- Application
- Intake Interview
- Release of Information

Eligibility

- Obtain medical and/or psychological documentation
- Review previous case notes, if applicable

Plan

- Interest inventories
- Skill assessments
- Labor Market Information
- Determine a Job Goal

Employment

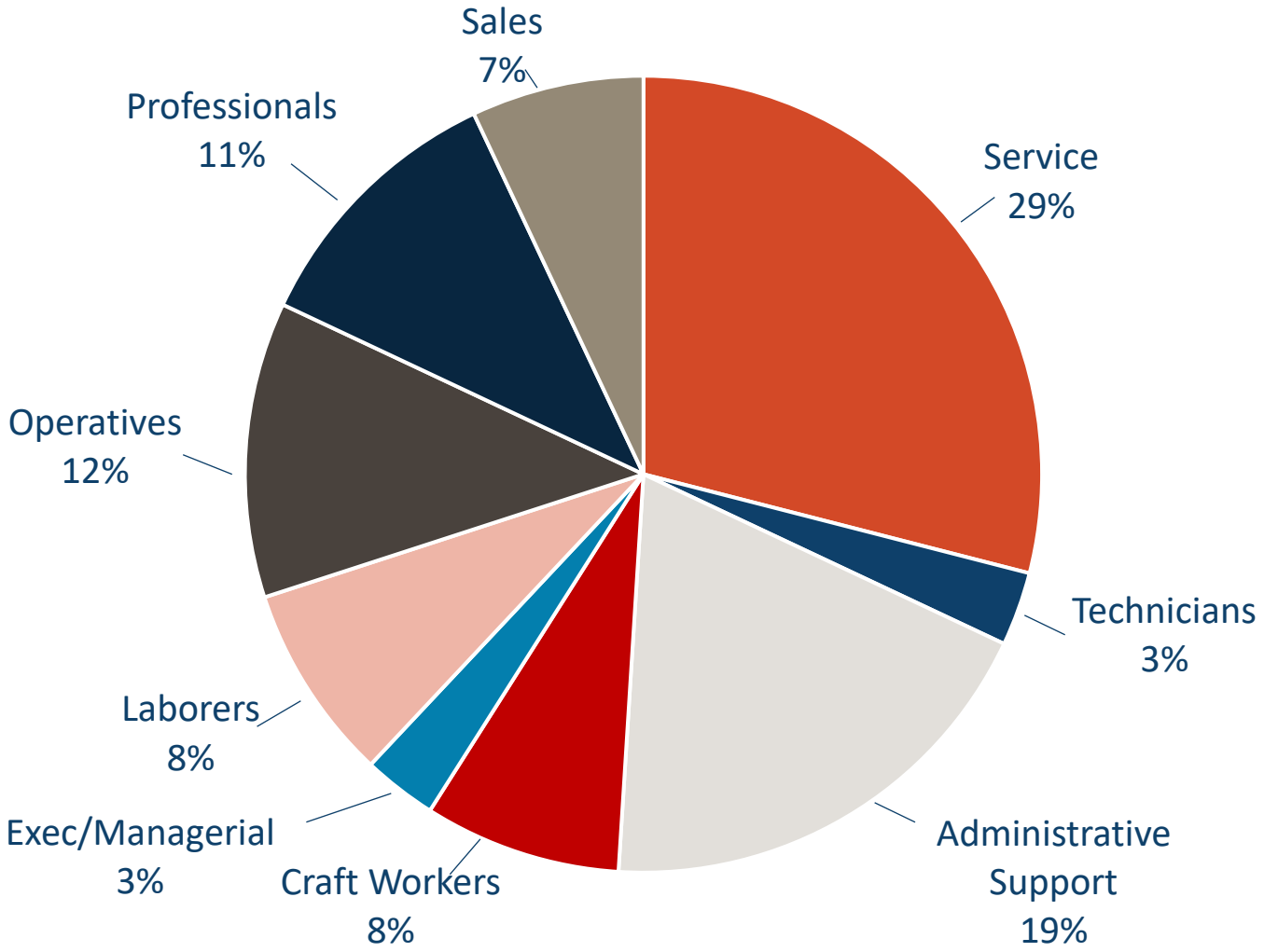
- Training toward Job Goal is completed
- Client applies for jobs that are Competitive Integrated Employment
- Client accepts the job

Case Closure

- Client is stable in their job & no longer requires VR services
- Individual agrees that their case can be closed

People who utilize VR are employed in many major occupational categories key to our state's economy

Client Job Types – FFY 2021



NORTH Dakota Be Legendary. | Health & Human Services

Connecting with Employers: Services to Businesses

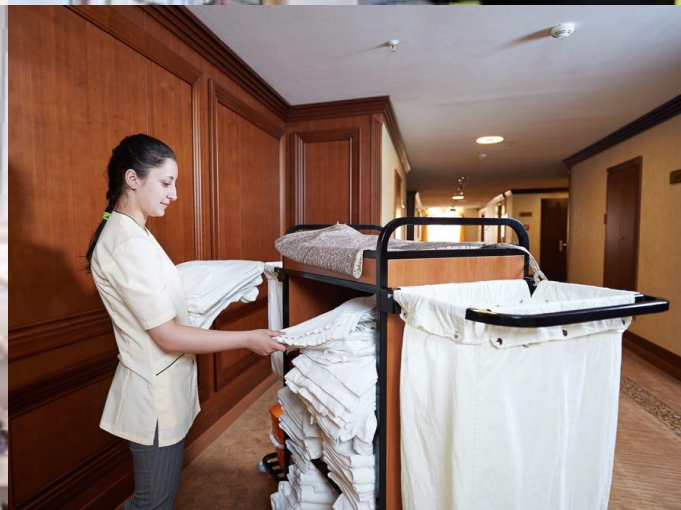
Any ND employer is eligible for VR services (non-profit or for-profit business or government agency)

- Assist employers in connecting to an untapped labor pool of people with disabilities
- Retaining existing, well-trained and productive workers who may have developed or have a worsening disability
- Providing education on disability awareness, tax incentives and the Americans with Disabilities Act





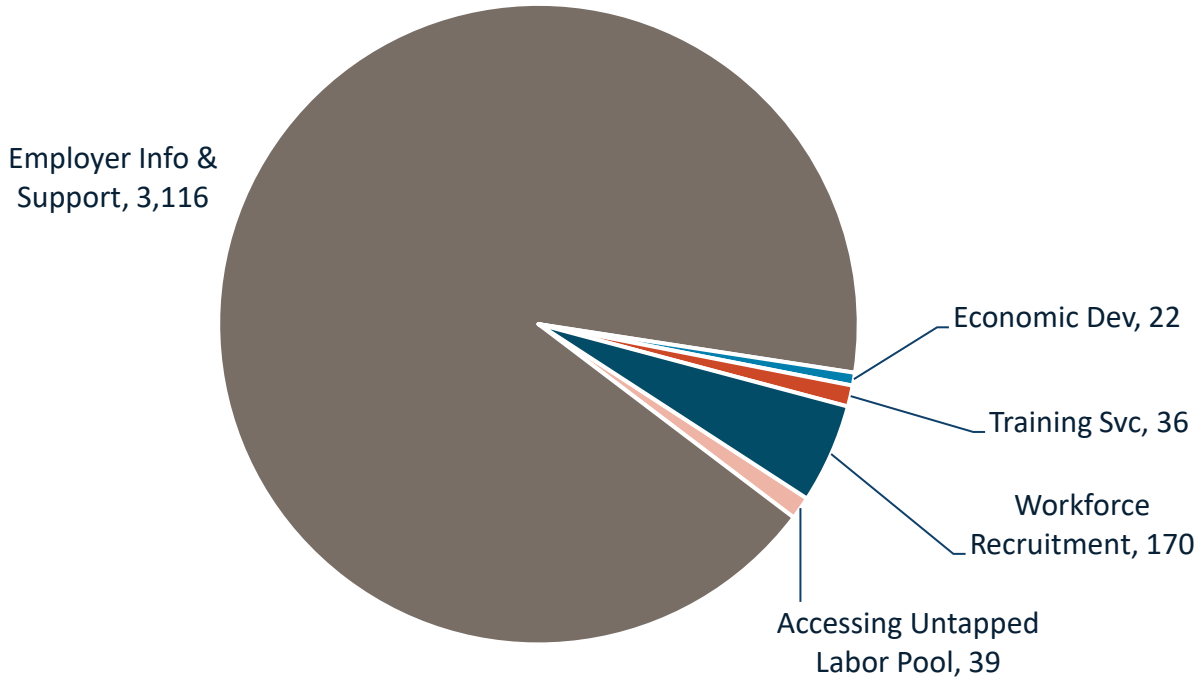




Connecting with Employers: Services to Businesses

In FFY 2022, VR staff provided 3,383 services to 1,850 different businesses

- ✓ Oil and Gas
- ✓ Construction
- ✓ Hospitality
- ✓ Administrative & Support
- ✓ Education
- ✓ Health
- ✓ Finance
- ✓ Government
- ✓ Manufacturing
- ✓ Retail



Service Delivery Improvements – 21-23

Sound Investments

- Doubled Client Financial Participation limits = more working families qualify
- Increased hourly rate to Community Rehab Providers (CRPs) by 15%
- Increased client tuition minimum from $600 to $1,000 per semester

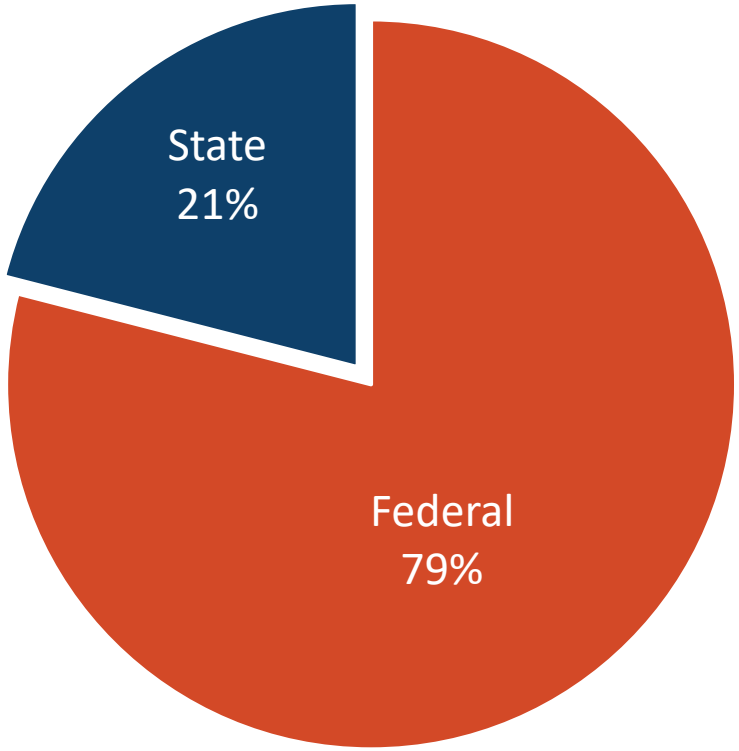
Satisfaction and Engagement

- Client satisfaction – 90% in 2022
- Re-imagined eligibility process – 32% faster engagement

Vocational Rehabilitation Section
Return on Investment

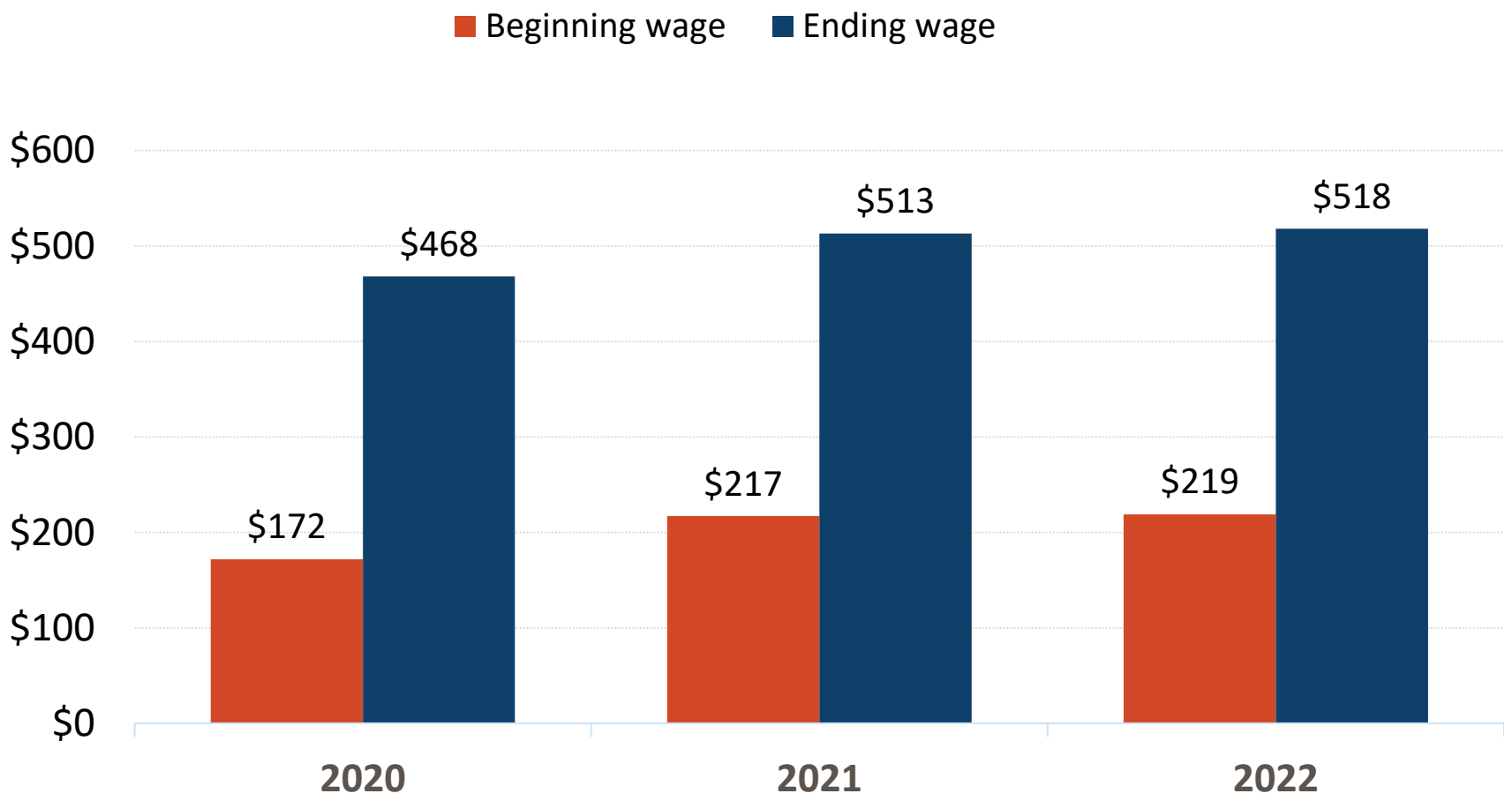
For every **one dollar spent** on Vocational Rehab services Clients **earnings increase by $10.43/hour**

For every **one dollar spent** on Vocational Rehab services Clients **pay $2.09 in taxes**



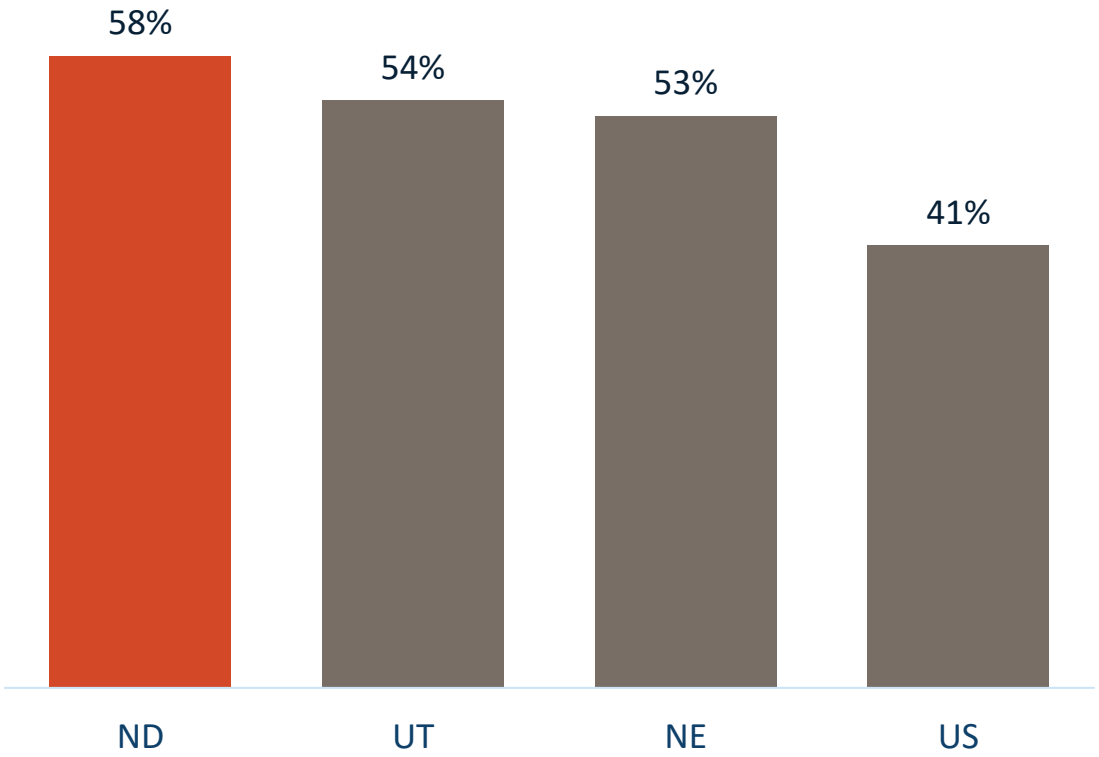
NORTH Dakota Be Legendary. | Health & Human Services

In FY22 the weekly wage of VR clients increased an average of 136% after receiving VR services



NORTH Dakota Be Legendary. | Health & Human Services

ND is 1st in the U.S. by % of People with disabilities who are employed



Rethink What's Possible

68.6%

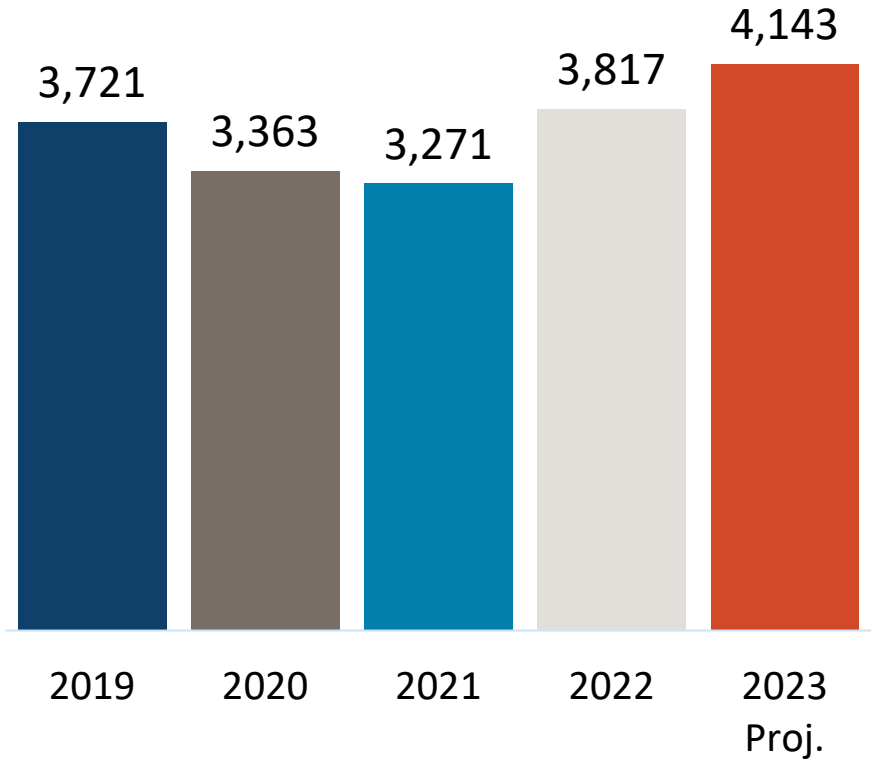
North Dakota's seasonally adjusted labor force participation rate in Dec 2022

In ND we aspire to see the labor force participation rate for people with disabilities be equal to the state's overall rate.

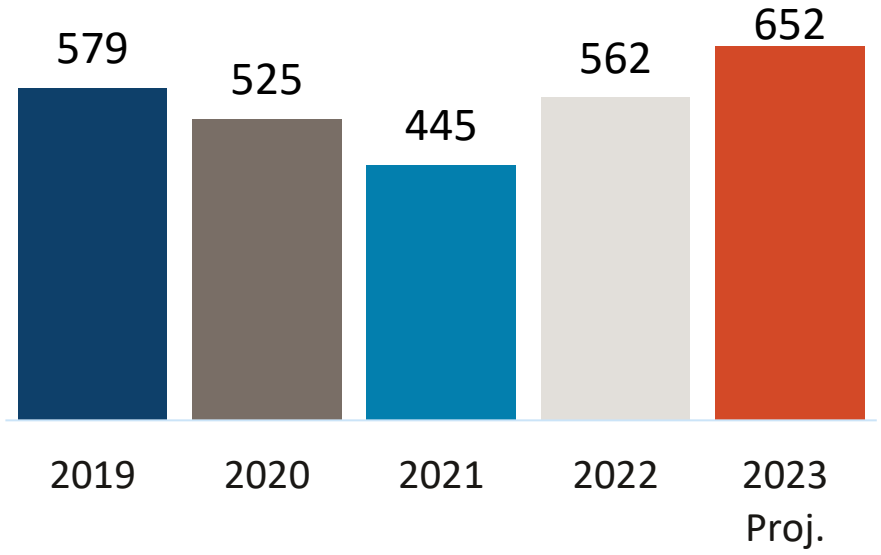
NORTH Dakota | Health & Human Services
Be Legendary.

Successful Job Placements increased by 26% from 2021-2022

Individuals actively enrolled/engaged with Voc Rehab Services

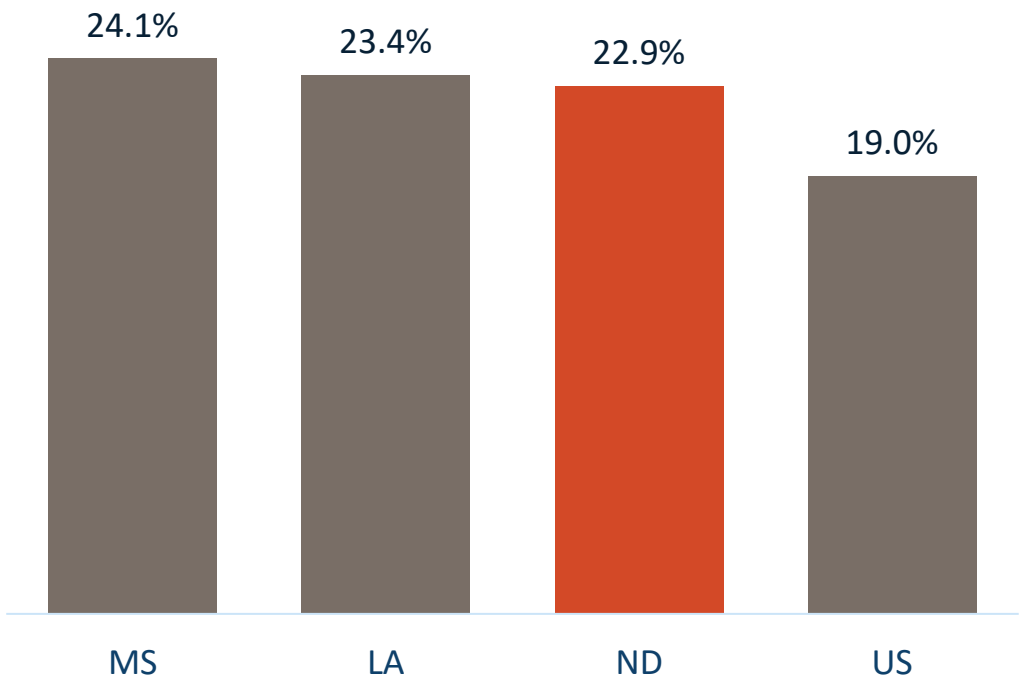


VR Clients Successfully Placed



NORTH Dakota Be Legendary. | Health & Human Services

ND is 3rd in the U.S. by % of people with vision disabilities who live independently in the community



- 313 new applicants for vision services in 2022
- 555 individuals with vision disabilities served
- Vision team works collaboratively with independent living centers, ND Assistive, etc.

NORTH Dakota Be Legendary. | Health & Human Services

Supported Employment/Customized Employment Tax Credit

Tax Incentive (HB 1409 / 67th Legislative Assembly)

- Created a ‘business income tax credit for employment of individuals with developmental disabilities or severe mental illness’
- Up to 100 businesses were eligible for 25% of up to $6,000 in wages paid annually for each employee if the individual needed Supported Employment or has a significant disability requiring Customized Employment in order to obtain employment
    - Note: HB1409 modified bill passed in 2019-21 legislative session by adding supported employment

74

Tax credits approved

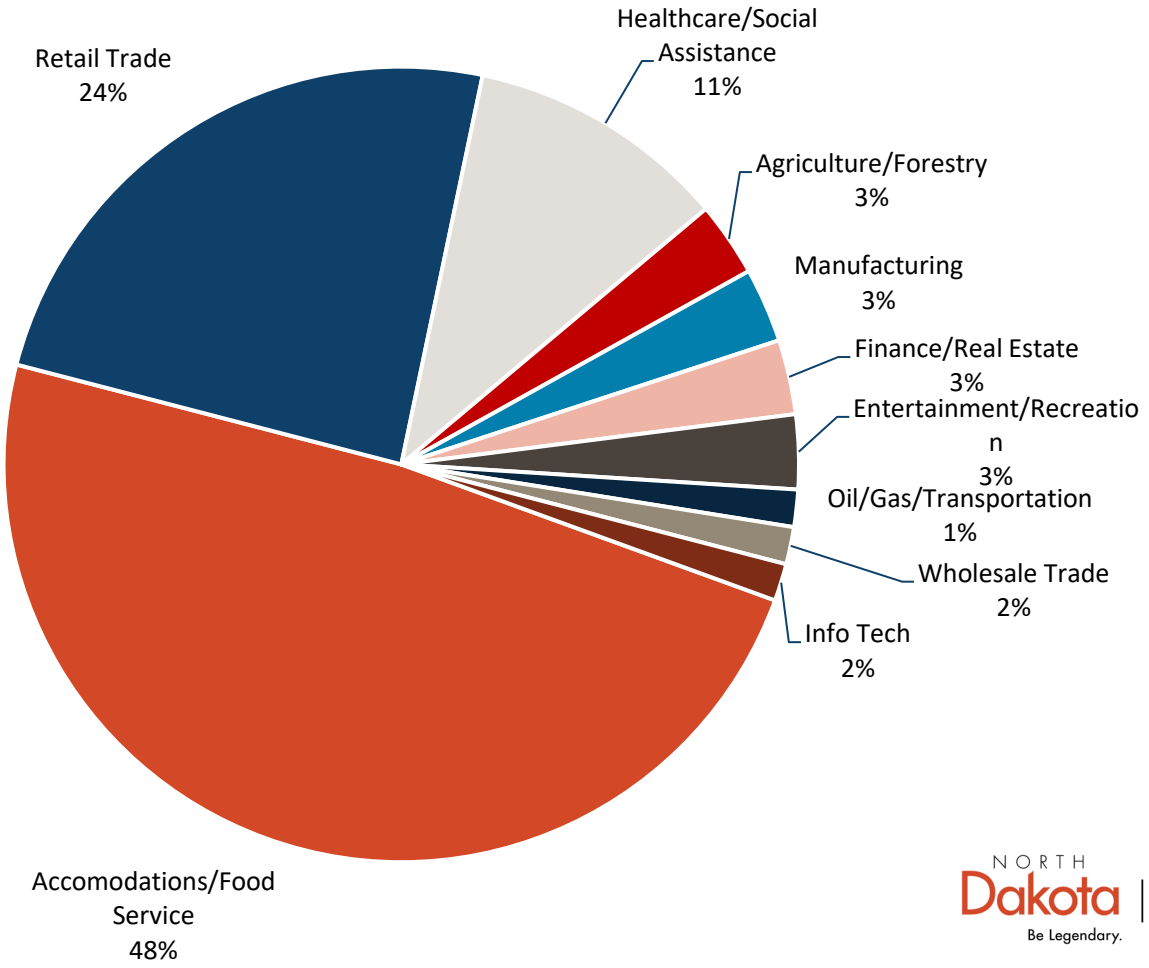
0	CY2019
0	CY2020
28	CY2021
46	CY 2022

Under consideration
HB 1244

- Increases to 200 businesses
- Removes sunset clause

Supported Employment/Customized Employment Tax Credit used in a variety of industries

Businesses who have utilized the employment tax credit created by HB 1409 in the 67th Legislative Assembly represent a wide cross section of the industries that are present in North Dakota's economy.



NORTH Dakota Be Legendary. | Health & Human Services

Additional Programs

Senior Community Service Employment Program (SCSEP)

- Adults age 55+, and below 125% of poverty threshold, gain skills toward re-entering the workforce. Participants may not necessarily have a disability.

Federal Plan Responsibility

- WIOA Unified State Plan for Workforce – DOL (along with JSND, Adult Education and English Literacy, Dept of Commerce, and DPI)
- State Plan for Independent Living – Admin for Comm Living/HHS

North Dakota Assistive

Councils and Commissions

- Statewide Rehabilitation Council
- State Independent Living Council

Designated State Entity for Centers for Independent Living

- Independent living skills training
- Information and referrals for orientation and mobility
- Transition services – from institutions to home/community based; also youth transition to independent living
- Peer mentoring
- Advocacy

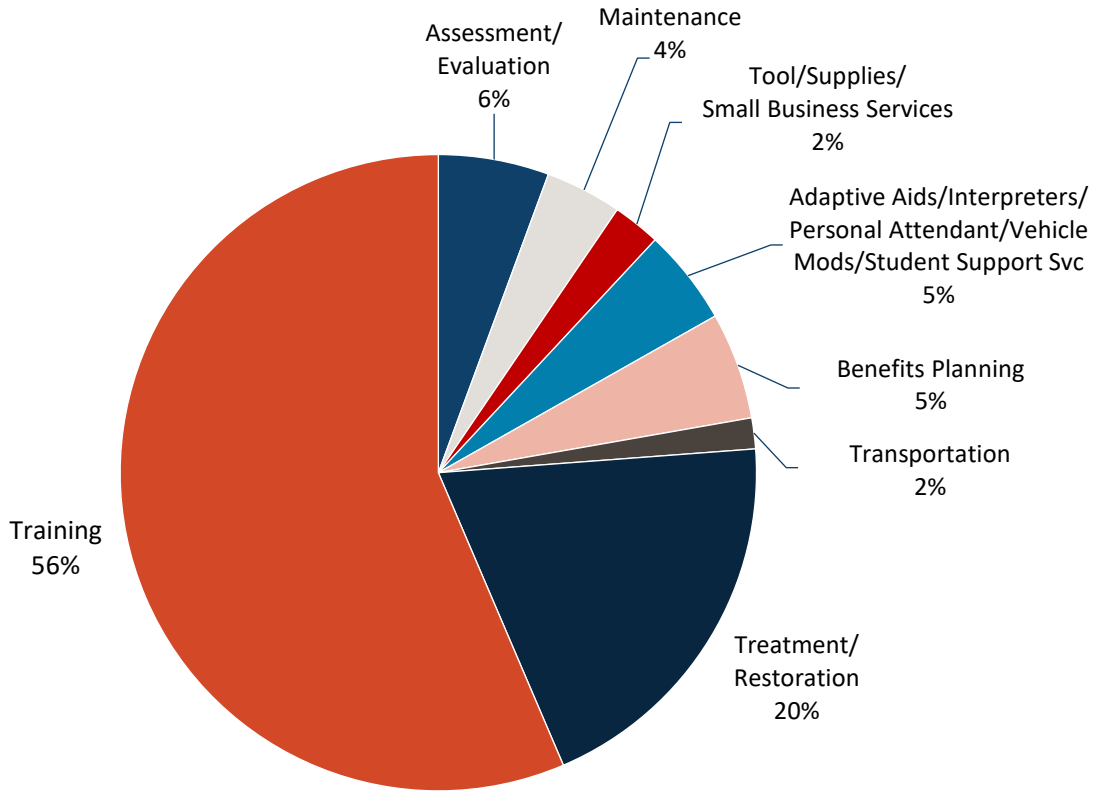
Case Service Expenditures FFY 2022 - $2,685,887

The largest share of VR's service expenditures (56%) support training

- On-the-Job Training
- Work Experience
- Job Development
- Customized Employment
- Supported Employment
- Post-secondary Tuition

Treatment/Restoration services account for 20% of service expenditures

- Therapy/Medical visits (PT, OT, behavioral health)
- Hearing and vision aids



Dakota | Health & Human Services
Be Legendary.

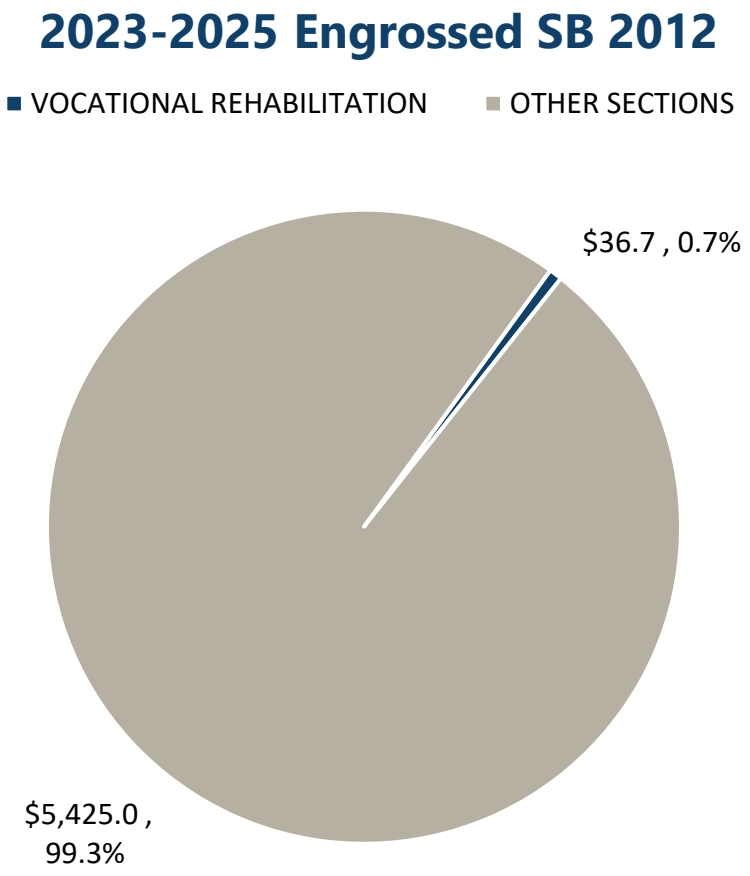
About Voc Rehab Contracts

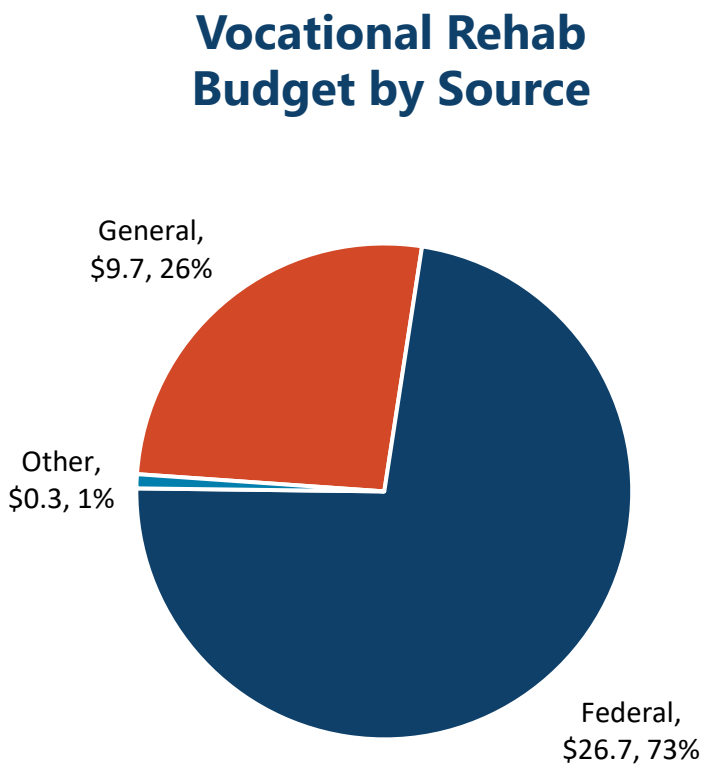
- Independent Living Centers
- ND Assistive
- Pre-Employment Transition Students
- Market Decisions - satisfaction surveys
- Motivational Interviewing
- Customized Employment – NDCPD
- Benefits Planning – RSI
- Client Assistive Program (CAP)
- VR Development Group – online training
- World of Work Inventory (WOWI)



Section Budget Compared to Engrossed SB 2012 (in millions)

Voc Rehab represents <1% of SB 2012, $36.7 million





NORTH Dakota Be Legendary. | Health & Human Services

Vocational Rehab: Comparison of 2023-2025 Funding

Description	**2022 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
General Fund	**$ 9,060,209**	**$ 637,033**	**$ 9,697,242**	**$ (38,377)**	**$ 9,658,865**
Federal Funds	**24,098,266**	**2,740,464**	**26,838,730**	**(143,779)**	**26,694,951**
Other Funds	**195,002**	**140,897**	**335,899**	**-**	**335,899**
Total Funds	**$ 33,353,477**	**$ 3,518,394**	**$ 36,871,871**	**$ (182,156)**	**$ 36,689,715**

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of Total Budget with Funding (in millions)

INCREASE FROM BASE TO ENGROSSED SB 2012 $3.30 MILLION

Salaries – $2.8M

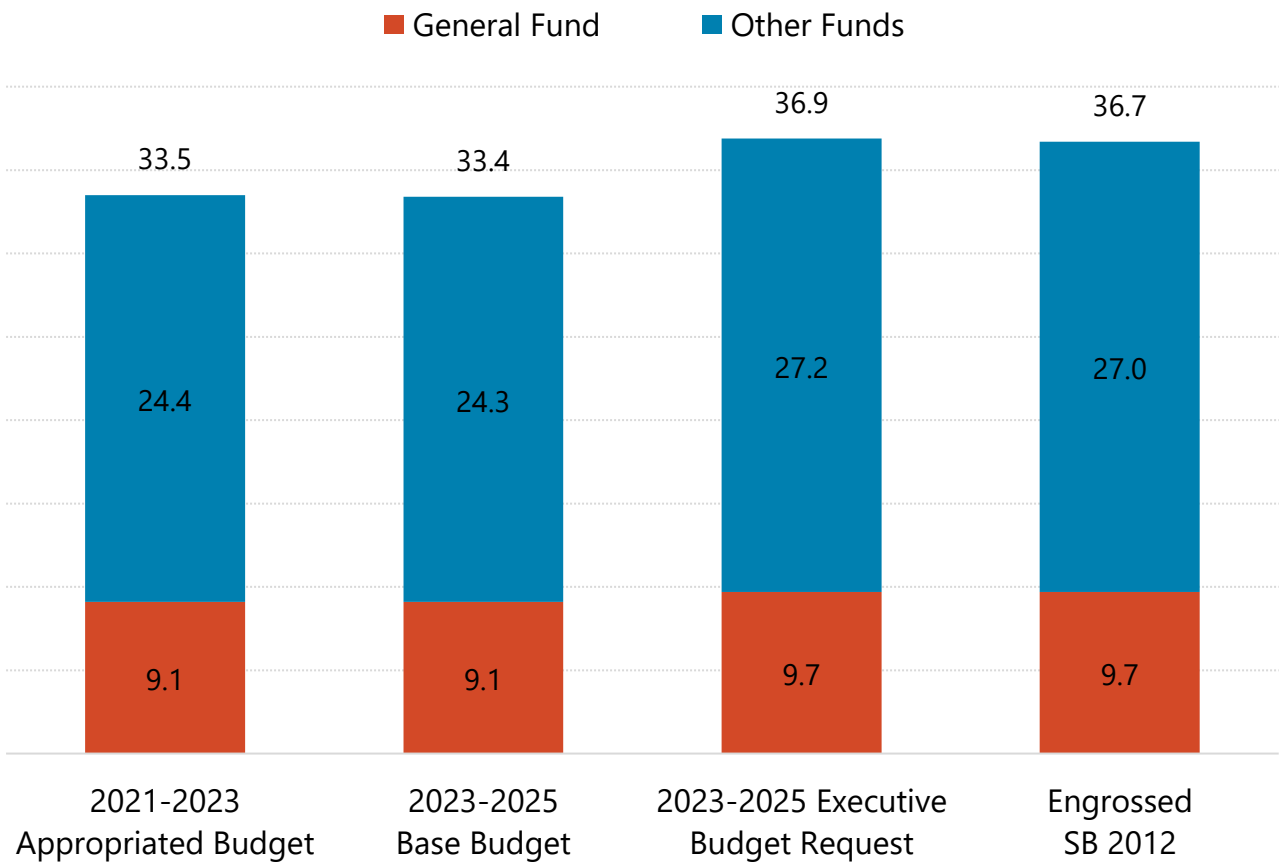
Senior Community Service Employment Program/SCSEP -$900k (transfer from Aging section)

Wage Equity - $1.9M

Operating Fees and Services – $384k

Increased Pre-Employment Transition Service – young adults into workforce; required to provide services statewide

Rents/Leases – $394k increase (shift from HSC budget)

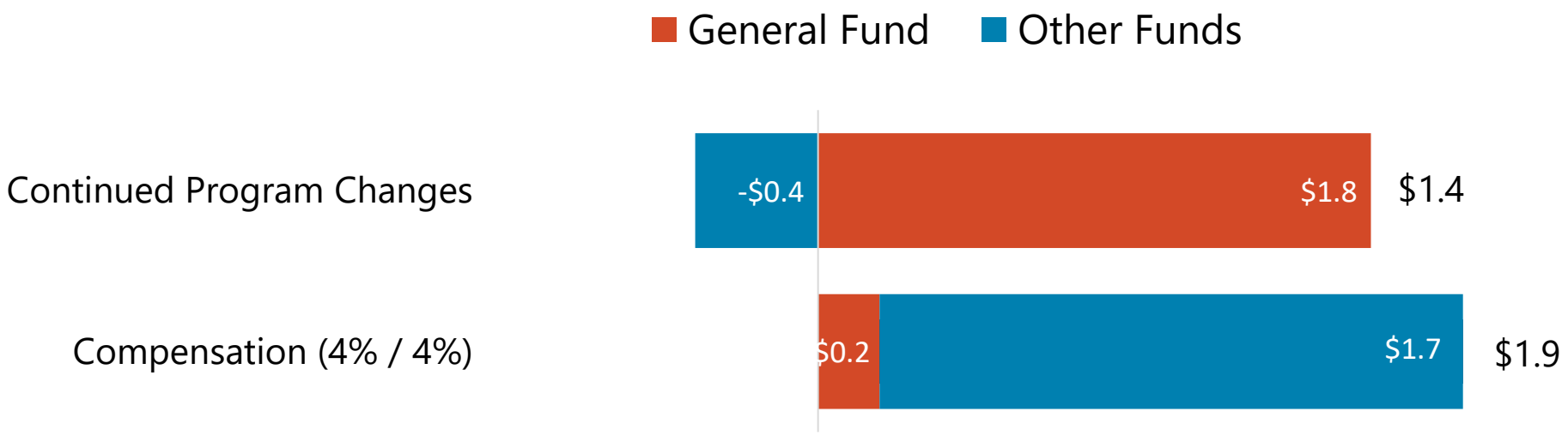


NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 Budgets and Related Funding
By Detailed Expense

Description	**2022 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
511x Salaries - Regular	$ 9,809,078	$ 1,230,092	$ 11,039,171	$ 229,996	$ 11,269,166
512x Salaries - Other	-	1,371,618	1,371,618	(649,262)	722,356
513x Salaries Temp	12,960	130,361	143,321	-	143,321
514x Salaries Overtime	-	-	-	-	-
516x Salaries Benefits	4,934,424	289,962	5,224,386	237,111	5,461,497
Total Salaries & Benefits	$ 14,756,463	$ 3,022,033	$ 17,778,496	$ (182,156)	$ 17,596,340
52x Travel	411,154	61,470	472,624	-	472,624
53x Supply	70,752	12,390	83,142	-	83,142
54x Postage & Printing	39,999	7,001	47,000	-	47,000
55x Equipment under $5,000	9,465	2,535	12,000	-	12,000
56x Utilities	6,900	(1,500)	5,400	-	5,400
57x Insurance	-	-	-	-	-
58x Rent/Leases - Bldg/Equip	704,631	413,149	1,117,780	-	1,117,780
59x Repairs	8,774	19,268	28,042	-	28,042
61x Professional Development	403,918	13,047	416,965	-	416,965
62x Fees - Operating & Professional	5,724,087	378,652	6,102,739	-	6,102,739
67x Expenses	-	-	-	-	-
53x Supplies	12,020	(4,020)	8,000	-	8,000
60x IT Expenses	688	(688)	-	-	-
68x Land, Building, Other Capital	-	-	-	-	-
69x Over	-	-	-	-	-
69x Equipment Over $5,000	-	-	-	-	-
71x Grants, Benefits, & Claims	11,204,626	(404,943)	10,799,683	-	10,799,683
72x Transfers	-	-	-	-	-
Total Operating	$ 18,597,014	$ 496,361	$ 19,093,375	$ -	$ 19,093,375
Total	$ 33,353,477	$ 3,518,394	$ 36,871,871	$ (182,156)	$ 36,689,715

Voc Rehab: Overview of budget changes (IN MILLIONS)



Vocational Rehabilitation: What's on the horizon?

- Continue drive to 1,000 job placements annually
- Expand DOCR pilot to more correctional institutions
- Establish/re-establish connections and outreach w/traditional and non-traditional partners
- Electronic/digital processes for efficiency
- Team member development



NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Damian Schlinger

Director, Vocational Rehabilitation

daschlinger@nd.gov

https://www.hhs.nd.gov/vr

NORTH Dakota Be Legendary. | Health & Human Services



TITLE IV-E INDIVIDUAL ELIGIBILITY

To determine eligibility, an application must be completed through an online process. It gathers information on whether a child may be at risk of out-of-home placement based on circumstances and characteristics of the family as a whole and/or circumstances and characteristics of the child or the parent/caregiver's ability to safely care for and nurture the child.

CHILD ELIGIBILITY CRITERIA:

- 17 years old and under (post-natal);
- North Dakota resident;
- Not in an open foster care program or under the custody of a public agency (Human service zone, Division of Juvenile Services, or tribal social services); and
- At risk of out-of-home placement if preventative services are not offered.

If the child has met the above criteria, a determination of eligibility must be met. Federal guidance defines an eligible child as a candidate for foster care.

Once a child is determined eligible, services can also be delivered to the child's caregivers.

The application is accessible to all individuals and partners in the community and can be found at https://dhs-ive-prod.powerappsportals.us/ffp-home/individual-application-public/

NORTH Dakota | Human Services
Be Legendary.™



CHILDREN & FAMILY SERVICES

Children Eligible for Title IV-E Prevention Services

MUST meet the following criteria:

- 17 years and under (post-natal);
- North Dakota resident;
- Not in an open foster care program or under the custody of a public agency (Exception: A youth who is pregnant or parenting);
- In a home of a parent/caregiver; and
- At risk of out of home placement if preventative services are not offered.

Once the above criteria are met a determination of eligibility is made. To apply for eligibility, go to: https://dhs-ive-prod.powerappsportals.us/ffp-home/individual-application-public/

Title IV-E Prevention Services and Locations in North Dakota

Prevention Service	Locations
Healthy Families	Adams, Barnes, Billings, Bowman, Burleigh, Cass, Dunn, Emmons, Grand Forks, Grant, Hettinger, McKenzie, Morton, Pembina, Nelson, Slope, Stark, Stutsman, Walsh, Williams
Brief Strategic Family Therapy	Bismarck, Dickinson, Ellendale, Fargo, Grand Forks, Jamestown, Mandan, Minot, Watford City, Williston
Parent-Child Interaction Therapy	Bismarck, Fargo, Grand Forks, Jamestown, Langdon, West Fargo
Family Check-Up/Everyday Parenting *(January 2023)*	Bismarck, Fargo, Grand Forks, Mandan, Minot, Valley City, West Fargo
Multisystemic Therapy *(January 2023)*	Fargo
Functional Family Therapy, Homebuilders, Nurse Family Partnership, Parents as Teachers -No Providers	

Data December 2022	COUNT
Applications for Child Eligibility Received	213
Applications for Child Eligibility Approved	200
Children that Received Healthy Families*	98
Children that Received Parent Child Interaction Therapy	46
Children that Received Brief Strategic Family Therapy	11

**Healthy Families data includes children who have received services over multiple years*

Testimony on SB 2012
2023 Legislative Session
March 7, 2023
Rep Nelson House Appropriations Human Resources Division Chairperson

Representative Nelson and Members of the Committee

My name is Donene Feist, I am the Director for Family Voices of North Dakota. I come before you today regarding SB 2012.

Family Voices of North Dakota is statewide family to family health information and education center who serves families of children with special health care needs in ND. Each state in the country and our territories has one family organization that has been designated as a family to family health information and education center by HRSA federally. We are that entity for ND.

We are requesting that the dollars described below be fully funded and distributed through the general funds process in SB2012. **Both of these were maintained in the 2019 and 2021 legislative session under 2012/1012 for a total of $175,000 in general funds via contract with DHHS.**

As an agency, we continue to experience an increase in the number of calls and requests for assistance from families and providers. We have received general fund dollars since 2015 through Children and Family Services. The dollar amount is $175,000 for the biennium.

The first section has been provided since 2015. Language is as follows.

The grants line item in subdivision 2 of section 1 of this Act includes $75,000 from the general fund for a grant to a statewide family-to-family health information and education organization which provides parent-to-parent support for families and is located in a county with a population of less than 6,000 based on the 2010 decennial census, for the biennium beginning July 1, 2015, and ending June 30, 2017. Funds awarded must be used for family-related information and education services. The organization receiving a grant under this section shall provide a report to the legislative management during the 2015-16 interim on the use of grant funds

In 2017 SECTION 5. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state H. B. NO. 1040 - PAGE 2 treasury, not otherwise appropriated, the sum of $100,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing funds to one or more organizations to provide family-to-family support services, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds provided under this section must be used for providing support services to families with children who have disabilities or behavioral health needs.

Again, both of these were maintained in the 2019 and 2021 under 2012/1012 session for a total of $175,000 in general funds via contract with DHHS.

The funding for family support that we currently have in contract was removed as he didn't feel us a good fit under the CFS Division as we don't completely serve only families within Children and Family Services.

In engrossed SB 2012, The Senate amended and did identify that FVND was the only entity filling the services that we provide for families of children with special health care needs and disabilities and thankfully restored it. They did hear from us and families we serve across many agencies the absolute need for the services that we provide.

We assist families and providers across many of the systems: DD, Medicaid, Children and Family Services, Behavioral Health, Department of Health, VR, and also have had calls for those who may utilize Aging Services. ***The need for family support is not going away and is increasing daily.***

My current understanding is, because we do assist across so many systems and because DOH and DHS are now one entity that discussions would be made where we would be the best fit. We would like consideration of having the funds managed through the Healthy and Safe Communities section of the Department of Health and Human Services. Our alignment with the work of the Maternal and Child Health work of this section is more accurate when you consider the multitude of systems that we help families navigate.

I want to talk to you a bit more about children with medical complexities and disabilities and specifically what we do at Family Voices of ND:

According to the 2020-2021 National Survey of Children's Health, there is approximately 34,412 children and youth who have a special health care need. Additionally, there are many children and youth who may have a physical disability and a chronic health illness but also may have a co-occurring mental health diagnosis. Because of many families have a co-occurring condition, it often leaves families having to understand and navigate many complicated systems of care.

We receive our referrals through the varying agencies themselves, physician offices, out of state hospitals where a child/youth may be receiving services, schools, Protection and Advocacy, therapy providers, and others.

National Outcome Measure 17.1: Percent of children, ages 0 through 17, with special health care needs (CSHCN)

	Children with special health care needs (CSHCN)	Children without special health care needs (Non-CSHCN)	Total %
%	**19.4**	**80.6**	**100.0**
C.I.	16.9 - 22.1	77.9 - 83.1	
Sample Count	334	1,240	
Pop. Est.	34,412	143,176	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

National Outcome Measure 17.1: Percent of children, ages 0 through 17, with special health care needs (CSHCN)

		Children with special health care needs (CSHCN)	Children without special health care needs (Non-CSHCN)	Total %
Received care in a well-functioning system	%	13.4	86.6	100.0
	C.I.	9.7 - 18.2	81.8 - 90.3	
	Sample Count	51	267	
	Pop. Est.	4,183	27,127	
Did not receive care in a well-functioning system	%	20.7	79.3	100.0
	C.I.	17.9 - 23.8	76.2 - 82.1	
	Sample Count	283	972	
	Pop. Est.	30,229	116,018	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

As you can see in the above diagram, our children have many complex needs.

The diagram identifies, how many of the 34,000 children receive services in a well-functioning system of care. We provide emotional and informational support to many families across North Dakota who have a child who has a chronic health condition and/or disability often assisting with care coordination for their children.

About FVND:

In addition to the support and 1:1 assistance we provide to families, we also provide various trainings and workshops, which help families understand how systems work so that they can also be good stewards of state dollars and the programs of which their children are enrolled. This is done under the Family to Family Health Information Centers designated by HRSA. There is one Family to Family in every state across the country. We are a chapter of Family Voices National who oversees all of the Health Information and Education Centers.

Our staff, who all are parents to children with special health care needs, medical complexities disabilities and behavioral health needs provides assistance to families by helping them access and navigate services; explaining what the services mean, how systems work, and where the funding comes from. We provide emotional support to assist with their unique and individual needs. In many ways, we also have

an Ombudsman type resource as when things go awry or something goes wrong our staff are often who is contacted to help them sort through and navigate this very complex system of care.

We provide direct services, information and referral and community education and outreach. All of our services under the auspices of the statewide health information and education center are performed through a parent-to-parent or peer to peer mechanisms through our staff.

In addition to the Health Information and Education Center, we operate a parent-to-parent matching program called North Dakota Parent-to-Parent which provides connection of one parent to trained veteran parent as a mentor for emotional support. Sanctioned by Parent to Parent USA.

In partnership with Designer Genes since 2012, we provide support through a project called Project Carson. Project Carson provides emotional and informational support to families who may receive a ***prenatal diagnosis or an at birth diagnosis***. To provide that support from the very beginning that a family may receive that diagnosis, connecting them to the services and community supports they will need.

Families desperately need a place to go to get the help that they need. Through funds appropriated above we were able to increase and maintain staff time.

We often encounter families who are in crisis and experiencing difficulty accessing services because of denials and ineligibilities. Current staff are assisting families across ND. Funds allocated, not only help meet increase in demands for assistance to families and professionals 1:1, but also for ongoing training, and development of educational materials. Our mailing list has steadily increased to nearly 7800 across the state.

We are grateful that though SB 2256, in the interim, a comprehensive study on children and youth with a developmental disability, identifying the gaps in services and how they are being served. Many children do not qualify for the DD waiver, unless they have an ID diagnosis which leaves many children behind. Diagnosis such as Down syndrome, Spina Bifida, cerebral palsy, muscular dystrophy and autism etc. to name a few. While we have done well in trying to gap fill with the medically fragile waiver, hospice waiver and autism waiver, we have not gotten to the meat

and potatoes to look at the system as a whole and how to best serve all children and youth with a developmental delay. This has been a vital need for a long time as many families continue to not receive any services. The work done with Alvarez and Marsal provides a wonderful road map in implementation and improvement of our current system. We hope this committee has had a chance to look at it as it provides a wonderful road map of changes that would need to happen to develop a comprehensive system of care.

I would also like to point out the resource section of the Alvarez and Marsal study. It referenced 2 agencies for family navigation and supports. These were Texas Parent to Parent and Missouri Family to Family, both of these entities are sister agencies across the country who provide family support in the same model that FVND does. They too are Family to Family Health Information and Education centers designated by HRSA. https://ndlegis.gov/files/committees/67-2021/23_5168_02000presentation1230.pdf

As stated previously, through prevalence data for ND from the Data Resource Center 2020-2021 is there are approx. 34,412 children and youth who have a special health care need in ND. One in five families in North Dakota has a child with special health care needs.

That data also indicates that:

40% of this population utilize public insurance (this may include income eligible Medicaid and waivered Medicaid
14.6% use only private insurance
44.9% of this population use both private and public
12.2% of this population were currently at the time of the survey uninsured.
The number of uninsured for this population has dropped since my last testimony. One of the reasons may be that from the start of the pandemic as it was deemed a public health emergency, they may have been covered through public insurance.

With the public health emergency ending, many families were maintained on Medicaid during this time. We are now receiving calls from families to assist them as they move forward as some are losing their Medical Assistance as the emergency ends. Families are worried and frightened about what happens next.

In previous years ND Kids Count Data indicates that 86% of parents with children eligible to receive services are not aware of available programs. We feel that this is still an issue. ***People cannot access what they do not know exists*.**

We also have seen the needs and are proud of the great strides in assisting our culturally diverse families across the state. We are seeing an increase in calls from the tribes in addition to many other diverse families across the state. Translation services are needed to adequately assist families. To address those needs we applied and received a Blue Cross Blue Shield Caring Foundation Spark Grant which allowed us to develop an outreach video, with an English and Spanish version with air time to be played at the Community Health Centers, Tribal Clinics and Human Service Center Zones as well as funding for translation services. You can review the English version outreach video here: https://www.youtube.com/watch?v=t4rgB1NFfyU

In essence, we do assist families, one of our most vulnerable population in accessing services they will need in raising their child with a chronic illness and disability. A common theme we here from families is they were not told where to go to access services. If we were not available to provide that assistance, who then would provide this service to families?

Most recently, through focus groups to identify family's needs, we learned families needed assistance in navigating and understanding the various systems and silos, a streamlined approach, need to connect with others, application assistance and help coordinating services. We also know through a recent survey of DD Program Managers revealed many of them do not know local resources and this is where FVND plays a very valuable part to systems of care.

Our data collected below and on the final sheets of this testimony, is information that all staff collect and is aggregated. I share the information to help you understand the magnitude of information that we collect daily.

The included below our last data that was pulled. Our data collection system has changed beginning 1/1/21. This was due to an unfortunate cyber-attack. However the upside was that we are now using the same data system now that our sister agencies across the country are using.

Table 1. Total Encounters and reasons for calls

Total Encounters of all calls 12/1-12/31, 2022	**2022**		
Families unduplicated	**2810**		
Families duplicated	**11595**		
Of the total instances of service for families, we provided		**Of the total number of families served/trained, instances of service related to the following issues:**	
Individualized assistance (Includes one-on-one instruction, consultation, emotional support, care coordination and mentoring)	**4016**	**Partnering/decision making with providers**	**7366**
Basic contact information and referrals	**320**	**Accessing a medical home**	**2167**
Group training opportunities	**1610**	**Financing for needed health services**	**3864**
Meetings/Conferences and Public Events (includes outreach events and presentations)	**4952**	**Early and continuous screening**	**2560**
		Navigating systems/accessing community services easily	**7077**
		Adolescent transition issues	**1184**

As stated earlier, many times, our encounters with families are heightened because the family is in crisis. We have noted that the issues being presented by families today are being increasingly complex.

Our staff work with a large number of families who experience gaps in service, have difficulty understanding the complexities of our Medicaid systems and Medicaid

waivers, and their private insurance who have children with very complex medical issues.

Many providers contact us to make a referral or to assist them in locating resources for families they are working with. Families often do not know where to begin. We will partner with them in making those connections to community resources, possible eligibility criteria and programs, assist them with the application process, follow up with them to assure their family needs are being met, and provide ongoing emotional and informational support.

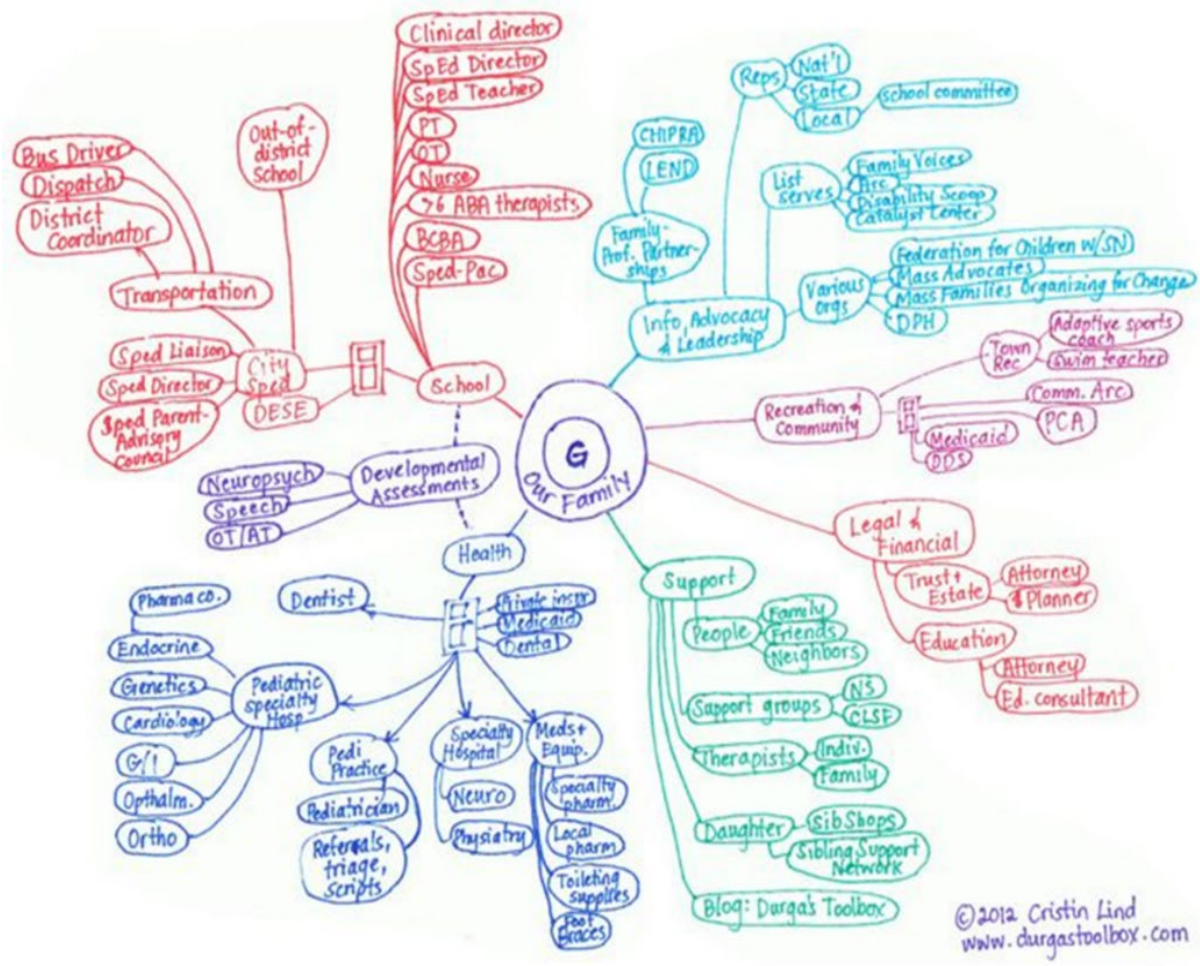
This table is an example of the categories of calls, trainings and meetings with providers.

Table 2. Provider calls

Our organization provided health care information/education to providers to assist them in better providing services for CSHCN	**2022**
Professionals unduplicated	**1304**
Professionals duplicated	**13975**
Of the total number of providers served/trained, instances of service related to the following issues:	
Partnering/decision making with providers	**9018**
Accessing a medical home	**2334**
Financing for needed health services	**4212**
Early and continuous screening	**1882**
Navigating systems/accessing community services easily	**8052**
Adolescent transition issues	**2271**

In the diagram below you will see children with a chronic condition or disability utilize many services. I felt this an important illustration for the many complex issues and services that a family navigates. Much care is often needed to support the

family. The goal is always to provide that ongoing support, to be there with ongoing questions but to also help the families to gain confidence in themselves as well.



We know and can identify from many studies as best practice is that families thrive when supported by others with lived experience. We also know that families build capacity, strength and confidence through support and coaching from another parent. Active engagement with families through responsive listening from others who have walked in the same shoes assists families in a manner that allows them to receive services necessary to meet their family and child's needs.

Families across North Dakota have repeatedly shared the difficulty in locating and accessing services when they call our offices. Raising a child or youth with special health care needs, accessing quality services and paying for them while still meeting the needs of the entire family and maintain employment is stressful.

Representative Nelson and members of the committee, I have stood before you all for many years. The needs for families to live, thrive and survive in their community has also increased. We often **hope for the best, but don't know what the future holds in a world and system that wasn't built for our children.** There is no handbook or parenting book about raising a child with special health care needs and disabilities.

Most of our children don't fit a mold. All are uniquely their own, and many have multiple diseases or disorders so rare that often doctors have never seen. Early on families realize with a heavy heart, the world we live in isn't built for our children. Each and every day families are fighting someone about some aspect of their care. It could be a doctor, nurse, therapist, educator, or an insurance company. Every day families launch battles for what we know our children need to thrive, and sometimes our fight ends in defeat.

Every day many families are fighting a battle against a disability, disease or chronic illness that we will never beat. Most of families know the very real implications of what can happen to our children at any given time.

Our role is not only to provide support, assistance in navigating and connecting to services to families, but through or various trainings and workshops, help families understand how systems work so that they can also be good stewards of state dollars and the programs of which their children are enrolled build capacity and confidence in their abilities in raising our children. A valued provider has stated "It is important to ensure that there are adequate supports for families, as these strengthen the family unit as a whole. This results in a decreased demand for providers as you are creating lasting change within the family unit."

Again, we are grateful that the Senate requesting that the $175,000 described earlier remain in and continue to be disseminated in the general budget for engrossed SB 2012. The need for family support is not going away. Do the most vulnerable families in the state not deserve assistance?

Concerns in 2012:

We continue as we did last session have concerns regarding the 1915i, and how many children have and will be screened eligible. Currently the number of children eligible is quite low.

We continue to have concerns with the Department eliminating the autism voucher and moving those funds to the autism waiver. Some of the children and youth that were served through the voucher will not be transferred to the waiver which will again cause a gap for some with an autism diagnosis. This would be a travesty for some families. There continues to be a wait list for the autism waiver, which not sure if moving funds from the voucher to the waiver would eliminate the wait list. What happens to those families being served that would not go from the voucher to the waiver? We are pleased with the increase in age for the waiver to age of 18 but feel this should go to age 21. We continue to believe that there is room for both the waiver and the voucher.

We continue to encourage the family support dollars within the budget for the Federation of Families for Children's Mental Health, and the Experienced Parents Program and Family Voices of ND. This is a very vulnerable population with unique needs which require additional attention. We know that with existing supports and staff there continues to be a family support gap and many families are going unsupported.

The new Customer Help Support Line, while we feel this is a good move for most individuals. Families of children with a chronic illness or disabilities have unique needs which we feel may not be fully supported in meeting the family's needs with this system. While we realize this is a new system, it did take 45 minutes for staff to speak to someone on a few occasions. It has a bit of an impersonal feel to it. We hope the Department in this process does not alienate consumers, track how long it takes to provide help and that satisfaction surveys are done to track consumer feedback. Families have contacted us regarding these changes with fears and anxieties as they felt it is so difficult to get answers to some of their questions.

We hope in the future that information and returns of calls through the Zones will continue to improve. It is an issue currently. I made calls on behalf of a family and didn't get a return call for nearly 10 days. The families we serve again with unique needs don't always have that amount of time to get answers. This is problematic.

I cannot stress enough that while we are doing great things to increase services to the adult with disabilities population whether it be physical or behavioral health disabilities and services. We must keep moving forward in the same way for services

for our children with disabilities as well and begin to close the gaps that exist as there are many. Again, the Alvarez and Marsal study was well done and does provide a clear road map. A vital first step to addressing those needs was in HB 1035, which would change the current autism task force to a cross disability advisory to move forward with the guidance of the study. Disappointingly this bill failed, as it is much needed to begin working to address the gaps in service for children and youth with disabilities. We hope that work will continue through SB 2012.

In closing, let us remember as each of us makes decisions that will affect children—whether we are parents, educators, health professionals, or government officials—it is our duty to consider if that decision either affirms or denies a child's most basic human rights. **Families are not looking for handouts, but they do often need a rope to hang on to, to keep from drowning in an every changing system. Family support is vital, to help them live, thrive and survive in an every changing world.**

Enclosed in the following pages are testimony of some of the families we serve

We thank you for your consideration.

Donene Feist
FVND Director
701-493-2634; fvnd@drtel.net



To the Members of the Senate Appropriations,

My name is Toby Lunstad and I live in Mandan with my family, including our 8 year old daughter Addilynn. Addilynn has a very rare genetic disorder with life-long neurodevelopmental symptoms that include difficult to treat epilepsy, lower threshold to experience hemiplegic migraines, developmental delays, and an overall medical fragility that has proven to be very challenging for us and her medical team to manage.

Some of her medical challenges are listed below:
2018: Addilynn was fighting for her life in PICU in Minnesota after seizures nearly took her from us.
2020: Addilynn experienced a hemiplegic migraine that drastically changed her ability to eat and drink…which resulted in her needing a feeding tube placed.
2021: Addilynn was unable to sleep without experiencing life-threatening seizures and she ultimately needed to have surgery to help better manage her epilepsy.
2022: Addilynn experienced post operative complications after a routine hip surgery that resulted in another life-threatening event resulting in a PICU and 6 week hospital stay.

In 2017, I attended the Parent Leadership Institute through Family Voices of North Dakota. I have also reached out to their staff on numerous occasions for guidance and support.
As I reflect on the numerous health events Addilynn has experienced, I am grateful that I had the opportunity to attend Parent Leadership Institute and reach out to Family Voices for guidance support over the years. My ability to confidently advocate for Addilynn as she experiences medical events due to her diagnosis began because of Family Voices of North Dakota. I know that I would not have the ability to advocate for her care with grace and strength if I did not have the support of Family Voices behind me…coaching me and supporting me along the way.

The programs and support Family Voices provides to families like mine are invaluable and dramatically impact lives for the better. I urge you to continue the allocation of funds Family Voices of North Dakota programs. Families of children with special health care needs NEED agencies like Family Voices to help them navigate a confusing and sometimes scary system for their children.
I know that my daughter would not be thriving today without the advocacy skills and support that I have received from Family Voices of North Dakota.
Toby Lunstad
701-595-4386
tobylunstad@gmail.com

Al Gobierno de Dakota del Norte

Mi nombre es Yomiara Crespo y mi hijo es Michael. Somos del territorio estadounidense Porta Rico y ahora vivimos en Watford City. Mi hijo Michael tiene muchos problemas con su cerebro y salud mental. Ha tratado de lastimarse a sí mismo muchas veces y fue colocado en diferentes lugares por tratar de lastimarse a sí mismo o a otros. Las escuelas de Watford City han ayudado mucho.

North West me dijo que debería llamar a Heather Wheeler con Family Voices of North Dakota cuando comencé a tener problemas nuevamente con los registros y a entender qué hacer a continuación para mi hijo. Heather me envió un mensaje de texto en español y otro defensor también. Ellos trabajaron duro, pero yo trabajé más con la Sra. Ella me ayudó a arreglar la forma en que trataron a mi hijo y la forma en que me tratan a mí porque no hablo bien inglés. Heather habló con Dakota Boys and Girls Ranch sobre no tener un intérprete para mí y obtuvo los papeles que necesitaba.

Durante muchos meses, la Sra. Heather me ha ayudado a entender lo que debería hacer para ayudar más a Michael. Ella está en las reuniones, me ayuda a asegurarse de que tenga a alguien que hable español, así que entiendo todo. Siento que me tratan mejor ahora. Antes de la Sra. Heather no sabía que se podía hacer más. Antes de la Sra. Heather no sabía que podía obtener documentos en español y que siempre puedo tener a alguien que me ayude a entender. No soy tonto, pero necesito ayuda para entender el inglés que está escrito.

Muchas veces, he enviado a la Sra. Heather documentos que están en inglés y no entienden lo que la persona quiere y la Sra. Heather me ha ayudado a obtener la información que necesitan. El condado de McKenzie me envía documentos sobre Michaels Medicaid y otros documentos en inglés y la Sra. Heather me ayuda a entender lo que quieren. La Sra. Heather habló con ellos por mí y ahora recibo algunos documentos en español. Siempre tienen un intérprete en el teléfono cuando hablamos ahora también.

Quería que supieras que gracias a la Sra. Heather y su trabajo con Family Voices siento que los profesionales quieren ayudarme más con Michael. Me ven. La escuela en Watford siempre ayudó, pero ahora todos están haciendo aún más. Recibo ayuda con las facturas de Michaels en North West y recibo consejos para Michael. No sé si estaría aquí sin su ayuda. Michael lo está haciendo muy bien y eso es lo que importa.

Gracias por leer esto para mí.
Yomaira Crespo y Michael

701-770-0063
yomairacrespo1783@gmail.com

ENGLISH TRANSLATION

January 9, 2023

To North Dakota Government

My name is Yomiara Crespo and my son is Michael. We are from US Territory Porta Rico and now live in Watford City. My son Michael has many problems with his brain and mental health. He has tried to hurt himself many times and was placed in different places for trying to hurt himself or others. The Watford City schools have helped a lot.

North West (Human Service Center) told me I should call Heather Wheeler with Family Voices of North Dakota when I started having problems again with records and understanding what to do next for my son. Ms. Heather texted me in Spanish and another advocate too. They worked hard but I worked with Ms. Heather more. She helped me fix the way my son was treated and the way I am treated because I don't speak good English. Ms. Heather talked to Dakota Boys and Girls Ranch about not having an interpreter for me and got my papers I needed.

For many many months Ms. Heather has helped me understand what I should be doing to help Michael more. She is at meetings, she helps make sure that I have someone who speaks Spanish, so I understand everything. I feel like I am treated better now. Before Ms. Heather I didn't know that more could be done. Before Ms. Heather I didn't know that I could get paperwork in Spanish and that I can always have someone to help me understand. I am not dumb, but I need help understanding English that is written down.

Many times, I have sent Ms. Heather papers that are in English and don't understand what the person wants and Ms. Heather has helped me get the information they need. McKenzie County send me papers about Michaels Medicaid and other paperwork in English and Ms. Heather helps me understand what they want. Ms. Heather talked to them for me and now I get some papers in Spanish. They always have an interpreter on the phone when we speak now too.

I wanted you to know that because of Ms. Heather and her work with family Voices I feel like professionals want to help me more with Michael. They see me. The School in Watford always helped but now everyone is doing even more. I get help with Michaels bills at North West and I get advice for Michael. I don't know if he would be here without their help. Michael is doing great and that is what matters.

Thank you for reading this for me.
Yomaira Crespo and Michael

701-770-0063
yomairacrespo1783@gmail.com

I would like to give due praise to Family Voices of North Dakota. This particular program has been helpful to my family on many levels.

I have a son Kaden who is now 20. He has a rare disease called Leukodystrophy. This disease requires him to be totally dependent on others to care for his needs. Being a parent of an adult with special healthcare needs can be very overwhelming. For this reason it is absolutely vital that programs like Family Voices of North Dakota keep their funding.

I have many stories I could tell about the impact Family Voices has had on our family. I will share the one that really introduced us to the agency and all it offers. In 2010 my son Kaden fell during a bad seizure. This caused a brain hemorrhage. He needed to have emergency brain surgery followed by months of recovery in the hospital. I was the most afraid and overwhelmed I had ever been during that time. In that moment I called Family Voices and their response was immediate and helped my family immensely.

I could not totally express in words what this meant to us. We were so grateful. They went above and beyond in helping to point me in the right direction to get the services we needed for our son.

The wonderful people who work at Family Voices are unique in their ability to jump in and really be there for families during their challenges in raising their children with special healthcare needs.

They have helped me through navigating medical situations, understanding the services available for Kaden, supporting me emotionally as a parent, and training me to be a better advocate for my son.

I have worked with many non-profit agencies, and Family Voices is the most caring and efficient that I have experienced. Thank you FVND for all you have done. I know I could call tomorrow, and get my questions answered. That is a rare quality.

Thank you,

Amanda Burner
Minot North Dakota
amanda.burner@outlook.com

To Members of the Senate Appropriations Committee,

SB 2012

I would just like to speak for a few moments regarding Family Voices of North Dakota. This particular program has been so helpful to my family on many levels. My son was diagnosed at 3 with Autism; he will be 15 yrs old by the time you read/hear this.

Being a parent of a child with special needs can be very overwhelming, which is why programs like Family Voices are absolutely vital to families in ND. They have been there for us guiding us thru process's and listening to frantic calls on how to deal with behaviors, schools, and helping guide us into therapies for our son. Even though he is almost 15 now (in 3 days) and we are in a groove they are still there for us. I do believe that we will be counting on them more due to this is the last year my son can be on the Autism Waiver. He was the first one of the waiver but will not be the last. There are more and more parents with kids Autism and other disabilities that will need the support that we have received from Family Voices. They went above and beyond in support and pointing me in the direction I needed to go. They were amazing in their ability to jump in and really be there. I have used their services for many things from emotional support, help in guidance through the medical system, training me to be a better parent to my son, and help in general questions. They were also with us when we adopted 2 more children this year.

They aren't just there for the family member with a disability, they are there for the whole family. Specifically, recently my husband ended up in the hospital on a ventilator for 45 days with Covid. They were there thru my tears and my heartache and my joys. They listen and guide without judgement. Without them we would have been lost in the shuffle of the system. We need them so more families do not get lost in the system. They aren't just a vital part of my family; they are my family. I just don't know how to stress that enough, And just imagine what they have done for my family alone and then multiply maybe by 50 or 1000 and that will truly tell you how much they need this funding.

Family Voices is the most efficient and caring for the whole family. I could go on and on but there are truly a million reasons why need them. Please restore their funding because without them the state would feel a great loss. As a parent I am so grateful for them!!

Toby Cherney

Jamestown ND

chernfamily5@daktel.com

501(C)(3) NON-PROFIT

Alpha Opportunities, Inc.

1521 Business Loop East | P.O. Box 824 | Jamestown, ND 58401
Office Phone Number: 701.252.0162 | Program Services Fax Number : 701.252.7770
Medical Fax Number: 701.299.3896 | Payables Fax Number: 701.299.3894

Chairman Senator Dever and Members of the Senate Appropriations Human Service Division,

My name is Mallory Everson and I am the Director of Operations and Quality Assurance at Alpha Opportunities Inc. in Jamestown ND. Alpha Opportunities Inc. has 3 licensed group home facilities, a day services program along with supporting people who live in the community. Currently, we support 58 people with various services. Just like all the other agencies across the state we struggle with staffing shortages, wages, turnover and the ability to accept new people supported into our services. Every week our team gathers to review the referral list and every week we must continue to deny services to people supported due to a lack of staff. We currently have openings in both of our ICF homes, our day services and residential habilitation services. We fight to compete with several other agencies in the small community of Jamestown for the limited amount of applicants that are out there. This combined with the competitive job market where we see starting wages at our local Domino's is $18 per hour, compared to our current starting wage for a DSP is $16 dollars per hour creates difficulties in hiring and retaining qualified staff.

A DSP wears multiple hats every day. They are a care giver, personal shopper, cook, taxi driver, medication aid, data collector, teacher, counselor, and most times a family member. All of this for $16. There is a reason that applicants are going to Dominos and Walmart for $18 an hour and not walking through the doors of Alpha Opportunities Inc. I have been in the DD field for 16 years and have held many different positions and I have never seen a staffing crisis such as this. We are not only struggling to fill DSP positions but also management positions such as supervisors, program coordinators and agency trainers. The turnover rate in the state of ND is 47%. Turnover had a very negative effect on our people supported. To start by having a stranger come into your home and provide very private supports to you, just as you start to feel comfortable they leave. The people we support must start this process all over again. Take a second to visualize a day in their shoes. Why are staff leaving? Each day as a DSP can be very emotionally draining, I know because I once was one. There were many times I thought about leaving for another job because being mentally exhausted is more hard on a person then physical exhaustion. When you see the ad for the local store offering you $2 more an hour to stock shelves after a taxing day as a DSP, and your bills are sitting on your counter to be paid, unfortunately that is why they leave.

Weekly our agency evaluates our shortages and continues to try and entice the staff we do have to take on more and more shifts. We are working so hard on maintaining in hopes to not have to complete discharges. There is not an organization out there that wants to cut people out of their program because they unfortunately cannot staff them but it is getting closer to that decision more and more. Currently there are over 1000 people needing services across the state and if we cannot combat the staffing shortages in this industry unfortunately that number will increase. Alpha Opportunities Inc. strives to empower lives through advocacy, opportunities, and independence. We are unable to do this for people if we are having to discharge and shut down parts of our agency.

I strongly encourage you to please support the 6% and 4% inflationary increase for DD providers. The ability to increase wages provides us with a better opportunity to compete for staff in our community and in turn begin accepting people supported into services. Alpha Opportunities Inc. wants the ability to continue to provide for the community of Jamestown and families across the state that don't have another place to turn to.

Thank you for your time,

Mallory Everson

Director of Operations and Quality Assurance

68th North Dakota Legislature
House Appropriations
March 9-10, 2023

Good morning, Chairman Nelson and members of the Committee. My name is Trina Gress, I am a Vice President of Community Options. I stand here before you in support of SB 2012. Community Options is a current contracted provider for a variety of programs that the Department of Health and Human Services (DHHS) administers. Some of the programs include: Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Low-Income Home Energy Assistance Program (LIHEAP), Community Connect, Free Through Recovery (FTR), North Dakota Rent Help (NDRH), and Medicaid Services 1915i and Targeted Case Management.

North Dakota is in a crisis with a shortage of workforce. These programs all work together to support families in need so they can enter the workforce. We need your help to support the budget so these families have case management, childcare, housing, and other supportive services so they can go to work or school and be an active member of the community.

These program impact thousands of client's lives each day. Let me share a few stories with you.

> *Client A – A Community Connect client who suffered two strokes, went through a divorce, and was struggling with his mental health. His Care Coordinator listened without judgement and assisted him is organizing medical appointments and applying for other servies. He now has an apartment and a part time job and is doing well.*
> *Client B – Client was pending revocation, but because his FTR Care Coordinator assisted him in securing a fulltime job and he had just achieved 1 year of sobriety the judge decided to dismiss it. While in the FTR program this client learned how to stop pushing off his responsibilities and build positive social relationships.*
> *Client C – Client is a TANF recipient referred to the JOBS program. She had a house fire and need to access economic assistance programs until she could get back on her feet. Client has now worked to save up enough money, pay off a few bills and become approved for a new trailer home for her family.*

As you can see, the programs administered by DHHS through providers like Community Options have lasting impacts on lives of North Dakota citizens. As a provider, we request that you pass on an equal wage increase to the provider rates in all the above listed programs.

In conclusion, Community Options supports SB 2012. We appreciate the collaborative partnership we have with DHHS and we encourage you to pass the DHHS budget. Thank you for your time, are there any questions?

Sincerely Submitted,

Trina Gress, 701.319.8871, trinag@coresinc.org

ALZHEIMER'S ASSOCIATION®

North Dakota Dementia Care Services Program

A love story for the ages that has become a family affair



Agnes and Matt Fettig have a love story for the ages. The couple raised their nine children in Bismarck, ND, and their love is one that endures in sickness and in health.

When they each received a diagnosis of Alzheimer's disease within three weeks of one another in December of 2020, all they asked was that they be able to stay together.



Finding care and support resources

At the time, the family did not know where to turn. Their children sought the resources of the Alzheimer's Association to help guide them through next steps. All nine children participated in virtual, no-cost care consultations with a professional Alzheimer's staff member who guided the family with information about the disease, and next steps for housing, legal and financial considerations. These sessions brought together the siblings in Zoom meetings from nine locations across the country.

Daughter Danette said, "The Association helped to ground us, help us think logically, and to put in place a plan for our parents to stay together." Son David said these meetings helped to get all of the siblings on the same page about next steps and to learn about "the deep web of resources in North Dakota with people eager to help us." Daughter Diane reported "When I couldn't be there as a caregiver in person, the Association helped me with ways to be a caregiver from afar." And, son Doug shared, "What I found most helpful was that we were not alone."

From diagnosis to legacy

Last year, Agnes and Matt celebrated their 65th wedding anniversary — together. They now live safely in a senior living community in Bismarck. Danette reports that her parents are proud of their long marriage and have not forgotten they are together. "They hold hands and are still very much in love. It is even more powerful, when you consider what they are going through."

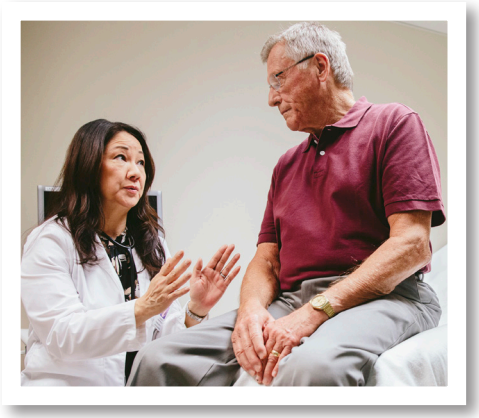
Before their diagnosis, Matt and Agnes were always active volunteers in the community, instilling in their children a sense of giving back to the community and those who needed help. It's no surprise that a few of the Fettig family members have made the Alzheimer's Association a bigger part of their lives after receiving services from the organization. Daughter Denise is now working as a community programs volunteer with families experiencing dementia and Alzheimer's. And, more than a year ago, Danette joined the program staff as the chapter's grant manager. "These are the blessings that come out of my parent's difficult diagnosis", Danette says.

Alzheimer's Association Minnesota-North Dakota Chapter
2631 12th Ave. S, Ste. A, Fargo, ND 58103
24/7 Helpline 800.272.3900 | **alz.org/mnnd**

ALZHEIMER'S ASSOCIATION®

North Dakota Dementia Care Services Program

The Alzheimer's Association has served North Dakota residents through the Dementia Care Services Program (DCSP) since 2010 to improve disease management and increase family support to people living with dementia and their caregivers. Services include:







Care Consultation

Individuals with memory loss, family members, or concerned professionals meet with Alzheimer's Association Care Consultants. Consultants provide a customized road map including information about the diseases, care plans, resources for housing, financial and legal planning, referrals to community resources and support for caregivers. Meetings generally take place via phone, at the individual's home or at their preferred location.

Physician Outreach

Health care setting outreach informs medical staff in clinics, hospitals and public health agencies about the importance of Alzheimer's early detection and diagnosis, as well as how to make referrals for family education and support.

Education - General Public & Professional Development

Community outreach offers education on dementia-related topics, such as understanding memory loss, brain health, partnering with one's doctor, and understanding communication. Classes are available for the general public, professionals, care partners, medical professionals, and law enforcement.

Participant Responses

"I would love to attend another session to build on the knowledge learned today. Today I have a greater empathy for dementia than I did yesterday."
- RN attending a training

"I always refer to our Care Consultant as "Our Angel." All nine of us were lifted by her sincere show of support for our situation. Her follow-up demonstrates the extraordinary significance of our North Dakota staff."
- Care Consultation Client

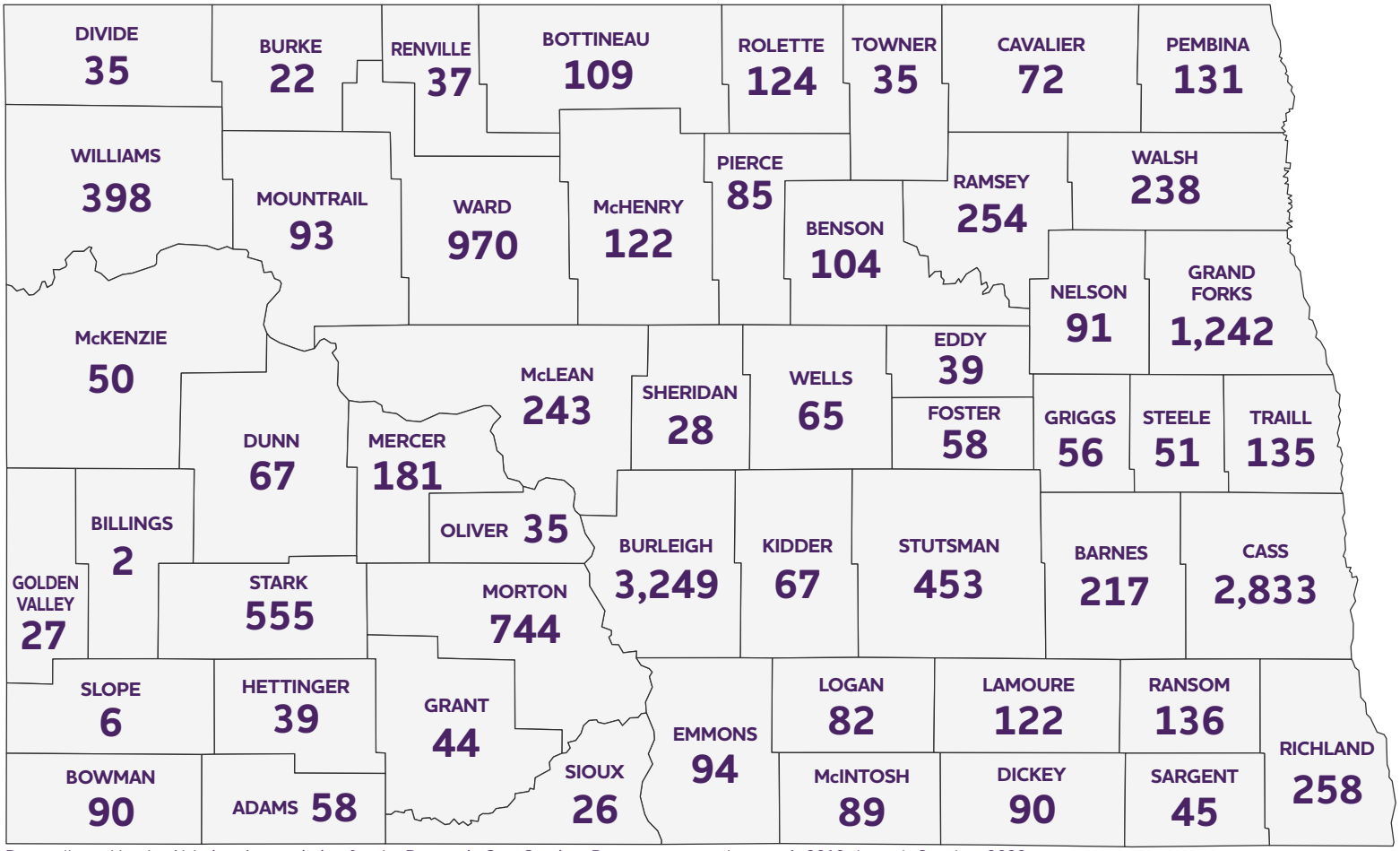
"The program and information provided to me helped me better understand my mother's [...] behavior. I was able to comfort her and assure her everything was okay. It also gave me the confidence in relating and relaying this information with my siblings"
- Care Consultation Client

ALZHEIMER'S ASSOCIATION®

North Dakota Dementia Care Services Program

The Alzheimer's Association has supported the families of 3,829 people living with dementia, including providing 14,258 care consultations for 7,835 caregivers.

Individuals Served by County[1] January 1, 2010 - October, 2022.



Data collected by the Alzheimer's association for the Dementia Care Services Program contrat January 1, 2010 through October, 2022.

We have provided no-cost services to **61,740** people across the state, increasing awareness of community resources, understanding the disease process, and improving the quality of care of people living with dementia in North Dakota.

Alzheimer's Association Minnesota-North Dakota Chapter

2631 12th Ave. S, Ste. A, Fargo, ND 58103

24/7 Helpline 800.272.3900 | **alz.org/mnnd**

ALZHEIMER'S ASSOCIATION®

North Dakota Dementia Care Services Program

What is the value of the Dementia Care Services Program?

Recent research has demonstrated that two types of programs have potential for reducing avoidable health care and premature nursing home placement. One is the DCSP's caregiver support programs, and the other focuses on the care delivery team. Studies indicate that resources assisting caregivers have promise for reducing unnecessary emergency department visits and hospitalizations, and reducing transitions to residential care for individuals with Alzheimer's disease and other dementias.

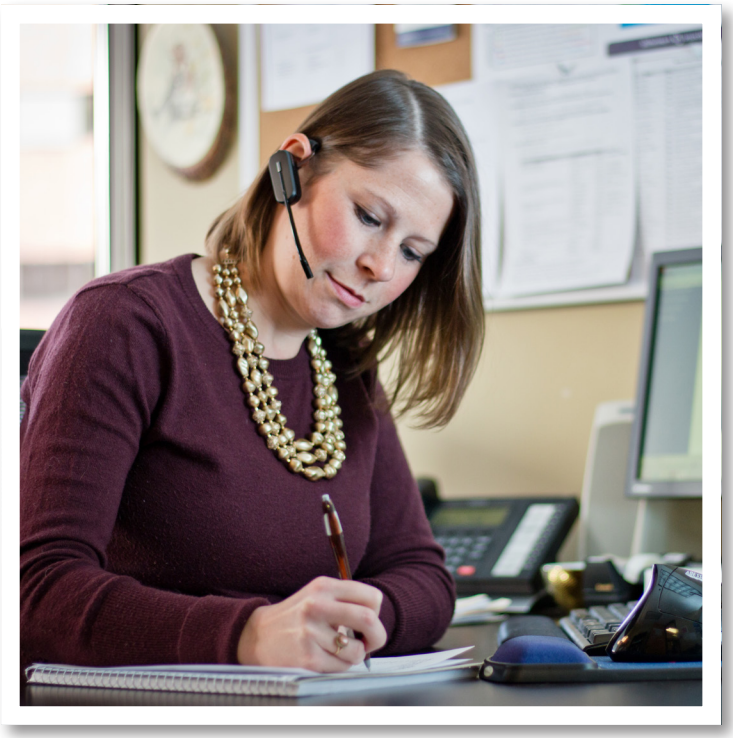


An evaluation from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences found:



- Over a 42-month program period, the legislature appropriated an investment of $2.2 million for the contract and has estimated results of long-term care cost saving of $39.2 million, such as those incurred through hospital or emergency related services and delays in placing a person with dementia in long-term care facilities.
- Caregivers who were more engaged in DCSP activities had greater hospital and rural ambulance cost savings compared to caregivers who were not.
- Caregivers who participated were more likely to complete important dementia care-related tasks like establishing a power of attorney and instituting health care directives.
- Caregivers who received DCSP services were twice as likely to either delay nursing home placement or decrease their likelihood of placement. The total cost avoided was $3,007,147 (based on 46 people who indicated an increase in the amount of time to place a person with the disease in an institution).

Additional Services Provided Outside of the North Dakota Care Services Program





24/7 Helpline (800.272.3900)

Staffed in 200 languages, this resource serves people with memory loss, their caregivers, healthcare professionals and the public by providing information and referrals to local community programs and services; dementia-related education; crisis assistance; and emotional support.

Support Groups

Many support groups are held each month in various North Dakota locations and are led by trained volunteer facilitators to provide support, assistance, and encouragement to individuals and their care partners impacted by dementia.

facebook.com/alzmnnd

twitter.com/alzmnnd

youtube.com/user/alzmnnd

instagram.com/alzmnnd

linkedin.com/company/alzheimer's-association-minnesota-north-dakota

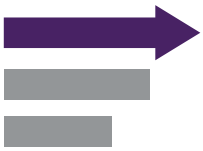
Alzheimer's is a **Public Health Crisis** Devastating **NORTH DAKOTA**

In 2020, **15,000 North Dakotans** were living with Alzheimer's.



By 2025 the number is expected to increase by

6.7%



In 2021 **19,000** family caregivers provided

29 million hours of unpaid care valued at **$526 million**





In North Dakota, there are

1,173 emergency department visits per 1,000 people with dementia

and a

18.4% dementia patient hospital readmission rate

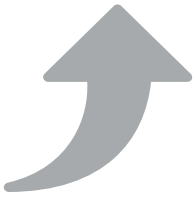


Medicaid costs of caring for people with Alzheimer's in 2020



$190 million

Medicaid costs are expected to increase by 2025. **13.2%**



Melanie Gaebe, Public Policy Director
mmgaebe@alz.org
7012530449 | alzimpact.org

alz.org | 800.272.3900

AIM
ALZHEIMER'S IMPACT MOVEMENT™
alzheimer's association®

What **NORTH DAKOTA** Officials Can Do to Address the Crisis



Dementia Care Services Program

The Alzheimer's Association has served North Dakota residents through the Dementia Care Services Program Since 2010 to improve disease management and increase family support to people living with dementia and their caregivers.

Services Provided

The Alzheimer's Association provides care consultation to individuals with memory loss and their care partners, physician outreach to inform health partners about the importance of early detection and diagnosis, and education through classes for the general public, professionals, care partners, medical professionals, and law enforcement. These services are all provided at no cost to the client.

What is the value of the Dementia Care Services Program?

An evaluation from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences found that over a 42-month program period, the legislature appropriated an investment of $2.2 million for the contract with estimated results of long-term care cost savings of $39.2 million. These savings come in the form of fewer hospital or emergency related services and delays in placing a person with dementia in long-term care facilities.

The future of the Dementia Care Services Program

We are requesting an increase of $305,000 to the existing contract. This increase will allow the Alzheimer's Association to add another staff member and expand service capacity into underserved communities across North Dakota.

ALZHEIMER'S ASSOCIATION
Minnesota - North Dakota Chapter

Testimony
Senate Bill 2012
House Appropriations
Human Services Division
Rep. Jon O. Nelson, Chairman
March 9, 2023

Good morning Chairman Nelson and members of the House Appropriations Human Resources Division. For the record, my name is Nikki Wegner and I am the North Dakota Program Director for the Minnesota-North Dakota Chapter of the Alzheimer's Association. I am one of six staff who provide programs and support to North Dakota residents impacted by Alzheimer's and other dementia, and their caregivers. Thank you for the opportunity to speak with you today in support of Senate Bill 2012. Alzheimer's and dementia have touched so many lives. For those in the room today, if your life has been impacted by Alzheimer's or dementia; as a caregiver, a loved one, or friend, please raise your hand.

The Dementia Care Services Program began in 2010 when the legislature chose to start contracting for services such as care consultations to increase support for people living with dementia and their caregivers. We appreciate the continued funding included in this bill for the Dementia Care Services Program (DCSP). Throughout the thirteen-year partnership between the State and the Alzheimer's Association, we have provided a lifeline for thousands of North Dakota families when they need it most, when they are faced with a dementia diagnosis and the question of "what next?" in planning for the growing care needs for their family member. The DCSP has also provided dementia education for tens of thousands of community members and professionals across the state.

The goals of the DCSP are to improve care, quality of life, and health outcomes; and to reduce the total cost of care associated with the disease for individuals, families, and ultimately the state budget. The innovative services that are provided promote early detection and diagnosis, connect people with community resources and support groups, provide effective caregiver training, and planning for the future.

In the early years of the DCSP, the legislature requested a study of the program which was conducted by the UND Center for Rural Health. The study found that over a 42-month period, with an investment of $2 million, the state saved an estimated $39 million in long-term costs from reduced hospital and emergency related services and delays in placing a person with dementia in long-term care facilities. The link to the full report is included in the testimony I submitted online and can provide you with a full overview of the DCSP.

Dementia that is unmanaged negatively impacts the individual diagnosed, their caregivers, and ultimately creates a costly toll for communities and on the economy. The DCSP can help reduce higher costs related to dementia care. For example, studies have consistently shown that active management of dementia can improve the quality of life of affected individuals and their caregivers. This is where the DCSP has the greatest impact.

Consider, for the current contract period, July 1, 2021 through Dec 31, 2022, the DCSP has:

- Delivered 1,975 Care Consultations and Information and Referrals - for 1,040 caregivers on behalf of 583 people living with dementia, including 51 veterans living with dementia;
- Educated 2,558 community members across the state;
- Trained 197 law enforcement and 1,753 health care professionals; and
- Referred 110 people directly to the Aging and Disability Resource LINK (ADRL).

The need for care and support across North Dakota is growing, the number of people who receive services through DCSP continues to increase. Our current estimate is that 15,000 people in North Dakota are living with Alzheimer's and we expect those numbers to increase to 16,000 by 2025. I have provided more information and statistics in the packet for you to review.

Request for Funding Increase

To respond to the growing needs of North Dakotans, we requested an increase of $305,000 which would bring our funding from $1,300,000 to $1,605,000. The funding increase was included by the Senate. We respectfully request that the House maintain this increase in SB 2012. The funding increase will provide us with the ability to expand our capacity by hiring another care consultant. The addition of another care consultant will allow us to continue meeting the needs and increasing demand specifically in underserved locations, including rural areas and Tribal communities. As the number of people in North Dakota who need our services increases, we want to be prepared and able to provide the support needed.

We recently held our Alzheimer's Advocacy Day at the Capitol. Donna was invited to attend the event, she sent the following response along with permission to share her story. Donna states:

Good Morning. As much as I would love to make the trip to this important event- it is not possible You see ALZ has impacted me personally. Recently diagnosed with Alzheimer's myself I am still trying to come to grips with all the things this disease is robbing me of. I worked my entire adult life as an RN @ Sanford Hospital. First as an Oncology nurse, then moving on to my real passion as a Labor & Delivery Nurse. My passion for families and newborns directed me to work with Dr. S. Christensen in developing the first Reproductive Clinic in the state of North Dakota. I had a passion for educating our patients about the process of making their dreams become a reality. My career pathway led me to become a Health Careers teacher with the FPS in Fargo. I had the opportunity to have teenage students exploring various health career pathways for themselves. I take great pride in seeing these former students making a difference as nurses, therapists & physicians!

I am married to the love of my life ~ Michael was my high school sweetheart & we have been married for 43 years! We have two grown children and 4 grandchildren! They are my life! It breaks

my heart knowing that as this disease progresses I will be robbed of the quality life I have always dreamed of having with my family. They are all aware of my diagnosis & we continue to live in the moment and not thinking about what's to come.
I often look at my husband & think "He doesn't deserve this" My daughter in law overheard me saying that, Her response to me was "You don't deserve this". She got it right! NO ONE DESERVES TO HAVE ALZ.

This is just one person's experience. We hear stories from thousands of families and I'd be willing to bet those of you who raised your hands can relate.

Thank you for your consideration. I am happy to answer any questions you may have.

SB 2012

House Appropriations, HR Section

March 9, 2023

Representative Nelson, Chairman

Good morning Chairman Nelson and members of the HR Section of House Appropriations. I'm Angela Dinius, the new executive director of the North Dakota Association of Community Providers (NDACP). NDACP is a statewide association of 31 members who provide a wide range of services and support for people with developmental disabilities.

We are here today to ask for your support on an inflationary increase; an increase to the rate matrix of $1.88 for each service (which is an approximate 11% increase); and to support the increase by the Senate of an additional 30 slots for corporate guardianship, increasing their daily rate to $10.30, and including the inflationary increase.

Our top priority is the health and safety of the people we support. We are striving to meet workforce challenges by finding efficiencies and creative solutions. Our turnover has significantly climbed with the average turnover rate for direct support professionals (DSPs) at 47%. On average, we are paying a higher hourly rate to employees than the payment system reimbursement. For example, the average pay rate for employees providing residential services is $17.91. However, the average reimbursement rate for that service is only $16.66 per hour.

Our employees provide support and services to our state's most vulnerable population, but the proposed inflationary increase alone is not enough to keep us competitive with fast food restaurants or big box retail stores. We are fully funded with Medicaid dollars; there is no insurance or private pay option. Unlike other industries, we cannot simply raise prices,

alter hours, or adjust services. Additionally, our staff works nontraditional hours; shifts span 24 hours a day, 7 days a week; on weekends, and holidays.

We appreciate the additional 3% that the Senate added to increase the payment rates. To let you know where that money goes, depending on the service, 80-90% of the payment rate goes directly to staff wages and benefits. The payment system was designed to be budget neutral in 2018 and relies on the inflationary increases from the state to remain funded at the appropriate level. This year we received an inflationary increase of 0.25% while the actual inflation rate has increased substantially and is currently at 6.5%.

I would like to introduce the providers who are here to testify today and who can give you a more complete picture of the impact this will make to not only our staff, but to the thousands of people we support every day.

- Lorena Poppe, Poppy's Promise
- Mike Remboldt, HIT, Inc.
- Sargianna Wutzke, Community Options
- Donna Byzewski, Catholic Charities ND

We appreciate the opportunity to speak with you today and urge you to support our funding requests so we can continue to provide quality support and services to the people who depend on us. Thank you. I'm happy to answer any questions.

Angela Dinius
Executive Director
ND Association of Community Providers
angela@ndacp.org

Testimony Prepared for the
House Appropriations – Human Resource Sub-Committee
March 9, 2023
By: Kim Jacobson, Agassiz Valley Human Service Zone Director

RE: Senate Bill 2012 – Children and Family Services Budget

Chairman Nelson and members of the House Appropriations Human Resources Sub-Committee, my name is Kim Jacobson. I am the Agassiz Valley Human Service Zone Director, which includes the service area of Traill and Steele Counties. In addition, I serve as President of the North Dakota Human Service Zone Director Association. Please consider my testimony in support of SB 2012 – Children and Family Services (CFS) Budget.

Human service zones provide a wide array of safety net services to children and families across North Dakota. This includes core services to local communities while targeting local needs. As human service zones we operate a child welfare system that touches a full service spectrum ranging from education/prevention to protective and legal custody of foster children. In North Dakota, Human Service Zone Directors serve as the legal custodian of foster children.

The CFS budget is key to supporting the operations and services of human service zones and the vulnerable children and families we serve. Key examples of items covered in this budget include payments to foster payments for youth placed in their home, critical service contracts such as the forensic interview program provided by Children's Advocacy Centers, subsidized adoption payments to help meet the needs of special needs adoptive children. This budget touches our most vulnerable children and their families.

Today, I ask for your support of this budget. I realize that this $180.8 million dollar budget is a sizable request. However, in North Dakota we have a shortage of services to children and

their families. We need to maintain and even expand upon the supports needed to have strong healthy children and families.

As human service zones, there are several key items that I would urge your support. First, I would request reinstatement of the (4) FTES from the Executive Budget for a Child Protective Services (CPS) Safety Team. This team would be a deployable unit that would assist human service zones with time and safety sensitive assessments of suspected child abuse/neglect. This team would assist zones during peak activity and during times of employee turnover. In 2022, North Dakota Human Service Zones experienced a 37.49% turnover rate in child welfare workers. This means 128 of 341 employees departed from their position in one year. There are many reasons for the turnover. However, with turnover there is a loss of productivity during the recruitment and training process. Newer team members are not able to produce the work of more veteran workers. In the world of child welfare, this means there may be a slower response to child safety issues and the overall expertise level of the workforce is in flux. This specialty team, which could be state or human service zone team members, would help carry the load, allow time for training workforce, and would help stabilize caseloads. While I urge your reinstatement of this item, I also ask for flexibility for the Department and Human Service Zones to strategize if this specialty team would best be provided at the zone or state level.

Furthermore, I urge your support of the (7) FTES for Enhanced Case Management. This also would be a specialty team that would assist statewide. This team would help provide additional case management support for our most complex needs foster youth who are at escalated risk of displacement, high level of treatment/care, and with complex physical/behavioral health needs. Similarly, I request flexibility for discussion between the Department and Human Service Zones to determine if this specialty team would be best provided at the zone or state level.

Thank you for consideration of my testimony. I stand for questions from the committee.

The Arc
North Dakota

House Appropriation
SB 2012
March 8, 2023

Rep. Nelson and committee members. I am Kirsten Dvorak, Executive Director of the Arc of North Dakota; we have six chapters throughout the state of North Dakota that advocate on behalf of individuals with intellectual and/or developmental disabilities (IDD) for full inclusion in their community of choice.

All people with intellectual and/or developmental disabilities (IDD) have the right to full lives in communities of their choosing where they can live, learn, work, and enjoy life. To achieve this, people with IDD need access to comprehensive, person-centered, and self-directed high-quality long-term support and services (LTSS). Robust, reliable, and immediately accessible funding sources, including Medicaid, are needed. There must be a flexible public policy framework that emphasizes self-direction, is well-funded, responsive, and nimble, and is developed with—and not for—people with IDD.

The lack of a proper system of comprehensive community Long Term Services and Supports (LTSS) is a crisis that urgently needs resolution. Individuals and families need help to access the necessary resources and services to meet their needs while also facing a complicated and ever-changing patchwork of systems. We must work together to ensure everyone can access the community-based LTSS they need. We must also focus on making these systems more comprehensive, coordinated, and easy to navigate so that individuals and families can get the help they need.

The average daily rate to support an individual at Life Skills and Transition Center (LSTC) is $1,231 per person or $449,315 per year, and in 2017, the daily rate was $916 per person, $334,340 per year, that's a 34% increase in just six years. The Arc of ND understands the specialized need of LSTC. However, the state needs to support individuals in their communities of choice. Unfortunately, inadequate DSP compensation is a significant barrier to recruiting and retaining direct support professionals, putting individuals at risk of losing community services. Families should not be used as a substitute for those services as they may not have the resources to care for their individuals with complex and profound needs.

This is a critical issue since insufficient funding for livable wages and appropriate training for DSPs and their supervisors impacts the quality of support for people with IDD and their ability to live the lives they desire in their communities. We must strive for better compensation and resources for DSPs and their supervisors to ensure that people with IDD have access to the quality of life they deserve.

"Disability only becomes a tragedy when society fails to provide the things we need to live our lives" – Judith Heumann.

Kirsten Dvorak
701-222-1854

THE CHAMBER
FARGO MOORHEAD WEST FARGO

FMWF Chamber Letter of Support for SB 2012

March 9th, 2023

Chairman Nelson and members of the House Appropriations – Human Resources Division,

For the record, my name is Katherine Grindberg and I have the pleasure of serving as the Executive Vice President for the Fargo Moorhead West Fargo (FMWF) Chamber of Commerce. The Chamber's mission is to be a catalyst for economic growth and prosperity for businesses, members, and the greater community. On behalf of our over 1,900 members, I respectfully offer testimony in support of Senate Bill 2012, as it relates to childcare.

As members of this committee well know, workforce is a major challenge facing nearly every business across North Dakota. This challenge is not unique to our state though, businesses across the United States are in desperate need of qualified workers to fill their open positions. Every state in the nation is competing to attract, acclimate, retain, and develop workforce.

A critical component of this nationwide workforce crisis is the accessibility of affordable and quality childcare. These challenges are cyclical in nature and require a multi-pronged approach to strategically address the root causes of the problem. Through innovative approaches, the state of North Dakota and childcare providers can streamline processes, reduce regulatory burdens without compromising the quality of care, decrease financial barriers, and advance public-private partnership models, creating a more sustainable and equitable childcare sector.

We encourage the legislature to support innovative childcare solutions. On behalf of our members, thank you for your time and consideration.

Respectfully,

Katherine Grindberg
Executive Vice President
FMWF Chamber of Commerce
kgrindberg@fmwfchamber.com



SB2012

House Appropriations Committee | Human Resources DivisionRepresentative Jon Nelson, Chairman

NORTH Dakota Be Legendary. | Health & Human Services

Julianne Horntvedt, North Dakota State Council on Developmental Disabilities - HHS

DD Council
Program Purpose and ND Century Code Reference(s)

The Council advocates for policy changes that promote choice, independence, productivity and inclusion for all North Dakotans with developmental disabilities. The Council provides funding for and supports projects and activities that maximize opportunities in these areas for consumers and families.

Chapter	Chapter Name
25-01-01.1	State council on developmental disabilities

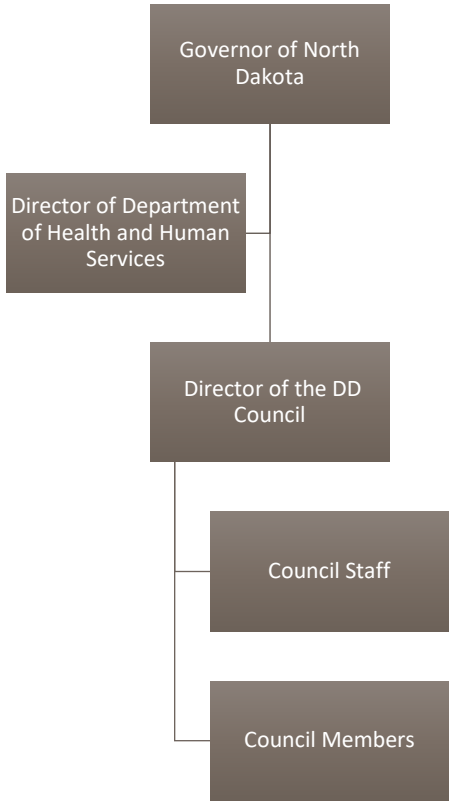


NORTH Dakota | Health & Human Services
Be Legendary.

DD Council Structure

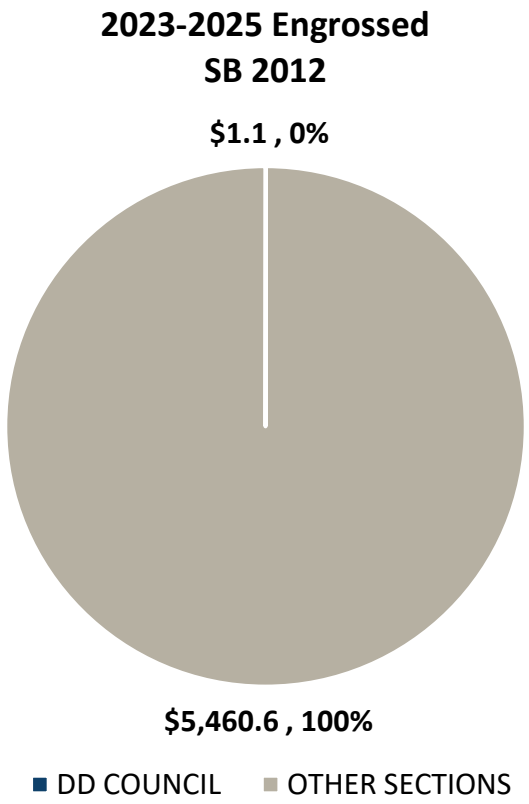
- Jon Fettig - Consumer
- Dr. Lori Garnes - University Center of Excellence
- Brittany Hanson - Parent
- Sheryl Beard - Consumer
- Tammy DeSautel - Job Service
- Heather Jenkins - State Transition Center
- Jeff Jacobson - Community Rehab Provider
- Kristle Kjemhus- Parent
- Kimberly Hruby - Division Director for Special Health Services in the North Dakota Department of Health
- Roxane Romanick - Parent
- Sara Stolt- Department of Human Services
- Nathan Leier- Consumer
- OPEN- Parent
- Jacqueline Frost-Hodny - Parent
- Mary McCarvel-OConnor- North Dakota Department of Public Instruction
- Trevor Vannett - Consumer
- Veronica Zietz- Director of Protection and Advocacy
- Darrell Wahl - Consumer
- Sam Peterson - Parent
- Susan Karpayak - Parent
- *Executive Director*
- Julie Horntvedt
- *Program Assistants-Self Advocacy*
- Carrie Varner and Chasity Brobst

Organizational Chart



Section budget compared to Engrossed SB 2012 (in millions)

Represents 0% of SB 2012, $1.1 million



NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 budgets and related funding

By major expense

Description	**2023 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
Salaries and Benefits	$ 216,709	$ 82,988	$ 299,697	$ (3,815)	$ 295,882
Operating	241,944	(7,164)	234,780	-	234,780
IT Services	-	-	-	-	-
Capital Asset Expense	-	-	-	-	-
Capital Assets	-	-	-	-	-
Grants	588,172	15,479	603,651	-	603,651
Total	$ 1,046,825	$ 91,303	$ 1,138,128	$ (3,815)	$ 1,134,313

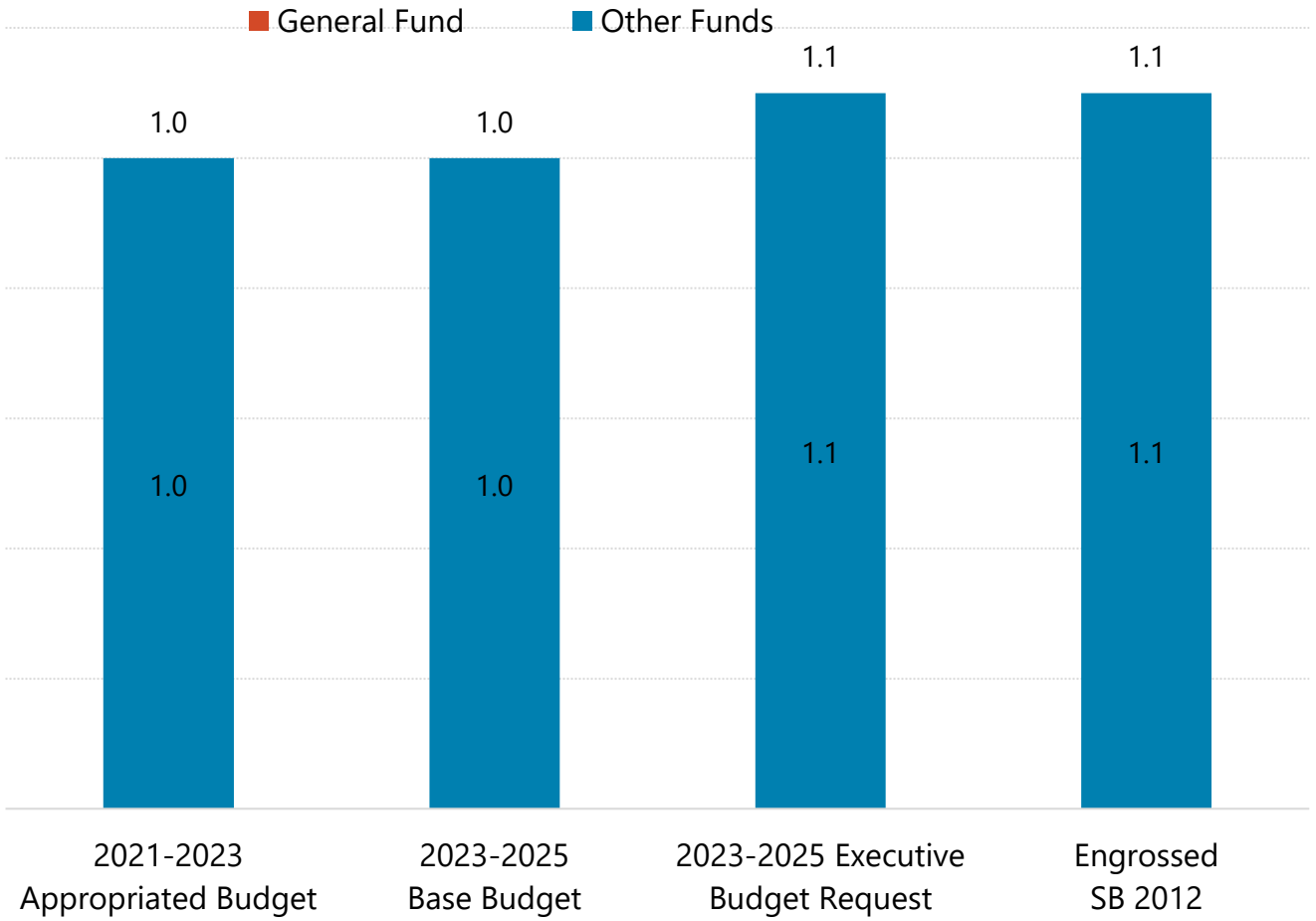
General Fund	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Federal Funds	**1,046,825**	**91,303**	**1,138,128**	**(3,815)**	**1,134,313**
Other Funds	**-**	**-**	**-**	**-**	**-**
Total Funds	**$ 1,046,825**	**$ 91,303**	**$ 1,138,128**	**$ (3,815)**	**$ 1,134,313**

Full Time Equivalent (FTE)	1.00	-	1.00	-	1.00

Comparison of total budget with funding (in millions)
Appropriated budget is larger than base

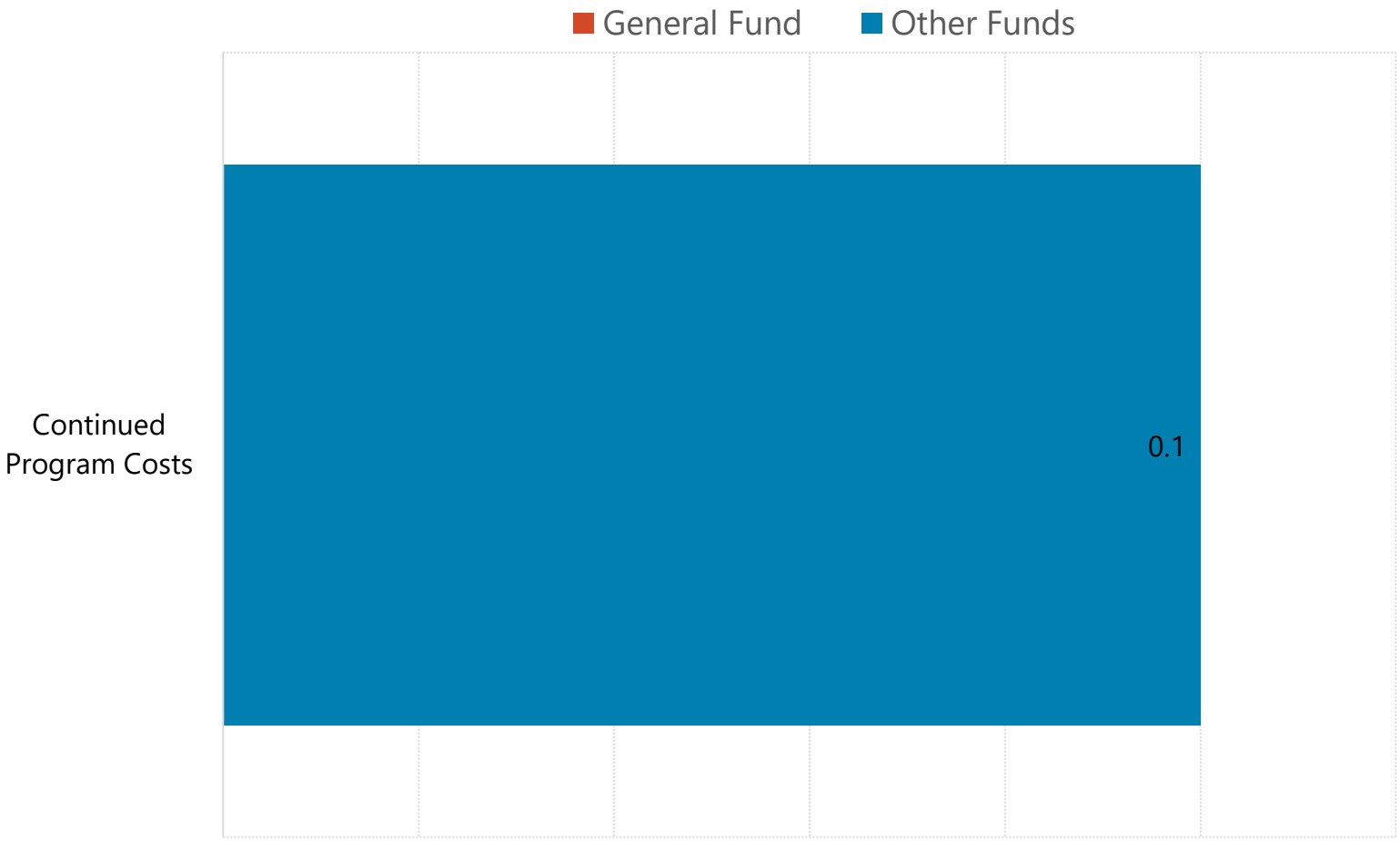
INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION $ 0.1 MILLION

- Federally funded program
- 2-temporary staff working part-time
- Increase budget to align with our federal award



NORTH Dakota Be Legendary. | Health & Human Services

Comparison of base budget Engrossed SB 2012 (in millions)



NORTH Dakota Be Legendary. | Health & Human Services

2023 -2025 authorized and vacant FTE

Human Services - DD Council			
23-25 Authorized FTE Base	**23-25 Executive Budget FTE**	**23-25 Engrossed SB 2012 FTE**	**# vacancies 12-30-22 (from base)**
1.0	1.0	1.0	0.0

Comparison of 2023-2025 budgets and related funding

By detailed expense

Description	**2023 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
511x Salaries - Regular	$ 146,681	$ 21,935	$ 168,616	$ (3,182)	$ 165,434
512x Salaries - Other	-	-	-	-	-
513x Salaries Temp	5,600	52,040	57,640	-	57,640
514x Salaries Overtime	-	-	-	-	-
516x Salaries Benefits	64,428	9,013	73,441	(633)	72,808
Total Salaries & Benefits	$ 216,709	$ 82,988	$ 299,697	$ (3,815)	$ 295,882
52x Travel	65,000	(25,000)	40,000	-	40,000
53x Supply	700	4,800	5,500	-	5,500
54x Postage & Printing	900	4,100	5,000	-	5,000
55x Equipment under $5,000	-	-	-	-	-
56x Utilities	-	-	-	-	-
57x Insurance	-	-	-	-	-
58x Rent/Leases - Bldg/Equip	5,160	(2,660)	2,500	-	2,500
59x Repairs	800	(20)	780	-	780
61x Professional Development	19,000	11,000	30,000	-	30,000
62x Fees - Operating & Professional	150,384	616	151,000	-	151,000
67x Expenses	-	-	-	-	-
53x Supplies	-	-	-	-	-
60x IT Expenses	-	-	-	-	-
68x Land, Building, Other Capital	-	-	-	-	-
69x Over	-	-	-	-	-
69x Equipment Over $5,000	-	-	-	-	-
71x Grants, Benefits, & Claims	588,172	15,479	603,651	-	603,651
72x Transfers	-	-	-	-	-
Total Operating	$ 830,116	$ 8,315	$ 838,431	$ -	$ 838,431
Total	$ 1,046,825	$ 91,303	$ 1,138,128	$ (3,815)	$ 1,134,313

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 funding

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
General Fund	$ -	$ -	$ -	$ -	$ -
Federal Funds	1,046,825	91,303	1,138,128	(3,815)	1,134,313
Other Funds	-	-	-	-	-
Total Funds	$ 1,046,825	$ 91,303	$ 1,138,128	$ (3,815)	$ 1,134,313

About DD Council Contracts & Grants

- Peer to Peer Program at Bismarck State College
- National Core Indicators (NCI)
- Advocates Leading their Lives (ALL) Statewide Self-Advocacy Group
- Inclusion Specialist Positions at Uspire
- Olmstead Commission Study
- Partners in Policymaking

About DD Audit Findings

- Monitoring and Technical Assistance Review System (MTARS) Report, conducted for the North Dakota Developmental Disabilities Network on May 11-14, 2009
- No State Audit findings

Policy Bills to Impact DD Council Work

- SB2276-Families as paid Service Providers
- SCR4004-Accessible Transportation
- SB2063-Requires measures on election ballots to be plain language
- HB1035-Cross Disability Advisory Council
- SB2079-DHHS a facility staff training system for providers of community-based care
- SB2335-FASD training and screening and creating a FASD Council

DD Council: What's on the horizon?

- Investigate the DSP workforce shortage crisis through a UND study and other methods
- Invest in opportunities for people with disabilities to become their own boss/own their own business
- Education on Supported Decision Making
- Increase the opportunity for accessible, inclusive, and affordable housing
- Educate people during events like Disability Awareness Day, Legislative Training Institute, Health Conference, Self-Advocacy Conference



NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Julianne Horntvedt

Director, DD Council

jhorntvedt@nd.gov

www.hhs.nd.gov

NORTH Dakota Be Legendary. | Health & Human Services



Senate Bill 2012

House Appropriations Committee | HR Division

Representative Nelson, Chairman

Office of Refugee Services, Holly Triska-Dally

March 9, 2023

NORTH Dakota | Health & Human Services

Be Legendary.

Refugee Services Purpose and ND Century Code Reference

Building a life in a new community is challenging.

Imagine losing everything and then having to rebuild in a new country with limited community connections, resources, and acceptance.

Our programs develop community collaborations to strengthen and guide newcomers as they become welcomed neighbors and valued contributors to the economy.

Chapter	Chapter Name
50-06-01.4	Structure of the Department a. Administration of programs for children and families, including refugee services



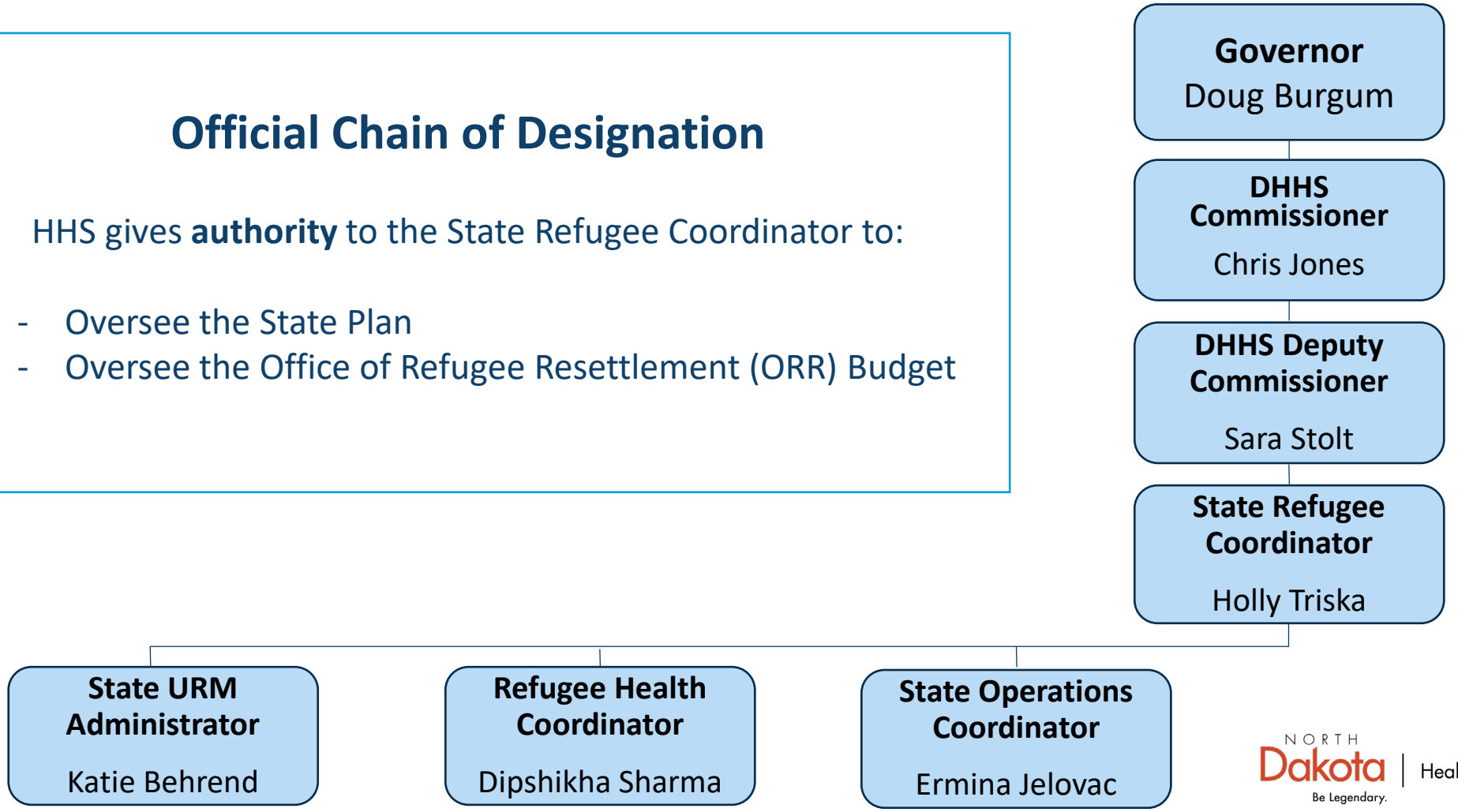
NORTH Dakota | Health & Human Services
Be Legendary.

Refugee Services Section

Official Chain of Designation

HHS gives **authority** to the State Refugee Coordinator to:

- Oversee the State Plan
- Oversee the Office of Refugee Resettlement (ORR) Budget



NORTH Dakota Be Legendary. | Health & Human Services

Who is a Refugee?

Refugee: A person forced to flee their home country to escape persecution, war, or violence.

UN Refugee Agency: Confers Refugee Status

- 32.5 million refugees globally
- *Less than 1%* of refugees are referred for resettlement
- UN begins screening by collecting biographic and biometric data

U.S. Government: Solely decides admission

- 8 Government agencies
- 5 Background checks
- 6 Security Databases
- 3 In-person interviews

Resettlement Agencies: Assigned accepted cases

- U.S. Dept of State coordinates with 10 national Resettlement Agencies (RA)
- LIRS and CWS in ND

Office of Refugee Resettlement (ORR) Additional Eligible Populations



Special Immigrant Visa Holders



Afghan Humanitarian Parolees



Ukrainian Humanitarian Parolees



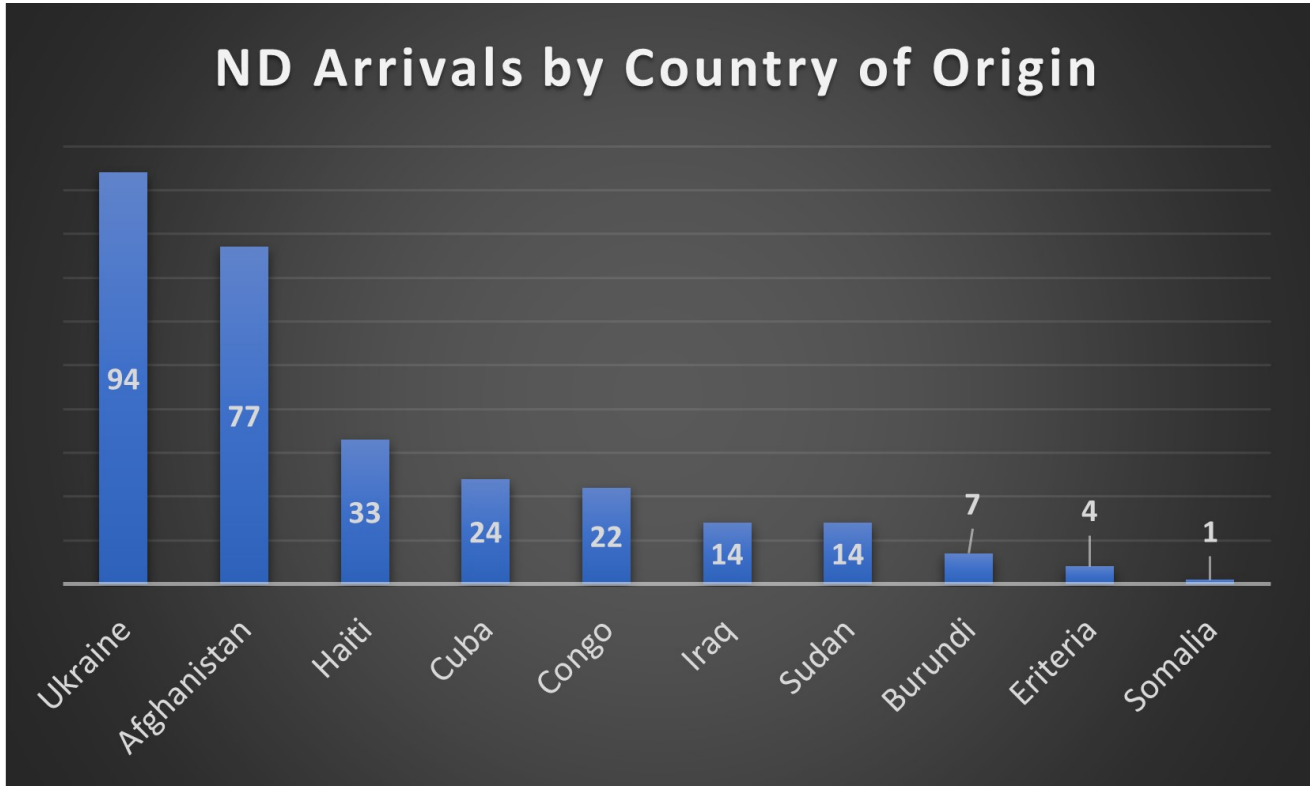
Cuban or Haitian Parolees

Who we serve

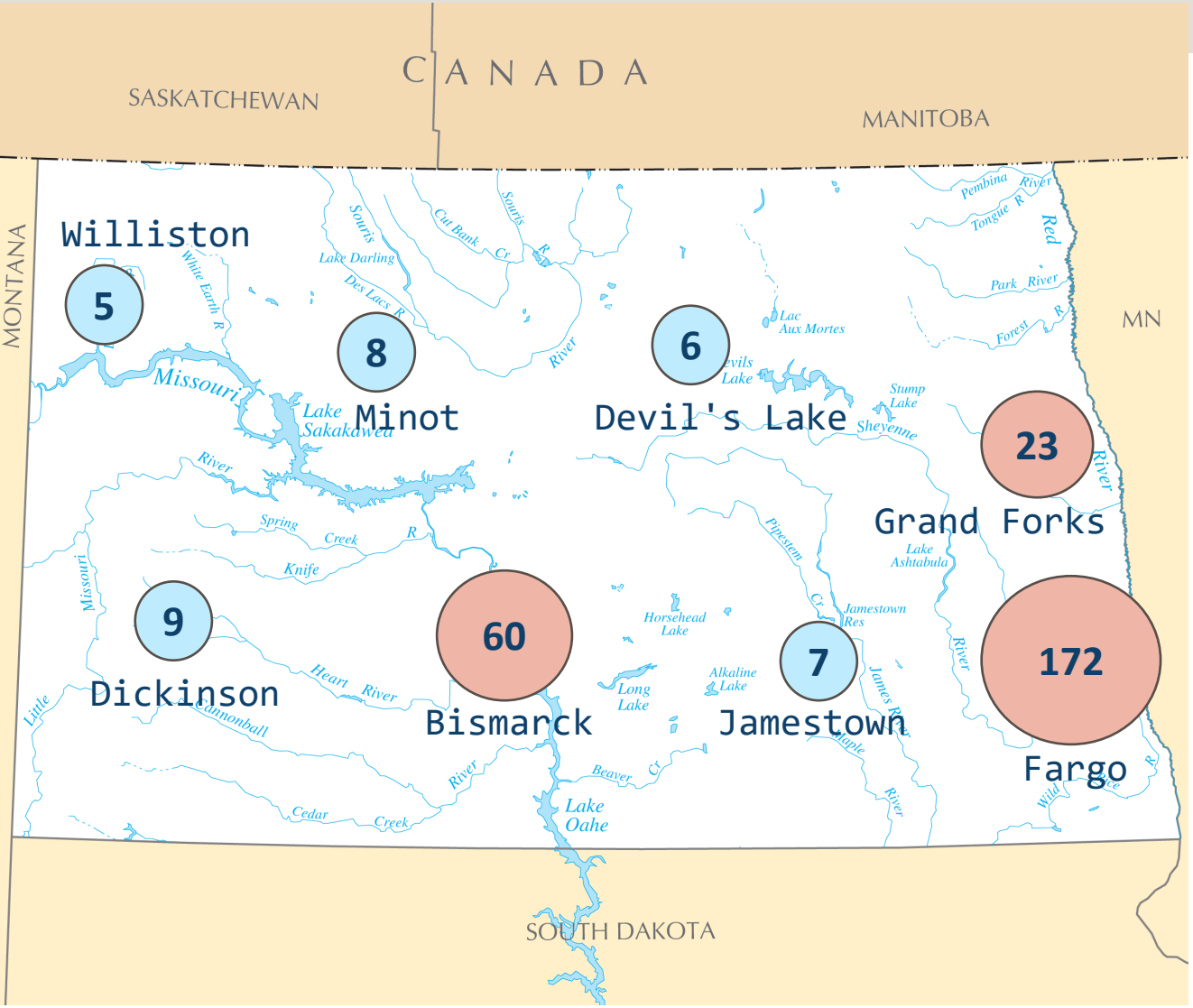
- All populations meeting Office of Refugee Resettlement eligibility criteria

- Neary 60% of arrivals are from Ukraine and Afghanistan

  (July 2021 – December 2022)



Geographic Distribution of ND's Refugees



H.B. No. 1012

Resettle refugees in at least five geographically diverse communities in the state outside of the existing resettlement communities with a goal of resettling 25% of new refugees outside of existing resettlement communities.

Resettlement since July 2021: 290

Outside of Fargo: 41%

NORTH Dakota Be Legendary. | Health & Human Services

2023 -2025 Authorized and Vacant FTE

Refugee Services			
23-25 Authorized FTE Base	**23-25 Executive Budget FTE**	**23-25 Engrossed SB 2012 FTE**	**# vacancies 12-31-22 (from base)**
4.0	4.0	4.0	0.0

Comparison of 2023-2025 Funding

Description	**2022 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
General Fund	$ -	$ -	$ -	$ -	$ -
Federal Funds	8,464,469	4,165,058	12,629,527	(7,956)	12,621,571
Other Funds	-	-	-	-	-
Total Funds	$ 8,464,469	$ 4,165,058	$ 12,629,527	$ (7,956)	$ 12,621,571

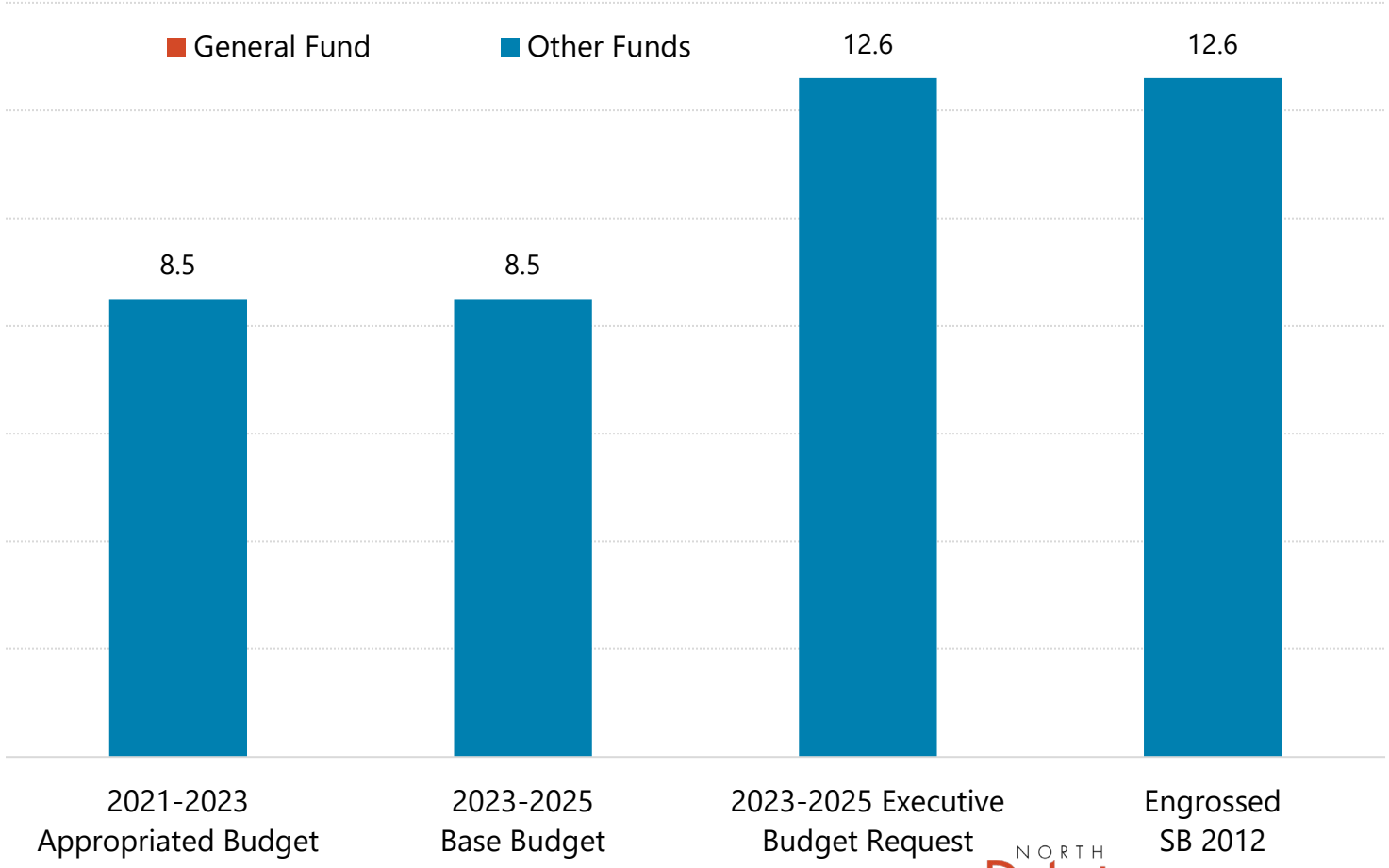
NORTH Dakota Be Legendary. | Health & Human Services

Comparison of Total Budget with Funding (in millions)
Appropriated Budget is Larger Than Base

INCREASE FROM BASE TO ENGROSSED SB 2012 $4.10 MILLION

Increases Driven by:

- Afghanistan Supplemental Appropriations Act
- Additional Ukraine Supplemental Appropriations Act
- Data Management System
- Increased Focus on Refugee Behavioral Health



NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 Budgets and Related Funding
By Detailed Expense

Description	2022 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
511x Salaries - Regular	$ 1,416,485	$ (837,568)	$ 578,917	$ (10,922)	$ 567,995
512x Salaries - Other	-	-	-	-	-
513x Salaries Temp	-	-	-	-	-
514x Salaries Overtime	-	-	-	-	-
516x Salaries Benefits	-	269,603	269,603	2,966	272,569
Total Salaries & Benefits	$ 1,416,485	$ (567,965)	$ 848,520	$ (7,956)	$ 840,564
52x Travel	2,650	55,775	58,425	-	58,425
53x Supply	-	5,000	5,000	-	5,000
54x Postage & Printing	-	200	200	-	200
55x Equipment under $5,000	-	-	-	-	-
56x Utilities	-	-	-	-	-
57x Insurance	-	-	-	-	-
58x Rent/Leases - Bldg/Equip	-	7,801	7,801	-	7,801
59x Repairs	-	-	-	-	-
61x Professional Development	411	14,554	14,965	-	14,965
62x Fees - Operating & Professional	439,302	40,038	479,340	-	479,340
67x Expenses	-	-	-	-	-
53x Supplies	-	6,300	6,300	-	6,300
60x IT Expenses	-	-	-	-	-
68x Land, Building, Other Capital	-	-	-	-	-
69x Over	-	-	-	-	-
69x Equipment Over $5,000	-	-	-	-	-
71x Grants, Benefits, & Claims	6,605,621	4,603,355	11,208,976	-	11,208,976
72x Transfers	-	-	-	-	-
Total Operating	$ 7,047,984	$ 4,733,023	$ 11,781,007	$ -	$ 11,781,007
Total	$ 8,464,469	$ 4,165,058	$ 12,629,527	$ (7,956)	$ 12,621,571

NORTH Dakota Be Legendary. | Health & Human Services

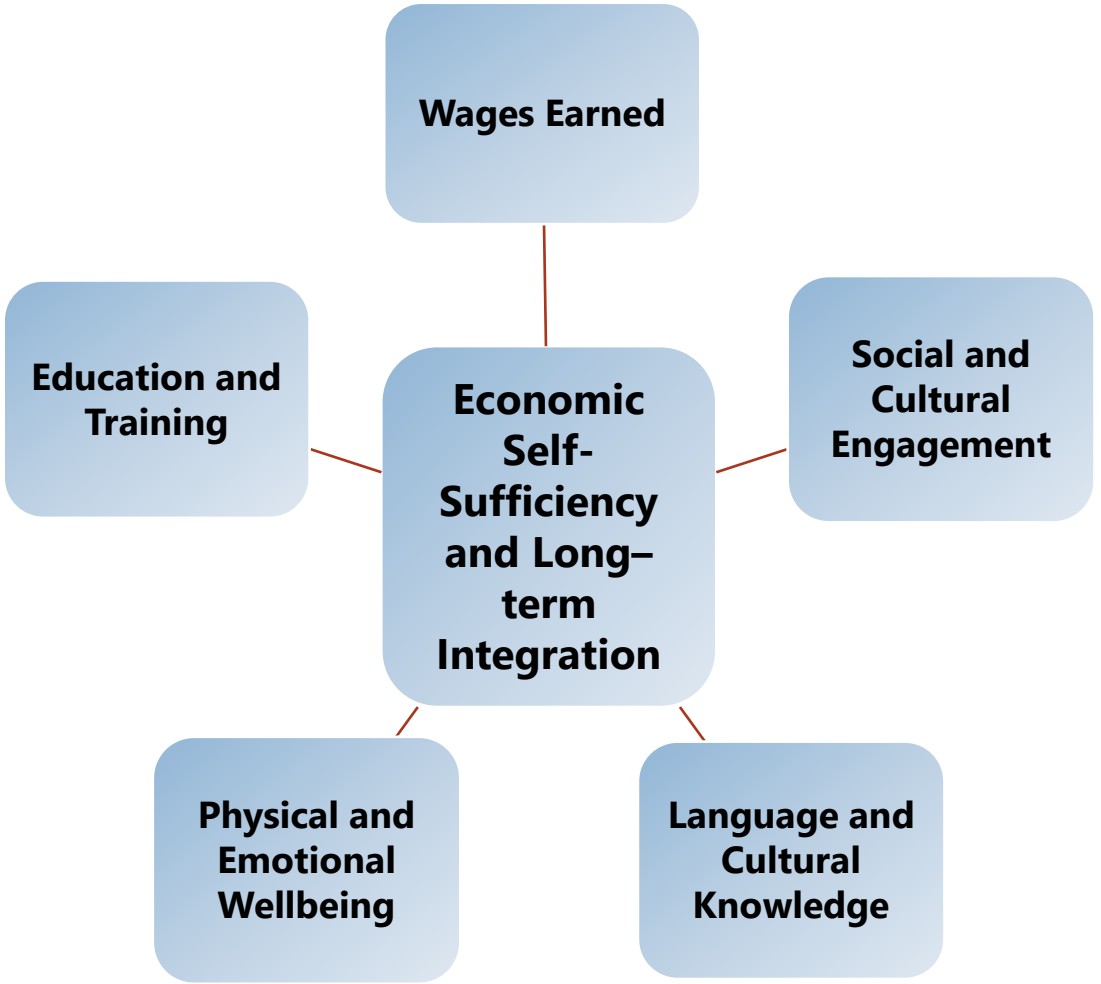
One-Time Expenditures

Data Management System: $1.1M

- Tracks progress of individuals and programs overtime

- Facilitates referrals to Refugee Support Service providers

- Produces ORR and State reports



About State Refugee Grants and Contracts

Refugee Support Services

- Local Case Management
- English Language Learning
- Employment Support
- Immigration Services

Refugee Cash Assistance

Set-Aside Programs

- Refugee School Impact
- Youth Mentoring
- Refugee Health Promotion
- Services to Older Refugees

Unaccompanied Refugee Minor

ND Refugee Employment and Skill Acquisition

Refugees are Economic Contributors

Top ND Industries Employing Refugees:



46% Manufacturing



17% Retail/Food Service



12% Education/Training



11% Child Care

English Language Enrollment: 55%

Average Wage: $17.50

NORTH Dakota Be Legendary. | Health & Human Services

Policy Bills with Impact to Refugee Services Work

S.B. 2142 –
Office of Immigration



NORTH Dakota | Health & Human Services
Be Legendary.

Refugee Services: What's on the horizon?

- Improved assessments and outcome measurement
- Improved access to English Language Learning
- Expanded community-based and employment sector relationships
- Enhanced focus on behavioral health services



NORTH Dakota | Health & Human Services
Be Legendary.

From Struggle to Resilience: Examining 3.4M U.S. refugee arrivals since 1975

Median Annual Income

< 5 years = $22,000

> 25 years = $67,000

Economic Benefits Outweigh Costs

Year 1: Estimated Cost of resettlement = $15k
Year 8: Taxes paid exceed investment
Year 20: $21k more in taxes than initial investment

40% of Fortune 500 companies founded by immigrants or their children
13% of refugees are entrepreneurs ($4.6B in business income annually)

*Data derived from the U.S. Census Bureau's American Community Survey

NORTH Dakota Be Legendary. | Health & Human Services

Welcoming as a Workforce Strategy



Immigration is Our History:

100 years ago, 80% of North Dakotans were immigrants or the children of immigrants.



Immigration Policy is Federal:

Immigration channels and the caps on participation are set at the federal level.



Newcomer Integration is Local:

Our local approach to helping newcomers thrive situates us for economic success.

NORTH Dakota Be Legendary. | Health & Human Services



Contact information

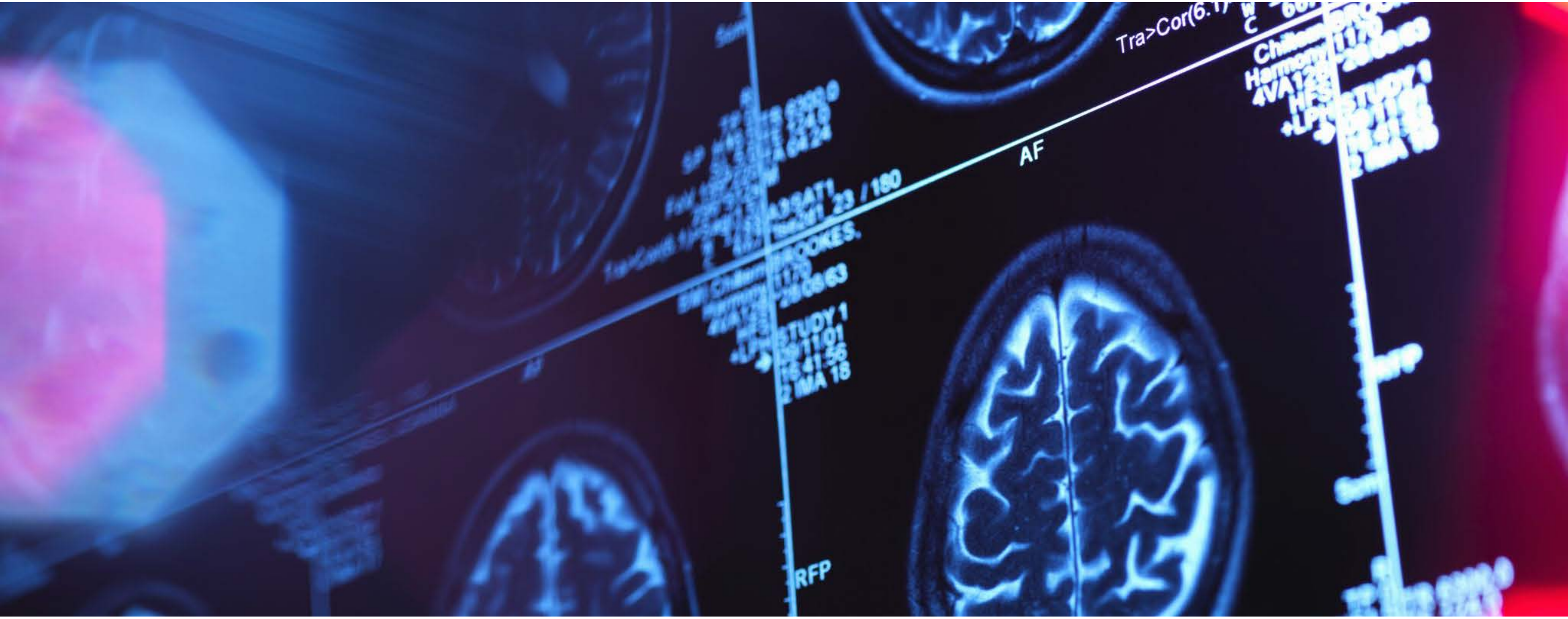
Holly Triska-Dally

State Refugee Coordinator

htriskadally@nd.gov

www.hhs.nd.gov

NORTH Dakota | Health & Human Services
Be Legendary.



Senate Bill 2012

House Appropriations Committee | HR Section

Representation Nelson, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Disability Determination Services | Sheri Seil, Director | March 9, 2023



Who we serve

The Disability Determination Section delivers disability determinations to those applying for Social Security Disability Benefits

NORTH Dakota Be Legendary. | Health & Human Services

About Disability Determination Services

The Social Security disability program provides Social Security Disability Insurance (**SSDI**) and/ or Supplemental Security Income (**SSI**) benefits to persons with disabilities who are unable to work

100% federally funded

# of disability decisions is determined by Social Security Admin (SSA)

Staff make medical disability determinations using SSA guidelines

3 main claim levels:

- Initial claims
- Reconsideration claims
- Continuing Disability Reviews

Disability Determination Services Section

Making disability determinations collaborating with Social Security, medical providers and claimants across the state, using 100% federal funds

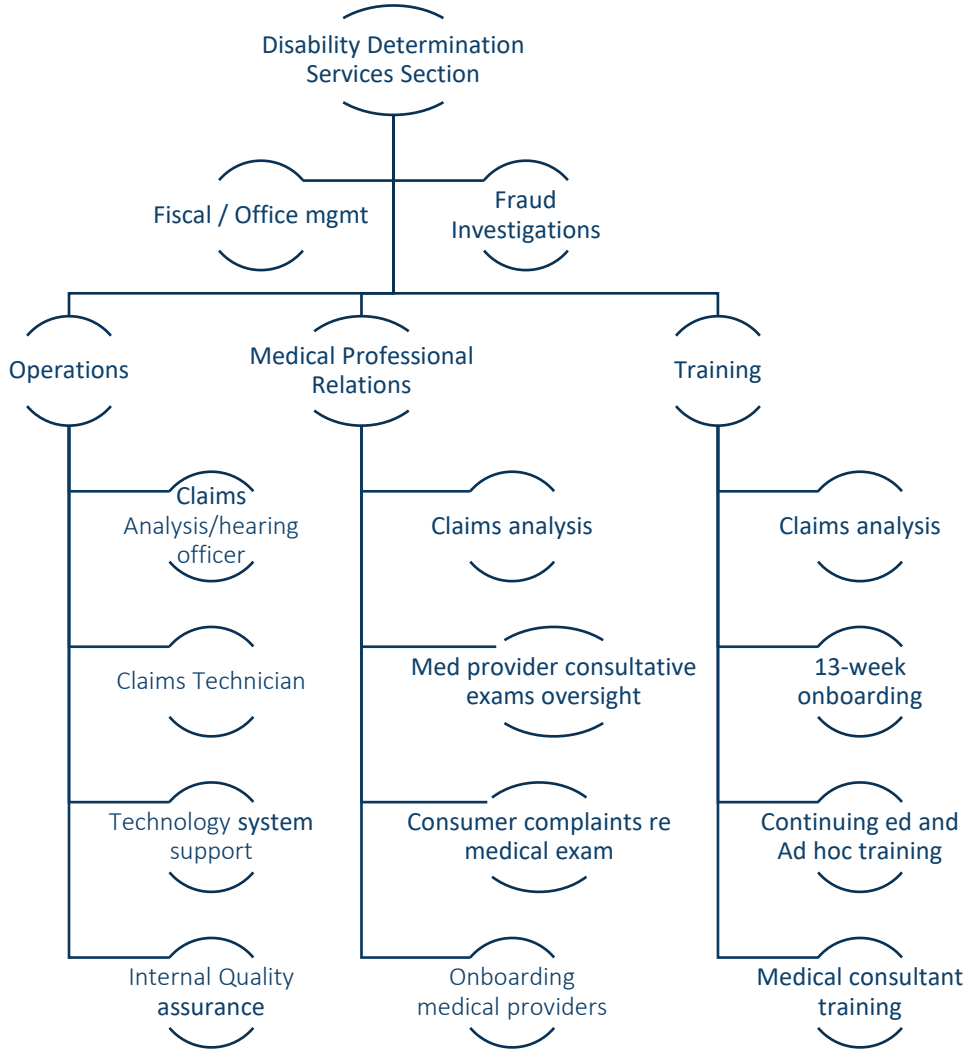
Dept of Health and Human Services	Social Security Administration	Medical providers	Claimants
DDS staff and contracted medical consultants review claims for medical evidence to make the disability determination	• Receives and reviews disability applications for benefit eligibility, sends to DDS to make the disability determination • Handles the notification and appeals process for claimants • Handles payment processes for those found disabled	• Provide medical records for claimants to assist in the determination process • Provide consultative examination services for those who need further medical evidence for the determination process	Assist in the disability determination process by providing their medical source information, completing forms and attending consultative examinations

Disability Determination Services: Staffing and Team Structure

The Disability Determination Section delivers disability determinations to those applying for Social Security Disability Benefits.

Disability Determination Services		
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**12-31-22 Vacancies**
23.0	23.0	3.0

Avg Age	Avg Yrs of Service	Turnover 2021	Turnover 2022
47	**12**	**10%**	**15%**



NORTH Dakota Be Legendary. | Health & Human Services

About DDS Contracts

- DDS currently holds 6 contracts with medical consultants
- Most are retired from private practice
- Key part of the determination process by providing medical expertise to the DDS team members on claims

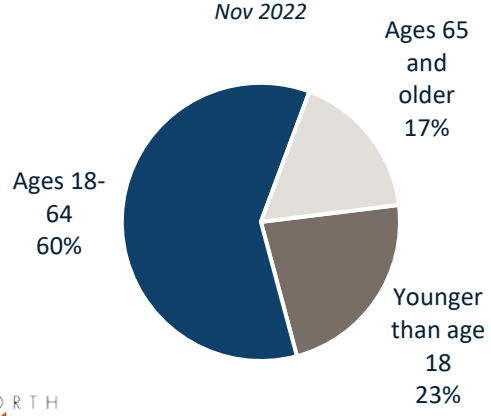


Who benefits from the Social Security Disability programs?

SSI

"To be eligible for SSI, beneficiaries must have low incomes, limited assets, and either be age 65 or older or have an impaired ability to work at a substantial gainful level as a result of significant disability."

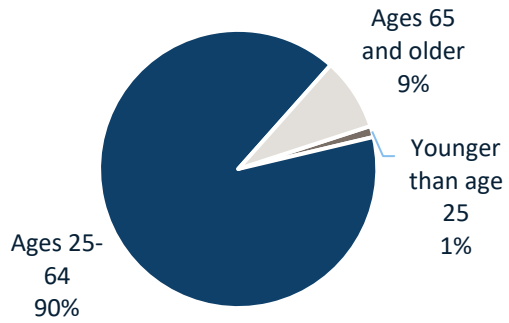
SSI beneficiaries in U.S.
Nov 2022



SSDI

"Unlike SSI, there are no income or asset limits for SSDI eligibility. Instead, to qualify for SSDI, enrollees must have a sufficient work history (generally, 40 quarters) and meet the strict federal disability rules."

SSDI beneficiaries in U.S.
Nov 2022



Source: https://www.kff.org/medicaid/issue-brief/supplemental-security-income-for-people-with-disabilities-implications-for-medicaid/

NORTH Dakota | Health & Human Services
Be Legendary.

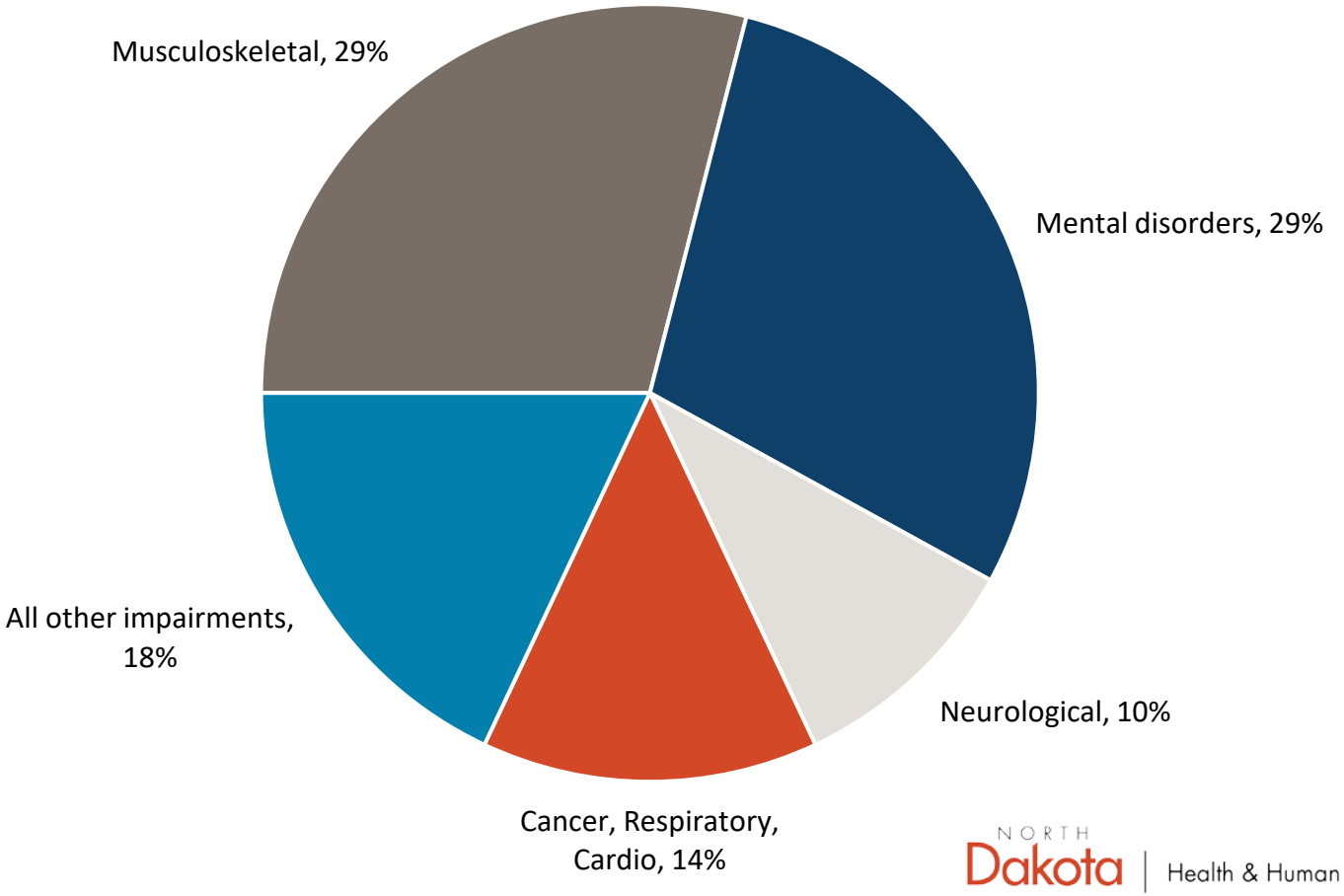


Primary reason (by body system) for initial claims for SSDI/SSI

North Dakota snapshot federal fiscal year 2022

- "The Listing of Impairments describes, for each major body system, impairments considered severe enough to prevent an individual from doing any gainful activity (or in the case of children under age 18 applying for SSI, severe enough to cause marked and severe functional limitations).
- "Most of the listed impairments are permanent or expected to result in death, or the listing includes a specific statement of duration.
- "For all other listings, the evidence must show that the impairment has lasted or is expected to last for a continuous period of at least 12 months.

Source: https://www.ssa.gov/disability/professionals/bluebook/listing-impairments.htm



NORTH Dakota Be Legendary. | Health & Human Services

Improving the lives of North Dakotans

Social Security benefits provide an important source of income for disabled North Dakotans

SSI

$560

Average monthly payment

$4.1 million

Total monthly SSI benefits to North Dakotans

SSDI

$1,159

Average monthly payment

$18.25 million

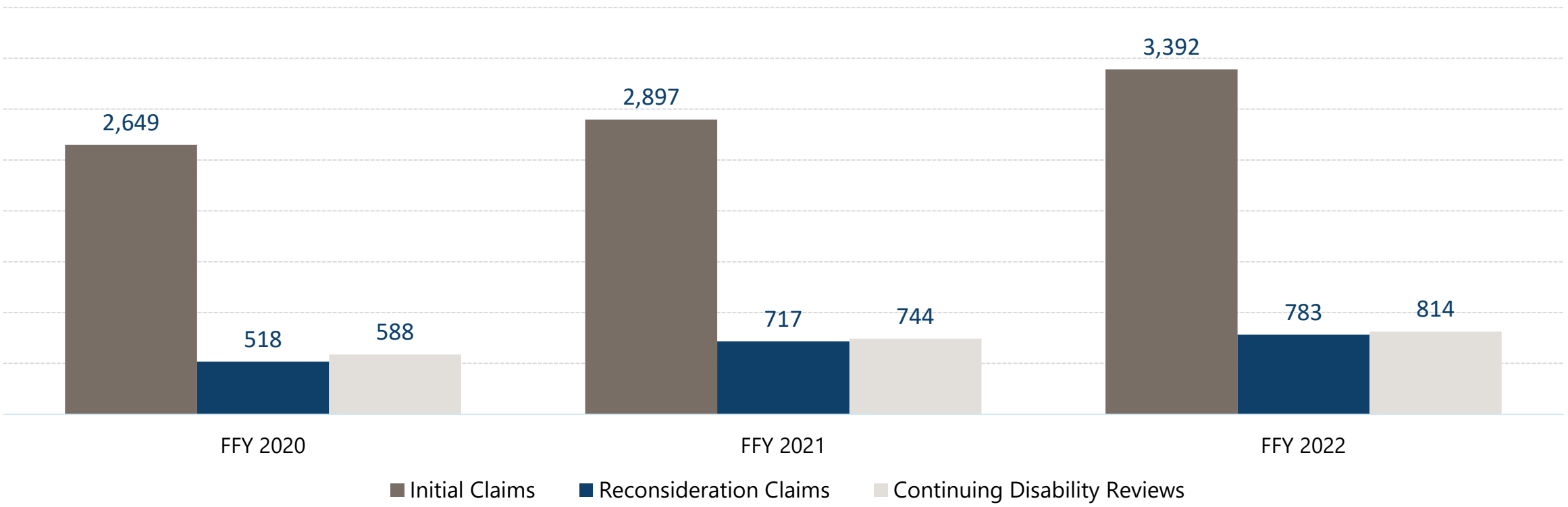
Total monthly SSDI benefits to North Dakotans



NORTH Dakota | Health & Human Services
Be Legendary.

North Dakota data snapshot September 2022

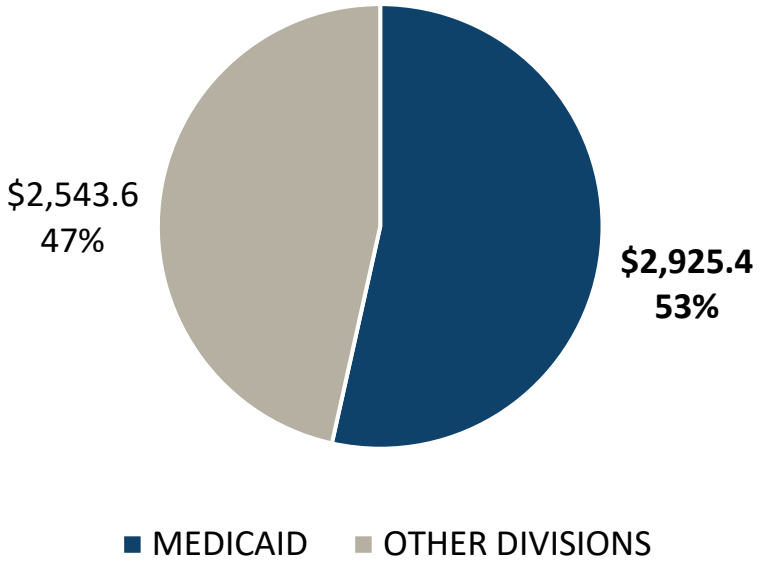
Initial claims decisions for SSDI/SSI disability determination increased by 26% from FY 20 to FY22

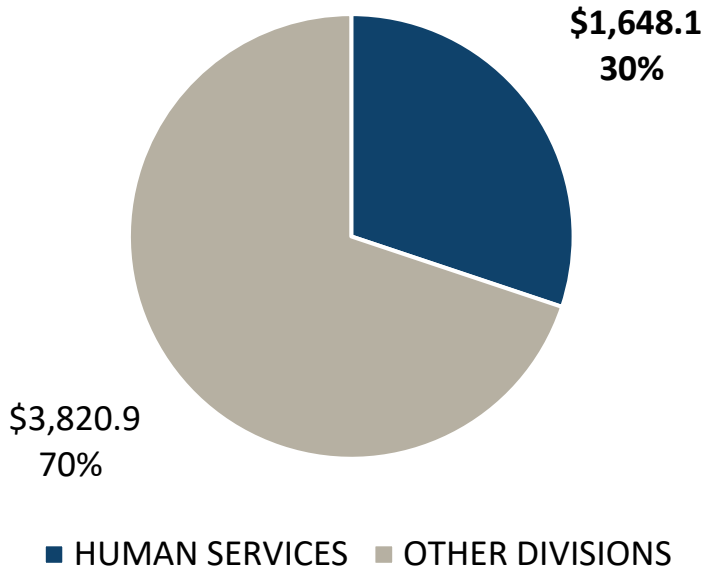


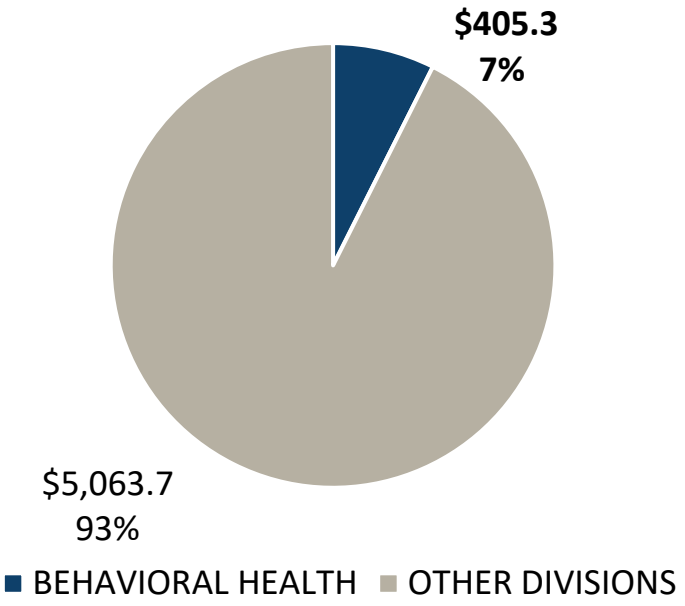
NORTH Dakota Be Legendary. | Health & Human Services

Division budgets compared to Engrossed SB 2012

2023-2025 Engrossed SB 2012 in millions



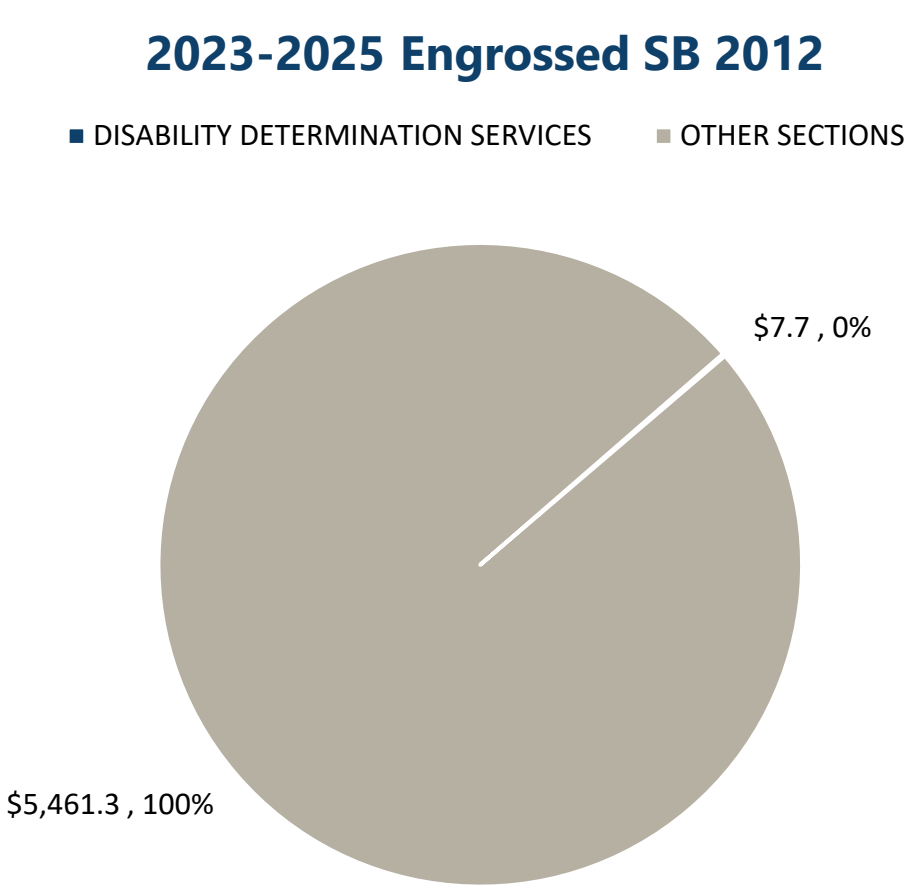


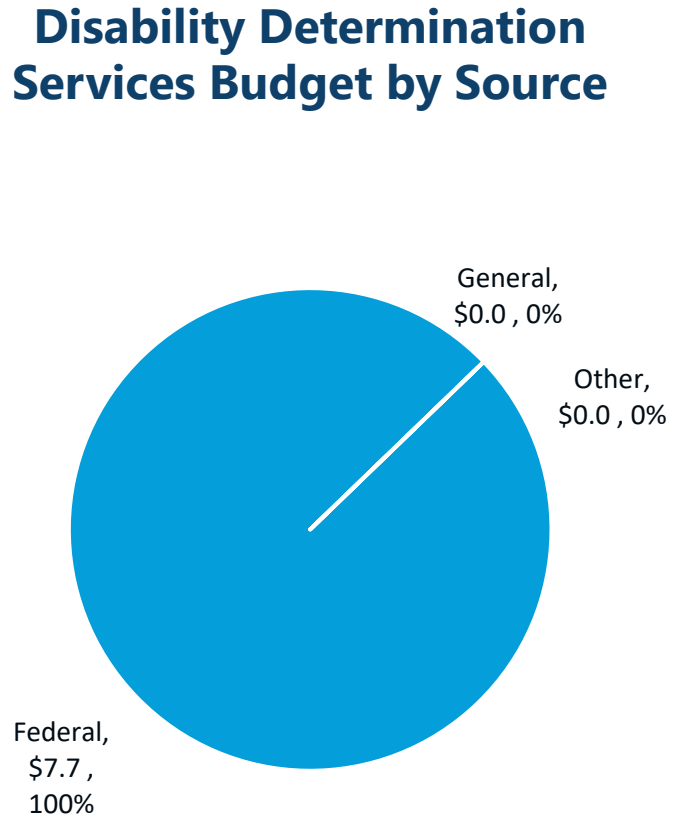


NORTH Dakota Be Legendary. | Health & Human Services

Section budget compared to Engrossed SB 2012 (in millions)

DDS section represents 0% of SB 2012, $7.7 million





NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 budgets and related funding

By major expense

Description	**2023 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
Salaries and Benefits	$ 4,111,333	$ 471,085	$ 4,582,418	$ (88,015)	$ 4,494,403
Operating	1,364,526	171,112	1,535,638	-	1,535,638
IT Services	3,500	-	3,500	-	3,500
Capital Asset Expense	-	-	-	-	-
Capital Assets	-	-	-	-	-
Grants	1,650,000	-	1,650,000	-	1,650,000
Total	$ 7,129,359	$ 642,197	$ 7,771,556	$ (88,015)	$ 7,683,541

General Fund	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Federal Funds	**7,129,359**	**642,197**	**7,771,556**	**(88,015)**	**7,683,541**
Other Funds	**-**	**-**	**-**	**-**	**-**
Total Funds	**$ 7,129,359**	**$ 642,197**	**$ 7,771,556**	**$ (88,015)**	**$ 7,683,541**

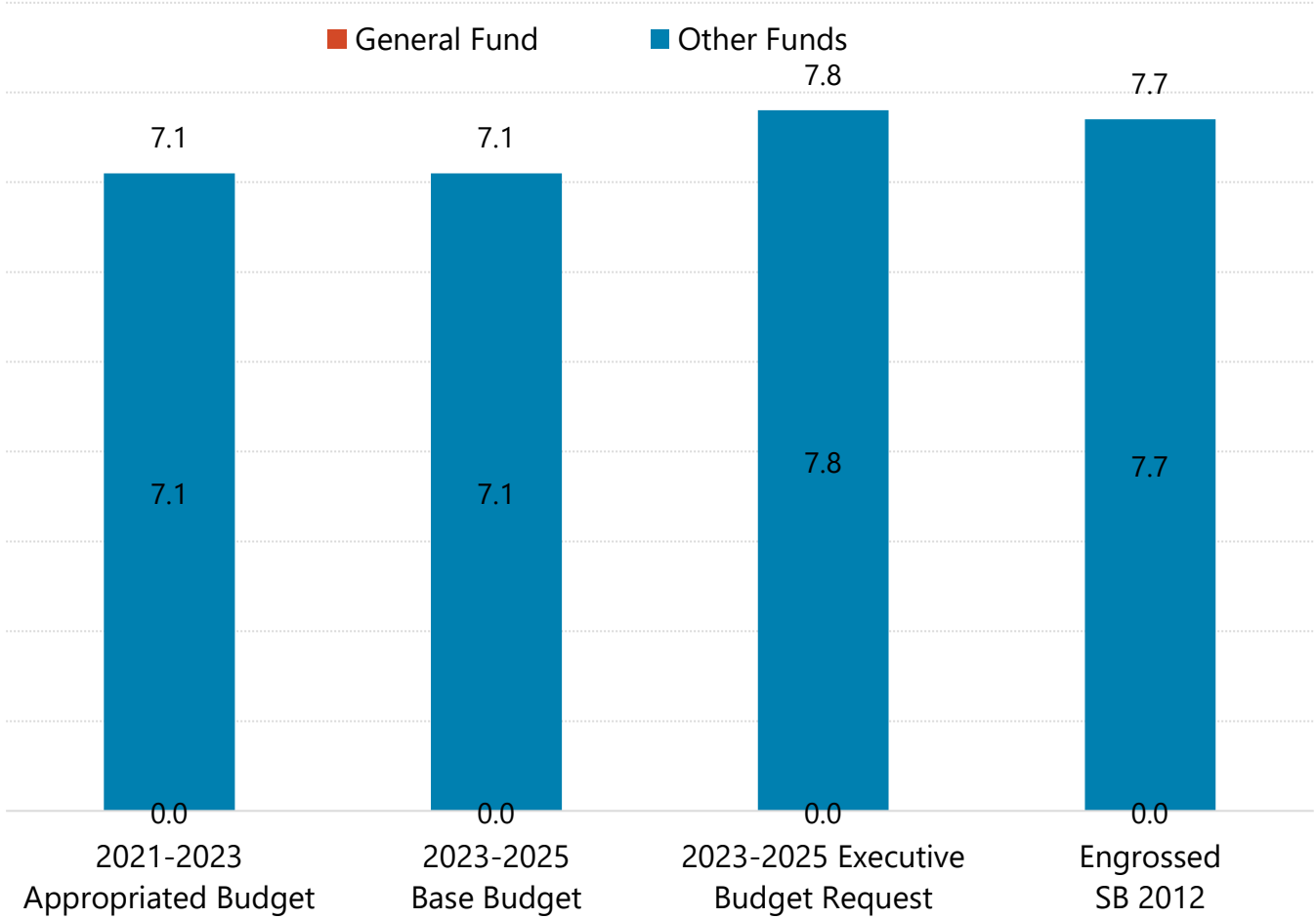
Full Time Equivalent (FTE)	23.00	-	23.00	-	23.00

NORTH Dakota Be Legendary. | Health & Human Services

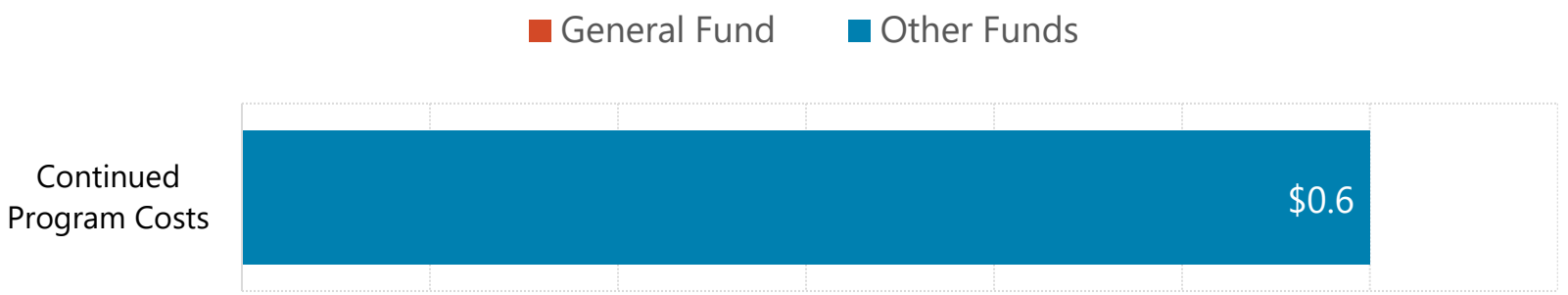
Comparison of total budget with funding (in millions)

INCREASE FROM BASE TO ENGROSSED SB 2012 $0.6 MILLION

- $383k for Salaries and Wages
- $171k for Operating costs



Comparison of base budget to Engrossed SB 2012 (in millions)



Comparison of 2023-2025 budgets and related funding

By detailed expense

Description	**2023 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
511x Salaries - Regular	$ 2,762,429	$ 186,447	$ 2,948,876	$ (55,642)	$ 2,893,234
512x Salaries - Other	-	-	-	-	-
513x Salaries Temp	-	90,816	90,816	-	90,816
514x Salaries Overtime	-	64,590	64,590	-	64,590
516x Salaries Benefits	1,348,904	129,232	1,478,136	(32,373)	1,445,763
Total Salaries & Benefits	$ 4,111,333	$ 471,085	$ 4,582,418	$ (88,015)	$ 4,494,403
52x Travel	28,000	-	28,000	-	28,000
53x Supply	8,380	-	8,380	-	8,380
54x Postage & Printing	70,000	10,000	80,000	-	80,000
55x Equipment under $5,000	17,000	-	17,000	-	17,000
56x Utilities	-	-	-	-	-
57x Insurance	-	-	-	-	-
58x Rent/Leases - Bldg/Equip	352,872	11,981	364,853	-	364,853
59x Repairs	600	-	600	-	600
61x Professional Development	900	-	900	-	900
62x Fees - Operating & Professional	886,774	149,131	1,035,905	-	1,035,905
67x Expenses	-	-	-	-	-
53x Supplies	3,500	-	3,500	-	3,500
60x IT Expenses	-	-	-	-	-
68x Land, Building, Other Capital	-	-	-	-	-
69x Over	-	-	-	-	-
69x Equipment Over $5,000	-	-	-	-	-
71x Grants, Benefits, & Claims	1,650,000	-	1,650,000	-	1,650,000
72x Transfers	-	-	-	-	-
Total Operating	$ 3,018,026	$ 171,112	$ 3,189,138	$ -	$ 3,189,138
Total	$ 7,129,359	$ 642,197	$ 7,771,556	$ (88,015)	$ 7,683,541

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 funding

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
General Fund	$ -	$ -	$ -	$ -	$ -
Federal Funds	7,129,359	642,197	7,771,556	(88,015)	7,683,541
Other Funds	-	-	-	-	-
Total Funds	$ 7,129,359	$ 642,197	$ 7,771,556	$ (88,015)	$ 7,683,541



Contact information

Sheri Seil

Director, Disability Determination Services

sseil@nd.gov

www.hhs.nd.gov

NORTH Dakota | Health & Human Services
Be Legendary.

House Appropriations Committee – Human Resources Division – SB 2012

Representative Jon O. Nelson, Chair

March 9, 2023

Chairman Nelson, Members of the Committee:

My name is Brian Ritter and I am the President & CEO of the Bismarck Mandan Chamber EDC. Please accept the following testimony on behalf of our organization's more than 1,230 business members in support of SB 2012.

There are two key provisions within SB 2012 which the Chamber EDC supports, specifically: those related to childcare and Medicaid Expansion.

- Related to the bill's childcare proposals, they directly addresses one of the biggest workforce challenges in Bismarck-Mandan. The ability of parents to remain in the workforce and fill some of our more than 2,700 open jobs is critical, but that's not possible if one parent is forced to stay at home due to the rising cost and/or inability to find suitable childcare. This issue has risen to the point where in our 2023 Legislative Agenda, we support "*efforts to increase the availability, improve the quality and maintain the affordability of childcare in North Dakota."* SB 2012's childcare provisions do that.

- As for Medicaid Expansion, our 2023 Legislative Agenda indicates our support to "*maintain sustainable Medicaid Expansion reimbursement rates that both provide healthcare coverage to low-income workers and cover the cost of care to healthcare*

providers." We support these efforts because Bismarck-Mandan's two largest private employers are healthcare providers. Thousands of employees in our community are employed in an industry directly impacted by Medicaid Expansion; the rates of which cover the cost of care. As not-for-profit entities, reducing those rates can directly impact their viability and in turn their ability to employ Bismarck-Mandan residents.

For these reasons, I would respectfully ask that the Committee give a DO PASS recommendation to SB 2012.

SB 2012
House Appropriations – Human Resources Division
Thursday, March 9, 2023
Representative Jon Nelson, Chair

Chair Nelson and Members of the House Appropriations – Human Resources Division:

My name is Roxane Romanick and I am here today as the Executive Director for Designer Genes of ND, Inc. Designer Genes' membership represents 230 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.

Designer Genes represents a group of individuals and families who are frequent users of a variety Department of Health and Human Services (Department) services extending across several sections. Below I'll outline the points that are relevant to those specific sections:

Developmental Disabilities Section's (DD): We estimate that over 90% of the individuals with Down syndrome that we are connected with are receiving services, such as In-Home Supports, Residential Habilitation, Day Supports, Equipment and Supplies, Infant Development, and Supported Employment across the lifespan and across our state. These services are all made possible by the state's Individuals with Intellectual Disabilities/Developmental Disabilities (IID/DD) Medicaid 1915c Waiver. Living in the community with quality is dependent on these services whether individuals live on their own, in congregate situations, or with family members. **It is for that reason that we are asking you to consider the ask from the North Dakota Association of Community Providers for an increase to their rate structure.** Over and over, we are hearing the stories about individuals and families going without services. The underutilization in DD is evidence that services that are authorized are not getting delivered. We have to stay competitive with the wages that we are offering to our direct care staff.

North Dakota's Part C Early Intervention (EI) system supports infants and toddlers with delays and disabilities (Birth through 2) and their families. The budget for this program is contained within the DD Section budget. In Tina Bay's testimony from March 7, 2023, she included this slide showing 3179 children under 3 being served in SFY 22 under Program Management. It is likely that the vast majority of these children are enrolled in the EI system.



Most babies with Down syndrome and their families, whether diagnosed before or after birth, are referred to North Dakota's EI system. For these families and their new babies, this service provides them with service coordination through the DD Program Management system, access to a family income and asset disregard for Medicaid for the child, screening to the Individuals with Intellectual Disabilities/Developmental Disability (DD) Waiver so that they can receive the Infant Development program services from a regional provider and any other relevant waiver services. The Infant Development services are provided through a home visiting model, bringing the services to the infant/toddler where they are at and works in partnership with the family to support the child's development. Professionals such as physical therapists, occupational therapists, and speech and language therapists deliver the services designated through an Individual Family Service Plan (IFSP). North Dakota has braided the needed requirements under the Individuals with Disabilities Education Act (IDEA) Part C with the wrap-around supports under our DD waiver to assure a robust approach for our youngest children with disabilities and delays.

The ND EI system described above is funded through a mix of a federal discretionary grant, Medicaid and state general funds. Other critical components of the system include a developmental screening program called Right Track, training and technical assistance, and peer supports for families.

Both the state employee and provider inflationary increases that you are considering affect this program as an eligible child in EI and their family will be supported by a DD Program Manager and a DD licensed provider. **The Department asked for additional FTE's for DD Program Management, as well as one administrative FTE that will assist with this program. Due to the increases that continue in this area and the importance of the work to act early, we ask for your support on this request.**

I remain a committed advocate of the ND Part C EI system because I truly believe that I do what I do today because of the supports I got when my daughter was young. I also believe that my daughter, who has Down syndrome, had the right start from ND EI to graduate from high school, go to college, and become an employee of our local school district. I think that she's living proof of your return on investment.



Children and Family Section: Our organization is specifically concerned with funding within the Child and Family Section of the Department of Health and Human Services (Department) budget that is targeted to family to family supports. The funding contained in the 2021-2023 budget is contracted to a non-profit partner, Family Voices of North Dakota. Family Voices also serves as our state's Family to Family Health Information Network as well as our Parent-to-Parent organization. Designer Genes values our collaborative partnership with Family Voices. Because of their robust outreach effort, they can easily get information out statewide and can partner on a variety of projects to meet the needs of families. **This funding was restored in the engrossed version of SB 2012 and we ask for your support to keep this funding in SB 2012.**

Early Childhood Section: Last but not least, I'd like to ask for your continued support for the Inclusion Support Program (https://www.nd.gov/dhs/services/childcare/inclusion.html). The Inclusion Support Program has two main components to assure young children with disabilities can be supported in a typical child care setting. These are a grant program for child care providers for additional staffing, equipment, supplies, and/or facility modifications and inclusion specialists to help stabilize, maintain, and enhance placements of children with disabilities. Designer Genes wants to know that there is a strong continuum of opportunities for our youngest members who have Down syndrome and the Inclusion Support Program is critical to that work. Presently, the funding for this bill is built into the Department's budget and in engrossed SB 2012. **We ask that you continue this funding.**

Developmental Disabilities/Medical Services Sections: Please restore the language of HB 1035 into SB 2012 as you move the work forward. HB 1035 established permission for the Department to move ahead on developing a cross-disability waiver for children and redesigning their eligibility system. We are in support of this work because our families find the eligibility for DD services to be highly onerous and difficult to navigate. It is the hope that streamlining our waivers and the eligibility will assist families in accessing services.

I'm in this work because of my personal and professional experiences and I've been at it a long time and experienced many trends. While the public support that you have legislated in the past has always been very important, we are now at an unprecedented time where we you're your urgency and action. We know that none of us can do this work alone and Designer Genes is willing to partner in any way that would be helpful.

Thank you for your time and I'd answer any questions.

Roxane Romanick 701-391-7421
Executive Director roxane@designergenesnd.com

Testimony
Senate Bill 2012 – Department of Health and Human Services Budget
House Appropriations – HR Division Subcommittee
Representative Jon Nelson, Chairman

March 9, 2023

Chairman Nelson and Members of the HR Division of House Appropriations:

My name is Lorena Poppe. I am the owner and CEO of Poppy's Promise, a Bismarck-based provider of Developmental Disabilities services, and the President of the ND Association of Community Providers (NDACP).

NDACP membership represents a great deal of diversity. We are comprised of both large and small providers, and organizations that have been in operation from a few years to many decades. We are unique from each other in the types of services we provide and the locations of our operations. We experience the commonalities of striving to provide the highest quality services possible and being dependent almost exclusively upon Medicaid for payment of our services.

We know that you are hearing from everyone who comes before you about how difficult workforce issues are and have been since COVID-19 first impacted our realities. We don't deny that everyone is hurting but we do ask that you consider the unique position we are in as the caretakers of our state's most vulnerable citizens. Unlike some other service delivery systems, we serve people of all ages – from birth to death. We support many areas of disability. Some people in our care require extensive medical support. Others struggle with extremely challenging behavioral issues. Our Direct Support Professionals (DSPs) walk beside and support those we serve through virtually every phase of life, trial and tribulation. DSPs are among the first to help people they support celebrate successes and milestones. They are also the first to provide vital services when health conditions deteriorate, major life transitions occur, and when the aging process becomes crippling. A large number of people we support require care 24 hours a day, seven days a week. We do not have the option of cutting back on our hours of operation or being open only a few days a week. We struggle to be competitive with other industries while knowing how urgently our services are needed.

Many of you are no doubt familiar with the 1980 lawsuit brought against the state by the ARC of North Dakota and citizens with developmental disabilities. The lawsuit focused

on the poor conditions and treatment at what was then known as the Grafton State School (and prior to that the Institute for the Feeble-Minded). If you haven't already seen it, I highly recommend you watch the ARC of North Dakota's documentary "The Abolition of Shame: A North Dakota Homecoming." It can be found on the North Dakota Protection & Advocacy Project's YouTube channel. Following is a link to view it:

https://www.youtube.com/watch?v=LBMBx6UFyC0&t=1045s

I present this video as part of the training Poppy's Promise does during orientation for new employees. I have watched it hundreds of times and I never get past the extreme overcrowding, understaffing, abuse, and neglect that occurred before the lawsuit forced the state to develop community-based services. Smaller and varied service delivery settings in communities closer to families allowed people to have choice in where they lived, learned, played, and worked. We have come so far as a state in the last 40 years. As providers we fear continuing to lose employees to other industries because our reimbursement rates don't allow us to compete with wages offered at fast food chains or retail stores. Without adequate staffing, we fear services will slip backward to a place we never want to go again. We aren't asking for special treatment, just an opportunity to provide competitive wages for our employees so they can do the critical work they do.

We are very appreciative of the recommended 7% and 4% increase passed by the Senate. To clarify, we are not asking for an inflationary increase that is more than what other agencies may receive. We are asking for an hourly increase of $1.88 in each of our service areas so that we are able to cover the cost of competitive wages for our employees.

In just a few minutes you will hear from Mike Remboldt with HIT, Inc. who will share detailed information and rationale with you about NDACP's needs relative to the DHHS budget.

To close my testimony this afternoon I want to share a concern that is specific to newer, smaller organizations like Poppy's Promise. ND DHHS has proposed that the cost of mandatory accreditation for DD providers be removed from the budget and become the responsibility of individual providers. Each accreditation visit can cost upwards of $20,000, which is not something small providers can afford. I am asking that the cost of accreditation be restored in the budget or that the accreditation process be optional versus mandatory for providers.

I appreciate the opportunity to testify today. Thank you for your time and I would be happy to answer any questions you may have.

Testimony In Support of Senate Bill #2012
03-10-23

Mister Chairman and Members of the Committee.

For the record, my name is Christal Halseth. I am the Executive Director of the Northern Plains Children's Advocacy Center in Minot, ND. We serve multiple counties in the northwest and northcentral regions of North Dakota, including two Native American reservations and Minot Air Force Base. Our offices are located in Minot, Williston, and Bottineau. I am here today to ask for your support for Senate Bill 2012.

Every day, there are reports of child abuse made in ND. To the public, and in media reports, the children in these stories are simply Jane Doe or John Doe. This anonymity is a much-needed protection for the child -- but it also makes it easier - too easy - for our community to distance ourselves from the reality of this crisis. The crisis of sexual abuse and other crimes committed against children in ND and beyond.

For the staff at every children's advocacy center, who respond to the most severe cases, each and every child and their story is known. Because of our ND children's advocacy centers, each child can tell their story – fully, and without the fear placed on them by their abuser. The child is believed. The child is protected. And each child receives expert-level care throughout the entirety of their case. **There is no other nonprofit this fully integrated in child abuse cases.** No other nonprofit works this

collaboratively with law enforcement, Human Services, the States Attorney's office, and medical providers – representatives of which stand with me today.

Last year, the NPCAC in Minot served over 600 children and their nonoffending family members. The demand for our services continues to grow every year.

Last year, CAC staff in Minot:

- Interviewed 273 children who were victims of sexual abuse and other crimes. This is often the first time a child has told their full story to someone who believes them.
- Our staff provided comprehensive support services to families experiencing the trauma of abuse. Our Family Advocates provided over 17,000 services in guiding families on a journey no one ever signs up for.
- Child Abuse leaves life-long effects on survivors. They are more likely to experience depression, anxiety, begin early-age drinking and smoking, not finish school, have a teenage pregnancy, be in a domestic violent relationship and grow up to live in poverty. Our therapists conducted over 2,100 hours of evidence-based, trauma-informed therapy to give children and their nonoffending family members life-long tools so that they are not defined by these horrible crimes and have help to reach their full potential. Because child abuse effects the entire family, we offer our services to the entire family. Free of charge.

We see first-hand, the heartbreaking volume of crimes committed against children. But I've also seen the thoughtful, individualized care given to each child and their non-offending family members by CAC staff and partners as we deal with these life-altering experiences. I know of the resilience and bravery survivors demonstrate as they testify in court, facing their offender.

The work children's advocacy centers, law enforcement, Human Services, and prosecution does is hard – it's emotionally demanding, day in and day out. But each day, and each night, this heroic team of experts stand ready to respond to heinous crimes. Each day, they do whatever it takes to get a child to safety, to ensure justice and to restore hope. Each day, they leave their own families to respond to another family's tragedy.

My first day working at a ND CAC, was well over a decade ago. On that day, I met three children whose perpetrator, a family member, molested each one of them. When the oldest sibling reached an age he was no longer interested in, he moved on to the next sibling. The abuse came to light when the oldest child made the decision to come forward.

The children were interviewed individually at the CAC, in a child friendly manner. Each gave detailed accounts of the current and past abuse they endured. They told no one, for years, for fear of breaking up their family, shame, and…because they were afraid no one would believe them. What will stay with me for the rest of my

years, is their parents responding by calling them liars. Although this is not typical of every case, it is a common dynamic we see in many.

But we believed them, law enforcement believed them, and Human Services believed them. Our team worked together for these children. The perpetrator received 40 years in prison for the crimes committed against John Doe 6 years old, John Doe 11 years old, and John Doe 17 years old. We know that the average age individuals who disclose child sexual abuse is 52 years old. Disclosing the details of the crimes committed against them likely would not have occurred if they hadn't come to a children's advocacy center.

Every single child deserves a children's advocacy center involved in every single case. They deserve a group of professionals who believe them and will work to their highest capabilities in seeking justice and providing tools to heal. They deserve the community to come together to help Save Jane Doe and John Doe. Children are carried by each of us, and all of us, whether they are our own child, or our neighbor's child.

Our most common client at the Minot CAC is a 12-year-old girl, molested by someone she knows, someone who is trusted to care for her. We want the community to know that behind every Jane Doe, 12 years old, is a story of abuse, a story of adults failing children – but also a story of resiliency and possibility that includes adults who want so desperately to help.

Our state is fortunate to have children's advocacy centers. Every child deserves to have a team of experts respond to them when they are abused, investigate their case, assess their safety, prosecute their perpetrator, and provide their treatment. We know that there is not one agency who has the ability to respond effectively to crimes against children. We must do it together as a team, because children are carried by each of us and all of us. THERE is no greater issue than the abuse of our children. Not one. Our ND children's advocacy centers bring together the professionals to create the team that is needed to respond. No agency or family ever receives a bill for our services. In order to maintain this standard and grow with the needs of the children in ND, we ask that state appropriated funds increase in order to allow us to continue doing what we do.

Mister Chairman and Members of the Committee, I thank you for allowing me the opportunity to testify before you today and I will be happy to answer any of your questions.

Feeding Grandma 2023



A 2023 Legislative Document

Provided by North Dakota
Senior Service Providers (NDSSP)
www.ndseniorservices.org

We Feed Seniors So They Can
Remain Healthy and Independent

North Dakota Senior Service Providers (NDSSP) is a group of agencies that provides services to older adults across the entire state of North Dakota. Older Americans Act Title III Nutrition Programs are some of the services we provide. Funding for this program flows to the state from the federal Administration for Community Living and consists of two primary components:

- **Congregate Nutrition Services** - providing nutritious meals for seniors in a social, group setting.
- **Home Delivered Nutrition Services** - providing meals for homebound seniors, also known as Home Delivered Meals and Meals on Wheels. In 2020 and 2021 this also included grab-and-go, take-out, and drive-thru meal pick-up due to the pandemic.

This document provides the highlights and updated usage and cost information for Federal Fiscal Year 2021. Research citations for this "Feeding Grandma 2023" document can be found in the "2015 Feeding Grandpa" document available at www.ndseniorservices.org.

Congregate & Home Delivered Meals
Are Cost Effective

Many of the chronic health conditions that result in frailty and disability, loss of independence, and reduced quality of life in older adults are preventable through low-cost lifestyle interventions, incorporating proper nutrition and physical activity. Clearly these meals save valuable health and long-term care dollars.



Source: Meals on Wheels America, 2021.

Congregate & Home Delivered Meals
Promote Good Health

Nutritional status is closely associated with an older person's ability to function and remain independent. Hospitalized older adults suffer from many adverse effects when malnourished. Nutritious meals, tailored to older adults, reduce the risk of chronic diseases and related disabilities, prevent nutritional deficiency, and improve health over the long term.

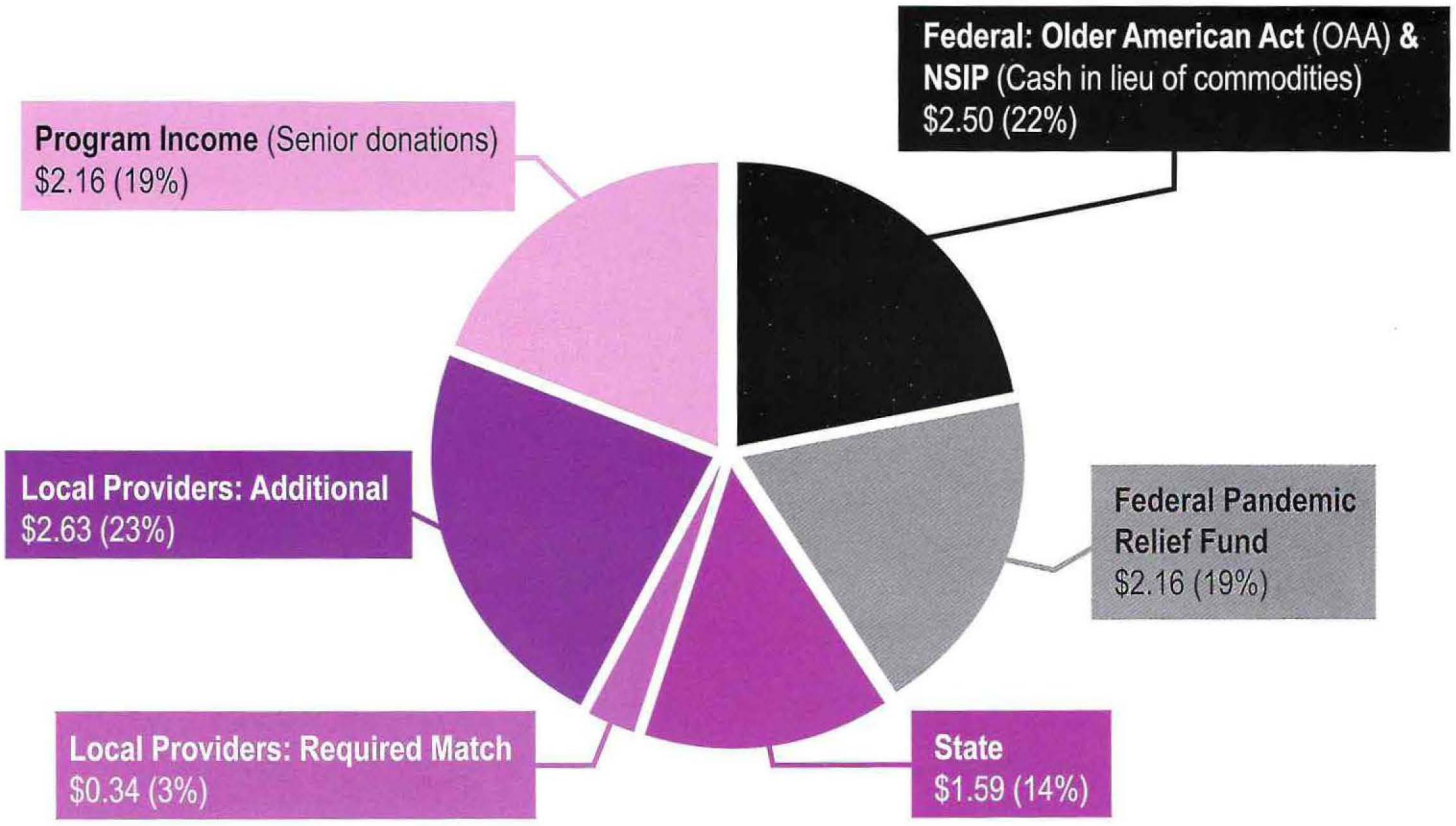
Congregate & Home Delivered Meals
Save the State Medicaid Money

These older adults who participate in our nutrition programs have many of the characteristics that make them nursing home-eligible. In federal fiscal year 2021, 200 of the 14,827 home-delivered meal clients scored with 3+ ADL (Activities of Daily Living) limitations AND were Medicaid eligible. This is a conservative estimate of the nursing home-eligible clients receiving home delivered meals. According to the 2021 Genworth Financial cost of care survey, the average annual cost in a North Dakota nursing home is $143,741. **This means the Medicaid cost to the state for nursing home care for these 200 people would have been over $28.75 million in 2021 alone.**

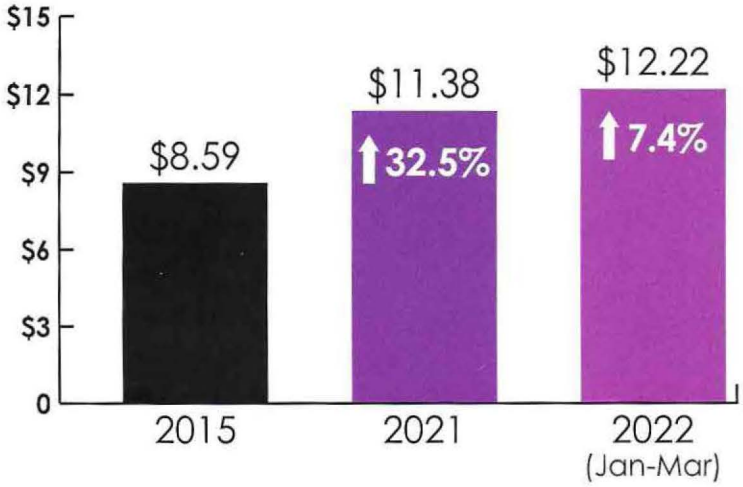
Congregate & Home Delivered Meals Funding
is Lagging Behind Ever-increasing Costs and the Long-term Aging of the Population

In federal fiscal year 2021, the average full cost to provide a senior meal was $11.38. Below is a chart identifying where the money came from in FFY 2021 for these senior meals.

Full Cost of a Senior Meal is $11.38



IMPORTANT NOTE: *The Federal OAA and State monies are the funds that reimburse agencies the unit rate for the meal. In 2021 Federal pandemic money and some State money funded most meals at a $7/meal unit rate.*



The average cost of a senior meal continues to increase. While the state has provided additional funding in past sessions, it has not been enough to keep up with inflation. **In federal fiscal year 2021, a total of 1,316,006 meals (152,319 congregate and 1,163,687 home-delivered meals) were provided across the state.**

SOARING COSTS and USAGE

Inflation, supply and worker shortages are causing soaring increases in meal costs. Costs have increased 42% since 2015 and 7% in the first 3 months of 2022 alone. COVID-19 has been especially hard on the senior citizen population. Providers were deemed "essential" and stepped up to provide grab-n-go meals, take-out meals, and drive-thru meal pickup, as well as adding many people to the delivered meal programs. **Meals from FFY19 to FFY21 were up 21%.** Meal usage in the state remains high as agencies see increasing baby boomers utilizing these services and more seniors needing access to affordable and nutritious meals.

During the pandemic most federal and state reimbursement was increased to $7/meal due to increased costs seen during this period. Costs are soaring and usage remains high. Agencies are only allocated federal and state funding for a portion of the meals they currently provide due to a cap on funding. **NDSSP is asking for the $7/meal unit rate to be reinstated (versus the current rate of $4.60/meal) and be paid on ALL congregate and home delivered meals. This is an increase in state funding of $4.2 million per year. Without this additional funding providers will have no alternative other than to limit the number of meals we serve.**

Meal providers need to be able to depend on stable, basic meal rate funding for food, supply, and staffing costs. We try to utilize volunteers as best we can for our meal programs but many businesses are short staffed and have reduced or ended their volunteer meal deliveries; more people are working longer in life so that pool of young retired seniors is shrinking; high gas prices have caused some agencies to pay mileage; and some programs have had to pay people to deliver meals. All of this has put pressure on meal delivery programs at the same time as high usage by seniors. As our senior population continues to grow, we need to work collaboratively in a proactive way so essential services, such as senior meals, will not suffer. **These meals help seniors remain in their homes and out of costly nursing homes.**

Take action to save Medicaid dollars and assist us in feeding seniors across the state nutritious and affordable meals by increasing the funding for ALL Title III senior meals. Thank you!

Written by Colette Iseminger, MS, RD, LRD of the Grand Forks Senior Center for North Dakota Senior Service Providers, 620 4th Ave South, Grand Forks, ND 58201

TESTIMONY
SENATE BILL 2012 - ND DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADULT AND AGING SERVICES BUDGET
HOUSE APPROPRIATIONS – HUMAN RESOURCES SUBCOMMITTEE
MARCH, 2023

Chairman Nelson and members of the committee, my name is Renee Kipp. I am the Executive Director of the Burleigh County Senior Adults Program in Bismarck, ND. We provide senior nutrition services in Burleigh County and also oversee these services in the surrounding counties of Kidder, Emmons, Morton, Oliver, Grant, Mercer and McLean. Together, we provide over 860 meals per day to senior citizens in the West Central Region of North Dakota. Nearly 4,000 senior citizens and 207,000 meals were served by our organizations in 2022, with sixty percent of our clients being over the age of 75, and 25 percent over the age of 85.

We are also a member of the ND Senior Service Providers Association, a group of agencies that provide Title III Older Americans Act Services to the senior population across the state of North Dakota.

Each legislative session, this organization provides you with a booklet entitled, "Feeding Grandma" (copy attached). In this booklet you will find current data on senior hunger and learn how North Dakota's senior nutrition programs are one of the most cost-effective methods in the prevention of senior hunger and for keeping seniors in their own homes.

The basic premise behind this booklet is that providing a stable source of healthy, nutrient dense meals is a key factor in successful aging. The nutrition programs are very cost effective – the cost of providing senior meals for one year equals two (2) days in a hospital or ten (10) days in a nursing home. The booklet also points out that in federal fiscal year 2021, 200 of the 14,827 home-delivered meal clients were nursing home and Medicaid eligible. If these clients were in a nursing home, it would have cost the state around $28.75 million. Supporting Title III Older Americans Act Services makes good fiscal sense for our state and for the people we serve.

But, North Dakota's Senior Nutrition Programs are more than just a meal, and there are several options for our participants.

--They may choose to have a congregate meal at senior centers and meal sites across the state. This option provides them an opportunity to have a meal, engage and socialize with others, and to participate in activities.

--Participants may choose to receive drive-thru or take out meals – a wonderful, **NEW** alternative for those seniors still working, or due to other circumstances, don't have time to dine at a meal site.

-- Most Senior Meal programs also have the option for participants to receive frozen meals for weekends and holidays. This ensures they have access to at least one nutritious meal daily, even when the meal site is not open for normal operation. They are also a good option for those living in rural areas, as they may receive seven to 14 frozen meals at one time, providing them with meals for a week or two.

--And, of course, our home-bound senior citizens may receive meals through our home delivered meals program (a.k.a. Meals on Wheels). Home delivered meal drivers, who are primarily volunteers, are a friendly face and provide a daily wellness check while delivering the hot meal to our most vulnerable senior citizens. Many times, this is the only human contact they have throughout the day. It is this connection, combined with a healthy meal, that provide support to allow these senior citizens to continue living independently in their own homes much later in life than they would otherwise be able.

The partnership we have with the state of North Dakota through funding provided by the Adult and Aging Services Division of the ND Department of Health and Human Services is critical for us, and we are in full support of the funding for nutrition services that has been included in the Executive Budget. The funding needs for Senior Service Providers across the state have increased dramatically.

I will use Burleigh County as an example. From 2019 to 2022, the meals served in Burleigh County have increased 48 percent. Due to this increase in meals, along with other factors, such as inflation, over the same time period, our raw food costs increased 87 percent, other kitchen supply costs increased 272 percent, and employee wages increased 44 percent.

Increasing the meal rate to $7.62 for congregate and $8.89 for home delivered with the additional $12.9M in funding for the 2023-25 biennium will ensure that senior nutrition programs across the state will be able to continue providing meals to **ALL** senior citizens that want them.

It is important to note that the unit rate reimbursement does NOT cover the full cost of the meal, nor is it intended to. In 2021, the statewide average cost of a meal was $11.38, with an estimated increase to $12.22 in 2022 (7.7 percent).

Meal costs are covered through a combination of funds, including:

- the unit reimbursement from Aging Services,
- contributions from people receiving the meals,
- required local match,
- NSIP (Nutrition Services Incentive Program) funds,
- and other additional funds that are raised locally.

Not only does the reimbursement rate not cover the full cost of the meal, in the past, we haven't always received reimbursement for every meal we have provided. Using my organization and those we subcontract with as an example, if our meal trends continue, we anticipate that with this contract cycle, we will be short of funding to be reimbursed for approximately 12,000 meals. The funding included in the Executive Budget will help ensure this does not happen in the future.

One question often asked is, "Why are the meals so expensive?" There are three main factors that contribute to the higher cost of our meals.

--The first is that our menus have federal nutritional requirements, so the meals have to meet 1/3 of the DRI's (dietary reference intakes) for a 70-year-old male. Basically, they include at least 3

oz. of meat, 3 half cup servings of fruits and vegetables, 8 oz. milk, one slice of whole wheat bread, and one margarine.

--The second factor is that every client receiving home delivered meals or drive-thru / take-out meals must have an annual in-person assessment. These assessments are conducted by staff and can often take one or more hours to complete. These assessments along with Congregate meal assessments must be entered into WellSky, the state's web based data program. In our region, this is approximately 2,600 annual assessments.

--And finally, due to staffing shortages, wages have had to substantially increase to attract and maintain quality staff.

In closing, please know that good nutrition is closely associated with an older persons ability to function and remain independent. Hospitalized older adults suffer from many adverse effects when malnourished. Nutritious meals, tailored to older adults, reduce the risk of chronic diseases and related disabilities, prevent nutritional deficiency and improve their health over the long term.

Senior Service Providers across the state of North Dakota are dedicated to making our state a place where our senior citizens can gracefully 'age in place,' by providing nutritious meals which allow them to stay in their own homes as long as possible.

We are concerned that if we do not have this increase in funding we will be unable to serve every North Dakota senior citizen that is in need of meals. We may have no other choice but to implement waiting lists and/or limit the number of meals we are able to provide to them. Please support the funding for the Title III Senior Nutrition program that has been included in the Executive Budget. The health of North Dakota's senior citizens depends on it.

Thank you for your time in consideration of this testimony. I would be happy to answer any questions that you may have.

Testimony SB2012 Older Individuals Who Are Blind (OIB) Program Appropriation.

To: Representative Jon Nelson, Chair, and Members of the ND House Appropriations Committee, Human Resources Division, 68th Legislative Session.

From: Allan Peterson, Legislative Representative, North Dakota Association of the Blind (NDAB). Home address: 7009 Horseshoe Bend, Horace, ND 58047.
H: 701-282-4644; c: 701-429-7209; Email: allan.c.peterson@gmail.com

Re: Testimony in support of the state Appropriation for the Older Individuals Who Are Blind (OIB) Program, Division of Vocational Rehabilitation, Dept. of Human Services

Greetings Chairman Jon Nelson, Vice Chair Stemen, and Representatives, Bert Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden, members of the House Appropriations Committee, Human Resources Division.

We are testifying on our own behalf, as well as, to represent the advocacy goals of the North Dakota Association of the Blind (NDAB). This testimony is given in **support of the Appropriation** for the Older Individuals Who Are Blind Program within the Division of Vocational Rehabilitation for its operation in the next biennium of 2023-2025.

Included with this testimony is a resolution we adopted at our 2022 Convention which supports the appropriation request of the OIB Program in North Dakota.

The OIB Program is administrated by the Division of Vocational Rehabilitation within the Department of Human Services. Funding for the program is generated through a 90% grant from the federal government which requires a minimum state appropriation of 10%. Federal funding for the program is authorized under the U.S. Rehabilitation Act.

Federal funding for the Older Individuals Who Are Blind program is allocated to the states based on population size. Because North Dakota's population base is small in comparison to other more populated states, it receives what is termed a minimal distribution. Minimal federal funding is a problem for the program here in North Dakota because our state is geographically large in relation to its population size. Second, our state has a higher proportion of people in the older age categories, which experience a much higher incidence of sight loss. The Older Individuals Who Are Blind Program is specifically directed to serve individuals who are 55 years of age and older.

Although many significant advances in eye care are being made, sight problems such as macular degeneration, diabetic retinopathy, glaucoma, & cataracts continue to be primary sources of sight loss , particularly, for persons who are 55 and older, and this is the segment of the population which is **disproportionately** increasing in size.

The professional staff which are trained to provide the services for the Older Blind Program are classified as vision rehabilitation specialists. In North Dakota currently there are 7 vision rehabilitation specialists assigned to work in each of the state's 8 defined Human Service regions. Vision specialists, employed in the older blind program, travel to a client's home to do an assessment of needs, and provide the services and counseling that is needed in that person's home environment. The services of this program have helped thousands of our older citizens, who after having lost some or all of their eyesight, have been able to enjoy more independence and a productive and fulfilled life.

The skills and aids that the vision rehabilitation specialists provide to older citizens with sight loss helps them stay in their own homes and postpone or avoid institutionalized nursing home care. The cost savings that are gained by postponing or avoiding institutionalized care and the increased sense of wellbeing and dignity that are realized by being more independent are compelling reasons for the state to provide the appropriation needed for this program in North Dakota. In most instances, the clients served are elderly and live on very fixed incomes so for them to purchase a vision aid that would help them is difficult or impossible. The rural character of ND and limitations on access to public transportation, can mean those who experience severe sight loss are isolated and very dependent on others.

The number of clients served by the OIB specialists has increased significantly in the current biennium. Demographics indicate that the average age is increasing and that the need for this program will steadily increase in the next biennium and beyond.

In 2021 the population of North Dakota was estimated to be 774,948. Credible studies have demonstrated that, conservatively, **3.3%** among the general population will have medical conditions that mildly, moderately, or severely compromise their eyesight – which would mean that more than 20,000 individuals in North Dakota could be affected by some degree of uncorrectable sight loss and that a quarter of whom, about 5,000, may have significant sight loss and/or are "legally blind". Undoubtedly, many so affected would benefit greatly from the services of the OIB program.

A majority of the members of North Dakota Association of the Blind are blind or have a significant visual impairment. Many of us are among the segment of the population who are 55 years old and older.

NDAB Resolution 2022-03:

State 2021 – 2023 Appropriation for the Older Individuals Who Are Blind (OIB) Program

Whereas, demographically, North Dakota is among the states which has the highest proportion of people per capita who are 55 years of age and older, and this is the subpopulation of people who have the highest incidence of significant sight loss that is not medically correctable; and,

Whereas, seniors who receive blindness rehabilitation skills training to adjust to sight loss can postpone or avoid institutionalized care and live more productive and fulfilling lives; and,

Whereas, the appropriation that's made for the older Individuals Who Are blind (OIB) program in the state's budget is critical to meet the costs that this program realizes because, (1) the federal government funds the program in North Dakota at a minimal base level rate due to the size of our population compared to other states, and (2) travel costs are significant because the vision specialists employed in the program need to meet in the client's home setting to make a proper evaluation to assess the skills training needed for that individual person;

Now, Therefore, be it resolved by the North Dakota Association of the Blind in Convention assembled at the Holiday Inn Express Southwest in Fargo, ND on this Sunday, June 12, 2022, that given the increasing demand for vision rehabilitation skills training services

available through the Older Individuals Who Are Blind Program, that we, Strongly Urge that Governor Burgum and the 68th State Legislature that convenes on January 3, 2023, to maintain and increase the state appropriation that is allocated in the 2023-2025 biennial budget within the SB2012 Human Services budget for the Older Individuals Who Are Blind (OIB) Program and that our state appropriation for this program would be increased to a 25% match of the federal appropriation that North Dakota receives for this program; And,

Further be it resolved that we urge our federal congressional delegation, Senators Hoeven and Cramer, and Congressman Armstrong, to work to maintain and increase the federal appropriation for the Older Blind Program in the federal budget and that they would work to have the formula for the federal appropriation be based, not only on the state's population size, but also on a state's per capita percentage of people who are 55 years of age and older.

My name is Rick VanCamp. My wife and I are legal guardians for my 25-year-old son. He resides in Fargo, ND (District 46) with his mother and myself. Please accept this testimony in support of Senate Bill 2012. This testimony expresses concern for a shortage of manpower to adequately address the needs of individuals defined as disabled.

My son was born at 25 weeks gestation. He was diagnosed with spastic quadriplegic cerebral palsy, dysarthria (limited tongue movement impacting chewing, swallowing, and speaking), as well as having intellectual challenges. These conditions require assistance to meet all basic cares for his survival (feeding, hygiene, dressing, mobility, etc.).

My wife and I have relied on community agencies to support the work on my son's plan which includes that of supported independence. Over time with the regular turn over in staff combined with the inability to replenish this resource, my son has lost multiple opportunities. One of the more recent examples occurred in December 2022 when we were advised of an opportunity for my son to move into a shared apartment with friends. We were advised that the agency we were working with did not have staff to accommodate the care he would require to live in this supported arrangement. Multiple messages left with another community agency went unanswered. I contacted a representative from the Human Service Center and was told there were no agencies in Fargo that could accommodate his need at that time due to the ongoing staff shortage. I have learned from other families from other parts of the State that the staffing shortage is not only endemic to Fargo but rather an issue being experienced State wide. My focus is to ensure that my son is being provided the opportunities of community interaction as well as the least restrictive living arrangement possible. I am asking the State developmental disability team (inclusive of State and local levels) to work together in finding creative solutions with which to address this issue. Thank you.

Testimony Prepared for the
House Appropriations
Human Resources Division
March 10, 2023. By Terry Traynor
North Dakota Association of Counties

RE: Senate Bill 2012 – Zone Funding

Thank you for the opportunity to communicate our Association's support for Senate Bill 2012 and specifically the funding for the 19 human service zones that it contains. NDACo and its 600 county official members, especially the Zone Directors, Commissioners, State's Attorneys, Sheriffs, Auditors and Clerks of Court that have a stake and interest in the delivery of high-quality human services, are supportive of adequate funding for this important joint function of state and county government.

As was so well explained by Kristen Harsbargen and Sara Stolt on Wednesday, almost 90 percent of the zone funding in this budget supports the salary and benefits of the 850 or so county employees that are the direct service providers of economic assistance eligibility, child welfare, and in-home services for the elderly and disabled.

We at the county level are very appreciative of the Department's inclusion of the "state salary adjustment" in this budget and acknowledge that the recent equity study substantiates the need for the 4% and 4% as well as the executive proposal of 6% and 4%.

Kristen and Sara did such an excellent job of explaining the process of Human Service Redesign and the milestones reached. I therefore need not repeat that important information, however, I was asked to provide just a bit of history as to why the issue of "compensation equity" is before you, and why it is so acute.

While we collectively began redesign after the 2017 Session, with state funding in CY2018, the evolution of human service delivery funding has been long and difficult. My first page of illustrations depicts how, since the mid-1990s, the counties and the Legislature have worked to address the unsustainable property tax growth of county social service support. In 1997, counties were relieved of a proportion of grant costs for one state and seven federal programs (including Medicaid), by "swapping" our federal reimbursement received for about half of the county staff costs. As the bottom illustration shows, it had an immediate impact on county spending, but the growth of the remaining grant and the larger staff costs continued. Two more attempts to mitigate this growth were implemented in 2007 and 2015, with similar, albeit smaller, results.

While these efforts certainly helped, it became increasingly clear that there was also a huge “equity” problem in the local funding equation. Unlike expenditures for roads, utilities, and public safety, which tend to grow with property value, social service costs have somewhat of an inverse relation to the capacity to tax property. Counties with relatively large social service costs were most often those with the lower and slower growing property tax bases. This was illustrated to the 2017 Legislature by the comparison of three equally valued homes in three different counties. For their counties to deliver the same, state- and federally mandated services, similarly situated property owners were paying widely different amounts. This, as much as the overall property tax burden, prompted counties to request, and the Legislature to enact the state-funding solution incorporated into the Redesign model.

I have brought this to the committee’s attention because this inequity of taxing capacity had a direct impact on the decision-making at the local level for salaries and benefits for all county employees. Those “property-poor” counties generally paid less – still within the Merit System requirements, but more often near the bottom – and generally had lower contributions to benefits. While these variations were generally known, the county-contained service model and the recognition of the local resource capacity made it somewhat less of an issue. As we moved into Redesign, with the same funding source and the inter- and intra-Zone delivery model, it became all too apparent.

Some of the benefit variation was addressed in the collapse from 48 employing counties down to 19, but as the attached table shows, the benefit variation remains significant. And, as the Department’s consultant determined, salaries are also somewhat varied, but clearly turnover is forcing some change in that area, but it is apparently causing compression so that inequities increase with years of service.

We thank the Legislature for requiring the equity study that has now allowed the Department to outlined what can possibly be done to address it. Our Association understands the pressures that this committee and the Legislature faces in tackling overall spending but urge you to favorably consider addressing this important issue.

Although immaterial to this discussion of SB2012, I feel it is important to include the final graph that shows overall taxation by all 53 counties in relation to all cities over this transition period. Some say that the Legislature’s efforts at property tax relief have not been successful, but I think this Tax Department data tells a different story. I truly believe that those lines would have remained parallel had you not made the bold decisions in 2017 and 2019 to move down the road of Social Service Redesign.

Timeline

Early 1990's: Social service delivery was one of largest single items in many county budgets, and one that was growing much faster than property values. Counties therefore worked for legislation to shift that burden to statewide collected taxes.

1997: Counties were relieved of the local share of Medicaid payments to hospitals, doctors, and nursing homes, an area over which counties had no authority to approve, set rates, or change. Counties gave up or "swapped" their federal reimbursement for economic assistance staff costs.

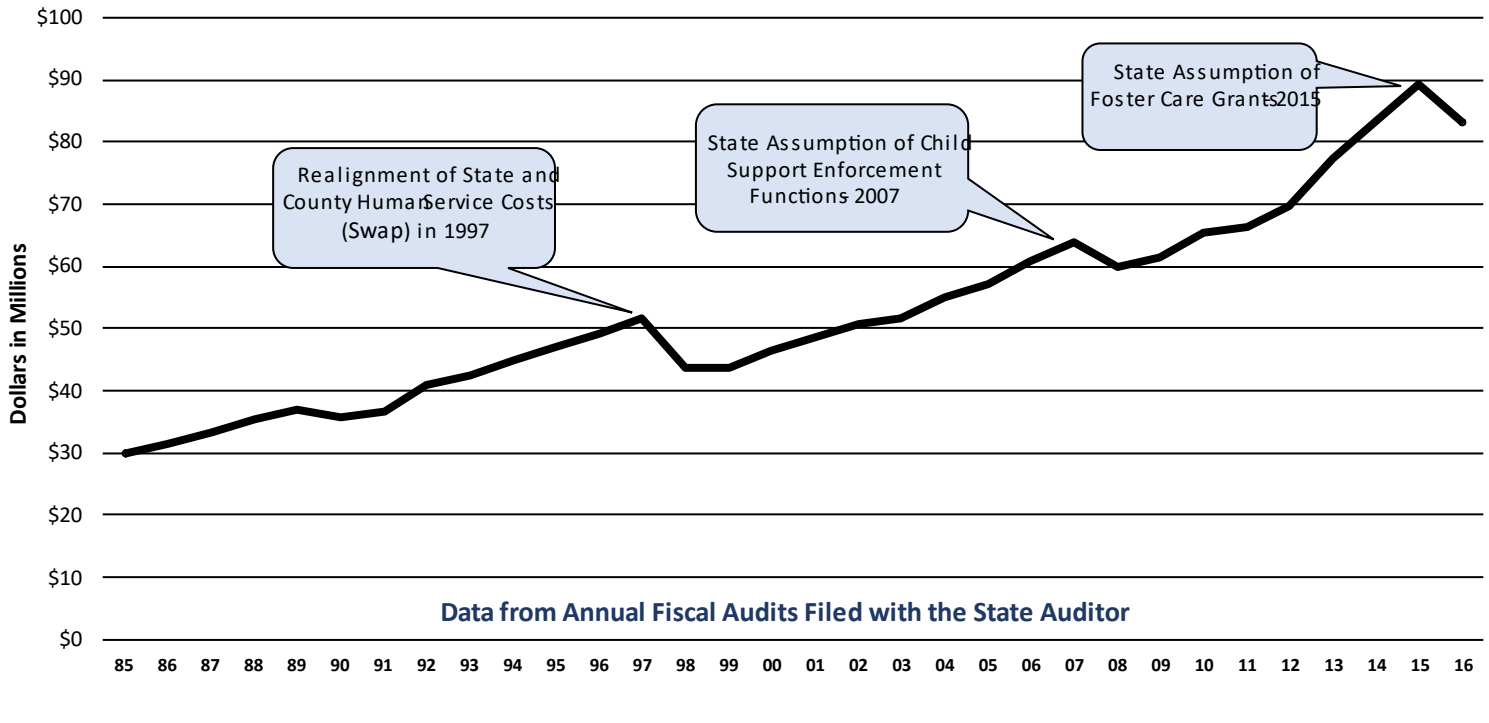
2007: The costs and employees of regional child support enforcement offices were shifted to the State.

2015: The county share of foster care maintenance payments was shifted to the state.

-> As a result of these transitions, **property taxpayers were left with about $80 million per year in staff costs** with great variation, **as some taxpayers were paying 8 mills, others over 45 mills**

Growth of County Social Service Costs

County Health & Welfare Expenditures – All Counties/All Funds



Comparison of Property Tax Burden for County Human Service Costs

2016 Taxable Value $328,000- $330,000 for all properties



Mercer County

Social Service Taxes - $120



Cass County

Social Service Taxes- $290



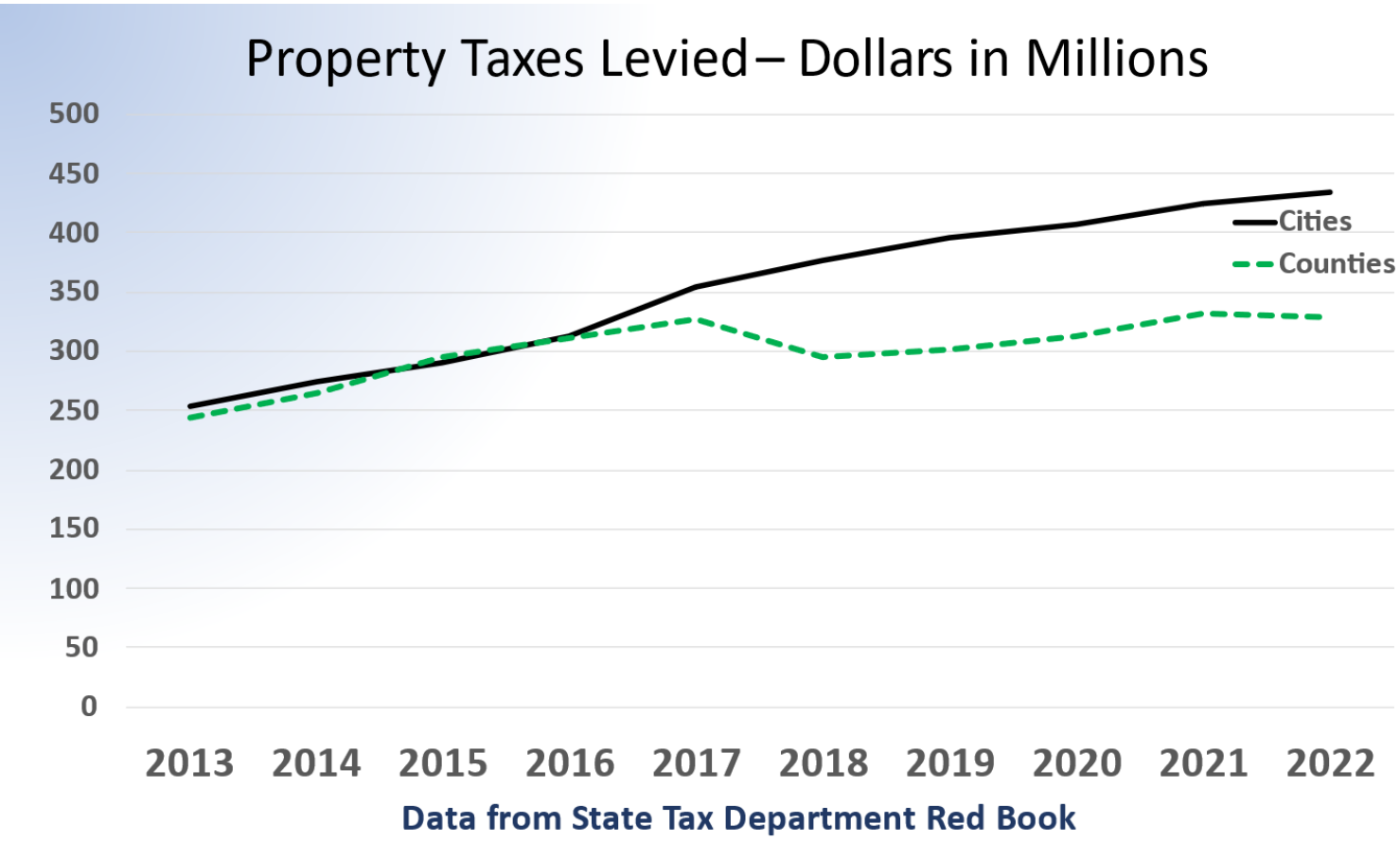
Ramsey County

Social Service Taxes - $560

HUMAN SERVICE ZONE HOST COUNTY BENEFITS

NDACo 2022 Salary & Fringe Benefit Survey

Host County County	Employer Percent of Retirement (NDPERS)	Health Insurance Provider	Monthly Single Premium	Employer share of Single Premium	Monthly Family Premium	Employer share of Family Premium	Does Employer Contribute to Other Insurances?			
							Dental	Vison	Life	Disability
Billings	15.26%	BCBS	$ 734	100%	$ 1,774	100%	Yes	Yes	Yes	
Bottineau	15.26%	NDPERS	$ 735	100%	$ 1,776	68%			Yes	
Burleigh	15.26%	Self-Insured	$ 740	95%	$ 1,760	95%			Yes	
Cass	12.26%	Self-Insured	$ 596	93%	$ 1,996	79%	Yes		Yes	
Cavalier	15.26%	NDPERS	$ 735	100%	$ 1,776	100%				
Emmons	15.26%	NDPERS	$ 735	100%	$ 1,776	100%			Yes	
GrandForks	13.26%	BCBS	$ 893	90%	$ 2,321	82%			Yes	
McLean	15.26%	NDPERS	$ 735	100%	$ 1,776	100%			Yes	
Morton	14.26%	NDPERS	$ 735	90%	$ 1,776	80%			Yes	
Mountrail	12.26%	NDPERS	$ 742	100%	$ 1,794	100%	Yes	Yes	Yes	
Nelson	15.26%	NDPERS	$ 734	100%	$ 1,774	100%			Yes	
Ramsey	8.26%	Self-Insured	$ 920	100%	$ 2,393	100%	Yes	Yes	Yes	
Richland	15.26%	NDPERS	$ 735	100%	$ 1,776	56%			Yes	
Slope	15.26%	Self-Insured	$ 815	100%	$ 2,118	100%				
Stutsman	13.26%	Self-Insured	$ 745	95%	$ 1,801	85%	Yes			
Traill	12.26%	BCBS	$ 734	100%	$ 1,774	41%	Yes	Yes	Yes	
Ward	13.26%	NDPERS	$ 727	100%	$ 1,756	100%			Yes	
Wells	14.26%	BCBS	$ 779	100%	$ 2,025	92%	Yes		Yes	
Williams	15.26%	Self-Insured	$ 794	100%	$ 2,064	100%	Yes	Yes	Yes	Yes


Property Taxes Levied – Dollars in Millions
500
450
400
350
300
250
200
150
100
50
0
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
Cities
Counties
Data from State Tax Department Red Book

CHILDREN'S ADVOCACY CENTERS OF NORTH DAKOTA

House Appropriations – Human Resources Division

Testimony in Favor of Senate Bill #2012
3-10-23

Mister Chairman and members of the committee,

My name is Greg Kasowski and I am the executive director of the Children's Advocacy Centers of North Dakota. I'm here in support of Senate Bill 2012.

State of Child Abuse and Neglect in North Dakota

The statistics are sobering. At least 1 in 7 kids experienced child abuse or neglect last year. In North Dakota, that is estimated to be about 26,000 children.

Out of those 26,000 children, our Children's Advocacy Centers served 1,702 last year. Our aim is to serve every one of those 26,000 kids.

What Is a Children's Advocacy Center?

As many of you are aware, Children's Advocacy Centers serve victims of child sexual abuse, physical abuse, and other forms of maltreatment. Before Children's Advocacy Centers existed in North Dakota, children would have to tell of their experience of abuse an average of 10 to 12 times—as they shared with law enforcement, human services, prosecutors, and therapists—further traumatizing the child.

Now with Children's Advocacy Centers, children only need to tell of their experience once, and to a trained forensic interviewer who asks age-appropriate questions in a child-friendly environment.

In addition to forensic interviews, we serve victims of child abuse by providing mental health counseling, medical exams, victim advocacy, telehealth, and an array of other services.

CHILDREN'S ADVOCACY CENTERS OF NORTH DAKOTA

Background to SB 2012 Funding for Children's Advocacy Centers

In 2017, Children's Advocacy Centers received $1.6 million. Last summer, Children and Family Services had agreed to $4.1 million for Children's Advocacy Centers in its budget draft, as they are well aware of the on-going needs of Children's Advocacy Centers. However, the governor's budget cut that to $3.2 million. The Senate agreed to push that back to $4.1 million.

Why $4.1 Million?

We request this increase in funding for three reasons:

1. **A projected 181% increase in services compared to 2017**

   Since our last appropriation increase in 2017, we have grown drastically as we have increased the number of services we provide to kids and families. By 2025, we project a 181% increase in services compared to 2017.

   Our exceptional staff at Children's Advocacy Centers are stretched to the limits as we meet the demands of the increase in cases, while striving with the same amount of resources. This trajectory is unsustainable.

   Since 2017, we have also increased the number of our locations from six to nine and have a need to establish more locations.

2. **Inflation/cost-of-living adjustments for our organizations**

   Inflation has really pinched our budget these past few years. We would request an increase to help cover operating cost increases and retain our valuable employees as a result of the changing economy and job market compared to six years ago.

3. **The state pledging to cover 33% of our operating budgets**

   Currently, the state covers about 20% of our CACs' operating budgets. That number continues to decline as we fill in the needed gaps through fundraising and grant seeking. We'd like to respectfully request that the state cover a third as we continue to serve children and families in North Dakota.

Children's Advocacy Centers of North Dakota

www.CACND.org

director@cacnd.org

701.301.3701

CHILDREN'S ADVOCACY CENTERS OF NORTH DAKOTA

How Would This Funding Benefit Kids and Families in North Dakota?

This further funding will allow us to:

1. Increase our capacity to respond to the number of children requiring services
2. Boost workforce retention efforts for our professionals who work in a high-stress, high burnout profession
3. Increase access to services, especially tele mental health and new locations
4. Recruit and train more social work professionals into the field
5. Streamline administrative operations
6. Implement a statewide awareness campaign to bring healing to unreached victims
7. Boost prevention efforts to decrease the amount of children being victimized
8. Conduct a community assessment to determine gaps in service delivery

I appreciate the opportunity to testify today, and I will try to answer any questions you may have.

Sincerely,

Greg Kasowski
Executive Director

Child Abuse and Neglect in North Dakota and Children's Advocacy Centers' On-Going Response

At least **1 in 7 kids** experienced child abuse or neglect last year. In North Dakota that's **26,000** children.



At least **1 in 10 kids** will experience child sexual abuse before they turn 18. That's 18,500 children.

Last year, 1,702 out of those 26,000 kids (6.5%) made it to a CAC. We aim to serve **every one** of those 26,000 children.



What is a Children's Advocacy Center?

BEFORE CACs
Children had to tell the worst experience of their life 10-12 times on average as they talked to law enforcement, social services, prosecutors, and therapists.

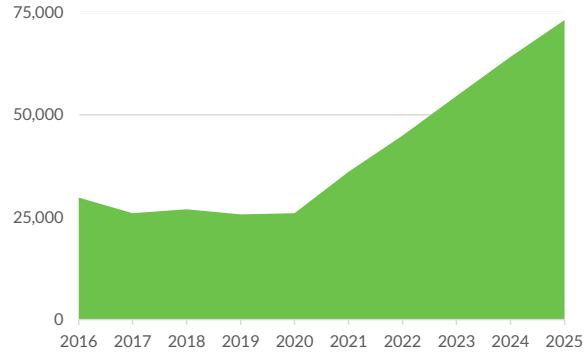
NOW WITH CACs
Children only need to tell their experience once to a trained interviewer who asks age-appropriate questions in a child-friendly environment.

What Does a Children's Advocacy Center Do?

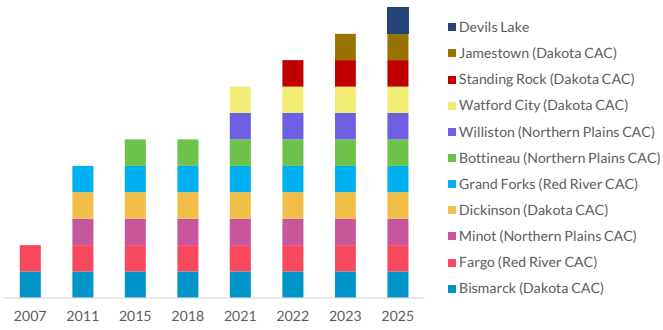
In line with DHHS's goal of becoming the healthiest state in the nation, we provide services to victims of child abuse and maltreatment.

- Forensic Interivews
- Mental Health
- Medical Exams
- Victim Advocacy
- Human Trafficking
- Tribal Outreach
- Telehealth
- Prevention & Education

We project a 181% increase in services from 2017 to 2025 as we meet the increase in child abuse cases.



We hope to add more locations in the next biennium with additional funding.



Strategic Focus Areas for 23-25

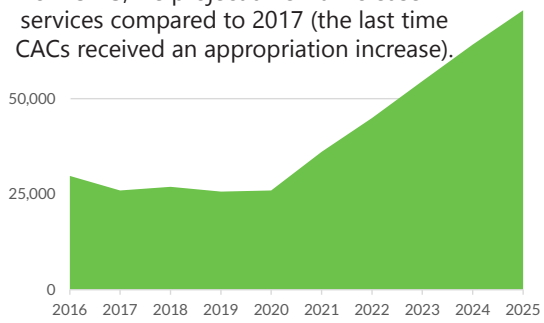
- Increase capacity to respond to the number of children requiring services
- Boost workforce retention efforts for high-stress, high-burnout professions
- Increase access to services through telehealth and new locations
- Recuit and train more social work professionals into the field
- Streamline administrative operations by sharing key staff and contractors
- Implement a statewide awareness campaign to bring healing to unreached victims
- Boost prevention efforts to decrease the amount of children being victimized
- Conduct a community assessment to determine gaps in service delivery

Request for DHHS Appropriation Increase for the Children's Advocacy Centers in North Dakota

Last appropriation for CACs

$1,600,000/biennium

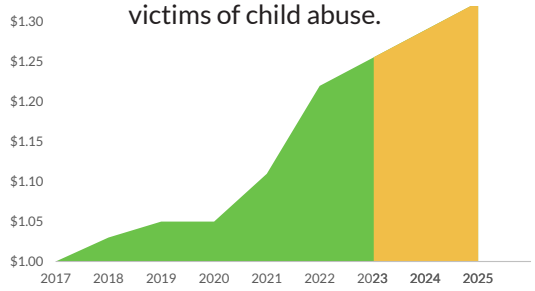
For 23-25, we project a 181% increase in services compared to 2017 (the last time CACs received an appropriation increase).



CACs request funding to correlate with the increasing numbers of child abuse and neglect services we offer.

+$1,000,000/biennium

Inflation is pinching CACs' shoestring budgets for them to retain quality employees to continue to effectively serve victims of child abuse.



Sources: U.S. Bureau of Labor w/projected inflation of 3.5%

CACs request an increase to match the rising cost of serving children in our state.

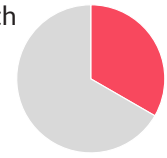
+$500,000/biennium

North Dakota's appropriation for CACs accounts for 20% of CACs operating budgets.



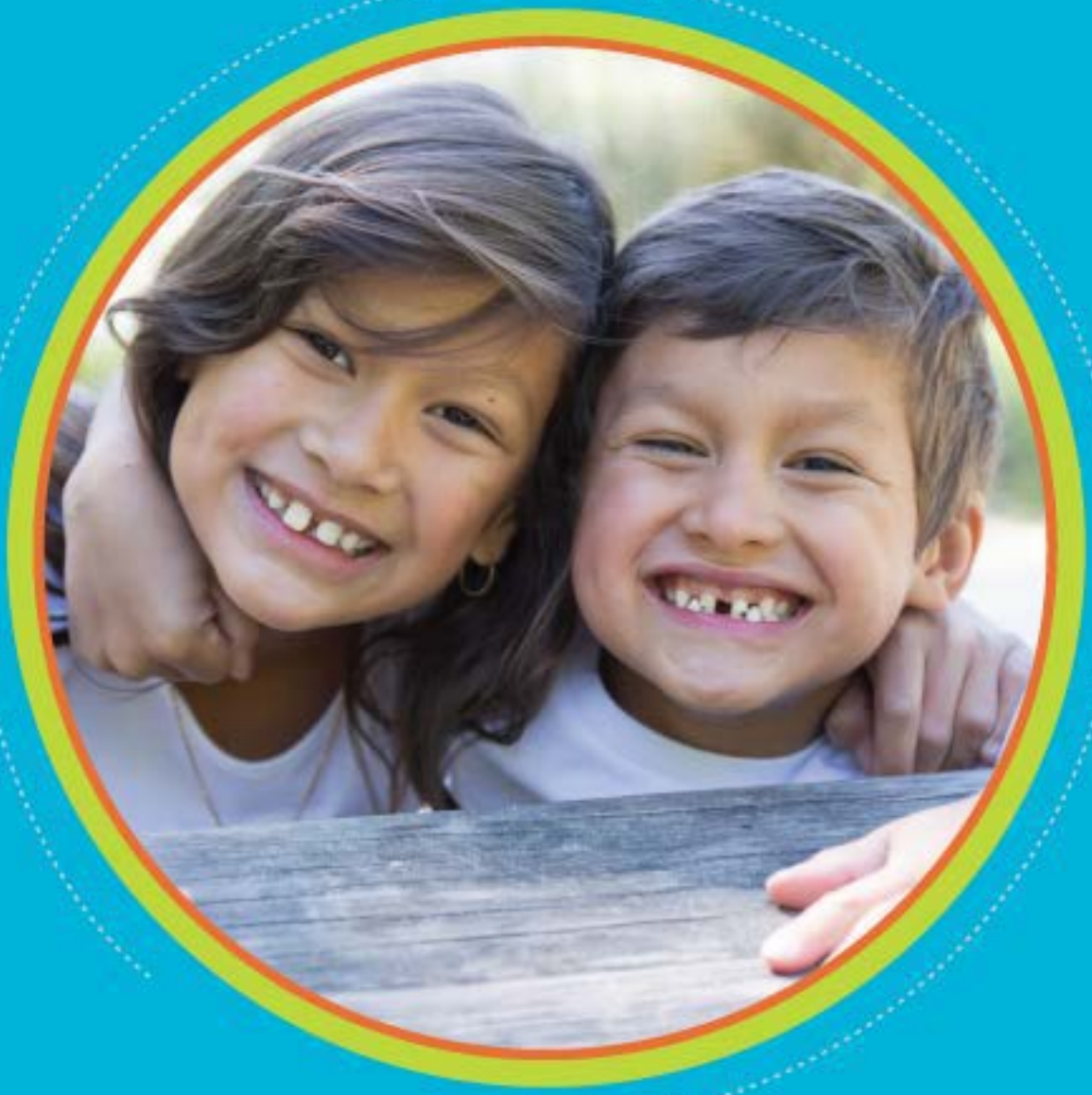
We request the state cover a larger share (33%) of CACs' budgets as we serve North Dakota victims of child abuse.

+$1,000,000/biennium



Requested state appropriation for CACs

$4,100,000/biennium



2022 Annual Report

CHILDREN'S ADVOCACY CENTERS OF NORTH DAKOTA

What Is a CAC?

A Children's Advocacy Center is a victim-focused, community-orientated, safe facility in which members of a multidisciplinary team work together to provide a comprehensive coordinated and compassionate investigation and intervention of abuse allegations.



Without CACs



Before CACs, children had to tell the worst story of their life over and over again to social workers, nurses, law enforcement, lawyers, therapists, investigators, etc.

With CACs



With CACs, children only need to tell their story once to a trained interviewer who knows the right questions to ask in a way that does not retraumatize the child.

What CACs Do

Forensic Interviews
Specially trained Forensic Interviewers work with the multidisciplinary team (MDT) to ensure victims are not interviewed unnecessarily and allow them to do so in a safe, legally sound and neutral setting.

Advocacy Services
Advocacy focuses on the needs of the youth and non-offending caregiver(s), providing needed support and information along with a compassionate, listening ear.

Medical Evaluations
Specialized medical evaluations are offered to ensure the health and safety of each victim, identify any evidence of abuse, and refer for additional care as needed.

Mental Health Care
Specialized evidenced based, trauma-focused mental health services are offered to the victim and family to help them cope with the trauma and to assist them through the healing process.

Multidisciplinary Team
In the past, responses to child abuse were fragmented and poorly coordinated. Now children and families receive a collaborative approach from a multidisciplinary team made up of law enforcement, social services, prosecutors, victim advocates, forensic interviews, mental health clinicians, and medical personnel.

997
Forensic Interviews



38,766
Advocacy Services



206
Medical Evaluations



5,032
Mental Health Care



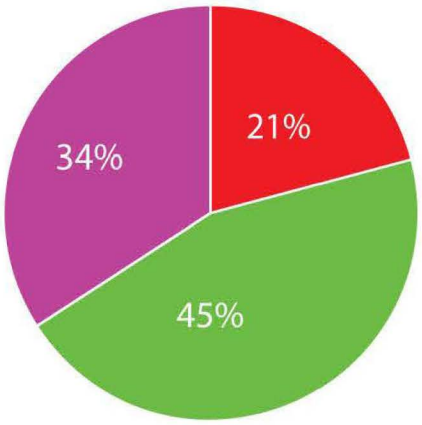
486
MDT Members @ Case Review



Who CACs Serve

1,897 Female

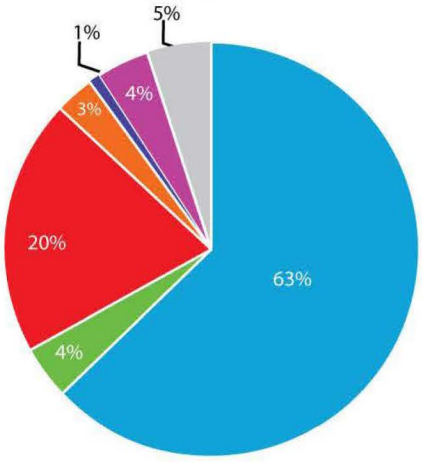
803 Male



- 0-6 years
- 7-12 years
- 13-18 years

Age

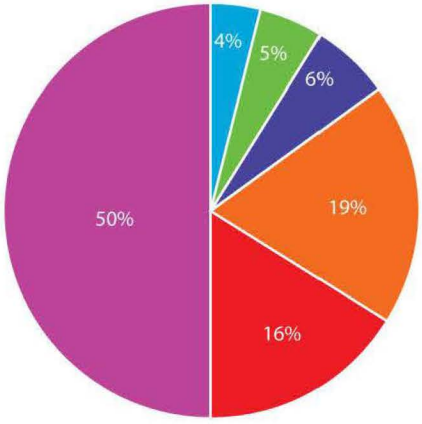
Though child abuse affects individuals of all ages, the majority of children seen at Children's Advocacy Centers in North Dakota are under 12.



- Caucasian
- Native American
- Asian
- Multi-racial
- African American
- Hispanic
- Other

Race

As North Dakota has grown over the past 10 years so has the ethnic diversity of our victims. Although 64% of our victims are Caucasian, representation of other races have increased nearly 10% since 2007.



- Sexual Abuse
- Physical Abuse
- Other
- Neglect
- Psychological
- Drug Endangered

Survivors of Abuse and Neglect

The majority of cases seen at the CACs in North Dakota involve an allegation of sexual abuse. In fact, more than one in ten of all substantiated victim abuse and neglect referrals to social service agencies nationwide are victims of sexual abuse.

One in every 10 children in North Dakota will be a victim of sexual abuse by their 18th birthday; approximately 65% will be female.

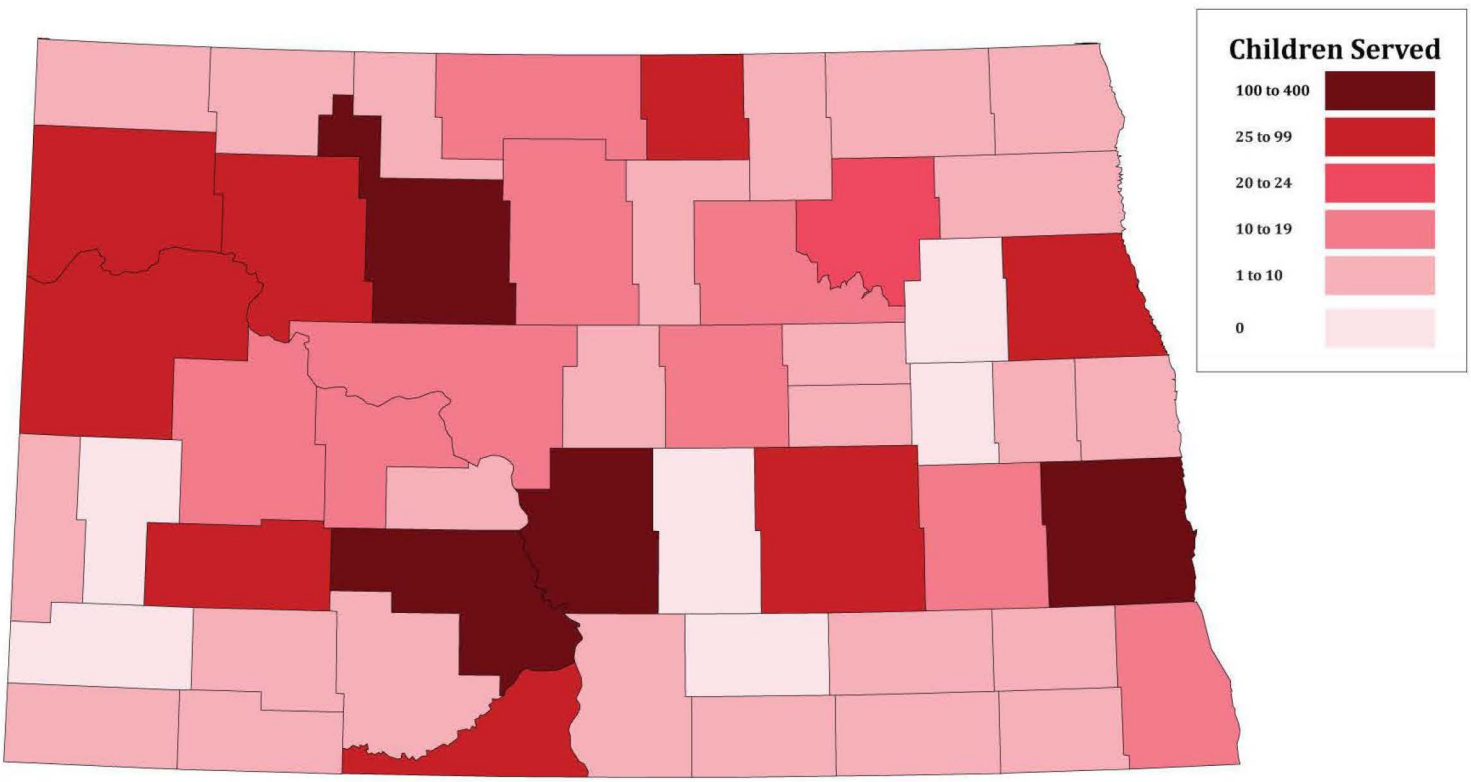
Where CACs Serve

CAC Locations



Our 3 Children's Advocacy Centers operate in 10 location, while serving all 53 counties and 5 reservations in our state. Our services ensure all suspected child victims of abuse get the help they need to live healthy lives. Each of our Children's Advocacy Centers coordinate with law enforcement, human service workers, medical professionals, counselors, and prosecutors to provide healing to child abuse victims and their families.

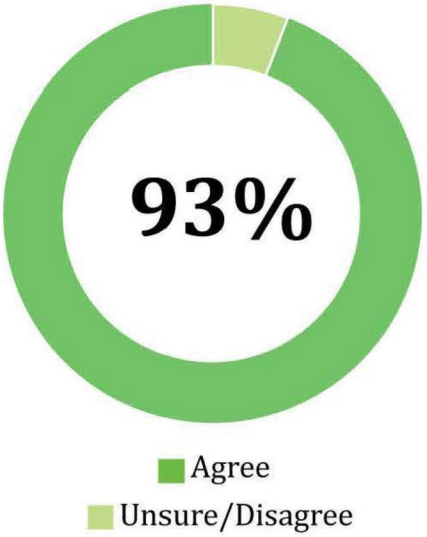
Children Served by County



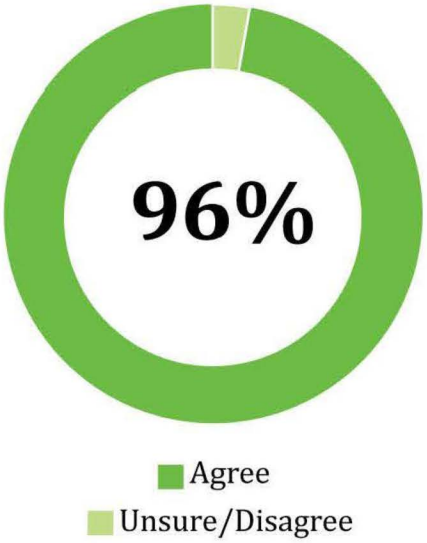
How CACs Made an Impact

"They made sure to reassure me and my child that they were here to do anything they could to help the situation at hand, they also made sure to reassure her that my daughter was not in any trouble and that she could be very comfortable in the environment she was in."

My child felt safe at the CAC.

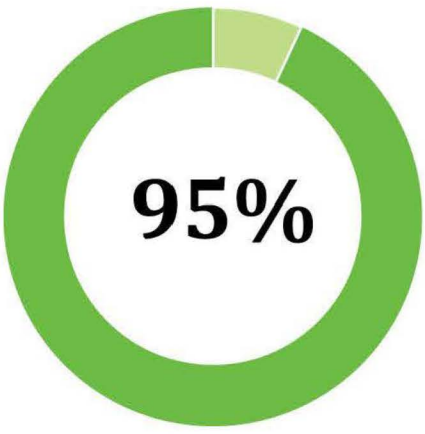


The CAC provided me with resources to support my child.



"Thank you for all your kindness and willingness to help my child."

MDT members feel the CAC provides resources to build better cases.



MDT members feel clients benefit from the collaborative approach.



"I feel that the center is a huge asset to our agency. Being able to use a well trained and experienced person for forensic interviews is incredibly important ."

Testimony SB2012

House Appropriations

Human Resources

Representative Chairman Nelson and Members of the House Appropriations Committee, Human Services Division.

My name is Vicki L Peterson, I am a Family Consultant for Family Voices of ND, the Family-to-Family Health Information Network in ND. I am also a parent of a young adult with autism and intellectual disability. I am providing testimony in favor of SB2012.

In the Senate, Family Voices of ND Funding was removed and then amended to restore funding. I am asking to make sure our funding stays in SB2012. I am asking you to consider moving from Children and Family Services Division to Special Health Services Division where our work is a better fit in that division, now merged into DHHS.

I have been a Family Consultant for Family Voices of ND for 19 years. I have been a parent to a child with autism and intellectual disability for 21 years. I am testifying on behalf of Family Voices of ND but feel it is pertinent to this testimony that you understand my lived experience as a parent as well. Donene Feist, the director of Family Voices of ND, has offered much testimony and the data we have for the non-profit agency, I am here today to speak to the day-to day encounters we have with families across the state of ND.

- A mother of a young teenager calls very distressed. She relays to me she received our contact number through a counselor in private practice. Initial conversation is, **"My daughter is in trouble and I have no idea where to start to help her. I have tried with the school whom tells me that they cannot help outside of school environment, sorry. I have heard of some services but have no idea who to call or what to ask for. Please can you help. My daughter's counselor we see for therapy said you were the one to call."** My first priority is to listen to the caller. Active listening is a skill I need to help families. I let her know

I will help and that I am also a parent of a child with a disability. After listening and hearing the information, learning that her daughter is suicidal but she does not know where to access help as she does not have health insurance and has limited income to pay for services and has been using the left-over money, she has to access a counselor and has no more. I carefully explain to her the programs available to her and their family to access insurance and to start the process of receiving the care and attention through programs to help her daughter be in a better situation and to work on getting her healthy. Again, she replies**, "I think we make to much money for Medicaid."** I let her know there are several ways to enter a Medicaid funded program and we would check them all and if none work, we would work on other programs that may help with those costs. I could see the relief, even in just in her voice. As the days and weeks that go by, together we find solutions. We did. Her daughter is now receiving services that are helping her understand herself, services for her daughter's education, services at the home and my help continues with the follow-up and care that not only her daughter needs but that the family needs.

- I receive a call from my director that a referral has come to her through a physician in Minot. I reach out to the nurse with a release of information and gather all the details of the case. Turns out that a baby was shaken and the mother is seeking support. I immediately try to contact the parent as to make sure she knows there is help here including emotional support. A situation such as this needs the most care and privacy in the moment. This situation would not only involve much medical help and care coordination but also legal issues, mental health and delicate support. I have for over 5 years helped coordinate the services this family's needs including, health and well-being, coordination of multitudes of physicians and specialists, Early Intervention Program, programs throughout the Brain Injury and Developmental Disabilities system, Education, held her hand, wiped her tears, stood by her while her child was life-flighted out-of-state in the middle of the night, connected her to every resource I know possible in ND. Through all of this, building her confidence as a parent of a child with special needs, and knowledge

of advocacy on her part. I will also mention, she has another child with PTSD and challenges as well. Key here is family, piece together every known service ND offers, and be there for her family.

I have spoke about two real-life situations that Family Voices of ND staff work with every day. Many more happen every day. We encompass all health areas physical and mental health to help families navigate systems. We support families in education environments, we navigate the private and public insurance systems, we make it our priority to search programs and agencies that support families with children and youth with special health care needs, chronic health conditions and disabilities. We are active with policy makers both locally, statewide and nationally. We support families so their voice may be heard. We work with providers so families have a place to go and know they are talking with someone with lived experience. We train families, self-advocates and professionals. For myself, personally, the most important part of my job is to be there when families need you the most.

I want you to know after 19 years as a consultant and many more as a parent, many of our calls come in times of crisis. If I can help support that family by my knowledge, empathy and caring way, I have achieved the number one goal of what we are about. I have stayed with this job as it has given me confidence as a parent from many years ago when I as a parent needed the help of Family Voices of ND. As a staff member of Family Voices of ND, as hard as it can get, it is the most rewarding opportunity I have ever had. I am part of a wonderful team at Family Voices of ND and a very large village of parents who have children with special needs. We as staff members, are all persons who have children with a disability or special health care need. We support and learn from each other as well every day.

I encourage all of you to go to the ND Family Voices of ND website www.fvnd.org that offers a look into 2 families that Family Voices of ND supports and their story and how our support has helped their families.

I want to take this time to encourage you to consider restoring the language of HB1035 to SB2012. HB1035 established DHHS to move forward with the creation of a cross-disability waiver which was the

recommendation of the Alvarez and Marsal study, SB2256 from last session. A cross-disability waiver would better address the gaps in services currently in the IDD waiver we currently have. Currently we are working with families whom the criteria for eligibility for the IDD waiver are too stringent and not meeting the needs of our families who have children with developmental disabilities.

I would also like to encourage you address the rate structure for DSPs in our community. All the talk on workforce shortage we seriously need to have competitive wages for those that deliver direct supports to people with developmental disabilities. The rate structure needs to be inline with all other agencies.

Thank you for your time and consideration.

Vicki L Peterson

Family Voices of ND

Family Consultant

vicki@fvnd.org

701-258-2237

Testimony Prepared for the
House Appropriations – Human Resource Sub-Committee
March 10, 2023
By: Kim Jacobson, Agassiz Valley Human Service Zone Director

RE: Senate Bill 2012 – Human Service Zone Budget

Chairman Nelson and members of the House Appropriations - Human Resources Division, my name is Kim Jacobson. I am the Agassiz Valley Human Service Zone Director, which includes the service area of Traill and Steele Counties. In addition, I serve as President of the North Dakota Human Service Zone Director Association. Please consider my testimony in support of SB 2012.

Human service zones provide a wide array of social and economic assistance services to the citizens of North Dakota. These are frequently termed as safety net services and designed to assist our most vulnerable. As human service zones, we provide core services to local communities, targeting local needs with responsiveness and presence and valuing collaboration and a work as one approach. We believe this the best way to serve North Dakotans.

The human service zone model is a hybrid of the best aspects of a local government delivery system along with some of the best features of a state government delivery system. This transition to human service zones has been a major change and there have been growing pains. However, many positive services and outcomes have been achieved since the inception of human service zones. While we have faced challenges, we are on the right track as we continue to strive for effective, efficient, and quality human services. We are grateful for the support of the legislature during this process and for the permanent property tax relief provided through this effort and partnership.

Today, I ask for your continued support. SB 2012 contains the appropriation request for all nineteen human service zone budgets. Zone budgets are funded utilizing SIIF funds and is commonly referred to as the 457 fund. I ask for your support of budget request along with any additional proposed appropriation requests that may result through this legislative session. Such examples include SB 2139 (indigent burials) which would allow for unified statewide rates to funeral homes for providing final disposition services for indigent individuals. In addition, HB 1046 (human service zone indirect costs) impacts SB 2012. HB 1046 would redefine the definition of indirect costs for human service zones. The new definition better aligns with generally accepted accounting practices and treats costs related to an asset within the same fund. Both SB 2139 and SB 1046 are important bills and are supported by human service zones along with the recognition for the need more additional appropriations to implement and deliver services detailed in those bills.

Over the past several years, we have learned that fiscal nimbleness is especially important to supporting the work of human service zones. Continued fiscal flexibility is requested to support our transition to human services zones, ongoing redesign efforts, and to provide for specialty programming such as CHINS (children in need of services), CPS (child protective services) centralized intake, transitioning economic assistance programs to four regional service hubs, and other human service zone-related innovation in government. In addition, safety permanency funds, an area within the human service zone budget, is a critical tool in providing nimble supports to children and their families within the child welfare system.

The Department shared with you information about the proposed transfers of state employee wages/benefits from the 457 fund to the Department budget. Along with zone positions, there are 156 state positions funded in the 457 (property tax relief) fund. The majority of these state positions were former county/zone employees but transferred as part of specialty units and are now state employees. However, there are currently seven executive-type state

positions, that were not in existence prior to the formation of human service zones, that are funded out of the 457 fund. This comingling of state and zone employees from the 457 fund has become confusing. I encourage the legislative body to understand and consider how the 457 funds are used from both an appropriations and policy perspective.

Human service zone budgets are developed through a collaborative process. After preliminary guidance meetings and tool development, the human service zone director for each individual zone develops a proposed budget. When completed, the proposed budget is submitted to the Department for review and any needed follow-up. This has proven to be an effective collaborative process. Mid-year, the Department reviews each human service zone's expenditure trend lines. Upon reviewing projections, the Department enters into discussion with the zone director. In result, the next zone payment may remain the same, increased or decreased. This process upholds the work as one approach and allows for collective decision making and problem solving.

The 457 fund has a total pool of full-time equivalents (FTES) assigned. This is another area where the Department and human service zones, work together as one, to manage the employee pool. When an opening occurs, the human service zone submits a request to fill to an FTE Committee. This committee consists of several human service zone directors and state office team members. This committee meets twice per week to consider requests received. This has also proven to be an effective and efficient way of managing the statewide pool and hiring requests. Frequently, decisions are made within the week of submission unless additional information is needed to support informed decision-making.

SB 2012 includes salary increases for human service zone team members consistent with state employees. This practice began with the passage of SB 2124 during the 66th Legislative Assembly. For most human service zone team members, there was zero annual performance increase in 2020. This was our first year as operating as zones. For most zone

team members, our salaries were frozen from 1999 until we received the same increases as state employees in 2021. This placed us one year further behind in being able to adjust to market changes, workforce changes, and cost of living changes during a very turbulent time.

As human service zones, we collectively request for all human service zone team members eligible for an annual performance-based increase to receive their adjustment on July 1, 2023 and on July 1 annually thereafter. This would transition our timeline for annual increases to the same schedule as other merit system employees and would align with salary scale changes authorized by the legislative body.

Based on federal law, all human service zone employees must be compensated within the merit system guidelines and ranges. When human service zones formed, we learned that there are many salary/benefit inequities within a single human service zone, between the nineteen human service zones, and with the Department. While SB 2124 provided equity dollars, these funds were used to transition several specialty units (home and community base case management, child care licensing, quality control, etc.) positions from county employment to state employment and to fund initial host county benefit transition costs when human service zones were first formed. There was no ability to address salary inequities for human service zone team members.

Our inability to address salary and benefit equity has been a struggle that human service zones have faced. We need your support and assistance. This is critical to solve workforce issues to ensure we have the personnel to provide services to local citizens across the state and to avoid service deserts. While compensation and benefit equity were first noted as an essential element of forming zones during the 66th Legislative Assembly, we have not had that need met with appropriation levels to strategically address compensation and benefit equity despite honorable intentions.

We recognized that are not alone in the search to retain and recruit quality workforce. However, human service zones compete with health care, long term care, private industry, education, along with the Department and each other for qualified individuals. It should be noted that the work performed by human service zones is community-based and client facing work. This creates a level of complexity and risk that not all our competitors experience and should be recognized in compensation practices.

I would like to refer you to the supplemental handout which includes turnover data from human service zones in two main areas of programming – child welfare and eligibility services. It highlights the workforce crisis that human service zones are facing.

- 37.31% turnover statewide in Child Welfare positions (child protection, foster care/in-home case management). Notables: Cass Human Service Zone at 64.58%; Mountain Lakes Human Service Zone at 64.71%; Mountrail McKenzie Human Service Zone at 40%; and Burleigh Human Service Zone at 34.9%.
- 24% turnover statewide in Economic Assistance Workers. Notables: Cass Human Service Zone at 39.13%; Grand Forks Human Service Zone at 31.25%; Mountain Lakes Human Service Zone at 33.33%; and North Star Human Service Zone at 35.71%.

The turnover in our workforce system has been nearly crippling. Child welfare services are key to protecting children, empowering, and engaging families. These team members frequently go into client homes, make home visits, and discuss very sensitive and personal matters with families. This is a very challenging and at times dangerous occupation. Our economic assistance team members assist the most economically fragile North Dakotans with essential safety net services. They make eligibility determinations for health care coverage, food, heat, child care, and other essential services which is a huge responsibility. Zone

positions are highly specialized and require high level on the job training and certification. For us, turnover costs are especially costly from both a service and employer perspective.

When zone team members are interviewed prior to departure, common reasons for leaving include compensation, workload stress/volume, workload complexity and/or work-related hazards. When recruiting new prospective team members, common reasons for not being able to onboard highly qualified candidates include poor compensation, high level of responsibility/duty related to pay, and for some of our highly rural and/or impoverish areas, lack of interest in relocating to a specific area. Yet, all areas of North Dakota are important and deserve quality service.

The need to address equity was identified in numerous legislative sessions. This past interim, a legislative study was selected to better understand this issue. In result, the analysis provided by Gallagher was completed focusing on compensation and benefit equity for human service zones. I ask for support the recommendations and to fund the equity study. Simply said, we need more tools and immediate relief. This is key to address disparities as we work to stabilize our labor market and to train, supervise, and support team members to provide quality services to citizens.

Thank you for consideration of my testimony. I stand for questions from the committee.

2022 North Dakota Human Service Zone Turnover

Child Welfare
&
Economic Assistance

2022 North Dakota Human Service Zone Turnover

Child Welfare

Total Child Welfare Positions Statewide

341.40

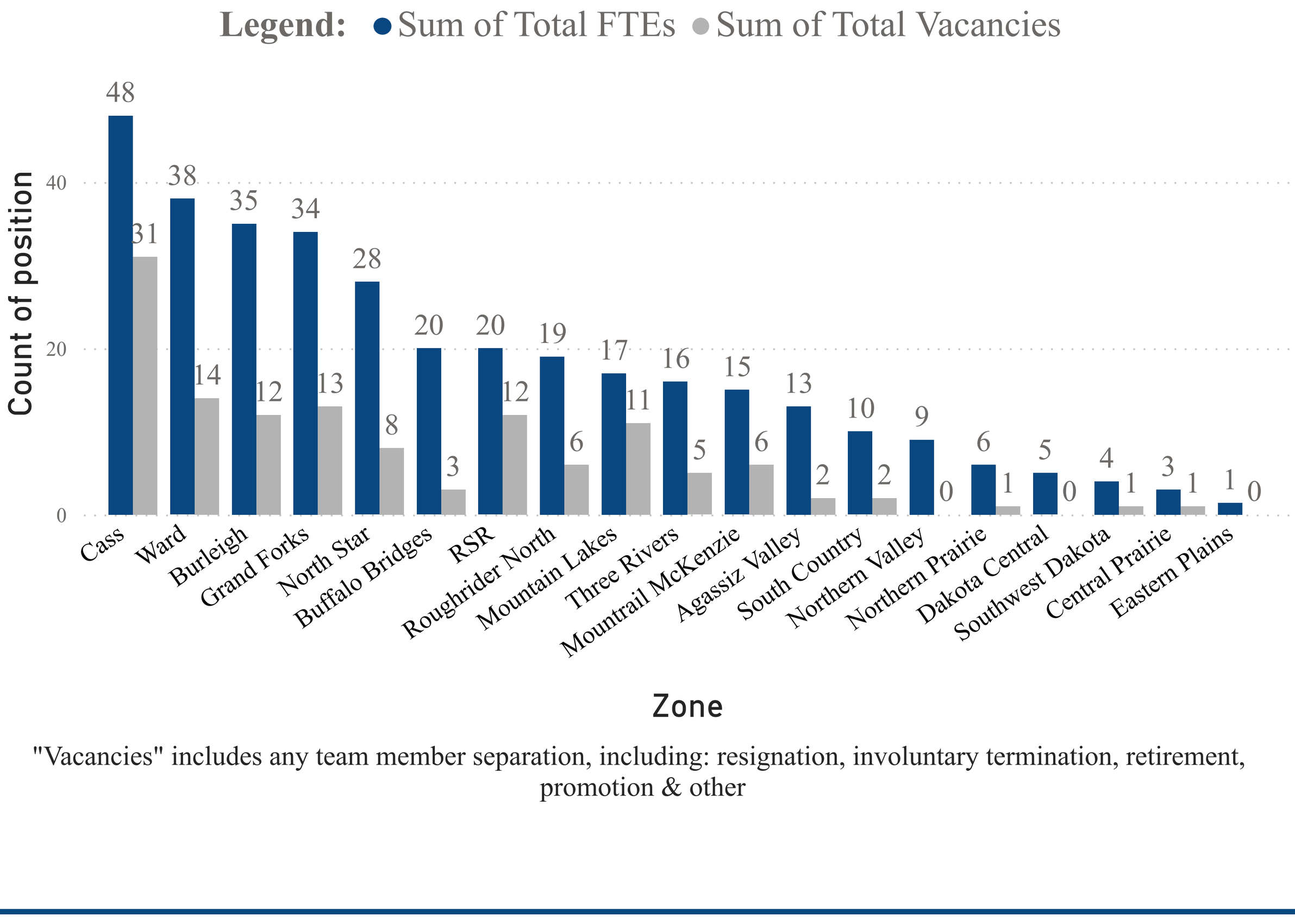
Total Child Welfare Vacancies Statewide

128

Child Welfare Turnover Statewide

37.49%

Comparison: Total FTEs to Total Vacancies by Zone



"Vacancies" includes any team member separation, including: resignation, involuntary termination, retirement, promotion & other

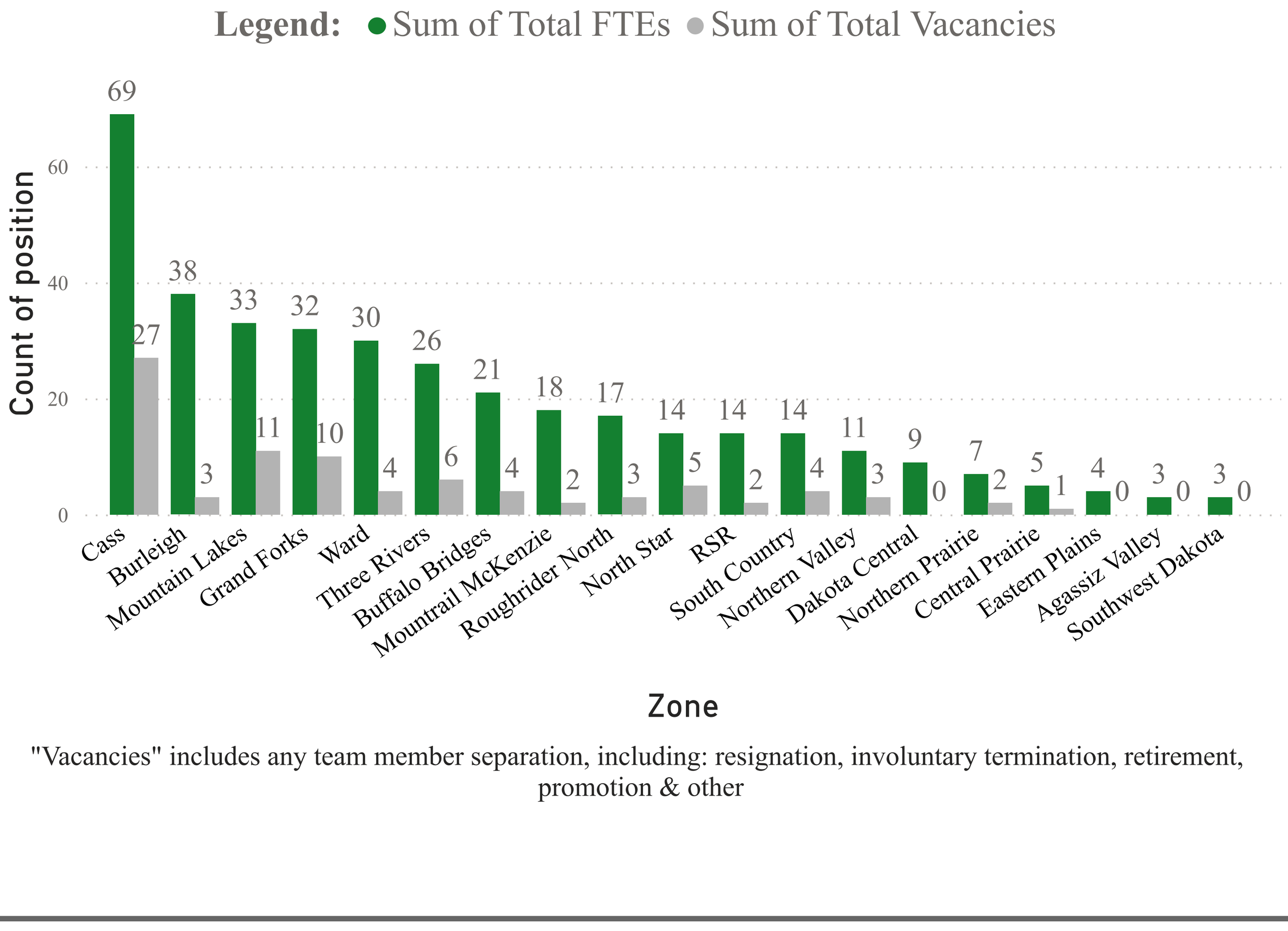
2022 North Dakota Human Service Zone Turnover
Economic Assistance

Total Economic Assistance Positions Statewide	Total Economic Assistance Vacancies Statewide
368	87

Eligibility Worker Turnover Statewide

23.64%

Comparison: Total FTEs to Total Vacancies by Zone



"Vacancies" includes any team member separation, including: resignation, involuntary termination, retirement, promotion & other

2022 Child Welfare Turnover by Zone

Zone	Sum of Total FTEs	Sum of Total Vacancies	Sum of Turnover %
Agassiz Valley	13.00	2	15.38%
Buffalo Bridges	20.00	3	15.00%
Burleigh	35.00	12	34.29%
Cass	48.00	31	64.58%
Central Prairie	3.00	1	33.33%
Dakota Central	5.00	0	0.00%
Eastern Plains	1.40	0	0.00%
Grand Forks	34.00	13	38.24%
Mountain Lakes	17.00	11	64.71%
Mountrail McKenzie	15.00	6	40.00%
North Star	28.00	8	28.57%
Northern Prairie	6.00	1	16.67%
Northern Valley	9.00	0	0.00%
Roughrider North	19.00	6	31.58%
RSR	20.00	12	60.00%
South Country	10.00	2	20.00%
Southwest Dakota	4.00	1	25.00%
Three Rivers	16.00	5	31.25%
Ward	38.00	14	36.84%

2022 Economic Assistance Turnover by Zone

Zone	Sum of Total FTEs	Sum of Total Vacancies	Sum of Turnover %
Agassiz Valley	3	0	0.00%
Buffalo Bridges	21	4	19.05%
Burleigh	38	3	7.89%
Cass	69	27	39.13%
Central Prairie	5	1	20.00%
Dakota Central	9	0	0.00%
Eastern Plains	4	0	0.00%
Grand Forks	32	10	31.25%
Mountain Lakes	33	11	33.33%
Mountrail McKenzie	18	2	11.11%
North Star	14	5	35.71%
Northern Prairie	7	2	28.57%
Northern Valley	11	3	27.27%
Roughrider North	17	3	17.65%
RSR	14	2	14.29%
South Country	14	4	28.57%
Southwest Dakota	3	0	0.00%
Three Rivers	26	6	23.08%
Ward	30	4	13.33%

North Dakota House Appropriations Committee - Human Resources Division
In Support of SB 2012 - DHHS Budget - Behavioral Health and Medical Services

March 10, 2023

Good morning, Chairman Nelson and members of the committee,

My name is Katie Jo Armbrust and I work for the Grand Forks Housing Authority. I'm here to support the Behavioral Health Division budget within SB 2012, specifically the Permanent Supportive Housing (PSH) Grant, as well as recommend changes to the Medicaid 1915(i) State Plan Amendment (SPA).

Behavioral Health Division

As the primary provider of affordable housing in Region 4, the Grand Forks Housing Authority (GFHA) has become increasingly familiar with the need for home and community-based services over the last several years to assist folks with an array of support services, of utmost importance to our agency, housing supports to help them obtain housing and remain in housing. With community collaboration and support, our organization was a co-developer of LaGrave on First which opened in August of 2018, and today we manage the property, the voucher administration, and services on-site both with our own staff and community partners.

LaGrave on First is a 42 unit apartment complex in Grand Forks for individuals who were experiencing chronic homelessness. The one-bed/one-bath apartments are on the second through fourth floors with the entire first floor designated for resident amenities including office space for services provided on-site, community room, free laundry, kitchen and dining, computer room, exercise room, and even an incentive closet. LaGrave on First utilizes Housing First, an approach endorsed by the federal government to end homelessness by reducing barriers such as requiring tenants to be sober prior to moving in or having a good credit score, and uses the Coordinated Entry System to receive referrals when a unit opens up, which ensures we are serving the most vulnerable population of individuals experiencing chronic homelessness. LaGrave on First offers Permanent Supportive Housing: permanent meaning there are no restrictions on the length of tenancy, we utilize standard 12-month leases that you and I would have; supportive meaning there are voluntary services offered on-site and coordinated for off-site to help tenants meet their goals and keep them housed; rents are affordable to each tenant through Federally funded Project-Based Vouchers, each tenant pays approximately 30% of their monthly income towards rent.

Our organization is committed to the wellbeing of tenants at LaGrave on First, we have surveys and studies on an ongoing basis and we reflect on what services are needed for tenants as time goesThe Behavioral Health Division's PSH Grant was created during the last session and has been instrumental in helping provide the best support for the people who live at LaGrave on First. The PSH Grant has supported our Housing Support Specialists, the 24/7 staff that are key for tenants: they provide a wide variety of services from helping tenants understand letters from

the landlord, to providing de-escalation and intervention when situations arise, to simply listening to tenants that need help when it's 3:00am and suggesting additional services. When acquiring or developing service delivery that meets the needs of our tenants, it can be difficult to begin with due to the later hours that some tenants are more active. This grant has enabled us to secure different positions such as LACs, mental health counselors, and wellness coaches coming during off-hours, outside of Monday to Friday 8-5, and it has been wonderful to watch the process of tenants slowly becoming engaged, building trust with professionals who don't judge and are there to meet our tenants where they are at - both in a physical sense and in the sense of where they're at in relation to their behavioral health condition. Last year we partnered with the UND Occupational Therapy (OT) department to have their students intern on-site; the notable improvements have demonstrated the benefit of OT for tenants in many ways and we're currently in the process of hiring a full time Occupational Therapist.

In summary, we've done our best to secure funds to provide fully comprehensive services that meet tenants needs, this grant is exactly what we needed. The Behavioral Health Division has been doing things the right way over the last several years by encouraging the use of evidence-based practices and demonstrating the need for resources to cover the full continuum of care from prevention to recovery, and the PSH Grant is a great example of a program to be supported within that continuum.

Medical Services

The GFHA has been a strong supporter of the State's development of a 1915(i) to address the overwhelming needs of people with behavioral health conditions. We support its continued inclusion, with the caveat that we also strongly recommend changes to improve the functionality of the 1915(i), as well as the accessibility for those it's intended to serve.

The first recommended change would increase the number of providers for services eligible through the 1915(i): reduce administrative burden, for both the State and provider agencies, by eliminating the need for individual employees to enroll as a provider in addition to each agency. The GFHA is an enrolled group Medicaid 1915(i) provider, with a handful of employees also enrolled as individual providers. Enrollment of a group provider alone covers the responsibilities of ensuring employees of that provider agency meet the qualifications of service staff, at least that's how it works everywhere else in the country. North Dakota's 1915(i) is unique in its requirement for individual staff to enroll in addition to the agency, and it's not a benefit to anyone.

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

rates that improve functionality for all involved. This would particularly make sense for the housing services, but may be beneficial for other services, too.

Lastly, we need to address the challenges with getting individuals from determining eligibility to receiving the authorized support services, starting with a recommendation to remove utilization of the WHODAS and moving to a referral system. Our neighbors in Minnesota have a different eligibility process that does not have half as many steps for folks to fall through the cracks. We recommend that the Department have an independent review for bias and equity of the WHODAS, which will likely lead to finding an alternative.

Thank you for the opportunity to be here, I'll stand for any questions.

Respectfully submitted,

Katie Jo Armbrust

#23730

OUR SERVICES

Housing (Bismarck/Fargo)
- Housing Rental Assistance
- Utility Assistance
- Hotel/Motel Vouchers
- ND Rent Help Application Counselor
- Housing Support Specialist
- Housing Referrals

1915(i) Medicaid Service Provider (Bismarck)
- Care Coordination
- Family Peer Support
- Peer Support
- Housing Supports
- Supported Employment
- Non-Medical Transportation
- Training & Support for Unpaid Caregivers

Community Connect Services and Free Through Recovery Services (Bismarck/Fargo)
- Food
- Clothing/Hygiene
- Bus Pass
- ID/Birth Certificate
- Cell Phone/Minutes
- Employment Expenses
- Education Expenses
- Peer Support
- Recovery & Cultural Programs
- Life Skills Development Classes
- Parenting
- Referrals to Treatment
- Advocacy Support
- Tech Assistance
- Referrals to Traditional Spiritual Advisors

Transportation Services (Bismarck/Fargo)
- For clients enrolled into our programs seeking employment, medical appointments, Sweat Lodge, Sundance and Ceremony
- For people being discharged from Sanford Health Hospital

Community Access and Assessment Site for Resources and Services (Bismarck/Fargo)

Workforce Development Site (Bismarck)
- Senior Work Experience Site
- Internships
- Community Service

Indian Education Curriculum Development (Statewide)

Cultural Sensitivity Training (Bismarck/Fargo)

Vaccination Clinic Outreach by Sanford Health (Bismarck)

CONTACT

HOURS:
Monday thru Friday: 8:00 am - 5:00 pm

NATIVE, Inc.

Bismarck Headquarters
Native American Development Center
2403 East Thayer Avenue
Bismarck, ND 58501
Inquiries: 701.595.5181, dial 1
Programs Director:
(701) 595-5181, dial 11
Email: info@ndnadc.org

Fargo-Moorhead Office
The Fargo Engagement Center
222 4th Street North
Fargo, ND 58102
Inquiries:
(701) 936-3258
Email: mona@ndnadc.org

TO DONATE,
www.ndnativecenter.org/donate



FOR MORE INFORMATION OR TO SIGN UP FOR OUR MAILING LIST

Website: www.ndnadc.org

@NDNATIVEINC
@native_inc
@native_inc
@ndnativeinc

NATIVE INC.

Community Development Corporation

STRENGTHENING NATIVE AMERICAN COMMUNITIES

ABOUT NATIVE INC.

The Native Community Development Inc., doing business as NATIVE, Inc., is a community development corporation designed to serve Native American and ALL other underserved races living in urban areas in North Dakota.

Native, Inc. is an access and assessment site in the Bismarck and Fargo regions.

NATIVE, Inc. has 12 employees in the Bismarck office, eight (8) are service staff. We have two (2) service staff in the Fargo office and we will be opening an office in Grand Forks in 2022.



OUR MISSION

Our mission is to create safe and inclusive communities within urban areas across North Dakota through affordable housing, culture, education and workforce and economic services.

OUR EVENTS

Day Pow-wows
Community Gatherings
Cultural Events
First Nations Day

Holiday Events
Bismarck Metro
Community
Resource Fair

OUR PROGRAMS

To Register for Programs: www.ndnadc.org

Great Plains Indians Youth Center (Bismarck/Fargo)
- Youth Afterschool Program: Wednesdays 3:45pm-5:45pm
- Youth Drum Classes: varies
- Youth Indian Dance Classes: varies
- Youth Social Night: Fridays, varies 6pm-8pm

Positive Action Program: an evidence-based program for juvenile delinquency prevention. Targeted to Native American youth and families. 4-week series; dates/times announced.

ND Indian Youth Leadership Program (Statewide)
- Life Skills Development
- STEM
- Financial & Entrepreneur Education
- Polytech and Career Planning

(partnerships with UTTC, BSC & BND)

Community Connect Program (Bismarck/Fargo)

Free Through Recovery Program (Bismarck/Fargo)

Trauma Informed Group Therapy for Youth and Families (Bismarck)

Career Programs
- Internships & Entrepreneurships
- Volunteer Program

Housing Programs (Bismarck/Fargo)

Parenting Programs (Bismarck)
- Fatherhood is Sacred
- Motherhood is Sacred

Cultural Programs (Bismarck/Fargo)
- Beading Classes
- Ribbon Skirt Making Class
- Regalia Making Class
- Indian Dancing Class
- Horse Dance Stick Making Class
- Hand Drum Making Class
- Arts & Crafts
- Talking Circles
- Tipi Setup
- Rites of Passage (Male/Female)
- Elder Story Telling

Native Arts Professional Development (Virtual) Training (Statewide) April 14-15, 2022

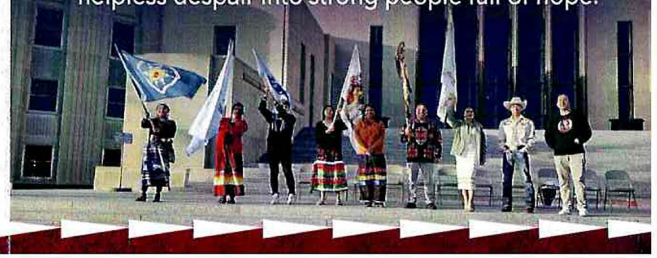
OUR MODEL

Our model is a continuum of care for individuals and families.

- Consumer Economics
- Homeless Prevention
- Behavioral Health Recovery & Prevention
- Juvenile Justice Delinquency Prevention
- Children and Family Engagement
- Youth Development
- Culture and Language
- Support Services
- Resource Navigation and Referral Center
- Research and Policy Development

OUR VISION

We are Native Americans living and working in the Bismarck Metro area. We are respected and appreciated. We have prosperous, healthy families and are proud of our Native American heritage. We are respected political and civic leaders. We are well-known for our athleticism and healthy lifestyles. Our languages and lifestyles link current generations to the ancient indigenous people who lived in harmony with the earth. We are a courageous people telling the truth about a history of conflict, yet willing to forgive and to reconcile with brothers and sisters. We are a welcoming people, sharing with those new to the community and those who cannot meet their basic needs. We are respectful and generous, and we stand in solidarity with those who seek to improve their lives. Native Inc. helps transform those who feel helpless despair into strong people full of hope.



Our Mission

For the Great Plains Indians Youth and Family Engagement Center is to intervene and prevent racial disparities amongst Native American youth and their families involved or at-risk of being involved with the justice system through college and career readiness educational opportunities, culturally relevant parenting curriculums, and life skills and cultural identity development.

About GPIs YFEC

The Great Plains Indians Youth and Family Engagement Center (GPIs YFEC) is partially funded by the North Dakota Division of Juvenile Justice, U.S. Department of Health and Human Services and fully funded by NATIVE, Inc., and the Native American Development Center. The programs held through this engagement center serve Native American youth and families living in the Bismarck urban area, and it is currently expanding into the Fargo urban area.

We provide a community space for Native Americans to engage in and access culturally responsive programs and cultural connections to ensure their sense of belonging within mainstream communities. A culturally relevant environment with mentors and role models fosters a culture of resiliency and perseverance necessary for the development of self-efficacy amongst a population facing similar societal struggles. Culture is a protective factor to prevent suicide, anti-social and unruly behaviors, behavioral health, and health disparities. This is a safe community space for surrounding students and citizens within urban areas to access human, employment, transportation, housing, and financial services to meet the basic needs of their lives, to access educational and career opportunities, entrepreneurship, financial literacy, and leadership to improve their lives, and tribal cultural programs to develop self-esteem and cultural identities, to access Tribal, State, and local resources to supplement barriers caused by poverty and access referrals to case management services to prevent behavioral health, criminal behaviors, and homelessness.

GREAT PLAINS INDIANS YOUTH & FAMILY ENGAGEMENT CENTER BY NATIVE, INC

NATIVE AMERICAN DEV. CENTER / NATIVE, INC.
2403 E. Thayer Ave, Bismarck, ND 58501

GENERAL INQUIRIES/TO REGISTER:
(701) 557-7318

GENERAL INQUIRIES/TO REGISTER:
YOUTH & COMMUNITY COORDINATOR
RAY MOORE
(701) 595-3584 • (701) 557-7318
ray@ndnadc.org

ADMINISTRATOR
LORRAINE DAVIS
(701) 557-7313 • lorraine@ndnadc.org

NATIVE INC. Community Development Corporation

EVENTS CALENDAR
www.ndnadc.org/event

GREAT PLAINS INDIANS YOUTH & FAMILY ENGAGEMENT CENTER BY NATIVE, INC

NATIVE INC.
Community Development Corporation

NATIVE, Inc.'s GPIs YFEC strives to **IMPROVE STUDENT ACHIEVEMENT OUTCOMES** through the following strategies:

1. To increase high school **GRADUATION** and choice readiness through our "after-school" tutoring program.

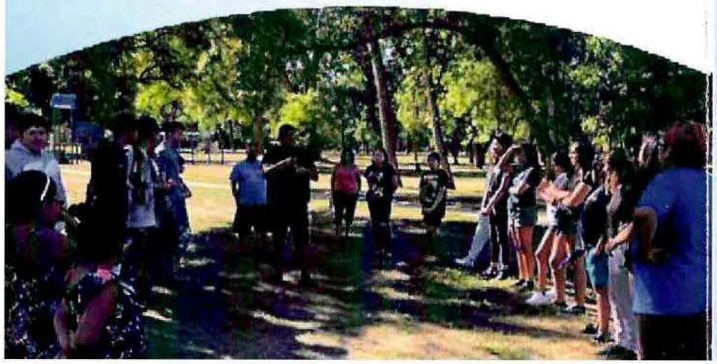
2. To prevent and **REDUCE SCHOOL DROPOUT RATES** and truancy through our "out-of-school" programs focused on recreation, wellness, and life skills and cultural identity development.

3. To increase mental, social, emotional, and **CULTURAL LEARNING** and the opportunity to develop **POSITIVE RELATIONSHIPS** with our mentors and support staff for our youth through our "out-of-school" programs focused on recreation, wellness, and life skills and cultural identity development.

4. To increase a sense of **BELONGING** and **CULTURAL CONNECTIONS** through multi-tiered care coordination of resources and services offered to the youth and families through our "out-of-school family wellness, parenting and cultural programs.

NADC'S role in the GPIs YFEC is to **INCREASE WORKFORCE DEVELOPMENT** outcomes through the following strategies:

1. To **INCREASE** high school **GRADUATION** and choice **READINESS** through our tutoring, college and career readiness programs held during "afterschool" programs.











>> About NATIVE, Inc.

NATIVE, INC. is a Native American-led community-based organization designed to meet holistic needs of youth, families and communities living within urban areas of North Dakota. NATIVE, Inc. provides many services to individuals and families, i.e., housing, employment, transportation, behavioral health, prison recidivism and juvenile delinquency prevention.

To learn more: **www.ndnadc.org**

>> About NADC

NATIVE AMERICAN DEVELOPMENT CENTER is Native Community Development Financial Institutio providing finance, economic and workforc development services involving access to micr business and credit builder loans, a start-up busines incubator, financial education and coaching an college and career readiness. NADC partners wit the Bismarck State College, Bank of North Dakota.

NADC is funded by foundations, and ND Departmer of Commerce's Economic and Financial an Workforce Development Divisions.

>> YOUTH & FAMILY SERVICES

Workforce Development Programs

- **College and Career Readiness for high schoolers and adults** (partnership w-BSC)
- **Law Externship Program** (partnership with UND Law Program)
- **Internship Programs** (partnerships w-UTTC, Minot State, U of Mary, BSC)

Out-of-School Youth & Family Programs and Events

After-School Tutoring with transportation services to/ from schools and home

Positive Action Program (evidence-based juvenile delinquency prevention for 6th-12th graders and their parents)

Community-based Indian Education for youth and families

NEXT GEN Red Road Program for youth and parents. (Native American curriculum to address intergenerational trauma)

Youth Social Nights

Peer and Family Supports

Motherhood and Fatherhood is Sacred Programs for Parents

Cultural Identity Development

- **Cultural Activities** (Indian Dancing Classes, Drum Singing Classes, Drum Making Class, Regalia Making Classes involves beading, sewing, leathermaking, etc.)
- **Spiritual Activities** (Talking Circles, Traditional Prayer Teachings and Protocols, Sweat Lodge and Sundance opportunities, Honoring Ceremonies for graduates and other achievement recognition)
- **Life Skills Development** (Boundary setting, emotional intelligence, positive thinking, anger management, self-efficacy, etc.)
- **Healthy Relationship Building** (Youth Talking Circles and other various curriculums)
- **Basketball Skills Camp** (Mini-Scholarships for sportswear on need-basis)
- **ND Indian Youth Leadership Academy** (Summer & Out-of-School Engagements)
- **Powwows**
- **Community Gatherings and Holiday Events**
- **Housing Supports**
- **Case Management, Transportation, Essential Resources for families.**
- **Programs held through youth group settings, family settings, one-on-one case management., in-home check-ups and youth camps and trips.**

NATIVE INC.
Community Development Corporation

Native American Development Center
2403 East Thayer Avenue
Bismarck ND 58501
Tel: (701) 595-5181
Website: www.ndnadc.org

Fargo Downtown Engagement Center
222 4th Street North
Fargo, ND 58102
Tel: (701) 412-2735
Website: www.ndnadc.org

March 09, 2023

NATIVE, Inc.
SB 2012
House Appropriations Committee
Human Resources Division

Mr. Chairman Nelson and Members of the Committee,

My name is Lorraine Davis, Founder, and CEO of a statewide Native American-led community-based organization called NATIVE, Inc. serving people living in the Bismarck and Fargo metro areas with homeless, behavioral health, and criminal justice prevention services to adults, and youth, and families. I have attached brochures of NATIVE, Inc. and the Great Plains Indians Youth and Family Engagement Center for your review.

I am here today in **support** of Senate Bill 2012 as it relates to Human Services, Children and Family Services and Behavioral Health Services. In continued and expanded funding to the ND Department of Health and Human Services budget, you will be helping so many North Dakotans get the appropriate services they need. It is through State, Tribal, and nonprofit organization partnerships that make this work a success.

NATIVE, Inc. is a partner with the ND DHHS with several contracts. NATIVE, Inc. currently has 17 employees (i.e., 14 in Bismarck and 3 in Fargo). We are service providers of the Free through Recovery Program, Community Connect Program and 1915(i) Programs. NATIVE, Inc. is a major service provider toward meeting the cultural needs of Native American populations in North Dakota (ND). Native Americans are disproportionately represented in the criminal justice systems both juveniles and adults, and in homelessness. Also, Native Americans have lower scores through 3-12 grades public education system in ND. Although graduation rates have improved over the last few years, they still have lower graduation rates compared to other subgroups and are only a few enrolled into the Choice Ready initiative.

NATIVE, Inc. is newer to Children and Family Service programs. We are currently forming a partnership with the Burleigh Human Service Zone and Standing Rock Sioux Tribes' Child Protection Program through referrals from their agencies to our organization to provide support services and programs from our Great Plains Indians Youth and Family Engagement Center to their clients. We are also in discussion of a partnership with the ND Children and Family Services division regarding the Kinship Program, Title VI-E Prevention Program, and the Certified Shelter Care Program for youth in Bismarck.

NATIVE, Inc. has been providing adult behavioral health prevention and prison recidivism programs since 2017. In 2020, we began providing juvenile delinquency prevention services to youth in the Bismarck region which led to the creation of the Great Plains Indians Youth and Family Engagement Center. We are planning to expand these programs into the Fargo metro area.

Free Through Recovery Program

Due to the funding allocated every biennium since 2017, NATIVE, Inc. has been able to serve an average of 30 clients at any given month.

Community Connect Program

Due to the funding allocated every biennium since 2019, NATIVE, Inc. has been able to serve an average of 121 clients at any given month.

1915(i) Program

Due to the passing of Medicaid Expansion, NATIVE, Inc. has been able to become a provider of the 1915(i) program with a waiver to provide all service components of the 1915(i) program as we are ready to do so. We just received our final Care Coordination Training for this program. As of today, we will be able to provide 1915(i) care coordination, family and peer supports and housing support services to up to 40 clients. We are currently seeking to hire a second housing specialist.

Although housing services do not fall under the ND DHHS other than the 1915(i) housing supports and ND Rent Help program, NATIVE, Inc. plays a major role as a homeless provider which includes rapid rehousing through rental assistances, street outreach and housing stabilization services.

Opioid Settlement Funds

NATIVE, Inc. encourage legislatures involved in the designation of use of these funds to consider expanding the need for intervention, recovery and prevention including innovative ways that have not been implemented to-date.

NATIVE, Inc. recommends an increase to the Human Service Zones, Division of Children and Family Services and ND Behavioral Health budget and the continued support for Medicaid Expansion. This will continue to foster equitable services to best meet all the needs of people and families impacted by mental health and addiction but also to alleviate the ongoing need for institutionalization.

Thank you for your time and commitment toward addressing human service needs within ND.

I stand for any questions.

North Dakota Disabilities Advocacy Consortium

NDDAC

Many Voices, One Vision

March 10, 2023
House Appropriations – Human Resources Division
Testimony of The North Dakota Disabilities Advocacy Consortium

The North Dakota Disabilities Advocacy Consortium (NDDAC) is a statewide association of 16 organizations which advocate for public policies to ensure that people with disabilities have the supports and services they need to be as productive and independent as possible. NDDAC's legislative platform is attached for your reference.

NDDAC is here today to ask this committee to include appropriations and legislative intent within SB 2012 to ensure the implementation of recommendations from the Alvarez and Marsal study.

The Alvarez and Marsal (A&M) study was a response to SB 2256 passed by the 67th Legislative Assembly, which brought to light the various challenges people with disabilities and their supporters face when accessing disability services. The A&M report detailed a variety of ways North Dakota can build on its strengths to ensure that services are meeting the needs of people with disabilities.

We believe the first and most essential step to turning this study into action is to streamline access to services by combining or blending waivers to create a cross-disability waiver. We believe a cross-disability waiver has the potential to focus on an individual's need rather than an individual's diagnosis, which will create equity in how North Dakota serves individuals with different developmental disabilities. Furthermore, a cross disability waiver will eliminate service gaps experienced by individuals with disabilities due to age and diagnosis, creating more opportunity for long-term health and wellbeing.

This work was included in HB 1035, which was defeated with an understanding that language would be merged into SB 2012.

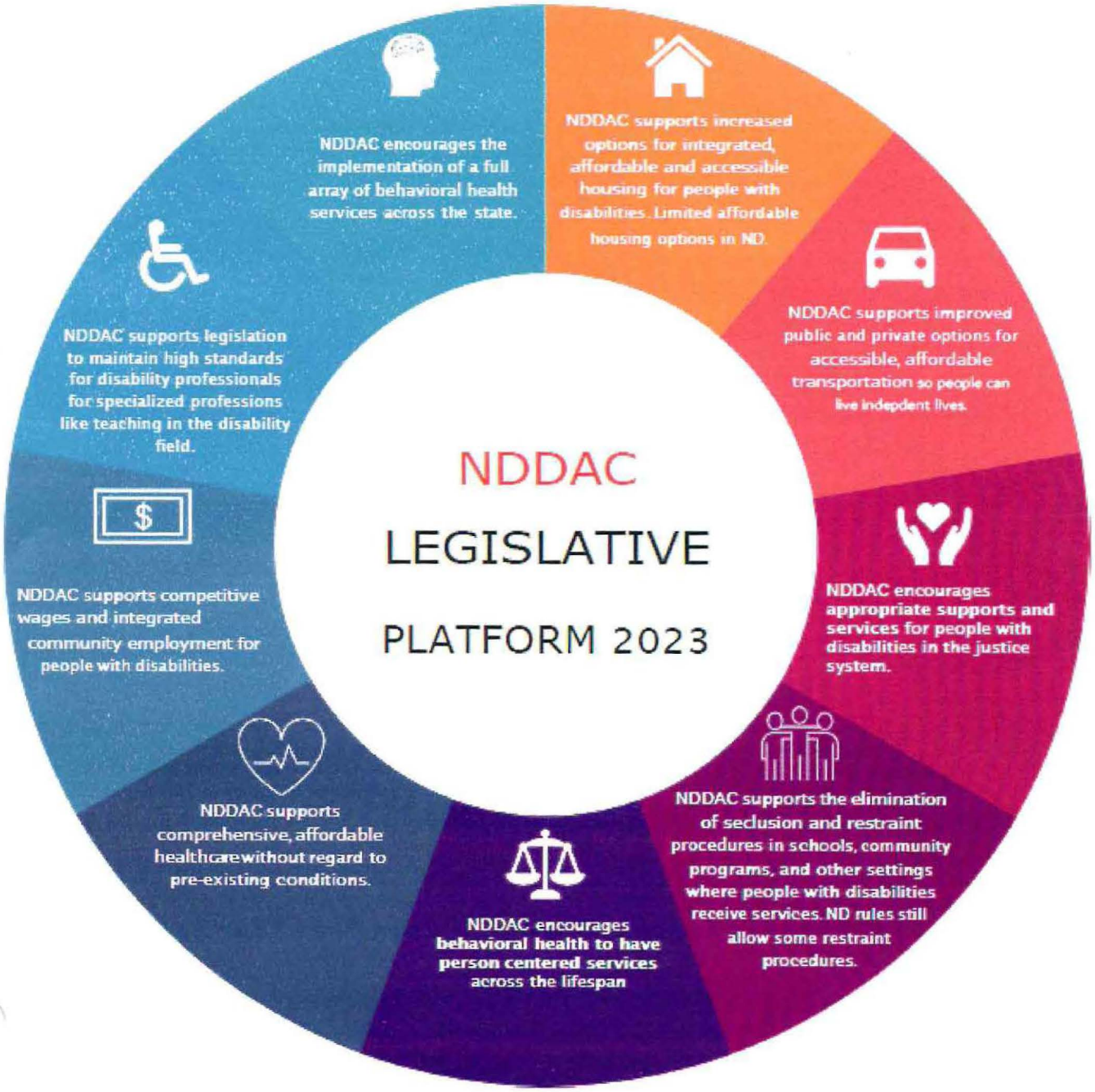
> **SECTION 3. LEGISLATIVE MANAGEMENT REPORT - LEVEL OF CARE REDESIGN - CROSS-DISABILITY CHILDREN'S WAIVER.** During the 2023-24 interim, the department of health and human services shall provide periodic reports to the legislative management regarding the developmental disabilities level of care redesign and cross-disability children's waiver, provide de-identified testing data results, and present potential options for next steps and action plans.

NDDAC appreciates the leadership provided by the legislature to ensure the competition of a study on ND's developmental disability services and programs, which gave us a roadmap to improvement and quality. NDDAC now requests that the members of this committee ensure that

the State implements these recommendations by incorporating the needed appropriation and FTEs to ensure that this important work moves forward.

Sincerely,

Julie Horntvedt, Chairperson
North Dakota Disabilities Advocacy Consortium
www.nddac.org





North Dakota
Alzheimer's Statistics

Prevalence

NUMBER OF PEOPLE AGED 65 AND OLDER WITH ALZHEIMER'S

Year	TOTAL
2020	15,000
2025	16,000

ESTIMATED % CHANGE

6.7%

Caregiving (2021)

19,000
Number of Caregivers

$526,000,000
Total Value of Unpaid Care

14.4% % of caregivers with depression

29,000,000
Total Hours of Unpaid Care

62.0% % of caregivers with chronic health conditions

14.0% % of caregivers in poor physical health

Health Care

HOSPICE (2017)

468
# of people in hospice with a primary diagnosis of dementia

18%
% in hospice with a primary diagnosis of dementia

HOSPITALS (2018)

1,173
# of emergency department visits per 1,000 people with dementia

18.4%
dementia patient hospital readmission rate

MEDICAID

$190M
Medicaid costs of caring for people with Alzheimer's (2020)

13.2%
projected change in costs from 2020 to 2025

MEDICARE

$18,521 per capita Medicare spending on people with dementia (in 2021 dollars)

Workforce

12
# of geriatricians

183.3%
% increase needed to meet the demand in 2050

7,220
# of home health and personal care aides

26.5%
% increase needed to meet demand in 2028

Mortality

 # OF DEATHS FROM ALZHEIMER'S DISEASE (2019)

403

4th *highest death rate in America*

More than ***6 million Americans*** *are living with Alzheimer's, and over* ***11 million*** *provide their unpaid care. The cost of caring for those with Alzheimer's and other dementias is estimated to total* ***$321 billion*** *in 2022, increasing to nearly* ***$1 trillion*** *(in today's dollars) by mid-century.*

For more information, view the ***2022 Alzheimer's Disease Facts and Figures*** report at **alz.org/facts.**

© 2022 Alzheimer's Association® All Rights Reserved. Alzheimer's Association is a not-for-profit 501(c)(3) organization.

AIM
ALZHEIMER'S IMPACT MOVEMENT
alzheimer's association



2022 Alzheimer's Disease Facts and Figures

1 in 3

seniors dies with Alzheimer's or another dementia

Over 11 million Americans

provide unpaid care for people with Alzheimer's or other dementias

These caregivers provided more than 16 billion hours valued at nearly

$272 billion

More than 6 million

Americans are living with Alzheimer's

17%

In 2020, COVID-19 contributed to a **increase** in Alzheimer's and dementia deaths

In 2022, Alzheimer's and other dementias will cost the nation

$321 billion

By 2050, these costs could rise to nearly

$1 trillion

Between 2000 and 2019, deaths from heart disease have **decreased 7.3%**

while deaths from Alzheimer's disease have **increased 145%**

It kills more than **breast cancer and prostate cancer combined**

More than **80%** of Americans know little or are not familiar with mild cognitive impairment (MCI), which can be an early stage of Alzheimer's.

© 2022 Alzheimer's Association® | All Rights Reserved
Alzheimer's Association is a not-for-profit 501(c)(3) organization

alzheimer's association

March 9, 2023

SB 2012 Testimony: DD Provider Rate Increases

Good afternoon Chairman Nelson and members of the Human Resources Division. My name is Mike Remboldt. I am the CEO of HIT, Inc. in Mandan and am a member of NDACP. I am here to testify on behalf of NDACP's 31 members. I will be providing statistics to substantiate our industry's dire situation and to request service payment increases. NDACP is requesting three things: that $1.88 per hour be added to the Wage component for all services included in the Rate Matrix ("Brick" – which is attached for your convenience), that DD providers receive an annual inflationary increase of 5% each year of the for all DD services biennium (or receive the same % as all other Human Service programs), and that Corporate Guardianship be increased by 30 slots along with an increase in the daily rate. The Rate Matrix is attached to this testimony for your convenience.

In his December 7, 2022, Executive Budget Address, Governor Burgum stated that North Dakota's unemployment was 2.3%, which was tied for third lowest in the nation. Turnover in state government in 2021 was nearly 14%. His office recommended annual increases of 6% and 4% respectively during the next biennium. Governor Burgum is also proposed $90 million in targeted equity funding to bring targeted agency salaries closer in line with the overall market. The House of Representatives appeared to concur that 14% turnover was unacceptable and that pay increase would help the State remain competitive by granting $65 million of targeted equity increases to State employees.

These are all recommendations by our Governor and supported by you, to help address employee recruitment and retention issues in State government. NDACP members are experiencing these exact

same issues, but on a much larger scale. I would venture to say that if NDACP's employee turnover was only 14%, we would not be here pleading for payment increases of this magnitude.

During the fiscal year ended 6/30/2022, NDACP members experienced a 47.5% employee turnover rate in our direct line service workers (DSP's). Members reported 1,966 separations out of 4,136 DSP's, with a median length of employment for these 1,966 people being 15 months. That means 983 of these 1,966 people that left did not even stay for 15 months. To compound this high turnover issue, on June 30, 2022, providers also reported 687 open DSP positions. At HIT, we used to get 100 job applications be month, now that number hovers around thirty. NDACP members are experiencing an unprecedented lack of qualified applicants during a time when employee turnover is running at an all-time high.

We are struggling and are finding it increasingly difficult to be able to offer a competitive wage in this exceedingly difficult labor market. I know that our industry is not unique in having to deal with this issue. Our members reported paying $17.91 as an average hourly rate for employees providing residential services. This number means nothing until you understand that the payment we receive from the State for this service includes a Wage component that is based on an average of $16.66 per hour. The same story holds true for day services, providers are having to pay an average hourly rate that exceeds the Wage component of the rate that a provider is being paid for this service.

I am going to attempt to explain how our payment system works without getting overly complicated with the intricacies and nuances. The State starts with a composite score for each person by completing a standardized list of questions and probes. This is referred to as the Supports Intensity Scale (SIS) and it is used to determine how many hours of service to pay a provider for each person requiring that particular service. These hours are then multiplied by a rate identified on the Rate Matrix (Brick).

Simply, the Brick is a tool that is used by the State to determine how much to pay a particular provider for a unit of service. A unit of service identified on the Brick is stated in an hourly rate.

Our platform includes a request to increase the fee that our members receive when providing services to some of the most vulnerable members of our society. This fee increase would be accomplished by increasing the Wage component of our service Rate Matrix (Brick) by $1.88 per hour. When the increase is applied to the Wage component, the other components of the Brick are also adjusted proportionately. The other components included ERE (employer related expenses), Relief Staff, PS (Program Support), and Administration.

Making changes to the Brick will help DD agencies that provide these respective services, which include ICF/ID, Residential Habilitation, Independent Habilitation, Day Habilitation/Pre-Vocational/Small Group, and Individual Employment. While this segment of services includes the largest segment, we must also remember that DD services are much broader and include more services that those identified and paid by the Brick. Other services include, but are not limited to, In-Home Supports and Early Intervention services for children.

The DD Division recently shared the latest DD Grants Utilization Tables. Based on these tables and their projections, the division is projecting to underspend the DD budget grants line item by $42.8 M. You heard correct; the current DD payment system is costing $42.8 M less than is budgeted during the current biennium. I believe after transferring $11 M to LSTC, they are still projecting to spend $31.8 M less that is budgeted.

In conclusion, NDACP agencies are struggling. We acknowledge that our request is not the end all fix, but we need to stay competitive and not exacerbate the issue. NDACP is requesting 1) $1.88 per hour be added to the Wage component for all services included in the Rate Matrix, 2) DD providers receive annual inflationary increases of 5% (or the same as everyone else) each year of the biennium for all DD services, and 3) Corporate Guardianships be increased by 30 slots along with an increase in the daily rate. Thank you for giving me he time and opportunity to share some information and statistics about our industry's employee recruitment and retention dilemma.

State of North Dakota
Rate Matrix
Fully Loaded Hour Value: "The Brick"

Effective January 1, 2023

2% Vacancy

Column Reference :	o	D	E	F	G	H	I	J	K	L	M	N	o		
Component Driven				D X E	D + F	Relief	G x H	G + I		D x K	J + L	Gross *	With	F	At
Service		Wage	ERE	ERE $	Sub	Staff	Relief $	Sub	P S	PS $	Sub	10%	V Factor	%	Funded %
Residential Services															
ICF-ID	d	$18.26	35.1%	$6.41	$24.67	14.0%	$3.45	$28.12	87.2%	$15.92	$44.04	**$48.93**	**$49.93**	89.7%	$44.79
ICF-ID Medically Involved	d	$18.26	35.1%	$6.41	$24.67	14.0%	$3.44	$28.11	166.0%	$30.31	$58.42	**$64.91**	**$66.23**	89.7%	$59.41
ICF-ID Medically Intensive	d	$18.26	35.1%	$6.41	$24.67	14.0%	$3.44	$28.11	244.0%	$44.55	$72.66	**$80.73**	**$82.38**	89.7%	$73.89
Residential Habilitation	d	$18.34	35.1%	$6.44	$24.78	14.0%	$3.47	$28.25	39.6%	$7.26	$35.51	**$39.45**	**$40.26**	91.5%	$36.83
***Res Medical Acuity - Level 1**	d	$18.34	35.1%	$6.44	$24.78	14.0%	$3.47	$28.25	42.7%	$7.83	$36.08	**$40.09**	**$40.91**	91.5%	$37.43
***Res Medical Acuity - Level 2**	d	$18.34	35.1%	$6.44	$24.78	14.0%	$3.47	$28.25	64.7%	$11.87	$40.12	**$44.57**	**$45.48**	91.5%	$41.61
***Res Medical Acuity - Level 3**	d	$18.34	35.1%	$6.44	$24.78	14.0%	$3.47	$28.25	92.1%	$16.89	$45.14	**$50.15**	**$51.17**	91.5%	$46.82
Independent Habilitation	h	$18.37	35.1%	$6.45	$24.82	14.0%	$3.47	$28.29	36.1%	$6.63	$34.92	**$38.80**	**$38.80**	100.0%	$38.80
Vocational/Day Services															
Day Habilitation	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	56.7%	$10.39	$38.61	**$42.90**	**$42.90**	100.0%	$42.90
Prevocational Services	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	56.7%	$10.39	$38.61	**$42.90**	**$42.90**	100.0%	$42.90
Small Group Employment Supports	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	56.7%	$10.39	$38.61	**$42.90**	**$42.90**	100.0%	$42.90
***Day/Voc Medical Acuity - Level 1**	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	63.6%	$11.65	$39.87	**$44.30**	**$44.30**	100.0%	$44.30
***Day/Voc Medical Acuity - Level 2**	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	69.4%	$12.71	$40.93	**$45.48**	**$45.48**	100.0%	$45.48
***Day/Voc Medical Acuity - Level 3**	h	$18.32	35.1%	$6.43	$24.75	14.0%	$3.47	$28.22	77.8%	$14.25	$42.47	**$47.19**	**$47.19**	100.0%	$47.19
Individual Employment Supports	h	$24.36	35.1%	$8.55	$32.91	14.0%	$4.61	$37.52	23.1%	$5.63	$43.15	**$47.94**	**$47.94**	100.0%	$47.94

*** Medical Acuity Tiers may be applied to individuals with a SIS Medical Score of 15 or higher and is available to a qualifying provider in Residential Habilitation, Day Habilitation, Prevocational Services, and Small Group Employment Supports only.**

1/1/2023 - As directed by the legislature the Residential Habilitation rate has been adjusted through the funded percentage.

North Dakota Centers for Independent Living

To: House Appropriations-Human Resources Division
From: North Dakota's Centers for Independent Living
Subject: Funding for Independent Living Programing in SB 2012
Date: 3/10/2023

Chairmen Nelson and Members of the House Appropriations-Human Resources Division,

My name is Royce Schultze, Executive Director of Dakota Center for Independent Living, Inc. I am here today to speak in support of the funding for Centers for Independent Living in SB 2012.

All Centers for Independent Living are required to provide five core services, which are: **Independent Living Skills Training, Individual and Systems Advocacy, Peer Counseling, Information and Referral, and Transition from institutional settings to community living, Diversion from institutional settings and transition for youth into community living**. We also provide community services such as **systems advocacy, community education, accessibility consultations, and outreach.**

One of the most important things to understand about the value of Independent Living is that we are, at our core, people with disabilities serving other people with disabilities. Over half of our staff are persons with disabilities. We are people who have faced obstacles and barriers, fought back, overcame them, and have now dedicated our lives to doing our part to help others achieve their dreams.

Centers for Independent Living are consumer driven, and consumer led. In addition to our staff, over half of our management and board of directors are also persons with disabilities. Our disabilities are as varied as those of the people we serve, and our staff is also trained and capable professionals. The average Independent Living staff in North Dakota has 11 years of experience. Our staff has college degrees in areas like Social Work, Education, Rehabilitation Counseling, Vocational Evaluation, Developmental Disabilities, Psychology, Communication, and more.

Eligibility for Independent Living services is not based on disability type or age. It is based on very simple criteria:

- Are you a person with a disability?
- Does that disability affect one or more of your major life areas?
- Do you want Independent Living Services?
- Are you willing to set a goal and do your part to achieve that goal?

It is the self-determination that is inherent in how we do things that makes our programming so successful. There is much focus on Person Centered planning as a

best practice in today's service delivery model, however, without solid self-determination, Person Centered planning will never succeed.

In your handout (see figure 1), you can see a map of the four Centers for Independent Living in our state and the area they serve. As you can see, Dakota Center for Independent Living serves the southwestern part of the state, Freedom Resource Center serves the southeastern area, Options Interstate Center serves the northeastern part, and Independence, Inc. serves the northwestern quadrant.

The funding provided by the state of North Dakota has been a game changer in our ability to serve North Dakotans with disabilities. We have presented you with a map with a pin showing the address of each of the people served by a Center in the past two years (see figure 2) 3,304 direct service. As you can see, despite our limited funding, we have been able to provide a variety of services across the state.

As you listen to the testimony on all the programing in SB 2012, it has to seem overwhelming and, at times, difficult to understand all the programs and services available to North Dakotans. As I am sure you have discovered, the services and supports available to people with disabilities vary greatly depending on age and medical diagnosis.

But, as Centers for Independent Living, we serve all types of disabilities (see figure 3). In the past year, 36.1% of the people we serve have cognitive disabilities, such as learning disabilities or autism, 35.3% people are people with physical disabilities, such as spinal cord injury, arthritis, or cerebral palsy, 20.3% are people with mental health type disabilities, like depression, substance abuse disorder, or bipolar disorder, and about 1% each are who are Deaf/hard of hearing or Blind/visually impaired. Around 6% of the people we served reported multiple disabilities.

We also serve all ages (see figure 4). This includes 29% under the age of 19, 5% age 20-24, 42% between the ages of 25-59, and 24% age 60 or over.

The Centers for Independent Living have not had a substantial increase in State Independent Living Funding since the 2015 Legislative session. In 2016, the centers received $970,766 in general funds, if inflation is calculated through 2022, our general funds received would be $2,154,179. Currently, centers receive $1,681,065 for the 2021-23 biennium. That is a difference of $473,414.

We are before you requesting an increase of $473,414 inflationary increase to bring our total funding to $2,154,179 for the 2023-25 biennium.

As we talk about our need for funding, please remember that our network has never been fully funded. According to a study we commissioned back in 2015, it would take over $8,000,000 to fully fund our network and meet the needs of every person with a disability in our state. The fact that we are so far from that number means each of our local Centers must make the decision on how best to spend our limited resources and to provide the best impact for our investment in our individual communities.

The lack of additional funding has made it more difficult to provide independent living services to people of all ages with all types of disabilities. The lack of an increase in funding has forced us to be innovative and creative in how we respond to the increased

needs for our services. However, there is a limit to how long innovation and efficiency work and .still be able to keep staff.

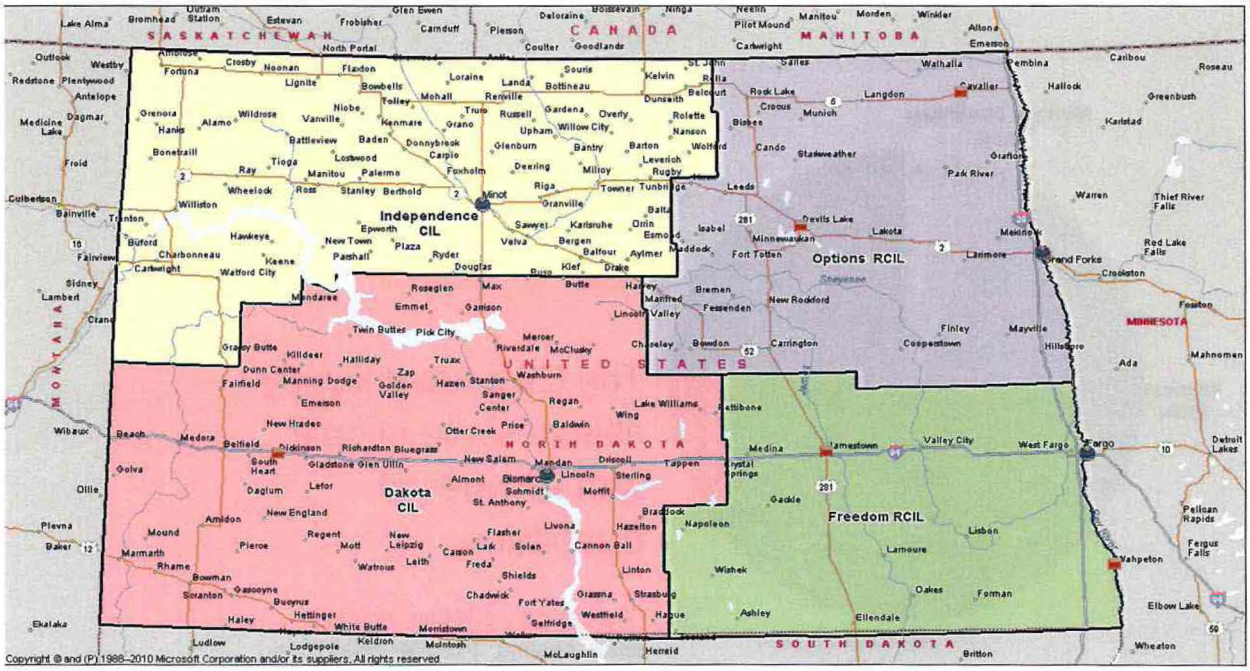
Independent Living is cost effective and a smart investment for the state. It is part of the solution to the ever-increasing costs of long-term care, it is an alternative to the high cost of dependency, and it is the right thing to do. People who live independently live longer, they are happier, and it saves the taxpayer money.

I would gladly answer any questions you may have.

Center for Independent Living Executive Directors

Royce Schultze	Scott Burlingame	Angie Bosch	Randy Sorensen
Dakota CIL	Independence, Inc.	Freedom RCIL	Options RCIL
Bismarck	Minot	Fargo	East Grand Forks
701-222-3636	701-839-4724	701-478-0459	218-773-6100

Center Service Areas Figure 1



North Dakota Centers for Independent Living Direct Service Distribution Map Figure 2

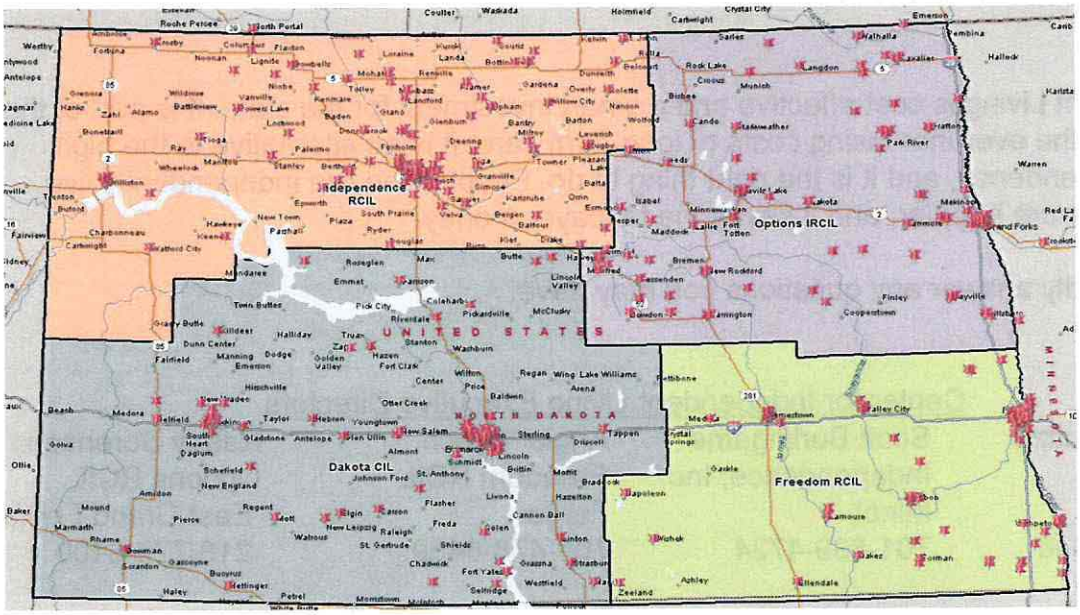


Figure 3

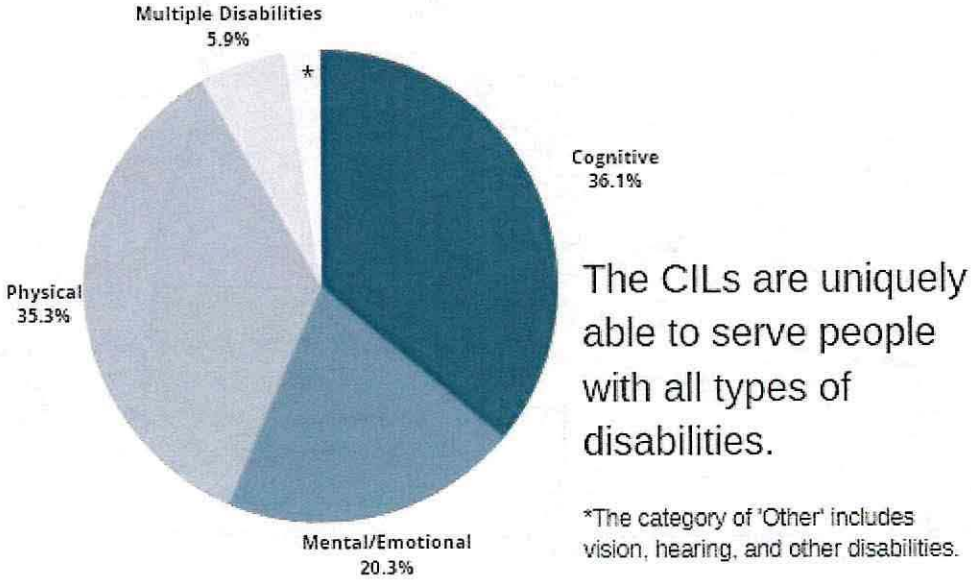
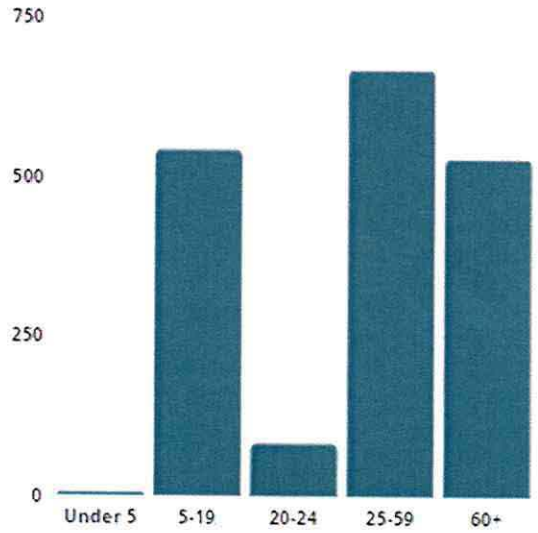


Figure 4


750
500
250
0
Under 5
5-19
20-24
25-59
60+

My name is Kathy Busche and I own 2 childcare programs in Hazen, ND. One is a group 30 licensed facility where I care for children 0-5 years. The second is located in my home and I hold a group licensed home where I care for up to 30 school aged children (6-11 years). Between the two programs we currently care for a total of 54 children. We also offer non-traditional hours including night/weekend care. I am excited to see how the legislation can best support working families in North Dakota while supporting childcare providers as well and want to thank you for all your support and work so far this session.

I will try to be brief, but I want to address funding for the pilot program for 4 yr olds, or what the state calls Best In Class.

I previously submitted written testimony in opposition of funding Best in Class. Becoming a Best in Class program in the state is extremely difficult. I have a BS in Early Childhood Education. I am passionate about education and I researched Best in Class last session when the pilot program was being implemented. What I found is that it is nearly impossible for childcare providers or Centers to offer such classrooms in their programs. Best in Class limits class size to 9 or 18 depending on the number of teachers in the room. It also specifies that the children enrolled in the classrooms fall into the lowest 60% state median income similar to Head Start. That said, I am a Step 2 rated child care program. I could move to a Step 3 program and apply to be a Best in Class participant. This would be detrimental to the child care situation in my small community. I could close both my current programs where I am licensed to care for 60 children and create a single Best in Class program where I teach 9 children in a morning session and 9 children in an afternoon session. That decreases the available child care in our area by 60 full time slots and 10 people would be out of a job. Best in Class is simply not the answer.

That being said, I would like to remind the committee that Best in Class is Universal Pre-K. Be it voluntary or not, it is an academic preschool program. As Best in Class was just a pilot program last session I would like to see the longitudinal data showing that the children in these classrooms are making the great gains being promised. The children in this pilot program have barely finished Kindergarten at the current time so I am hard pressed to believe that we are already seeing huge gains academically. I heard a lot of discussion about Best in Class will mean that children are more engaged in upper elementary school and how they will be more prepared. Unfortunately research has shown time and time again that children who excel in early academic learning score no higher on standardized testing than their peers by grade 3. The link provided shows the data that suggests that early academics could actually cause more harm than we realize. State Pre-K Research. I appreciate the Senate making changes and doing away with the funding for Waterford Upstart. No child should be learning online in my opinion. It is also important to note that there has been no longitudinal data showing the benefits of Waterford Upstart.

There was discussion in the Senate Human Service Committee about how children in foster care may benefit from the Best in Class program. I beg to differ. I am a foster

parent and currently have 2 children in my home. Children in foster care come into care with a host of social and emotional issues caused by adverse childhood experiences. They have experienced abuse and neglect and have had numerous traumatic experiences. These children need trauma informed child care programs that focus on social and emotional well-being. The last thing they need is to be in a program that focuses on academics. Brain research has shown that children with trauma live in fight or flight mode. It is very hard to focus on academics when you are worried about where your next meal is coming from, and if you think just because they are no longer in those traumatic situations that they no longer live in fight or flight mode I'm sorry, but you are mistaken. These kinds of traumatic experiences take a lifetime to work through. Also, children in foster care automatically qualify for Special Education services in our state, meaning they are unlikely to take advantage of this Best in Class program anyway.

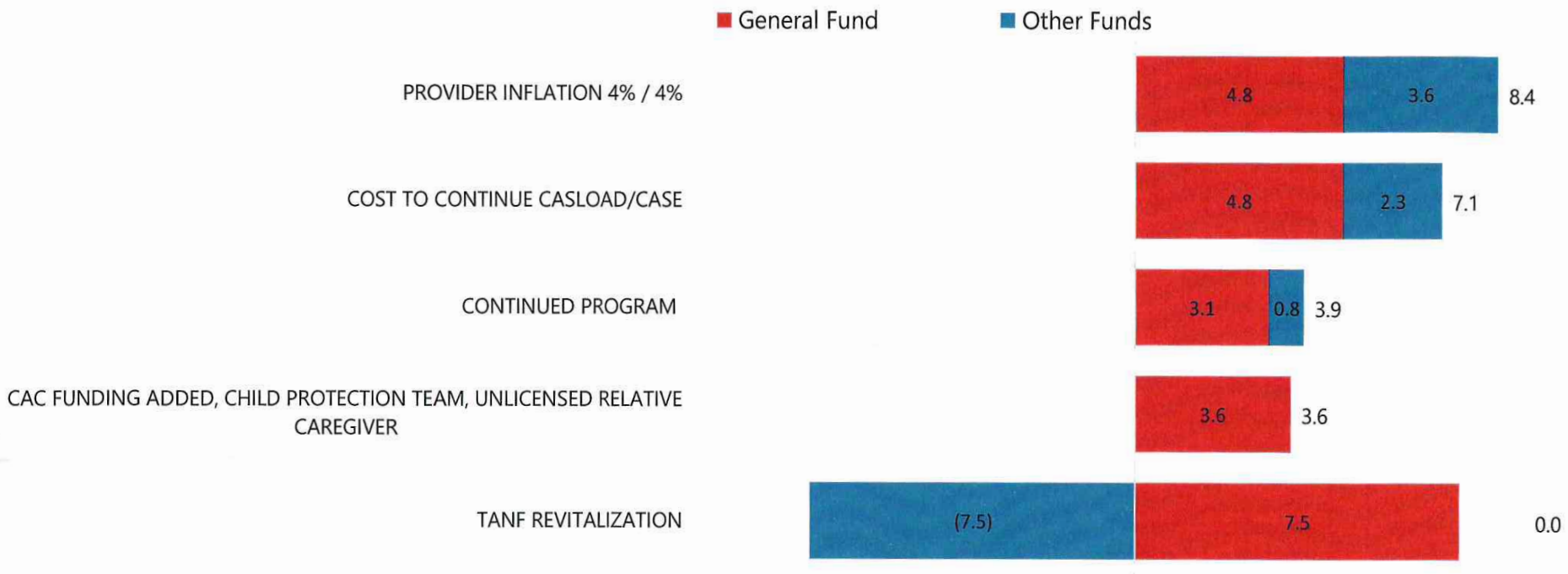
We are in the middle of a childcare crisis and the Early Childhood budget proposal focuses on removing children from our programs and putting them in academic settings in order to get them ready for the next step. Four and Five year olds in our childcare programs are what makes mine and other child programs sustainable. Without this age group child care in our state is headed to an even worse crisis.

Spending $12million dollars on a program that has zero longitudinal data to support it while childcare programs are struggling to keep rates affordable while providing wrap around care to those same children is just not what is best for North Dakota. These preschool type programs are typically half day programs or school day programs where the children are still in need of before and after school care. These children are costing the state twice the amount of children who just attend full time child care. Best in Class is a $9,000 investment per child. This same child needs child care and falls into the lowest socioeconomic class meaning they have child care assistance (CCAP) funding to cover their full child care which is another $9,000 investment. This just simply doesn't make sense for North Dakota.

If you find that you don't have enough information on Best In Class or child care I am available and willing to provide additional comments regarding the child care providers perspective on this issue.

Kathy Busche
The Children's Playhouse
Hazen, ND
701-748-2084
kathybusche@gmail.com

Overview of Budget Changes (in millions)



NORTH Dakota | Health & Human Services
Be Legendary.



North Dakota
Alzheimer's Statistics

Prevalence

NUMBER OF PEOPLE AGED 65 AND OLDER WITH ALZHEIMER'S

Year	TOTAL
2020	15,000
2025	16,000

ESTIMATED % CHANGE

6.7%

Caregiving (2021)

19,000
Number of Caregivers

$526,000,000
Total Value of Unpaid Care

14.4% % of caregivers with depression

29,000,000
Total Hours of Unpaid Care

62.0% % of caregivers with chronic health conditions

14.0% % of caregivers in poor physical health

Health Care

HOSPICE (2017)

468
# of people in hospice with a primary diagnosis of dementia

18%
% in hospice with a primary diagnosis of dementia

HOSPITALS (2018)

1,173
# of emergency department visits per 1,000 people with dementia

18.4%
dementia patient hospital readmission rate

MEDICAID

$190M
Medicaid costs of caring for people with Alzheimer's (2020)

13.2%
projected change in costs from 2020 to 2025

MEDICARE

$18,521 per capita Medicare spending on people with dementia (in 2021 dollars)

Workforce

12
# of geriatricians

183.3%
% increase needed to meet the demand in 2050

7,220
# of home health and personal care aides

26.5%
% increase needed to meet demand in 2028

Mortality

 # OF DEATHS FROM ALZHEIMER'S DISEASE (2019)

403

4th *highest death rate in America*

More than ***6 million Americans*** *are living with Alzheimer's, and over* ***11 million*** *provide their unpaid care. The cost of caring for those with Alzheimer's and other dementias is estimated to total* ***$321 billion*** *in 2022, increasing to nearly* ***$1 trillion*** *(in today's dollars) by mid-century.*

For more information, view the ***2022 Alzheimer's Disease Facts and Figures*** report at **alz.org/facts.**

© 2022 Alzheimer's Association® All Rights Reserved. Alzheimer's Association is a not-for-profit 501(c)(3) organization.

AIM
ALZHEIMER'S IMPACT MOVEMENT
alzheimer's association



2022 Alzheimer's Disease Facts and Figures

1 in 3

seniors dies with Alzheimer's or another dementia

Over 11 million Americans

provide unpaid care for people with Alzheimer's or other dementias

These caregivers provided more than 16 billion hours valued at nearly

$272 billion

More than 6 million

Americans are living with Alzheimer's

17%

In 2020, COVID-19 contributed to a **increase** in Alzheimer's and dementia deaths

In 2022, Alzheimer's and other dementias will cost the nation

$321 billion

By 2050, these costs could rise to nearly

$1 trillion

Between 2000 and 2019, deaths from heart disease have **decreased 7.3%**

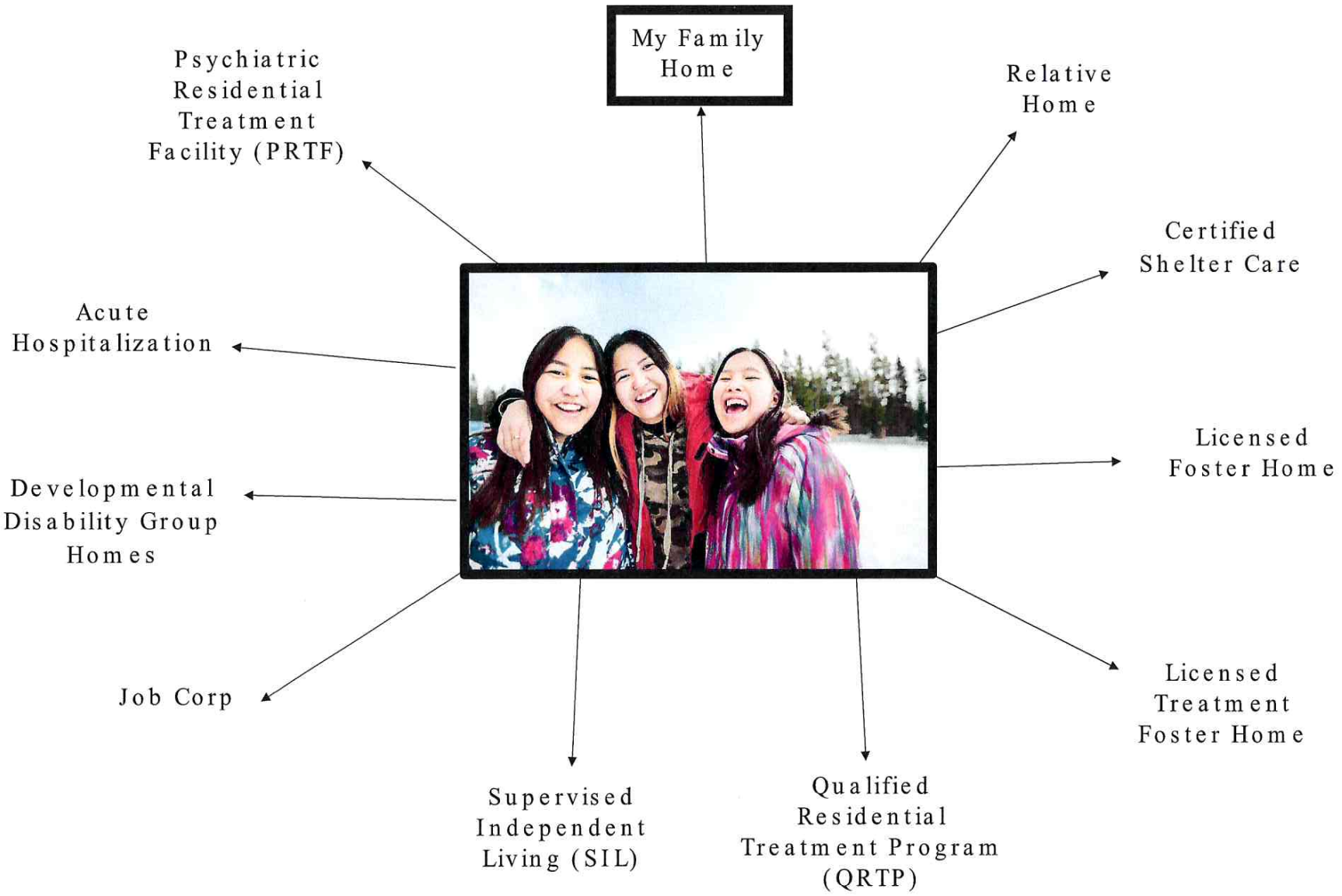
while deaths from Alzheimer's disease have **increased 145%**

It kills more than **breast cancer and prostate cancer combined**

More than **80%** of Americans know little or are not familiar with mild cognitive impairment (MCI), which can be an early stage of Alzheimer's.

© 2022 Alzheimer's Association® | All Rights Reserved
Alzheimer's Association is a not-for-profit 501(c)(3) organization

alzheimer's association

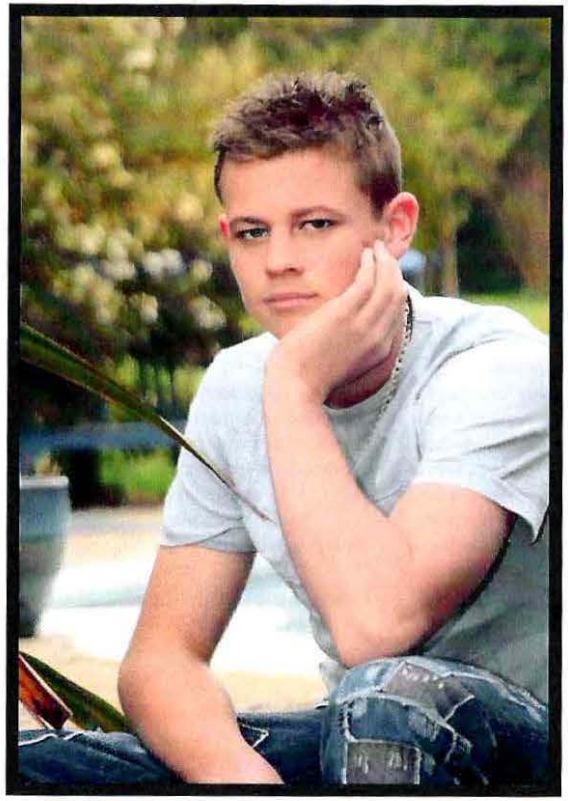

My Family Home
Psychiatric Residential Treatment Facility (PRTF)
Relative Home
Certified Shelter Care
Acute Hospitalization
Licensed Foster Home
Developmental Disability Group Homes
Job Corp
Licensed Treatment Foster Home
Supervised Independent Living (SIL)
Qualified Residential Treatment Program (QRTP)

NORTH Dakota | Health & Human Services
Be Legendary.

ND Levels of Foster Care: *NDCC 50-06-06.14. Requires the human service zones to explore the option of kinship care if a child is unable to return home due to safety concerns. Absent kinship options, the human service zones shall provide permanency options that are least restrictive and near the family's home. A child in foster care can enter and exit any level of care noted below dependent on their eligibility and needs. Note: Psychiatric Residential Treatment Facilities (PRTF), substance use disorder (SUD) treatment, acute hospitalizations stays, and detention are not foster care placements.*

	Prevention Placements		Foster Care Placements			18+
	Shelter Care (Certified Program or Licensed Family)	**Relative Care**	**Family Foster Care**	**Treatment Foster Care (Nexus-PATH)**	**Qualified Residential Treatment Program (QRTP)**	**Supervised Independent Living (SIL)**
Parameter	Present danger exists and a child is in need of temporary safe care, referred by: ✓ CPS with Zone ✓ In-Home with Zone ✓ Foster care with a Zone	Unlicensed relative providing care to children. ✓ Relative care that never enter foster care ✓ In foster care under the custody of a Zone, Division of Juvenile Services, or a Tribal Nation	Licensed foster home providing care to children. ✓ In foster care under the custody of a Zone, Division of Juvenile Services, or a Tribal Nation. ✓ In 18+ Continued Care (ages 18 to 21) under placement and care of a Zone or Tribal Nation.	Licensed foster home providing least restrictive treatment to children. ✓ In foster care under the custody of a Zone, Division of Juvenile Services, or a Tribal Nation. ✓ Pre-approved for the BHD Voluntary Treatment Program.	Licensed foster care facility providing 24-hour treatment for children. ✓ In foster care under the custody of a Zone, Division of Juvenile Services, or a Tribal Nation. ✓ Pre-approved for the BHD Voluntary Treatment Program.	Licensed setting managed by an agency providing care to: ✓ 18+ Continued Care youth under placement and care of a Zone or Tribal Nations.
Child Age	0 to 18 Licensed Family 10 to 18 Certified Program	0 to 21	0 to 21	6 to 21	10 to 19	18 to 21
Presenting Child Need	**Need** • Behavior is typical for age and can be easily redirected • Acting out in response to traumatic stress, but episodes are brief and/or temporary.	**Need** • Behavior is typical for age and can be easily redirected • Medically fragile infants (drug exposed newborns) • May present occasional grief, loss, anger, depression, anxiety, defiance, substance use, intentional misbehavior, running away or school difficulties. • Acting out in response to traumatic stress, but episodes are brief and/or temporary.	**Need** • Behavior is typical for age and can be easily redirected • Medically fragile infants (drug exposed newborns) • May present occasional grief, loss, anger, depression, anxiety, defiance, substance use, intentional misbehavior, running away or school difficulties. • Acting out in response to traumatic stress, but episodes are brief and/or temporary. • Specialized family settings, HOST Homes work with victims of sex trafficking.	**Treatment Need** • Behavior is typical for age but requires additional services, supports, planning and provider training to meet the child's needs. • Occasional behavioral health needs, which may present a danger to self or others. • Currently presenting episodes of emotional or impulsive aggression, traumatic stress, anxiety, defiance, impulsivity, hyperactivity, running away, intentional misbehavior, sexualized behavior, self-harm not requiring emergency medical intervention, sleep disturbance, or substance use.	**Residential Treatment Need** • Behavior requires additional services, supports, planning and specialized clinical training provided by rotating staff to meet the child's needs. • Frequent behavioral health needs which may present a danger to self or others. • Frequent emotional or impulsive aggression • Currently presenting episodes of traumatic stress, psychosis, anxiety, defiance, impulsivity, hyperactivity, running away, intentional misbehavior, self-harm not requiring emergency medical intervention, substance use and/or sexual aggression • Not acutely suicidal or homicidal.	**Need** • Aged out of North Dakota foster care • Behavior may be typical for age and can be redirected • Experienced or currently experiencing behavioral health needs including substance use. • Acting out in response to life stressors, but episodes are brief/ temporary and easily redirected. Currently working or in school.
Level of Care details	• Served by outpatient community resources (therapy, med management, etc.) • Public School • In-home supports	• Served by outpatient community resources (therapy, med management, etc.) • Public School • In-home supports • Respite	• Served by outpatient community resources (therapy, med management, etc.) • Public School • In-home supports • Respite	• Served by outpatient community resources (therapy, med, etc.) • Eligibility is reviewed every 90 days • Public School • Additional in-home supports • Additional case management • Ongoing Respite	• Formal assessment completed by 3rd party, approving/denying placement. • Eligibility is reviewed every 90 days. • Trauma informed treatment offered by a clinical team. • 6 months aftercare support.	• Served by outpatient community services (therapy, med management, etc.) • Additional case management Supportive services to transition to adulthood
Length of Stay	7 days	Undetermined	Federal = less than 12 months	9 months	3 to 6 months	Unlimited for ages 18 to 21

Case managers work diligently to place each child in the least restrictive most appropriate level of care.
Each case has a different plan and may take different paths. The goal is to enhance youth and family engagement and generate local services to support reunification of the child with his/her family as quickly as possible, with the least amount of disruption along the way!



Meet Gavin! He is a 15-year-old male listed as a victim in a 960 where there is suspicion that he was living alone in an apartment where there was no parent or guardian to care for him. The local Human Service Zone assessed the situation, and it was determined that Gavin's mother passed away and his father was recently incarcerated for drug related offenses. The CPS worker established rapport with Gavin and asked if he had any family or friends in the area. Gavin explained he has a maternal grandma in town, but she is "pretty old and kinda sick." Gavin stated he does not want to burden her. Gavin was able to clearly articulate what led to his dad's incarceration and provided details of when his dad would be released from jail (3 months), stressed that overall, he "was fine and could get by until his dad gets home." The CPS worker communicated with dad to confirm the 3-month timeframe and asked if there were relatives or family friends that could assist in caring for Gavin. Dad confirmed Gavin's grandma would be able to care for Gavin part-time if someone could assist during the week until he was released from jail. The CPS worker spoke with grandma; grandma was not physically able to care for Gavin full time but stated that he would be able to stay with her on the weekends. The CPS worker asked Gavin if he has anyone in the area he enjoys spending time with. Gavin indicated he does well in school and likes his science class the best because his teacher, Mr. Baker, is "pretty cool." The CPS worker asked if Gavin and his father would entertain a meeting with his science teacher, Mr. Baker, to discuss a temporary out of home safety plan. Gavin was hesitant but also showed signs of relief to hear that Mr. Baker may be able to be a short-term placement option until his dad returned home. Gavin shared at the meeting with the CPS worker, his father and Mr. Baker that "entering foster care is my biggest fear and no offense, but an agency is not a better parent than my dad." Mr. Baker, Gavin, his father, grandma and the CPS worker agreed to an out of home safety plan where Gavin would live with Mr. Baker during the week and stay with grandma on the weekends. The agency would check in weekly.

To assist with having Gavin live in Mr. Baker's home, the CPS worker referred Mr. Baker to Kinship ND to obtain resources. In addition, the Zone also assisted in getting Mr. Baker a bed, clothes, and transportation assistance for Gavin. This engagement strategy kept Gavin in the least restrictive environment with someone he was familiar with and diverted the child from entering North Dakota foster care. This plan was successful, but it could have taken many different paths. Fortunately, this worker stopped to engage with the youth and his family immediately, asking Gavin's input on where he would like to live knowing he could not live alone in his dad's apartment. Gavin's initial frustration of the agency's help could have been perceived as negative and oppositional. The worker understood this was a survival skill as was suffering from grief and loss. The worker chose to work collectively with Gavin and his father to explore an appropriate out of home placement option. Youth and family engagement early and ongoing throughout the life of the case assists in case planning to best meet the needs of children and families.



NORTH Dakota | Health & Human Services
Be Legendary.

Children and Family Services
Non-Foster Care Placements

Non-Foster Care Placements: Children in foster care may be placed at various levels of care depending on the child's presenting symptoms and behaviors. These placements below may be utilized by foster children, but are considered non-foster care placements, as they are not licensed or reimbursable based on federal foster care regulations. These non-foster care placements include but are not limited to those noted on the chart below.

Non- Foster Care Placements								
	Shelter Care (not certified)	**Attendant Care**	**Detention**	**Job Corp**	**Adolescent Residential Addiction Treatment Facility**	**Developmental Disability Group Homes**	**Hospital**	**Psychiatric Residential Treatment Facility (PRTF)**
Licensure/ Oversight	• No HHS oversight	• No HHS oversight	• No HHS oversight • Local County; • Tribal Nations; or • State DOCR	• No HHS oversight • Administered by the US Department of Labor	• Licensed by the Behavioral Health Division Policy Team	• Licensed by the Developmental Disabilities Section	• Must have certification, but HHS also licenses hospitals as primary care or general acute	• Licensed by the Behavioral Health Division Policy Team
Providers (not all inclusive)	• Youthworks- Bismarck • Youthworks- Fargo	• Sunrise Youth Bureau • Northwest Youth Assessment Center • Grand Forks County • Youthworks- Minot • Youthworks- Bismarck • Youthworks- Fargo	• Grand Forks Juvenile Detention • Youth Correctional Center • Ward County Juvenile Detention • West Central Regional Juvenile Center	• Quentin Burdick Job Corp	• Eckert Youth Home	• REM • Anne Carlsen • HIT inc. • Life Skills and Transition Center	• Sanford • Trinity Hospital • Essentia • Altru • Prairie St. Johns • CHI St. Alexius • ND Hospitals	• Dakota Boys and Girls Ranch (Bismarck, Fargo and Minot) • Luther Hall- Fargo • Pride Manchester • Ruth Meiers Adolescent Center
Payment Source	Local City/ County Federal Runaway	Local County Funds Federal JJ Funds	Local County Funds	Federal Funds	SUD Voucher Medicaid Private Insurance Federal Funds	Medicaid DD Waiver	Medicaid Private Insurance	Medicaid Private Insurance

NORTH Dakota | Health & Human Services
Be Legendary.

Children and Family Services
QRTP

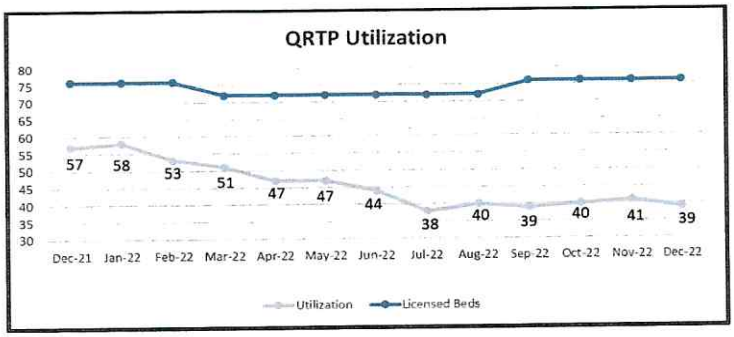


A. Qualified Residential Treatment Programs

North Dakota began compliance with the Family First Prevention Services Act (FFPSA) in October 2019. Prior to 2019, North Dakota was ranked #3 in the country for placing children in residential settings per capita. North Dakota embraced FFPSA and has worked diligently with partners to restrict the unnecessary use of residential placements. North Dakota repealed the licensing of group homes and required prospective facilities to be in full compliance with federal qualified residential treatment program (QRTP) regulations. QRTP's offer initial and ongoing assessments, must hold national accreditation, implement a trauma informed treatment model, have nursing and clinical staff, offer short-term treatment and aftercare support.

History of Bed Capacity

- **118 beds** (October 2019) 68% occupied
  - ✓ DBGR Minot, DBGR Fargo, HOTR, CHYS, PLC, Pride HH
- **112 beds** (December 2019) 68% occupied
  - ✓ DBGR Minot, DBGR Fargo, HOTR, CHYS, PLC
- **92 beds** (April 2020) 74% occupied
  - ✓DBGR Minot, DBGR, Fargo, HOTR, CHYS
- **76 beds** (Oct 2020) 50-80% occupied
  - ✓DBGR Minot, DBGR Fargo, HOTR

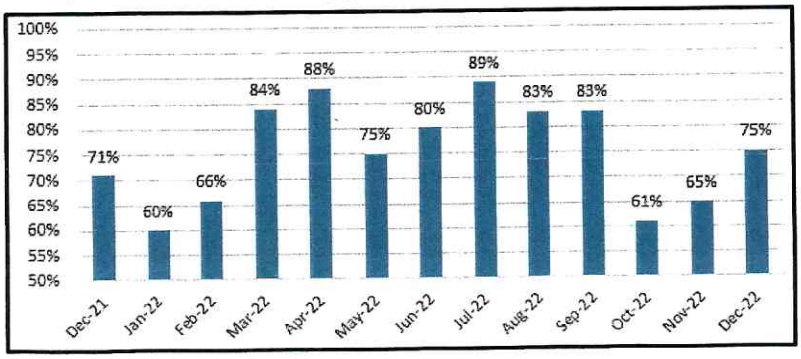


North Dakota QRTP bed capacity is highlighted above. In the past 13 months, average utilization of QRTP beds is 61%. Human Service Zones, Division of Juvenile Services, Tribal Nations, the Voluntary Treatment Program (VTP) and Unaccompanied Refugee Minor program (URM) have access to placement into a ND QRTP.

The process to gain access to a QRTP includes:

1. Emergency placement for up to 30 days while assessment is occurring.
2. Initial and every 90 days thereafter assessments are completed by a Qualified Individual.
   a. ND has a contract with Maximus Ascend, Inc.
   b. Qualified Individuals are located in-state and assess each child based on a ND algorithm.
   c. Collateral contact with the child, parents, case management, treatment providers, etc.
3. Federal placement maximums are monitored and enforced by HHS.

B. QRTP Placement Approval Rate



CFS tracks QRTP approval and denial data. Given the average number of referrals submitted by custodial case managers has decreased, the number of assessments approved for placement have been and continue to be high. The decrease in approvals is identified as a lack of engagement with recommended community services and a shift in our policy to assess child symptoms and behaviors only for the last 30-90 days. CFS no longer allows for the submission of the child's "historical information" related to symptoms and behaviors.

C. QRTP Performance Based Contracting

The Department engaged with Qualified Residential Treatment Program providers throughout the rewrite of North Dakota Administrative Code 75-03-15, QRTP Ratesetting. The revision to administrative rules resulted in the first ever performance-based contract with a private provider. Performance based contracting includes tracking of outcomes specific to admissions, discharges and aftercare programming.

- On a case-by-case basis, providers can submit exception requests to deny admissions or permit unplanned discharges. The Department may approve or deny each request.
- The QRTPs are the only licensed level of care in North Dakota that are held to a performance-based standard to accept and discharge all children who have been approved through a third-party assessment.
- Since October 1, 2021, performance-based contracting has reimbursed QRTP providers $736,480.

Admissions and Discharges:

Each provider is eligible to receive performance-based outcomes compensation if in, the preceding quarter, all children are accepted into QRTP placement when approved by the assessment process for a QRTP level of care and are discharged from placement in accordance with North Dakota Administrative Code chapter 75-03-40.

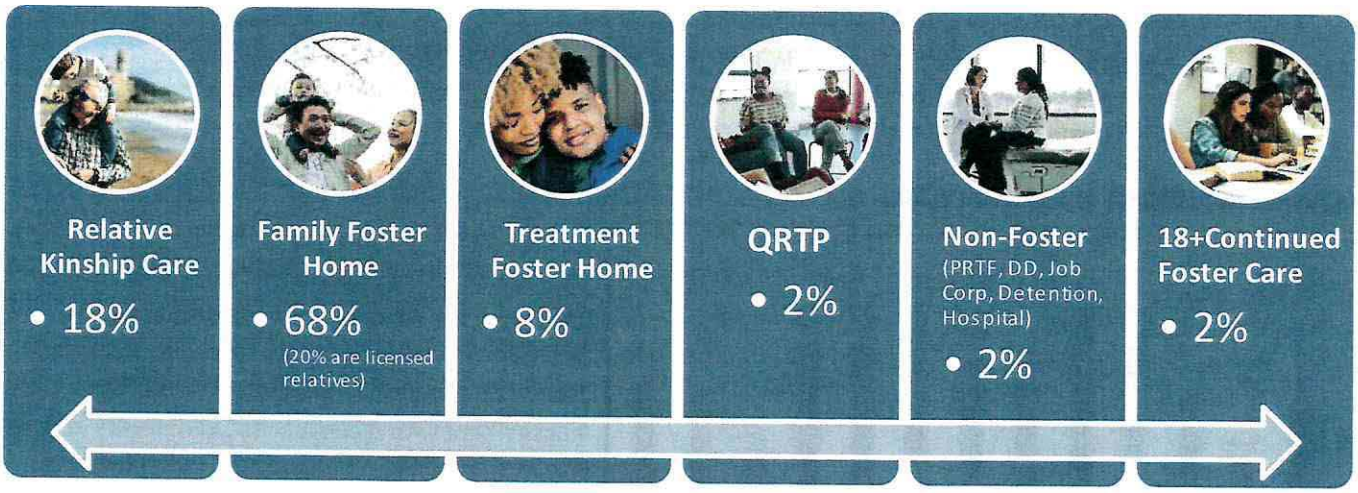
Aftercare Outcomes

The provider is eligible to receive performance-based outcomes compensation if the provider engaged in a full six-months of aftercare services to a former QRTP resident the resident did not re-enter a QRTP during the six-month period of time, and the provider has submitted the required post-aftercare documentation.

D. Level of Care - Systemic Impacts

HHS was aware that the implementation of FFPSA in 2019 would have an effect on the level of care, impacting treatment foster care providers and family foster care providers (lower level of care) and Psychiatric Residential Treatment Facilities (PRTF- higher level of care). Continued efforts are made by CFS to analyze and assess access for children in need of placement.

As of December 1, 2022, there were 1,470 children in North Dakota foster care, placed in various levels of care. **Majority of the children (94%) were placed in a family setting;** 68% with licensed family foster home, 18% with an unlicensed relative caregiver and 8% with a treatment foster care provider. Case managers work diligently to place each child in the least restrictive most appropriate level of care to meet the child's need. Since 2019, HHS has seen a reduction in the number of children placed in QRTP's, and an increase in the number of children being placed with relatives in family settings. This data highlights the shared interest in meeting the needs of children in the least restrictive level of care, while continuing to recruit and engage well-trained family foster care providers statewide.



NORTH Dakota | Health & Human Services
Be Legendary.

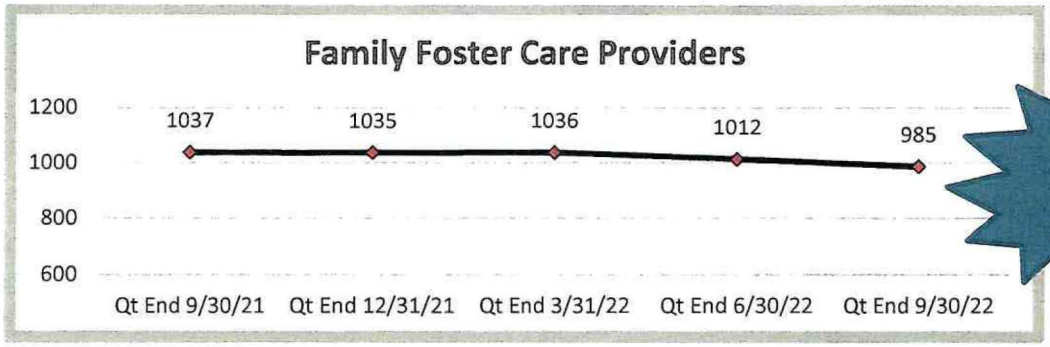
Children and Family Services
Family Foster Home Licensing

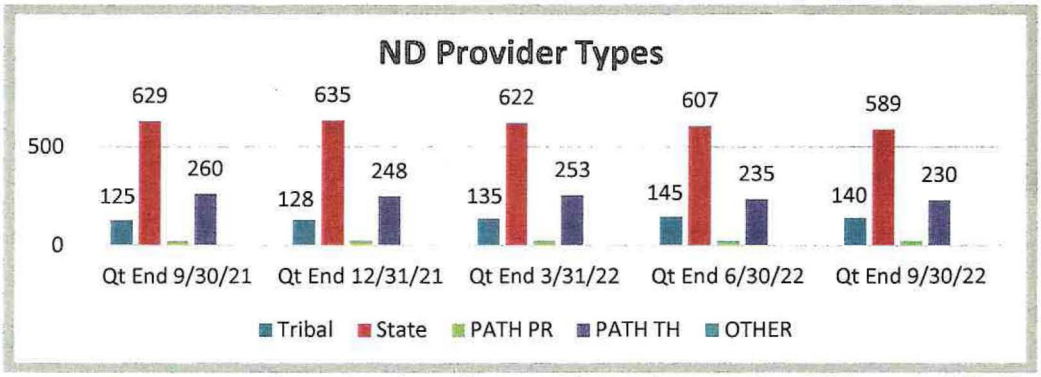


CHILDREN & FAMILY SERVICES

A. Licensing Unit

North Dakota Department of Health and Human Services (HHS) system launched the Children and Family Services Licensing Unit in April 2022. The redesign process developed a more efficient way to recruit, license, train and support foster care providers who serve children and families across the state. The unit completes home studies, offer training, engage in recruitment and retention activities, while collaborating with custodial agencies in need of placement. In addition, the unit licenses Qualified Residential Treatment Programs (QRTP), Licensed Child Placing Agencies (LCPA), Supervised Independent Living Programs (SIL), and certified shelter care agencies.





These charts showcase the number of North Dakota licensed foster homes since the start of the last biennium. Majority of the homes are licensed by the state (previously the Zone) and Nexus PATH.

B. Treatment Foster Care

Families First Prevention Services Act (October 2019) reinforced the requirement to place children in the least restrictive level of care, which inevitably caused treatment foster care to experience an increased volume of referrals for children who were no longer eligible for residential placement. HHS worked closely with Nexus-PATH, the only treatment foster care agency in North Dakota, to engage in a purchase of service agreement. The agreement imposes age limits and placement maximums, which are intended to support access for children in need of treatment foster care. Nexus PATH trains treatment foster care providers to meet the complex needs of children ages 6 to 21. As of December 1, 2022, 75 children have been referred to TFC and the average wait time is 147 days to be placed into a treatment foster home. CFS Licensing Unit continues to work with Nexus PATH to recruit additional providers to engage in this much needed service for children in foster care.

Treatment Foster Care

Age Parameters = Age 6 and greater

a. Children under the age of 6 are not to be placed in Intensive or Treatment Foster Care.

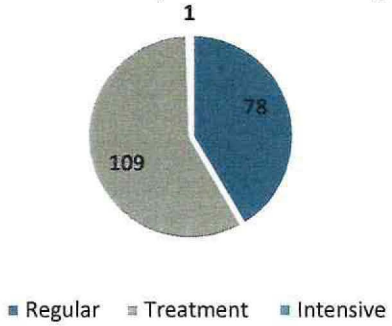
b. Referrals can be made to Nexus-PATH Regular Foster Care.

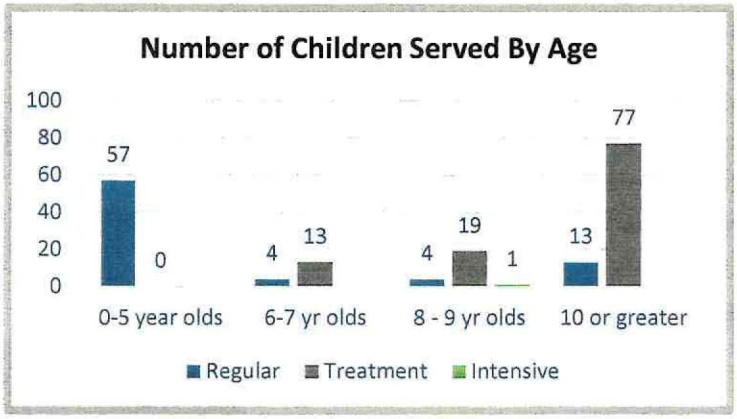
Placement Length of Stay Maximums Per Foster Care Episode

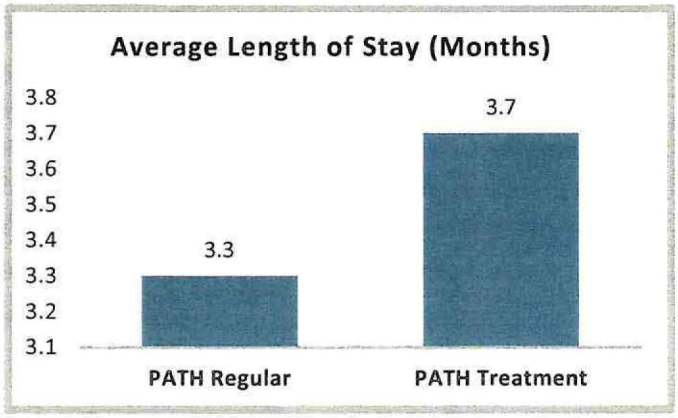
a. Intensive Treatment Foster Care = 6 consecutive months

b. Treatment Foster Care = 9 consecutive or 18 non-consecutive

December 1, 2022
Children Served by Nexus PATH Program







C. Specialized Family Foster Care Provider Homes



CFS Licensing Unit will be making enhanced efforts in 2023 to identify a select number of specialized family foster care providers to accept placements of children with complex needs. The specialized providers will use trauma-informed care to stabilize children, engage the child in community services, while transitioning the child to their permanent home. Children in foster care in need of this specialized family setting are known to have multiple, concurrent medical and behavioral health needs, have experienced multiple placement settings and their need for supervision, services and support is high.

Specialized Family Foster Care Providers will receive:

- Training in managing behaviors that require enhanced supports.
- Comprehensive and individualized services for children to meet their unique needs.
- Assessments of the child, foster care provider and bio family to create a clear and appropriate treatment plan.
- Enhanced case management and clinical support while the child is in their family setting.
- Increased reimbursement for providing care in the least restrictive family setting.

D.How to become a licensed ND Foster Care Provider?



The Recruitment and Retention inquiry is **1-833-FST-HOME** (1-833-378-4663). The inquiry line is managed by the University of North Dakota CFS Training Center (CFSTC) contracted to support statewide recruitment and retention efforts for both foster and adopt resources. CFSTC manages the local recruitment and retention coalitions, marketing, advertising, social media outreach, online support groups, provider spotlight stories, informational panel discussions, event organization, appreciation requests, and more.

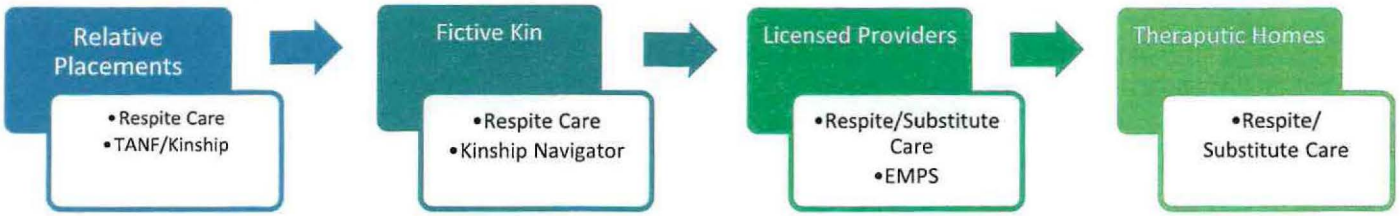
NORTH Dakota | Health & Human Services
Be Legendary.



CHILDREN & FAMILY SERVICES

Understanding Youth with Complex Needs

North Dakota has adopted the Safety Framework Practice Model (SFPM) which uses standardized tools and decision-making criteria to make well founded child safety decision to ensure we only intervene with families when necessary. Caseworkers must consider specific, key questions to determine the least intrusive and most appropriate level of intervention. SFPM reinforces safety planning within the home to reduce further trauma to the child. Unfortunately, there are situations where a child must be removed from their homes to ensure their safety. North Dakota has approximately 1500 children in foster care at any given time and most of these children are placed with relatives, fictive kin, or licensed foster care providers. There is a small percentage of children, who for a variety of reasons, are more difficult to stabilize and maintain placement. These children have complex needs and it requires the child welfare workforce to look for creative, supportive, and consistent planning. Some of these children are placed in treatment foster care, as well as utilizing respite, but there are a few other ways that Children and Family Services is using creative problem solving to address this ongoing issue.



Excess Maintenance Payments

- Excess Maintenance Payment (EMP) is intended for the 24-hour care and supervision of a foster child with varying complex needs where the demands on the foster parents physical, emotional and/or material resources is beyond the demands expected for normal foster parenting.
- Jan-Nov 2022 142 children had an EMP in place to support the needs of the child in their placement.
- On December 1, 2022, there were 1,470 children in foster care. Aproximately 10% of those children had an EMP paid to the foster care provider to help meet a child's complex needs.
- Level 1=up to $50 Level 2 = $51 - $100
  Level 2 = $101 - $150 Level 4 = $150+
- The average Level 4 EMP was $210/day with the highest EMP reaching into the thousands.



Multiple Placement Options for Youth and Providers

Facility and Foster Care Parent Support	•Paying a foster care provider a retainer fee for engaging in discharge planning of children upon entry of QRTP/PRTF. •Ongoing/rotating weekend respite support to providers and youth to encourage relationship building for successful transition.
Trial Home Visit and Foster Parent Support	•Utilizing foster care providers for ongoing placement support while youth tranistion home. •Helps maintain connection and mentorship to children and families.
Speacialized Foster Care Providers and Other Foster Home Arrangements	•Specialized foster care providers assisting to stabalize youth with services in the community. •Providers splitting primary placement of a child to ensure ongoing releif of children with complex needs.

- Any new or innovative ideas to place children in the least restrictive environments are always welcomed and entertained.
- Maintaining relationships with children and their family is a priority.
- Connecting FC providers with one another to support eachother and youth in their home.
- Licensing unit identifying homes who will be considered "Specialized Providers" to help stabalize children with complex needs by establishing services and stability in the community.

NORTH Dakota | Health & Human Services

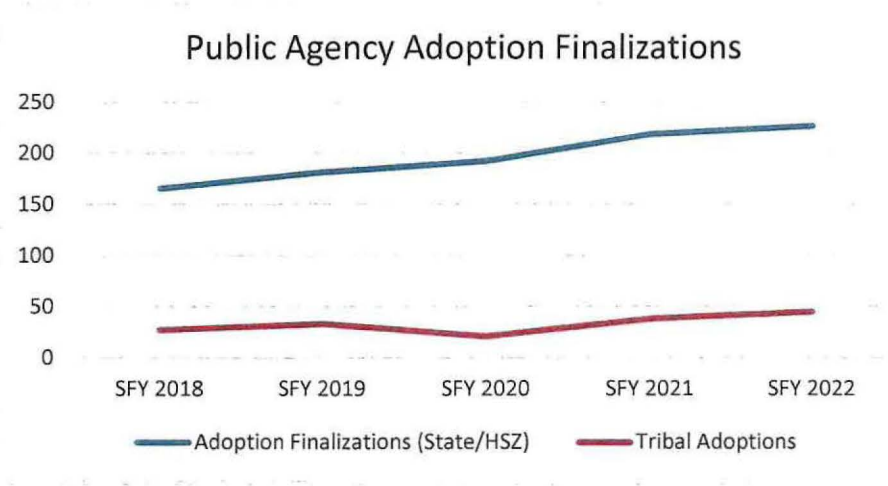
Be Legendary.

Children and Family Services, Adoption Services



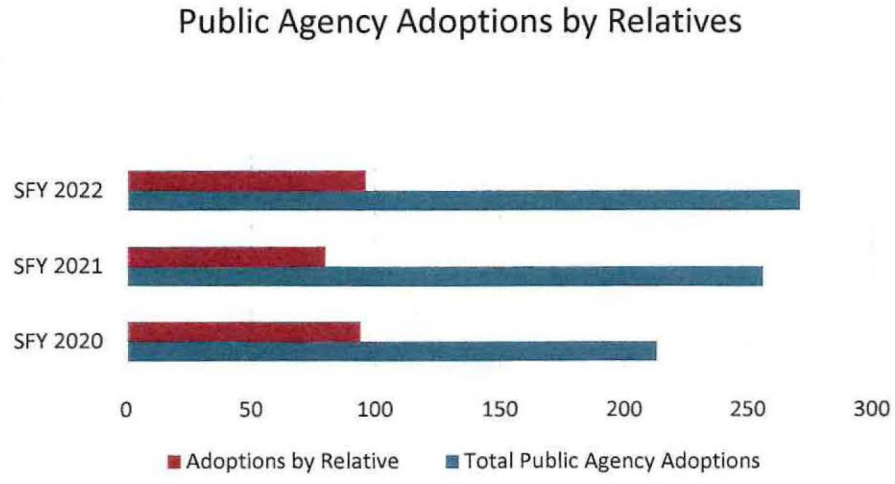
A. Adoption of children from foster care

North Dakota services children in foster care whose case plan is adoption and the families who will adopt these children through the AASK program, a contracted program with Catholic Charities ND (CCND). CCND has an MOU with the Village Family Services to supplement the program serving non-traditional families and to provide additional services to those geographical areas with the longest wait for services. The AASK program, by their contract, serves children in the custody of Human Service Zones. At the request of a ND Tribal Nation, the AASK program will also serve children in tribal custody who have an adoption plan and those families who are identified to adopt the child.



This chart shows the number of adoptions completed by the AASK program for state fiscal years 2018 through 2022, both those of children in state (both ND and out of state children finalized in ND)/HSZ custody and tribal custody.

Data provided by AASK 11/17/2022



The chart above shows the numbers of total public agency adoptions and of those, how many of those adoptions were by related individuals.

Data provided by AASK 11/17/2022

B. Post adoption services

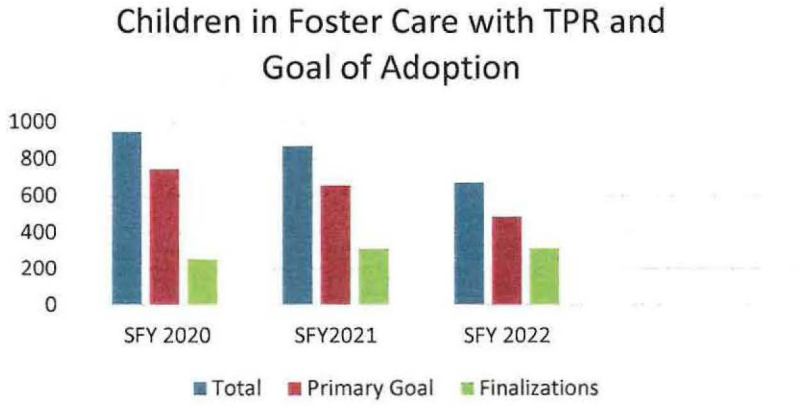
The ND Post Adopt Network continues to provide support to foster care, infant, international, and domestic adoptive families, as well as support to families who provide guardianship for children in their home. The ND Post Adopt Network started as a service of AASK in January 2016. The program has one staff each located in Fargo, Grand Forks, Bismarck, and Minot. A program supervisor is in Fargo, for a total of five program staff.
In fiscal year 2021-2022, the North Dakota Post Adopt Network finished a project partnership with the Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG), a program funded through a cooperative agreement with the Department of Health and Human Services, the Administration for Children and Families, and the Children's Bureau. Through this partnership, the final project was completed to support the growth and development of the North Dakota Post Adopt Network. This included a comprehensive program manual, outlining practice to ensure service delivery is provided consistently by post adopt coordinators across the state. Within this process, formal case management services were developed, to include the use of evidence-based assessment tools and support plans with adoptive and guardianship families.
Over the last fiscal year, the North Dakota Post Adopt Network was busy providing many services across the state:

- Served over 480 families
- Hosted 39 events with 498 participants!
  - Events included:
  - Camp Experiences (Camp Connect and Winter Retreat)
  - Mom's Retreat
  - Dad's Retreat
  - Monthly Events (Parents' Night Out, Kids' Night Out, and Family Night)
  - Recruitment/Awareness Events
- Held 94 parent support groups
- Hosted 9 parent education groups with 15 attendees
- Facilitated 16 post adoption informational trainings to 192 community partners and professionals

C. Waiting Children – Children in public agency custody with a TPR and Goal of Adoption

The number of children with a termination of parental rights has fallen over the three years as indicated below, as has the number of those children with a primary goal of adoption. The number of adoptions however has continued to steadily climb.

It should be noted that of the children for whom there is a TPR and who have a goal of adoption, most will be placed for adoption with a relative and/or their caregiving foster care provider. A small percentage each year are placed with newly recruited families. At any given time, there are usually between 20 and 30 children whom the adoption program is recruiting a new family to provide permanency.



This information reflects data from the COGNOS report, CFS – TPR and Adoption in ND

D. Adoption assistance

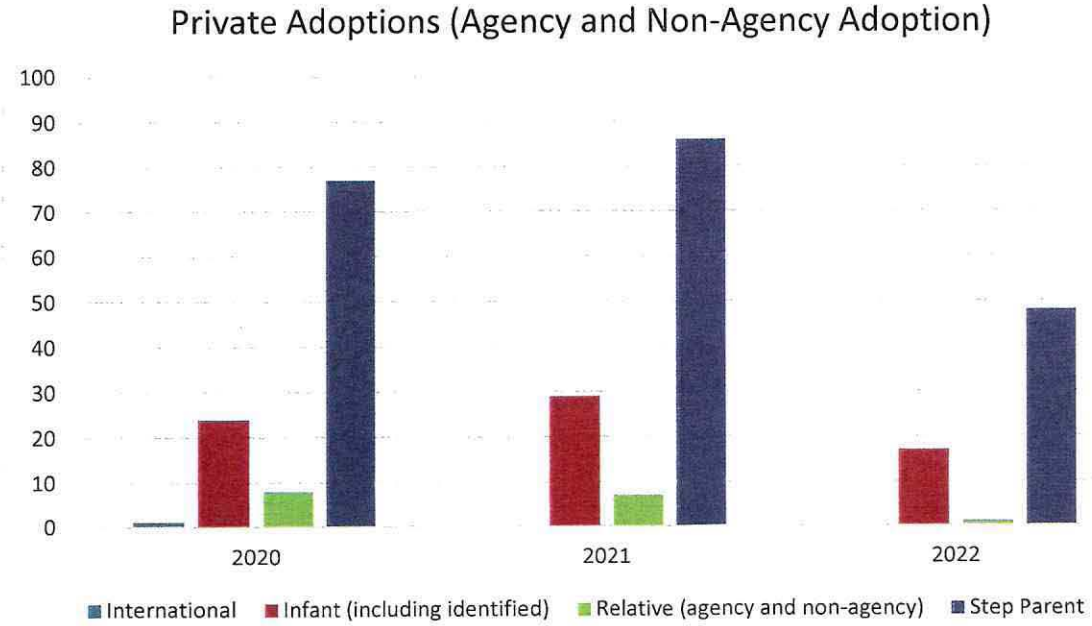
Adoption assistance (subsidy) is designed to provide adoptive families of any economic level with needed social services, and medical and financial support to care for children considered difficult to place. Adoption assistance can take the form of a monthly payment (subsidy) to meet the special and ordinary needs of the child, Medical Assistance as a backup to the adoptive family's private health insurance, and reimbursement for non-recurring adoption expenses (up to $2000/child). Adoption assistance payments are negotiated for children who are adopted from the public agency, who are determined to be "special need" for the purposes of adoption assistance. These payments are negotiated through the Children and Family Services Foster Care Sub Adopt Unit (CFSFCSA Unit). Currently the unit is making adoption subsidy payments for almost 1,900 children per month.

E. Other types of adoption

CFS is involved in other types of adoption to varying degrees, including by providing technical assistance to licensed child placing agency and attorneys, responding to legal documents filed in all types of adoption, tracking documentation for private agency and other adoptions and the permanent retention of adoption documents. Additionally, CFS coordinates adoption search/ disclosure services. Other types of adoption include:

- Private infant adoptions,
- Identified relinquishment and adoption as specified in NDCC 14-15.1,
- Private relative adoptions,
- Stepparent adoptions and
- International adoptions.
- Adult Adoptions

The chart below details data related to agency and non-agency private adoptions. Agency adoptions include those from foreign countries (international), infant adoptions, including the relinquishment of infants to an identified adoptive parent (a subset of infant adoptions which require agency involvement but for whom the agency is not the custodian of the infant), and some relative adoptions. Non-agency adoptions are those which by statute do not require the assistance of a child placement agency to facilitate and include most relative adoptions as well as those by stepparents. The department keeps a record for adult adoptions but does not collect data for these kinds of adoptions.



Data provided through a DSS by calendar years. This data is incomplete for all years reported since data entry is also incomplete.



CHILDREN & FAMILY SERVICES

Kinship-ND

NORTH Dakota | Health & Human Services
Be Legendary.

North Dakota has utilized a yearly grant fund under Family First Prevention Services Act (FFPSA) Title IV-B to create the Kinship-ND program, which assists both relative and fictive kinship caregivers who have taken on full time care of a child who is not their own.

Kinship-ND assists the caregiver with navigating their journey in three main ways:

- 1 on 1 support
- Assistance with resources and information based on their needs
- Limited financial support

Top needs

- Financial
- Supplies/ food
- Childcare
- Legal
- Mental health

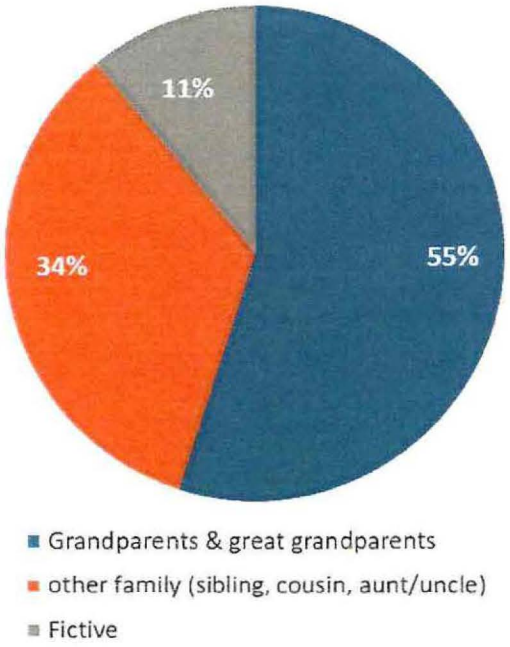
According to childwelfare.org, "Relatives are the preferred resource for children who must be removed from their birth parents because it helps maintain the children's connections with their families, increases stability, and overall minimizes the trauma of family separation. It is imperative that kinship caregivers have the supports they need when a child is placed in their care."

Kinship-ND has been serving caregivers since March 17, 2021

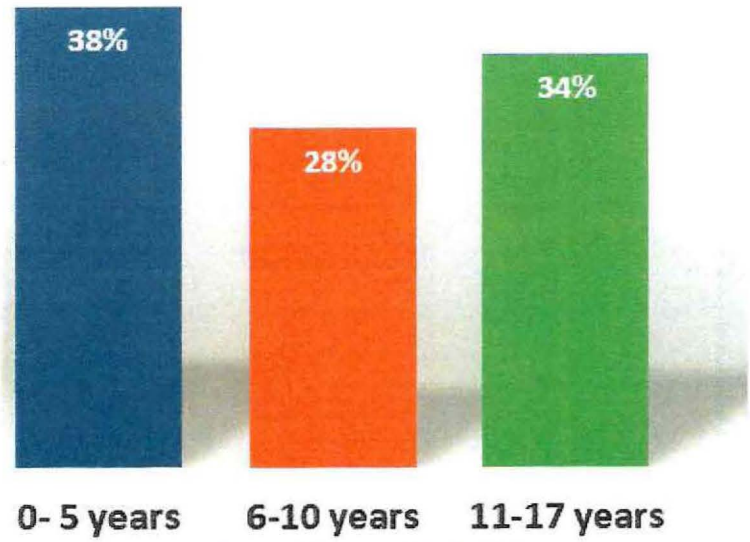
From 3/17/21 – 11/1/22 we have served

433 Caregiver homes **834 Children**

Reimbursed over $360,817 to caregivers helping with the needs of the children



Role of the caregiver to the children in Kinship-ND



Ages of the children in Kinship-ND

Grandfamilies.org estimates in North Dakota there are 6,000 children being raised by kin with no parent present and over 9,600 children live in a home where a relative is the head of household.

NORTH Dakota | Health & Human Services
Be Legendary.



CHILDREN & FAMILY SERVICES

Human Service Zone	Total children with TPR	Total Children in Foster Care	% of Children in care with TPR	Children 14+ with TPR	Native American children with TPR
Agassiz Valley	2	17	12%	0	0
Buffalo Bridges	9	37	24%	3	2
Burleigh	23	169	14%	10	13
Cass	91	257	35%	20	26
Central Prairie	0	3	0%	0	0
Dakota Central	1	14	7%	1	0
Eastern Plains	0	2	0%	0	0
Grand Forks	24	205	12%	3	11
Mountain Lakes	25	74	34%	1	18
Mountrail-McKenzie	6	12	50%	4	1
North Star	6	83	7%	1	1
Northern Prairie	1	12	8%	0	1
Northern Valley	6	16	38%	1	1
Roughrider North	4	37	11%	2	1
RSR	1	16	6%	0	0
South Country	2	9	22%	0	1
Southwest Dakota	0	14	0%	0	0
Three Rivers	21	64	33%	7	0
Ward	21	139	15%	9	8
TOTALS	243	1180	21%	62	84

Tribal Agency IV-E Eligible Cases Only	Total IV-E children with TPR	Total IV-E Children in Foster Care	% of IV-E Children in care with TPR	Children 14+ with TPR
Spirit Lake	20	50	40%	2
Standing Rock	5	53	9%	2
Three Affiliated	3	18	17%	
Turtle Mountain	76	187	41%	11
TOTALS	104	308	34%	15

Data: CFS KPI Data 1.1.23



TITLE IV-E INDIVIDUAL ELIGIBILITY

To determine eligibility, an application must be completed through an online process. It gathers information on whether a child may be at risk of out-of-home placement based on circumstances and characteristics of the family as a whole and/or circumstances and characteristics of the child or the parent/caregiver's ability to safely care for and nurture the child.

CHILD ELIGIBILITY CRITERIA:

- **17 years old and under (post-natal);**
- **North Dakota resident;**
- **Not in an open foster care program or under the custody of a public agency (Human service zone, Division of Juvenile Services, or tribal social services); and**
- **At risk of out-of-home placement if preventative services are not offered.**

If the child has met the above criteria, a determination of eligibility must be met. Federal guidance defines an eligible child as a candidate for foster care.

Once a child is determined eligible, services can also be delivered to the child's caregivers.

The application is accessible to all individuals and partners in the community and can be found at https://dhs-ive-prod.powerappsportals.us/ffp-home/individual-application-public/

NORTH Dakota | Human Services
Be Legendary.™



CHILDREN & FAMILY SERVICES

Children Eligible for Title IV-E Prevention Services

MUST meet the following criteria:

- 17 years and under (post-natal);
- North Dakota resident;
- Not in an open foster care program or under the custody of a public agency (Exception: A youth who is pregnant or parenting);
- In a home of a parent/caregiver; and
- At risk of out of home placement if preventative services are not offered.

Once the above criteria are met a determination of eligibility is made. To apply for eligibility, go to: https://dhs-ive-prod.powerappsportals.us/ffp-home/individual-application-public/

Title IV-E Prevention Services and Locations in North Dakota

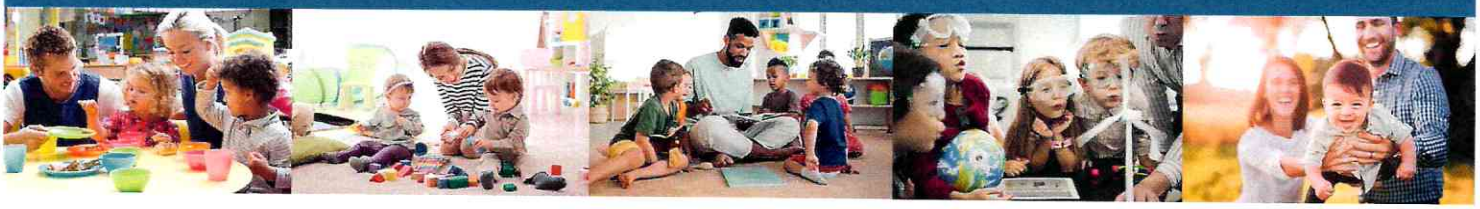
Prevention Service	Locations
Healthy Families	Adams, Barnes, Billings, Bowman, Burleigh, Cass, Dunn, Emmons, Grand Forks, Grant, Hettinger, McKenzie, Morton, Pembina, Nelson, Slope, Stark, Stutsman, Walsh, Williams
Brief Strategic Family Therapy	Bismarck, Dickinson, Ellendale, Fargo, Grand Forks, Jamestown, Mandan, Minot, Watford City, Williston
Parent-Child Interaction Therapy	Bismarck, Fargo, Grand Forks, Jamestown, Langdon, West Fargo
Family Check-Up/Everyday Parenting *(January 2023)*	Bismarck, Fargo, Grand Forks, Mandan, Minot, Valley City, West Fargo
Multisystemic Therapy *(January 2023)*	Fargo
Functional Family Therapy, Homebuilders, Nurse Family Partnership, Parents as Teachers -No Providers	

Data December 2022	COUNT
Applications for Child Eligibility Received	213
Applications for Child Eligibility Approved	200
Children that Received Healthy Families*	98
Children that Received Parent Child Interaction Therapy	46
Children that Received Brief Strategic Family Therapy	11

**Healthy Families data includes children who have received services over multiple years*

NORTH Dakota | Health & Human Services
Be Legendary.

EARLY CHILDHOOD Best in Class



The 67th Legislative Assembly made a targeted state investment in programs serving children in the year before kindergarten that are committed to delivering the highest quality experiences to the children and families they serve, and whose actions can demonstrate the return on investment that is possible with intentional, research-supported investments in early childhood.

Best in Class is built on program characteristics that drive results – high quality, supported interactions between adults and children based on developmentally appropriate experiences. Teaching staff are coached and supported in implementing developmentally appropriate environments, play based curriculum, and authentic observation-based assessments to drive individualized experiences to support children in reaching widely held expectations in the year before kindergarten.

Eligible Programs

- HHS **approved four-year-old programs operated by educational facilities, public or private**. These entities must be compliant with ND Department of Public Instruction's desk audits and federal Title program monitoring
- Federally funded **Head Start programs**. Head Start grantees must be compliant with Federal Head Start Monitoring Protocol
- **Licensed child care settings** (center or group), inclusive of those operated in connection with a church, business, or organization. These entities must be participating in our state's Quality Rating and Improvement System (QRIS) with a current rating of Step 3 or higher

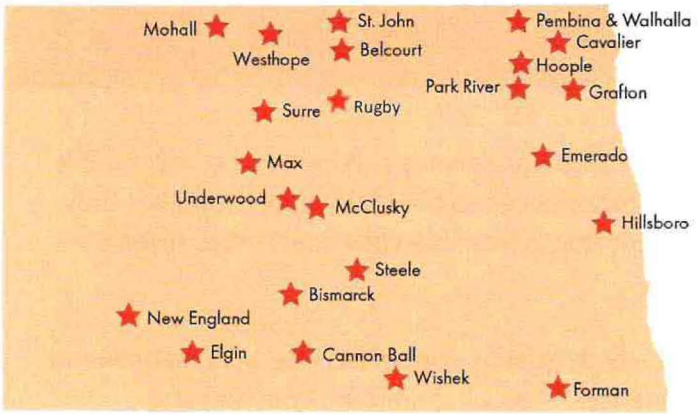
Best in Class Program Expectations

- Operate for a minimum of 400 hours over 32 consecutive weeks, serving children that are 4 years old before August 1st of the program year. Programs operating at least 800 hours over 32 consecutive weeks are encouraged.
- Conduct a randomized selection process for enrollment, prioritizing 50% of slots in each section for children whose family's household income is less than 60% of state median income or children who have an identified developmental delay or disability.
- If charging tuition, use the HHS-approved sliding fee scale
- Maintain 1:10 ratio of staff to children
- Implement a research-based curriculum appropriate for the age of children served
- Utilize Teaching Strategies GOLD for observations and assessment of progress
- Coordinate and/or offer onsite health screenings and referrals (developmental, hearing, vision, dental & physical)
- Incorporate at least ten hours of research-based family engagement
- Participate in programmatic research, including randomized studies that examine core components of program design and program outcomes.

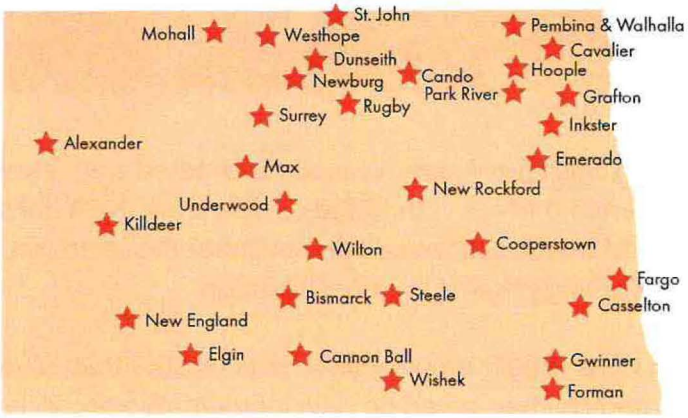
Participation

In our pilot thus far, we have fully committed the resources made available, serving 915 children in 36 different communities, utilizing two Best in Class coaches to serve 42 teachers. 99% of families completing the 2021-2022 parent survey felt their child had a successful year and were provided a quality experience and many mention their child's readiness for kindergarten.

Pilot Year 1 2021-2022



Pilot Year 2 2022-2023



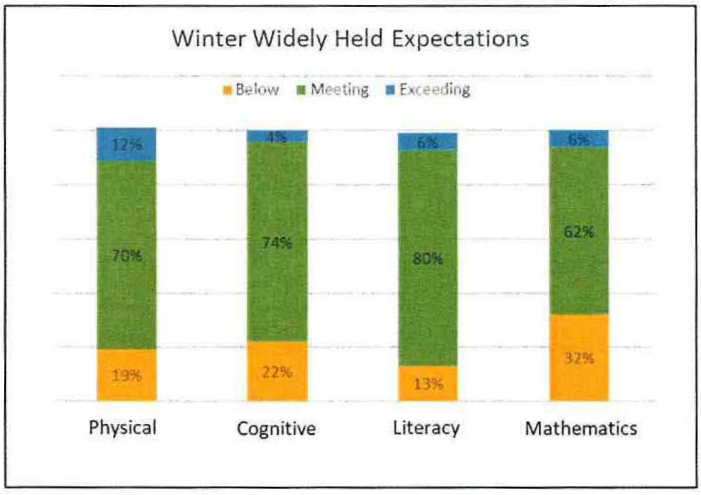
Child Outcomes

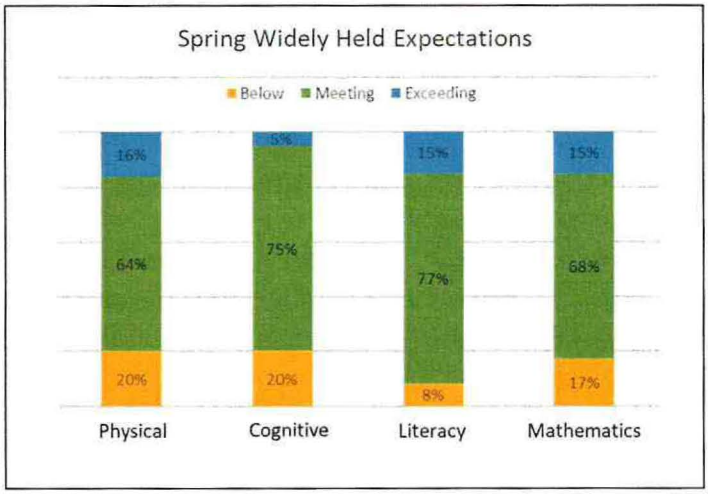
Developmentally appropriate, ongoing, observation-based assessment occurs when teachers are observing children during regular, everyday play-based activities on a continuous basis throughout the year. Best in Class teachers use authentic observation-based assessments to complete three checkpoints using Teaching Strategies GOLD® to document children's learning over time, inform instruction, and facilitate communication with families.

GOLD® developmental progressions are based on widely held expectations that describe the range of knowledge, skills, and abilities that children of a particular age typically demonstrate over a year of life. These expectations are based on the latest research in early childhood and are frames of reference that help parents and teachers focus on the development of the individual child.

Beginning Trend Line Data

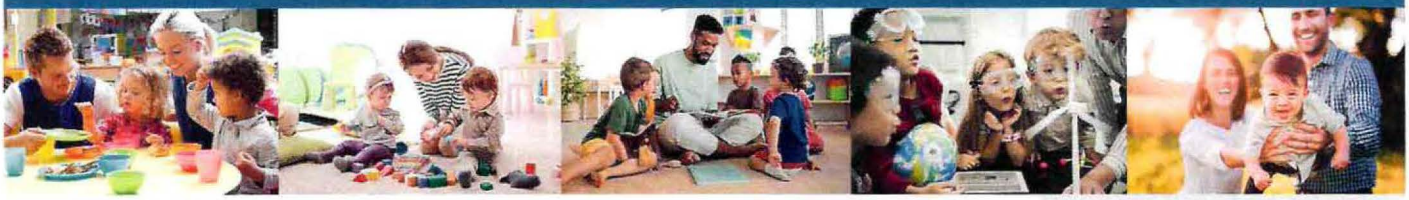
Programs in the first pilot year completed two checkpoints. Scale scores correlate moderately strongly with age and since the tool being used in meant to measure progress across skills that follow a developmental progression, these results are positive and promising.





NORTH Dakota | Health & Human Services
Be Legendary.

EARLY CHILDHOOD Best in Class



Spotlight on Grafton Public School Best in Class

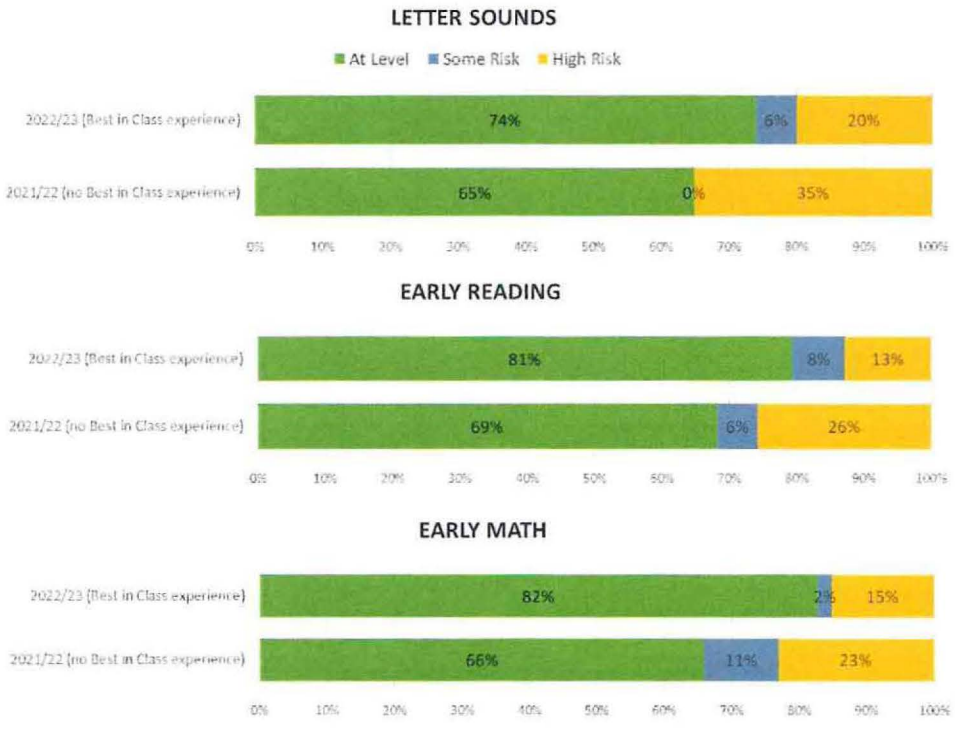
Grafton Public Schools participated in the inaugural year of Best in Class (2021/22).

They were awarded **four** sections of the program's small group size (8 – 10 kids). They decided to operate two additional sections of pre-kindergarten that utilized Best in Class teachers and the same resourced environment in the time slot that was opposite of their Best in Class- funded sessions.

Based on the school's fall kindergarten assessment data, the children who had a Best in Class experience in the year before kindergarten **STARTED kindergarten an average of 12% AHEAD** of where the children without a Best in Class experience started.

Start-of-Kindergarten assessments show early signs of positive impact

Best in Class cohort (2022-23) compared to cohort without Best in Class experience (2021-22)



The **Best in Class** program represents a targeted state investment in programs that are committed to delivering the highest quality experiences to the children and families they serve, and whose actions can demonstrate the return on investment that is possible with intentional, research-supported investments in early childhood.

Best in Class is built on program characteristics that drive results:

- Staff to child ratio of 1:10 or better; class size of 20 children or lower
- Evidence based curriculum appropriate for the age of children served and aligned with early learning standards
- Specialized teacher education with training in early childhood instruction and child development
- Coaching and ongoing professional development for staff
- Regular assessment of child progress
- Vision, hearing and health screenings and referrals

Waterford | Upstart

2021-2022 North Dakota Combined Upstart Programs – Final Outcomes

June 2022

About Waterford Upstart: Waterford Upstart is an in-home kindergarten readiness program that was created by the Utah legislature in 2009. The program is implemented by Waterford.org and helps children develop the cognitive and social-emotional skills they need for school success.

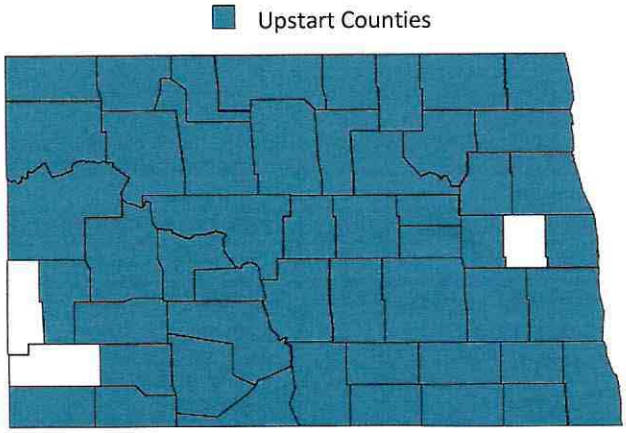
- Preschool-age children use Waterford Upstart software in the home for 15-20 minutes a day, five days a week. The usage model falls well within the American Academy of Pediatrics (AAP) recommendation of no more than one hour of screen time per day for 4-year-old-children.
- Children receive a personalized curriculum in reading, math, and science.
- Each family receives coaching to ensure strong parental engagement. Waterford Upstart empowers parents in the education of their young children through a parent engagement curriculum developed over the program's 12 years of experience working with families. While the curriculum is in English, families are supported in English and Spanish, with translation services offered in additional languages, as needed.
- Social-emotional learning is modeled in the curriculum and developed by parents though off-line activities.
- All participants receive computers and Internet service is included as part of the program if the home does not have connectivity.

Evidence of Effectiveness: Upstart's evidence of effectiveness has been thoroughly vetted in the most rigorous contexts and was a critical factor in recent federal Education, Innovation and Research (EIR) Expansion Grant and TED Audacious Project awards.

- Meets What Works Clearinghouse standings without reservations and ESSA Tier 1 Strong Evidence standards.
- Upstart's third-party randomized controlled trial (RCT) study for the U.S. Department of Education produced significant and sizable positive effect sizes: 0.42 standard deviations of improvement in literacy for the reading group relative to the math group, and 0.38 in math for the math group relative to the reading group.
- Similarly, over eleven years of external evaluations in Utah show Upstart children achieve 2X-3X the learning of non-Upstart children and those learning gains are maintained through the 4th grade.

North Dakota Combined Upstart Programs: Waterford was awarded a federal EIR Expansion Grant that is being used to provide Waterford Upstart in the Great Plains states that historically have not provided significant funding for early childhood education, including Idaho, Montana, North Dakota, South Dakota, and Wyoming. In addition to Waterford's federal EIR Expansion Grant, a Memorandum of Agreement between Waterford and the Departments of Public Instruction and Human Services provided the program for interested families beyond the scope of the federal program during the 2021-2022 school year. In total, Waterford Upstart has been provided to approximately 1,800 preschool-age children across North Dakota over the past three school years.

- Waterford Upstart is aligned to North Dakota Early Learning Standards and Head Start Early Learning Outcomes Framework; meets WIDA standards for language development; is a Certified Autism Resource; and is endorsed by the Council of Administrators of Special Education (CASE).
- Statewide, approximately 1,000 children from 176 municipalities across 50 counties participated in the combined Upstart programs during the 2021-2022 school year.
  - 97.00% were rural participants and 31.90% were ≤185% of the Federal Poverty Level.



2021-2022 Combined Upstart Programs Registrations by County

County	Count
Adams	5
Barnes	3
Benson	9
Billings	1
Bottineau	10
Bowman	5
Burke	6
Burleigh	93
Cass	107
Cavalier	2
Dickey	4
Divide	7
Dunn	4

County	Count
Eddy	1
Emmons	4
Foster	4
Grand Forks	147
Grant	7
Griggs	1
Hettinger	5
Kidder	8
Lamoure	4
Logan	1
McHenry	9
McIntosh	7
McKenzie	20

County	Count
McLean	23
Mercer	10
Morton	46
Mountrail	17
Nelson	1
Oliver	6
Pembina	30
Pierce	5
Ramsey	6
Ransom	29
Renville	5
Richland	7
Rolette	28

County	Count
Sargent	12
Sheridan	7
Sioux	8
Stark	16
Stutsman	16
Towner	1
Traill	19
Walsh	29
Ward	132
Wells	8
Williams	65
TOTAL	**1,000**

2021-2022 Combined Upstart Programs Registrations by Municipality

Municipality	Count
Alexander	1
Argusville	1
Arnegard	2
Arthur	1
Ayr	1
Baldwin	1
Bathgate	1
Belcourt	5
Belfield	1
Bellington	1
Beulah	1
Bismarck	87
Bottineau	6
Bowbells	3
Bowman	1
Burlington	1
Buxton	2
Cando	1
Cannon Ball	4
Carpio	1
Carrington	3
Carson	4
Casselton	4
Cavalier	18
Cayuga	1
Center	6
Cleveland	1
Cogswell	1
Coleharbor	1
Crosby	7
Dawson	1

Municipality	Count
Epping	1
Fairview	1
Fargo	65
Flasher	3
Fordville	2
Forman	5
Fort Ransom	1
Fort Yates	4
Galesburg	1
Gardner	1
Garrison	4
Glasston	1
Glen Ullin	1
Glenburn	3
Grace City	1
Grafton	15
Grand Forks	125
Granville	3
Grassy Butte	2
Gwinner	2
Halliday	2
Hannaford	1
Hannover	1
Harvey	8
Harwood	1
Hatton	3
Hazelton	1
Hazen	4
Hebron	5
Hettinger	4
Hillsboro	8

Municipality	Count
Linton	1
Lisbon	26
Maddock	3
Mandan	34
Mandaree	1
Manning	1
Martin	2
Max	4
Mayville	4
Mcclusky	4
Mcleod	2
Medina	2
Medora	1
Mercer	1
Milnor	2
Minot	88
Minot AFB	23
Mohall	2
Napoleon	1
Neche	3
New England	4
New Leipzig	1
New Rockford	1
New Salem	2
New Town	5
Nome	1
Norhtwood	2
Oakes	2
Oberon	1
Palermo	1
Park River	5

Municipality	Count
Rugby	5
Ruso	1
Rutland	1
Ryder	3
Saint John	7
Saint Michael	2
Saint Thomas	2
Scranton	2
South Heart	1
Stanley	7
Stanton	5
Steele	5
Strasburg	1
Streeter	1
Surrey	6
Tappen	1
Thompson	13
Tioga	5
Towner	2
Turtle Lake	1
Underwood	5
Valley City	1
Velva	1
Verona	2
Voltaire	1
Wahpeton	2
Walhalla	1
Washburn	1
Watford City	14
West Fargo	29
Westhope	1

Municipality	Count
Denhoff	1
Des Lacs	2
Devils Lake	6
Dickinson	12
Douglas	5
Drake	2
Drayton	1
Dunn Center	1
Dunseith	12
Edinburgh	2
Elgin	2
Ellendale	2
Emerado	2
Enderlin	2

Municipality	Count
Hoople	5
Horace	2
Jamestown	10
Kenmare	1
Kintyre	1
Knox	1
Lamoure	2
Langdon	2
Lansford	3
Larimore	4
Leeds	1
Leonard	1
Lignite	1
Lincoln	6

Municipality	Count
Pembina	3
Petersburg	1
Pingree	1
Portland	1
Powers Lake	2
Ray	6
Reeder	1
Regent	1
Reynolds	2
Richardton	2
Robinson	1
Rogers	1
Rolla	4
Ross	1

Municipality	Count
Wheatland	1
White Earth	3
Wildrose	2
Williston	50
Wilton	6
Wishek	7
Woodworth	1
Wyndmere	2
York	1
Zahl	1
TOTAL	1,000

2021-2022 Combined Upstart Programs Demographic Information

Ethnicity/Race	Count	Percent
Caucasian	778	77.80%
Native American/Alaskan Native	61	6.10%
African American	48	4.80%
Latino/a	47	4.70%
Other	22	2.20%
Asian	20	2.00%
Decline to Answer	19	1.90%
Pacific Islander	5	0.50%

Equipment Provided	Count	Percent
Received Computer	1,000	100.00%
Received Internet Service	46	4.60%

Socioeconomic Status	Count	Percent
Total Registrations	1,000	100.00%
≤185% Federal Poverty Level	319	31.90%

Average Curriculum Usage: The average total reading usage for participants was 1,786.41 minutes and the average total math and science usage for participants was 829.56 minutes over the course of the program.

Reading Program Outcomes: The Waterford Assessment of Core Skills (WACS) is a computerized adaptive test of early literacy for students in Pre-Kindergarten through second grade with initial content validity established against state and national standards. To establish concurrent validity and predictive validity, student performance on WACS was compared to performance on five commonly-used standardized tests also measuring early reading skills, including DIBELS (Dynamic Indicators of Basic Early Literacy Skills), IRI (Idaho Reading Indicator), ITBS (Iowa Tests of Basic Skills), SAT 10 (Stanford Achievement Test Series), and TPRI (Texas Primary Reading Inventory).

WACS Grade Equivalent Difficulty Ranges: The following table provides question difficulty ranges for the Waterford Assessment of Core Skills (WACS) by grade level. Each grade level is divided into thirds: Kindergarten Beginning, Kindergarten Intermediate, and Kindergarten Advanced.

Grade	Beginning	Intermediate	Advanced
Preschool	1001 - 1333	1334 - 1666	1667 - 2000
Kindergarten	2001 - 2333	2334 - 2666	2667 - 3000
First	3001 - 3333	3334 - 3666	3667 - 4000
Second	4001 - 4333	4334 - 4666	4667 - 5000

Average final scores for children that completed WACS showed the following notable outcomes:

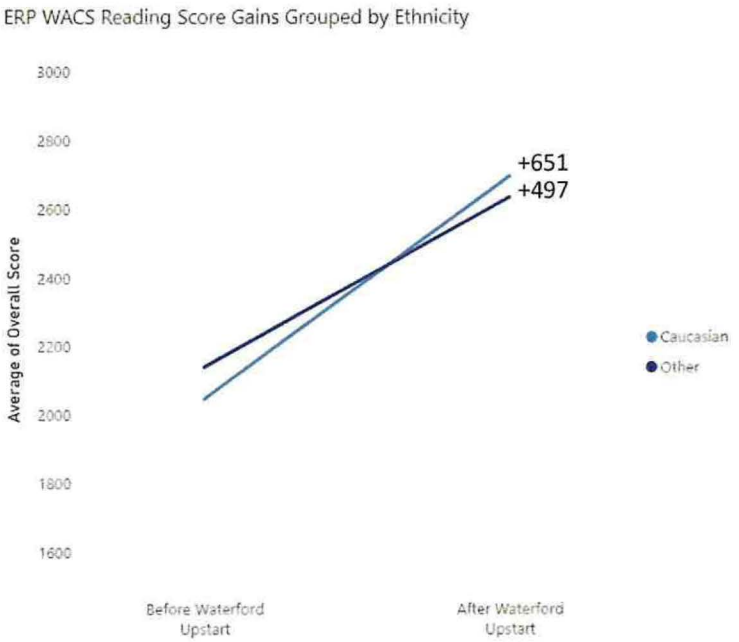
- Children's outcomes averaged at the "Kindergarten Advanced" level (with an average final WACS score of 2686.84) where most children score at near the end of the Kindergarten year.
- 94.33% of children scored at "Kindergarten Beginning" or above, demonstrating strong school readiness outcomes.

The following table provides results on assessed skills and shows average final WACS subtest scores and their grade equivalents for the program.

Measured Skill	Average Final WACS Score	Grade Equivalent of Average Final WACS Score
Letter Recognition	2068	Kindergarten Beginning*
Letter Sound	2531	Kindergarten Intermediate
Initial Sound	2625	Kindergarten Intermediate
Blending	2722	Kindergarten Advanced
Listening Comprehension	2884	Kindergarten Advanced
Non Words	3211	1st Grade Beginning
Sight Words	3022	1st Grade Beginning
Real Words	3274	1st Grade Beginning
Reading Comprehension	2503	Kindergarten Intermediate
Vocabulary	2970	Kindergarten Advanced

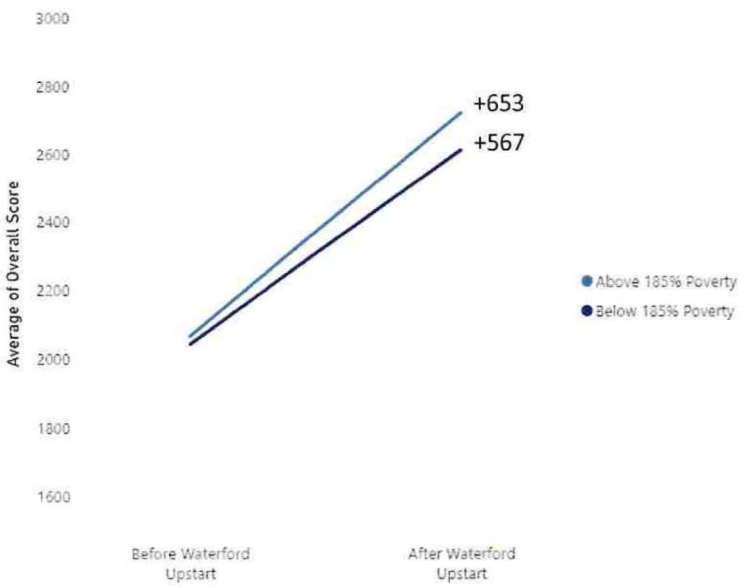
** Note that "Kindergarten Beginning" is highest possible achievement level for the "Letter Recognition" skill.*

The following graphs show WACS reading score gains grouped by reported ethnicity/race, socio-economic status (SES), and gender for the 2021-2022 combined Upstart programs. The numbers within the graph indicate point score gains from pretest to posttest.



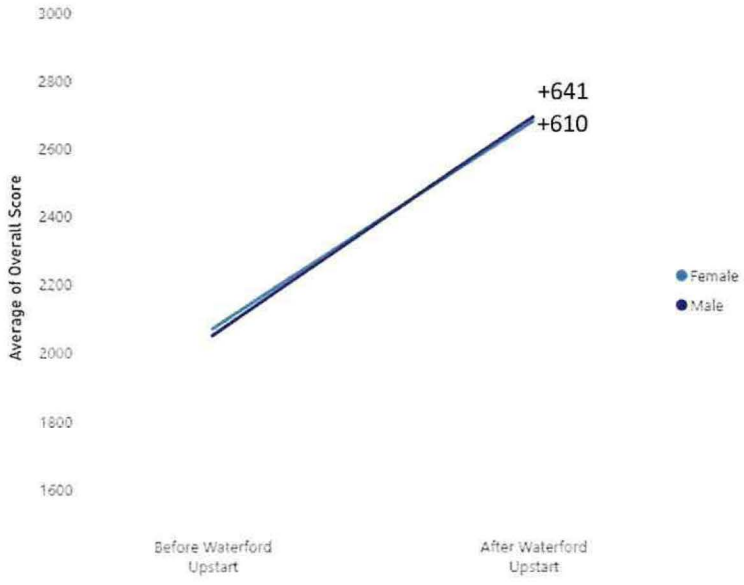
Ethnicity/Race	Percent of Cohort	Average Final WACS Score	Grade Equivalent of Final WACS Score
Caucasian	77.80%	2697.21	Kindergarten Advanced
Other	22.20%	2636.29	Kindergarten Intermediate

ERP WACS Reading Score Gains Grouped by SES



Socio-economic status (SES)	Percent of Cohort	Average Final WACS Score	Grade Equivalent of Final WACS Score
>185% Federal Poverty Level	68.10%	2720.15	Kindergarten Advanced
≤185% Federal Poverty Level	31.90%	2610.91	Kindergarten Intermediate

ERP WACS Reading Score Gains Grouped by Gender



Gender	Percent of Cohort	Average Final WACS Score	Grade Equivalent of Final WACS Score
Female	49.65%	2680.93	Kindergarten Advanced
Male	50.35%	2692.66	Kindergarten Advanced

Parent Satisfaction: Parents/guardians participating in the program completed a comprehensive survey to provide feedback related to their, and their child's, experience in the program.

Survey Responses

% Agree	Respondents' experiences with the Waterford Upstart program
88% YES	I like that the program expects our family to create a daily routine for using it.
93% YES	The program helped prepare my child for kindergarten.
73% YES	The program helped prepare ME to help my child in school next year.
72% YES	The program helped me realize the importance of participating in my child's learning.
65% YES	The program made me feel equipped to engage with my child's teacher next year.
96% YES	I feel confident that I can help my child transition from PreK to kindergarten.
89% YES	When using the program, my child experienced higher quality experiences, compared to other apps or TV programs.
82% YES	The program was engaging to my child.
85% YES	My child is now better able to work independently.

% Agree	Respondents' experiences with Waterford Upstart representatives
92% YES	A representative gave me what I needed to effectively support my child.
93% YES	A representative helped solve the issues I had.
99% YES	A representative was friendly and polite when we communicated.
99% YES	A representative was knowledgeable about the program and software.

% Agree	Respondents' evaluation of the Waterford Upstart program
86% YES	Reading Program: In general, did your child enjoy using the program?
99% YES	Reading Program: Do you think the program was age appropriate?
91% YES	Reading Program: Do you feel the weekly usage requirements were appropriate?
90% YES	Math and Science Program: In general, did your child enjoy using the program?
99% YES	Math and Science Program: Do you think the program was age appropriate?
94% YES	Math and Science Program: Do you feel the weekly usage requirements were appropriate?

Average Response	Respondents' satisfaction with the Waterford Upstart program
9.18	On a scale of 0 to 10, how likely are you to recommend Waterford Upstart to a friend or colleague?
8.86	On a scale of 0 to 10, overall, how satisfied are you with your and your child's experience using the Waterford Upstart program?

Additional Comments

- *I am very thankful for the program. I have taught Kindergarten for 5 years and 3 years in 1st. So, I know the importance of those foundational skills that were offered. This was something that my child could experience without mom harping to learn these skills. Gave her independence to learn and me the ability to expand on those concepts.*
- *I sometimes caught him singing songs he learned from Waterford and he sings it to his little brother. The power words and powerful! Every time he sees those words when we are outside, he could read them fast.*
- *I really enjoyed watching my daughter learn new skills and improve those she already knew.*
- *I am beyond happy with how ready my son is for kindergarten in the fall. This program really has set him to excel next year. I am looking forward to see how much he uses this in kindergarten. I feel like he will be one of kiddos who is kindergarten ready.*

- *We absolutely love this program and are so thankful we did it! Our coach Wendy was amazing!*
- *I think the program is great. Sometimes life got a little too crazy with sickness and events to fit things in, but I think that was good practice for us trying to juggle and identify priorities.*
- *I am so thankful that this program was offered to me. It has done wonders for our child and helped our family transition for Kindergarten.*
- *My son was very engaged and learned a lot with this program.*
- *Mary was so great! One week my daughter was struggling and she reached out to see what we thought might be the issue and the next week she called to tell us how much she had improved!*
- *This was a really great program for kids. And it was wonderful that my district decided to pay for it.*
- *Helped him with his focus.*
- *We have been so happy with the program!*
- *I wish she could use the program another year.*

Appendix: Comparison of the 2023 state median income (SMI) and the federal poverty level

	50% Federal Poverty Level		100% Federal Poverty Level		10% SMI		30% SMI		60% SMI		85% SMI		100% SMI	
Household Size	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage
1	$ 7,290	$ 3.50	$ 14,580	$ 7.01	$ 5,568	$ 2.68	$ 16,704	$ 8.03	$ 33,407	$ 16.06	$ 47,328	$ 22.75	$ 55,680	$ 26.77
2	$ 9,860	$ 4.74	$ 19,720	$ 9.48	$ 7,284	$ 3.50	$ 21,840	$ 10.50	$ 43,686	$ 21.00	$ 61,896	$ 29.76	$ 72,819	$ 35.01
3	$ 12,430	$ 5.98	$ 24,860	$ 11.95	$ 9,000	$ 4.33	$ 26,988	$ 12.98	$ 53,965	$ 25.94	$ 76,452	$ 36.76	$ 89,944	$ 43.24
4	$ 15,000	$ 7.21	$ 30,000	$ 14.42	$ 10,704	$ 5.15	$ 32,124	$ 15.44	$ 64,245	$ 30.89	$ 91,020	$ 43.76	$ 107,082	$ 51.48
5	$ 17,570	$ 8.45	$ 35,140	$ 16.89	$ 12,420	$ 5.97	$ 37,260	$ 17.91	$ 74,524	$ 35.83	$ 105,576	$ 50.76	$ 124,207	$ 59.71
6	$ 20,140	$ 9.68	$ 40,280	$ 19.37	$ 14,136	$ 6.80	$ 42,396	$ 20.38	$ 84,803	$ 40.77	$ 120,132	$ 57.76	$ 141,332	$ 67.95
7	$ 22,710	$ 10.92	$ 45,420	$ 21.84	$ 14,460	$ 6.95	$ 43,368	$ 20.85	$ 86,730	$ 41.70	$ 122,868	$ 59.07	$ 144,551	$ 69.50
8	$ 25,280	$ 12.15	$ 50,560	$ 24.31	$ 14,772	$ 7.10	$ 44,328	$ 21.31	$ 88,658	$ 42.62	$ 125,604	$ 60.39	$ 147,769	$ 71.04

88% of Jobs in the ND labor market pay an average wage of $35/hour or less







Less than $15 / hr	$15 - $20 / hour	$20 - $28 / hour	$28 - $35 / hour	>$35 / hour
Child care worker	Home health/PT aide	Carpenter	School counselor	Engineer
Waiter/Waitress	Personal care aide	Loan processor	Rotary drill operator	Constr mgr
Dishwasher	Hair stylist	Legal secretary	HR specialist	Electrician
Bartender	Retail	Correctional officers	Accountant	Lineman
Fast food	Receptionist/secretary	Auto service tech	Real Estate Sales	Gen/Op mgr
Short order cook	Restaurant cook	Surgical tech	PR specialist	Loan officer
Cashiers	Preschool teacher	Roofer	Counselor	Lawyer
Hotel clerk	EMTs & paramedics	Lic Practical Nurse	Registered Nurse	Sales
Laundry/Dry cleaning	Assemblers	Dental assistant	Comp network specialist	Software dev
Maid/Housecleaner	Maintenance workers	Firefighter	Construction supervisor	Veterinarian
	Nursing assistant	Surgical assistant	Dental hygienist	Pharmacist
	Laborer	Clergy	Architectural drafter	Physician
	Substitute teacher	Social worker	Speech pathologist	Dentist
	Stocker/order filler	Police		Psychologist
	Landscaping/grounds	Hotel manager		
	Janitor	Truck driver		
48,790			**73,420**	
# of people employed in a job with average wage of <$15/hour			*20%*	**45,000**
represents 13% of total jobs	**90,050**	**109,930**		*12%*
	25%	*30%*		

Source: Job Service ND 2021 Employment and Wages by Occupation dataset | mean wage by occupation; 741,920 jobs included in statewide wage summary

SNAP Program Audits

Eligibility Determination Reviews

Active Error Rate

$$\text{Error Rate} = \frac{\text{Improper payments for reviews completed}}{\text{Total payments for reviews completed}}$$

Negative Error Rate

$$\text{Error Rate} = \frac{\text{\# of Cases Denied or Terminated in Error}}{\text{Total \# of reviews completed}}$$

Quality Assurance and Quality Control Unit (QA/QC) Reviews:

- Federal Reviews conducted annually based on defined sample and criteria.
  - Active Reviews – measures accuracy of eligibility and benefit amount. Review of 39 active eligibility determinations per month.
  - Negative Reviews – measures accuracy of denial and closure of eligibility. Review of 28 negative eligibility determinations per month.
  - Timeliness – measures timeliness of eligibility determinations. Review timeliness on the 67 active and negative eligibility determinations per month.

Active Error Rate: FFY 2020 – 5.96%
FFY 2021 – 5.62%
FFY 2022 – 9.44%
FFY 2022 National Average (Target) = 10.59%

Negative Error Rate: FFY 2020 – 29.14%
FFY 2021 – 37.31%
FFY 2022 – 33.24%
FFY 2022 National Average (Target) = 40.01%

Timeliness Rate (% process timely): FFY 2020 – 76.54%
FFY 2021 – 83.02%
FFY 2022 – 78.33%
FFY 2022 Target = 95%



SB 2012

House Appropriations – Human Resources Division Committee
Senator Nelson, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Behavioral Health Division, **Policy** | March 13, 2023

Roadmap

- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Section additions to First Engrossed SB 2012
- Relevant policy bills
- Budget review



Behavioral Health is Health!



NORTH Dakota | Health & Human Services
Be Legendary.

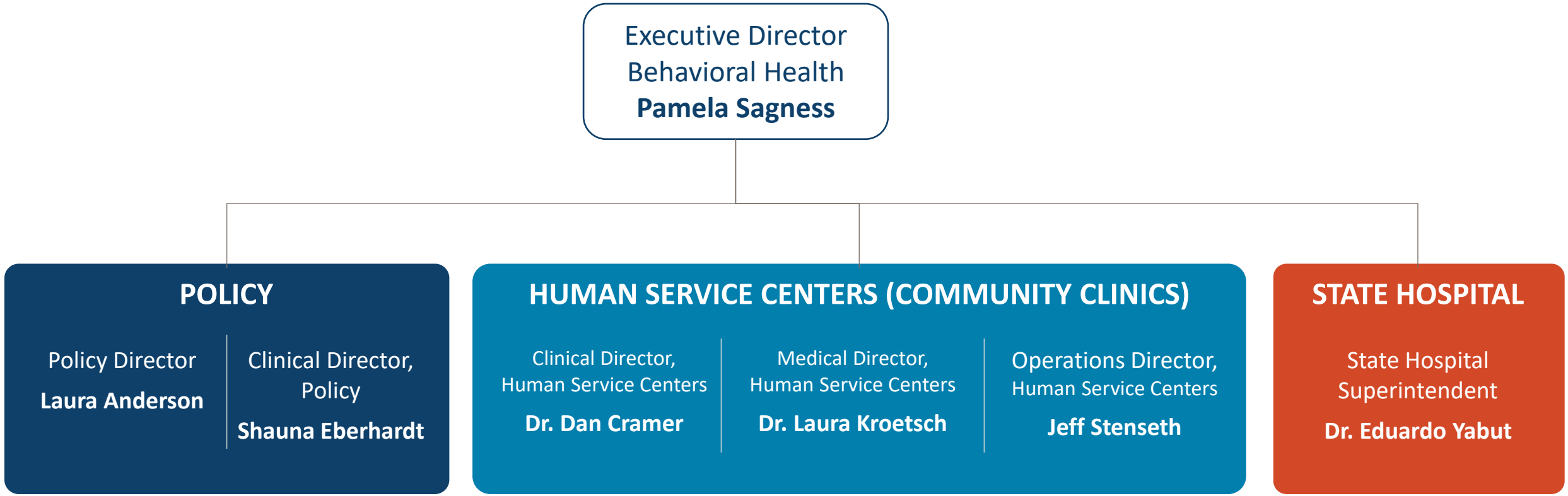
Behavioral Health Division

Who we are

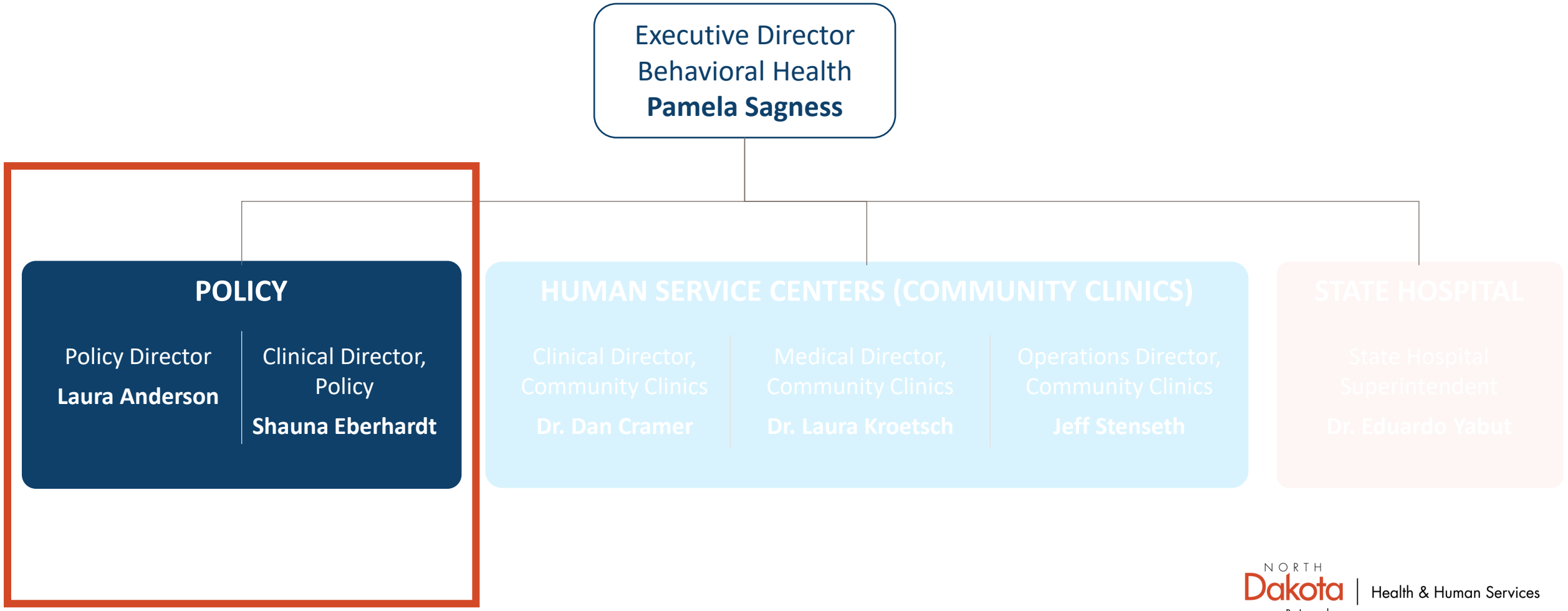


NORTH Dakota | Health & Human Services
Be Legendary.

Behavioral Health Organizational Chart



Behavioral Health Organizational Chart



NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health Division Policy Team
Purpose & NDCC References

NDCC 50-06-01.43 establishes a Policy Division responsible for:



Reviewing and **identifying service needs and activities** in the state's behavioral health system in an effort to:

- ensure health and safety,
- access to services, and
- quality services.



Establishing **quality assurance standards** for the licensure of substance use disorder program services and facilities

NDCC 50-31

Substance Abuse Treatment Programs



Providing **policy leadership** in partnership with public and private entities

NORTH Dakota | Health & Human Services
Be Legendary.

Improving the lives of North Dakotans



Support the Full Continuum of Care



Increase Community-Based Services



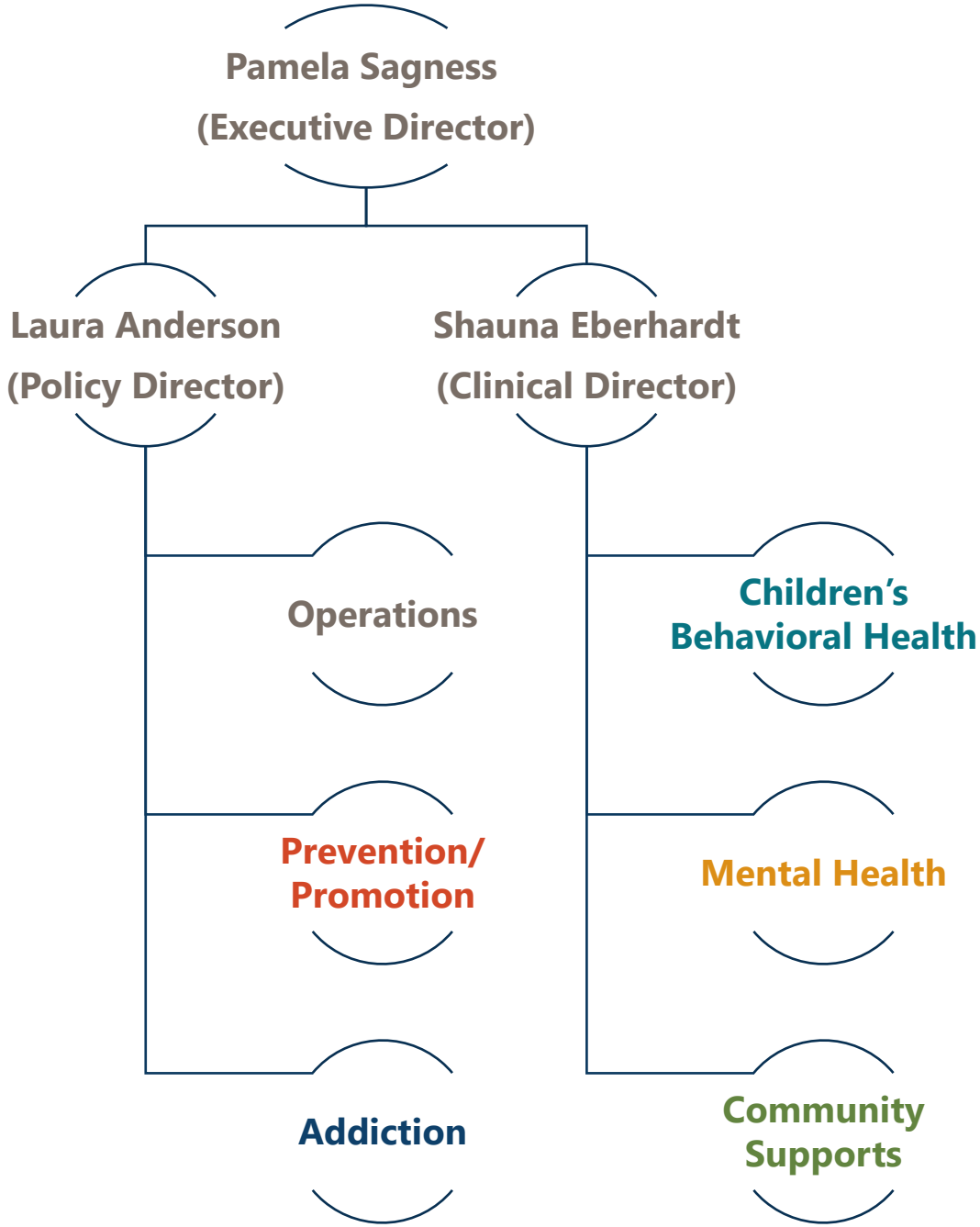
Prevent Criminal Justice Involvement for Individuals with a Behavioral Health Condition

NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health Division Policy Team

Staffing & Team Structure

Behavioral Health - Policy			
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**3/9/2023 Vacancies** *(from base)*	
37.0	39.0	3	
Average Age	**Average Yrs of Service**	**Turnover 2021**	**Turnover 2022**
43 Years	6 years	3.03%	12.12%



Our role is to provide policy leadership, regulate providers, administer programs, and provide training and technical assistance to meet the following goals:

PREVENTION AND PROMOTION

Supporting the full continuum of care

Increase implementation of effective prevention statewide [2/3/10]

Decrease underage drinking[2]

Decrease adult binge drinking and related consequences[2]

Decrease opioid misuse and overdose[2]

Increase access to community-based services

Promote mental health[2]

Decrease death by suicide[2/3/4/5]

CHILDREN'S BEHAVIORAL HEALTH

Supporting the full continuum of care

Partner with schools to support children's behavioral health across the continuum[5]

Increase access to community-based services

Develop early intervention capacity[2/3]

Increase capacity for community-based services[3/4/8/10]

Improve access to quality services[10]

Improve family-driven services and supports[5]

Prevent criminal justice involvement

Develop diversion capacity and support children with behavioral health conditions in the justice system[6]

ADULT ADDICTION

Supporting the full continuum of care

Develop and enhance recovery support services[4]

Develop early intervention capacity[2/3]

Increase access to community-based services

Improve access to quality services[10]

Increase capacity for community-based services[3, 4, 7, 8]

Stop shame and stigma surrounding addiction[10]

ADULT MENTAL HEALTH

Supporting the full continuum of care

Develop and enhance recovery support services[4]

Develop early intervention capacity[2/3]

Increase access to community-based services

Increase capacity for community-based services [3, 4, 7, 8]

Stop shame and stigma surrounding mental health[10]

COMMUNITY SUPPORTS

Supporting the full continuum of care

Develop and enhance recovery support services[4]

Increase access to community-based services

Increase capacity for community-based services[3/4/8/10/12]

Prevent criminal justice involvement

Develop diversion capacity and support individuals with behavioral health conditions in the justice system[6]

The superscript numbers referenced behind each goal align with the ND Behavioral Health System Study 13 Recommendations.

Roadmap

- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Section additions to First Engrossed SB 2012
- Additional considerations
- Relevant policy bills
- Budget review



FREE THROUGH Recovery

Free Through Recovery is a community based behavioral health program designed to increase recovery support services to individuals involved with the criminal justice system who have behavioral health concerns.

The mission of Free Through Recovery is to:

- improve healthcare outcomes
- reduce recidivism

Pay for Wellness

Non-Traditional Providers (currently 40 providers)

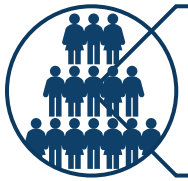
NORTH Dakota Be Legendary. | Health & Human Services

FREE THROUGH

Recovery

ELIBILITY

- 18+
- criminal justice system involvement
- behavioral health condition
- daily living challenges



5,273 participants since **February 2018**



1,356 active participants *(as of 1/31/22)*

REFERRALS

- by a parole and probation officer
- if the person is transitioning from prison, through an internal assessment process at DOCR

NORTH Dakota Be Legendary. | Health & Human Services

FREE THROUGH Recovery

March 2018 - October 2022 Outcomes



- Met 3 or 4 outcomes - 68%
- Met < 3 outcomes- 32%

Positive outcomes were achieved by:

- **75%** of the participants in the housing domain
- **66%** of the participants in the employment domain
- **69%** of the participants in the recovery domain
- **72%** of the participants in the law enforcement domain

FTR corresponds with reduced reincarceration rates for participating individuals.*

North Dakota Be Legendary. | Health & Human Services

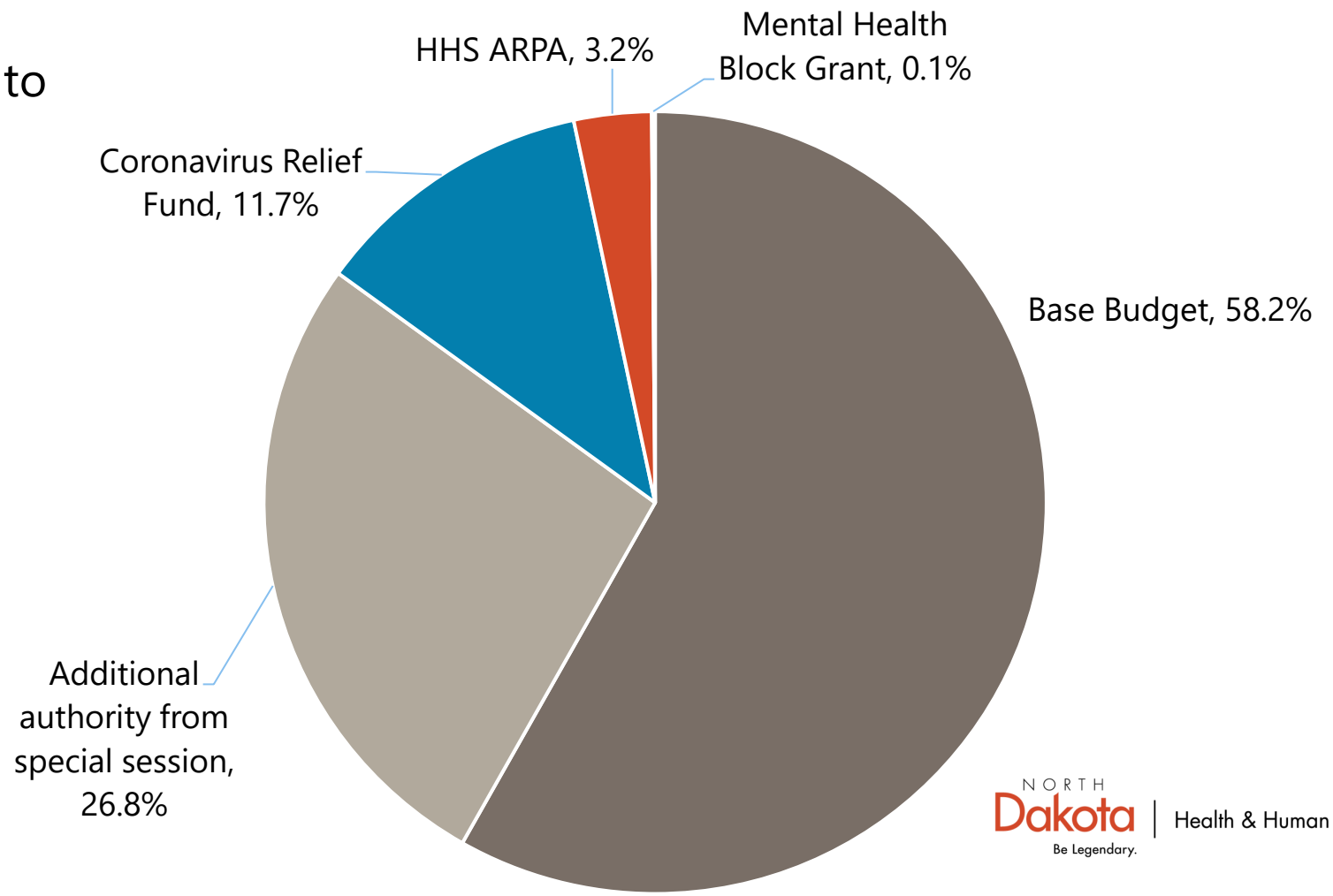
*Stanford Computational Policy Lab; July 27, 2020

FREE THROUGH

Recovery

2021-2023 Biennium

The following funds are projected to be used for 2021-23
(~$12 million)



NORTH Dakota Be Legendary. | Health & Human Services

FREE THROUGH Recovery

2023-2025 Biennium Budget Request

	Base Budget $7,173,620 + 4%/3% Provider Inflation	Base Budget + 4%/3% Provider Inflation + $8,326,380 in Executive Budget Request
Approximate Number of People Served per Month	**683**	**1,577**

Included in First Engrossed SB 2012

- Additional $8,326,380
- 4%/4% Provider Inflation

NORTH Dakota Be Legendary. | Health & Human Services

CommunityConnect

My Recovery. My Story.

Community Connect is a community based behavioral health program designed to increase recovery support services to individuals who have behavioral health concerns.

The mission of Community Connect is to provide quality, community-based behavioral health services to meet the needs of each person.

Pay for Wellness

Non-Traditional Providers (48 providers)

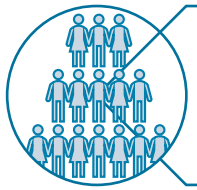
NORTH Dakota Be Legendary. | Health & Human Services

CommunityConnect

My Recovery. My Story.

ELIGIBILITY

- Be 18 years of age or older
- Reside in North Dakota
- Have a mental health or substance use disorder impacting functionality in multiple domains, including housing, employment, parenting, physical health, and/or community connections.



4,606 participants since **February 2021**



1,909 active participants *(as of 1/31/22)*

NORTH Dakota | Health & Human Services

Be Legendary.

CommunityConnect

My Recovery. My Story.

Of participants actively engaged in services:



96% of participants are actively addressing their housing needs.



92% of participants are actively addressing their employment/ financial needs.



92% of participants have had no negative contact with law enforcement.



93% of participants are actively addressing their recovery needs.

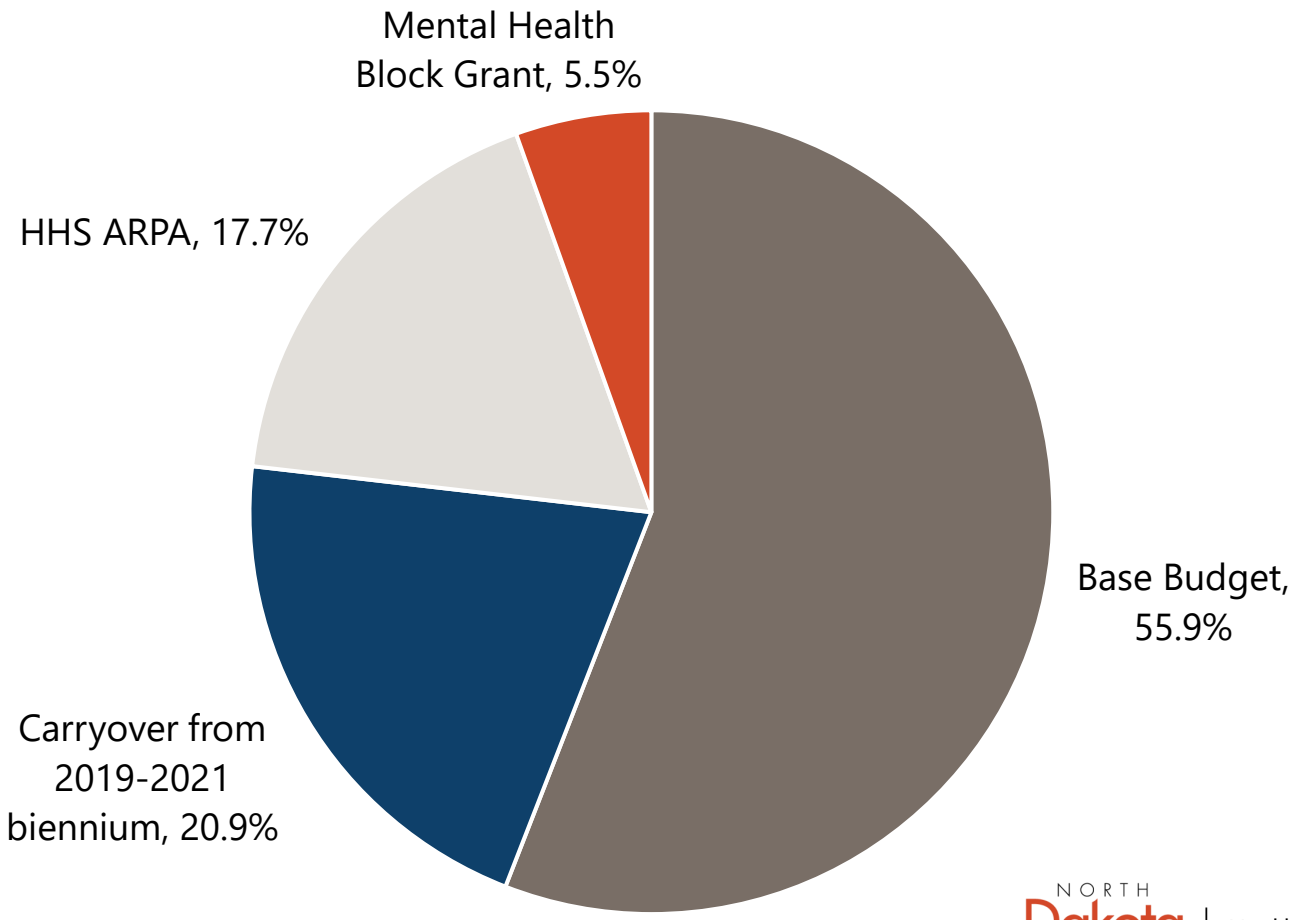
Overall, from February 2021, through December 2022, **66%** of the time participants achieved 3 of 4 outcomes.

NORTH Dakota Be Legendary. | Health & Human Services

CommunityConnect
My Recovery. My Story.

2021-2023 Biennium

The following funds are projected to be used for 2021-23
(~ $14 million)

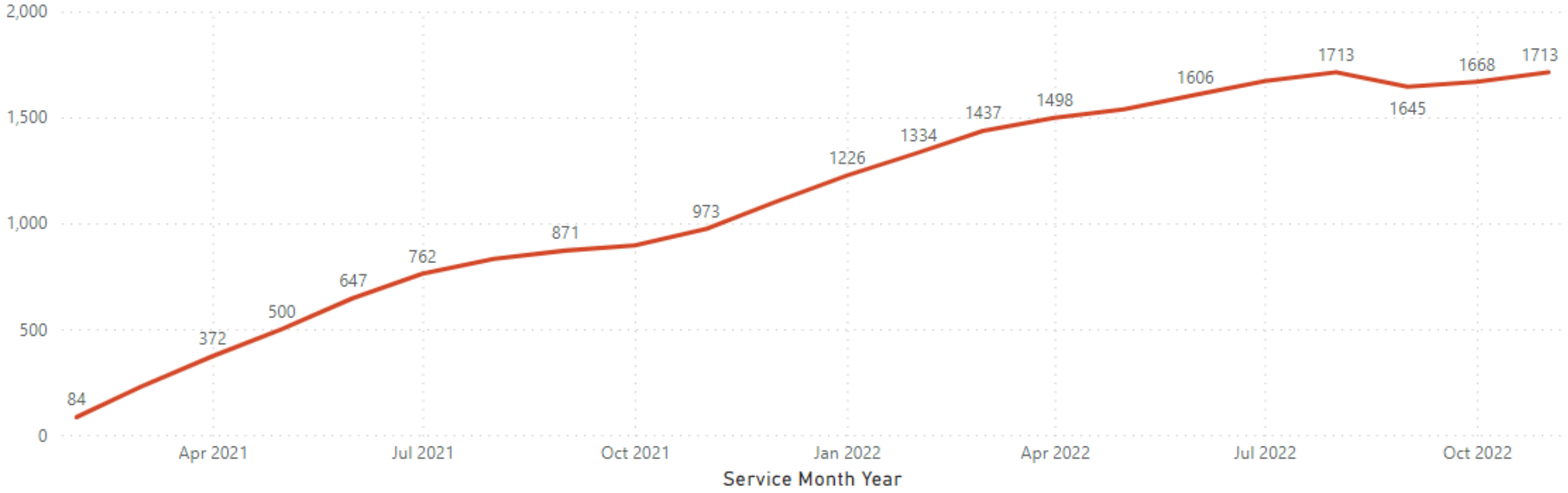


NORTH Dakota Be Legendary. | Health & Human Services

CommunityConnect

My Recovery. My Story.

Program Growth



NORTH Dakota Be Legendary. | Health & Human Services

CommunityConnect
My Recovery. My Story.

2023-2025 Biennium Budget Request

	Base Budget $8,021,486 + 4%/3% Provider Inflation	Base Budget + Provider Inflation + $7,019,514 in Executive Budget Request
Approximate Number of People Served per Month	**815**	**1,595**

Included in First Engrossed SB 2012

- Additional $7,019,514
- 4%/4% Provider Inflation

NORTH Dakota Be Legendary. | Health & Human Services

Peer Support
What is it?

A Peer Support Specialist is a person or family member who uses his or her lived experience of recovery from mental illness, substance use and/or brain injury and skills learned in formal training to deliver services to promote mind-body recovery and resiliency.

Peer Support is **Effective**

Peer Support compliments and is supplemental to clinical services. The role of a peer support specialist is distinct and does not replace the clinician.

Role of a Peer Support Specialist

- Provide support and encouragement to achieve goals
- Assist with connecting to clinical care and community resources
- Teach skills such as stress management, conflict resolution, and parenting
- Offer proactive, flexible, and long-term follow-up

Peer Support
A part of Behavioral Health Workforce





NORTH Dakota Be Legendary. | Health & Human Services

Peer Support
Behavioral Health Policy Team Role

TRAINING

Since 2018 the Behavioral Health Division has hosted 28 trainings and trained over 790 individuals.

CERTIFICATION

As of December 30, 2022, the Behavioral Health Division has certified:
169 CPSS I
26 CPSS II

REIMBURSEMENT

- Community Connect
- Free Through Recovery
- Substance Use Disorder (SUD) Voucher

(Other: 1915(i) Medicaid State Plan Amendment & Medicaid Expansion)

2023-2025 Base Budget Request: **$162,010**
No proposed change from 2021-2023 biennium

NORTH Dakota Be Legendary. | Health & Human Services

Substance Use Disorder (SUD) Voucher

The SUD Voucher program was established to:

- improve access to quality services
- allow for individual choice of providers.

The SUD Voucher is a payer of addiction treatment and recovery services when funding is a barrier to accessing services.

As of February 1, 2023, there are **35 providers** participating.

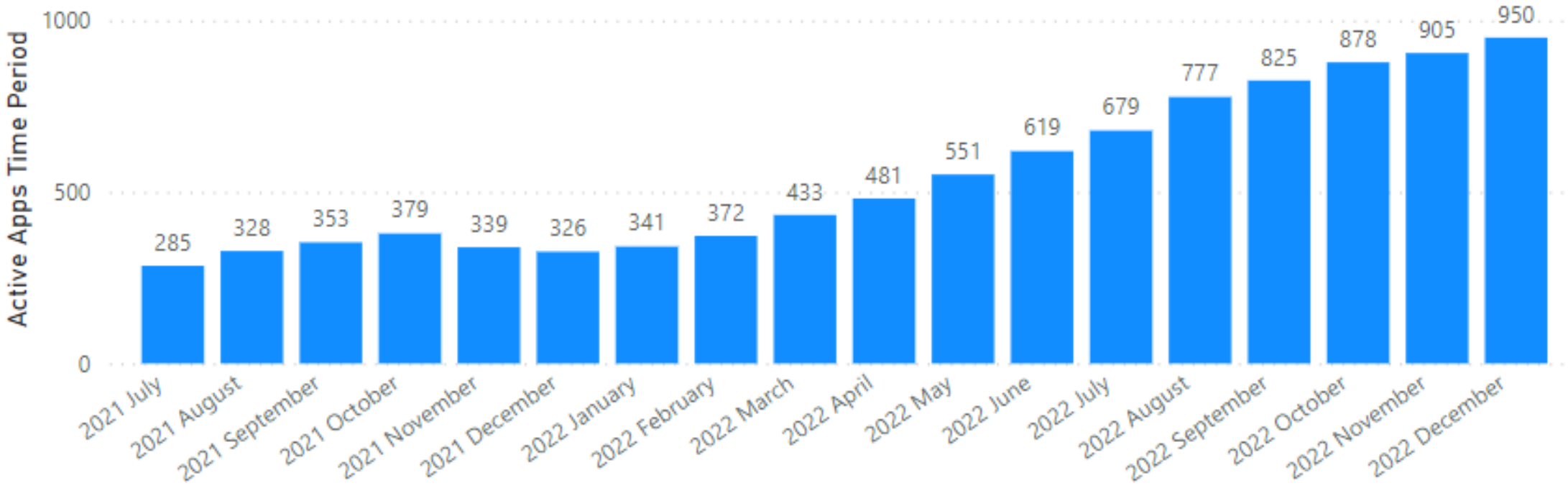
(an increase from 27 in February 2022)

Since its inception in July 2016 approximately **5,800** individuals have received services.

As of March 6, 2023, **1,293** individuals are actively being served.

Substance Use Disorder (SUD) Voucher

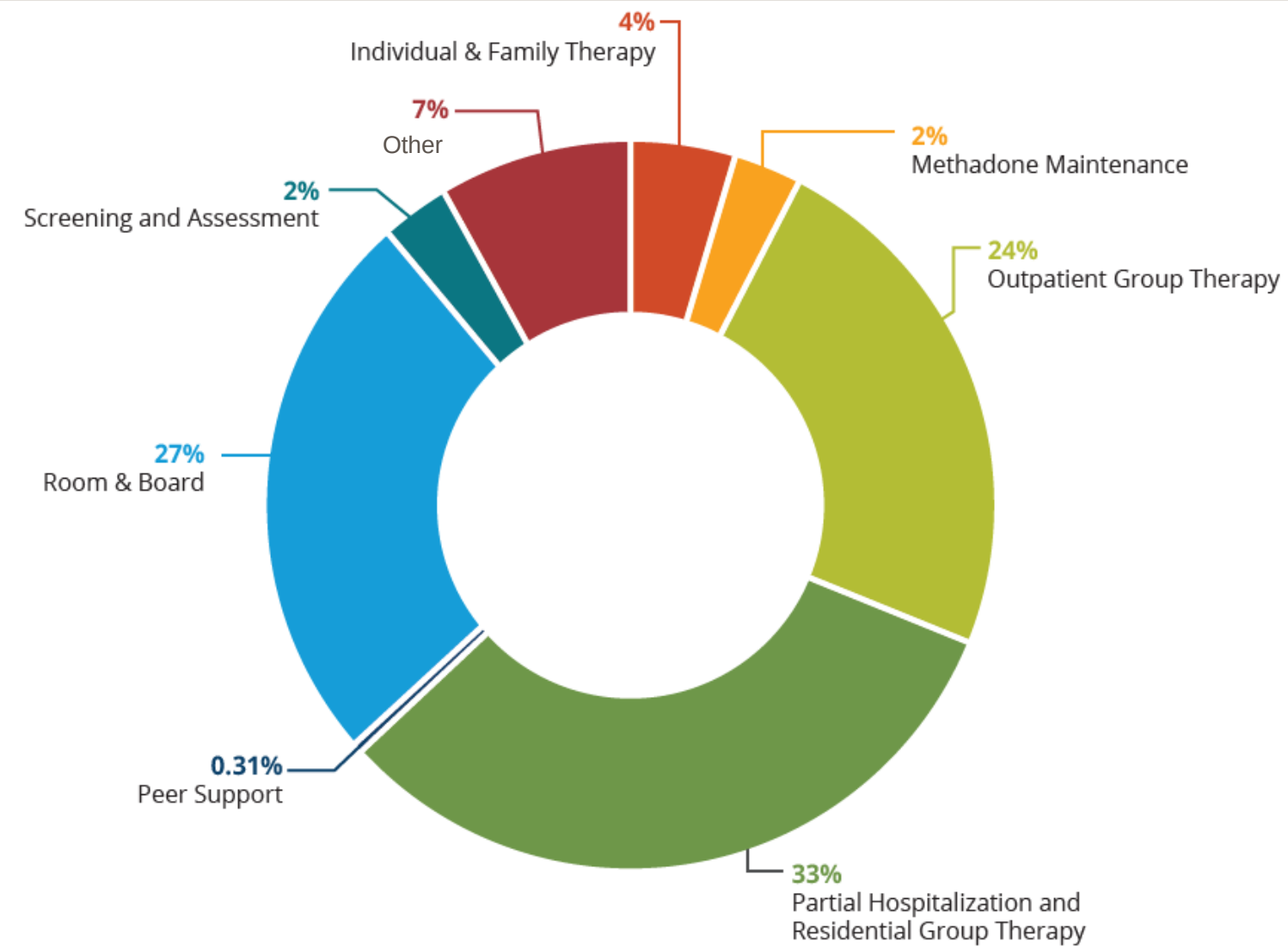
Active Applications July 2021 – December 2022



NORTH Dakota | Health & Human Services
Be Legendary.

SUD Voucher

Expenditures by Service Type (July 1, 2021 – December 31, 2022)



NORTH Dakota Be Legendary. | Health & Human Services

Substance Use Disorder (SUD) Voucher

Since inception, all four outcomes measures increased following services reimbursed through the SUD Voucher program.

PURPOSE

Identify the extent to which the individual participates in meaningful daily activities (employment, school, volunteering, family caretaking, other activities, etc.).



COMMUNITY

Identify the extent to which the individual's relationships and social networks provide support, friendship, love, and hope for overall wellbeing.



HEALTH

Identify how well the individual makes informed healthy choices supporting their physical health and emotional wellbeing (physical activity, attending medical appointments, taking medications as prescribed etc.)



HOME

Identify the stability and safety of the individual's living environment.



Pre Post

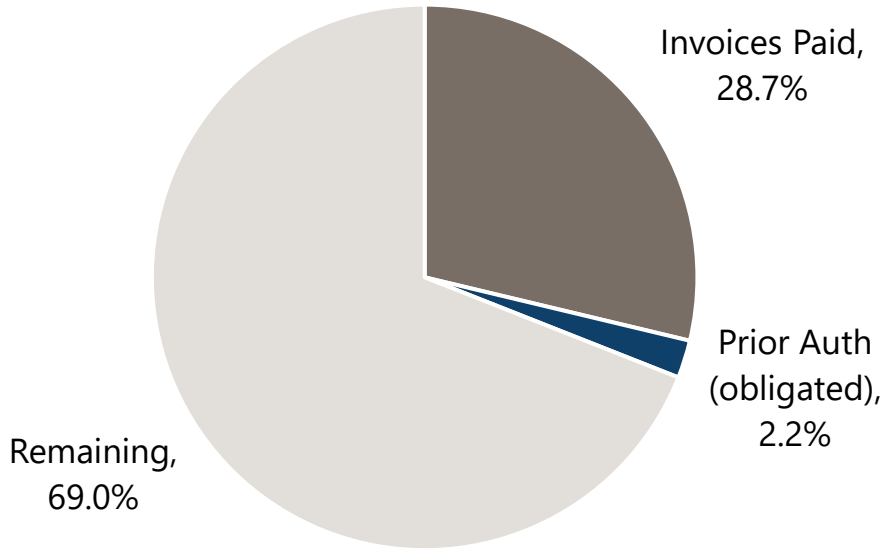
SUD Voucher

2021-2023 Biennium Appropriation $15,358,911

During 67th Legislative Assembly, NDCC 50-06-42. was updated to include:

5. *The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:*
   a) *No more than **forty-five percent** of the appropriated amount may be allocated for **residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.***
   b) *The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.*

45% IMD ($6,911,510)
Expenditures through 1/31/2023



SUD Voucher



During 2021 Legislative Assembly, NDCC 50-06-42. was updated to include:

- *The department shall deny a licensed substance abuse treatment program's substance use disorder treatment voucher system application and deny reimbursement by the substance use disorder treatment voucher system if the licensed substance abuse treatment program is an institution for mental diseases and reimbursement is requested for residential beds added on or after July 1, 2020*

Section 16. Amendment. included in First Engrossed SB 2012 removes this language

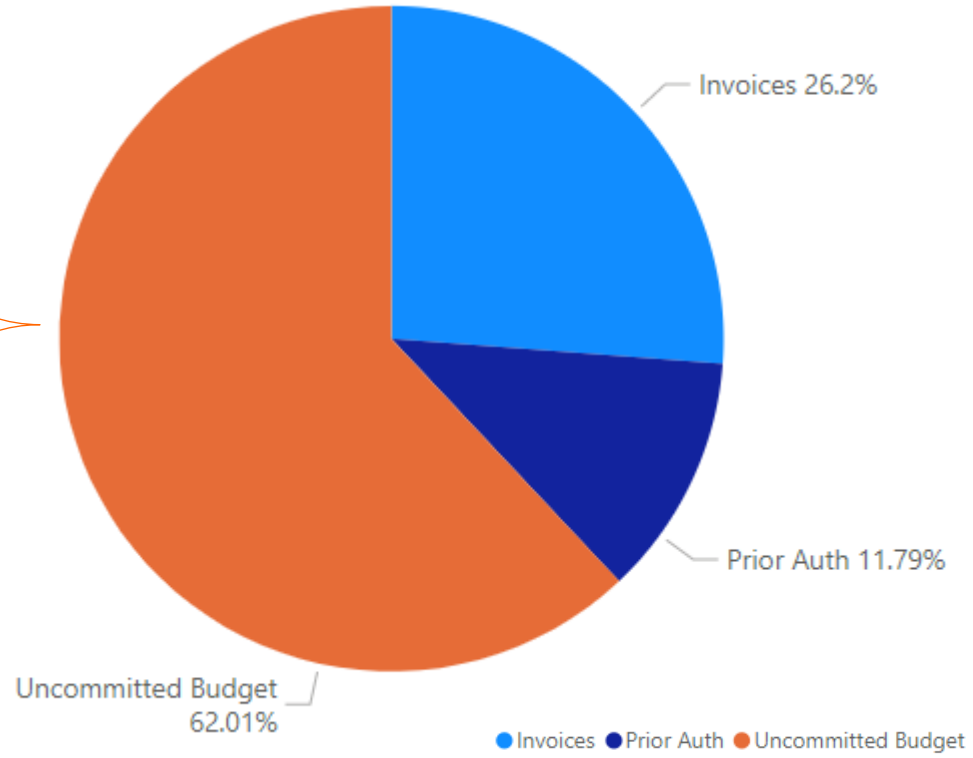
NORTH Dakota Be Legendary. | Health & Human Services

SUD Voucher

(expenditures through 1-31-2023)

2021-2023 Biennium Appropriation $15,358,911

Increasing the number of participants on Medicaid (1 FTE)	• Eligible individuals are assisted in completing the Medicaid enrollment process • Since December 2021, 219 individuals have been enrolled in Medicaid.
Medicaid coverage	• On October 1, 2020, methadone maintenance coverage began for opioid use disorder.
Provider reductions	• Reduction in providers billing most intensive levels of care
Delayed invoice submission	• Provider workforce causing delays in billing



NORTH Dakota Be Legendary. | Health & Human Services

SUD Voucher
Executive Budget Request



SUD Voucher 1.0 FTE

- Request to convert the current temporary position working in the SUD Voucher system to permanent status.

Included in First Engrossed SB 2012

NORTH Dakota Be Legendary. | Health & Human Services

SUD Voucher Audit

Audit Report SFY 2021

Two primary findings:

1. Income verification
2. Incorrect payments

Response:

- A new full-time employee was hired, Medicaid Eligibility Specialist, who verifies if a participant is eligible for both SUD and Medicaid.
- A link to Medicaid Guidance that lists approved services added to the provider guidance for billing purposes.
- In July 2021, a documented process was implemented for a quarterly update on client status. If a client became Medicaid eligible or obtains other insurance, this would be identified in the update. This would initiate the Department to review all expenses paid to determine if a refund is appropriate.



NORTH Dakota | Health & Human Services
Be Legendary.

SUD Voucher Audit

Audit Report SFY 2021

Considerations:

- Retroactive eligibility of Medicaid
  - It appears the policies the auditor referenced Eligibility-Current and Retroactive 510-03-25-10 , which identifies both a 3 month and a 1-year retroactive eligibility; however, the eligibility cannot be generalized to be retroactive 1 year for anyone that qualifies for Medicaid.
  - In review of 10 samples from the audit findings list – 7 of 10 individuals should not have been included in the audit total of "incorrectly paid".

- "Up to 293 people could have benefitted from the SUD program services it they had not been denied because the program ran out of funds."
  - The SUD Voucher continued to fund individuals approved in the program until June 30, 2020 at which time new applications were not taken. However, DHS had additional funds to serve individuals (309 served) during this period with other grant funds approved. (Regular updates provided to legislators, interim committees, and funding approved by budget committee.)



NORTH Dakota | Health & Human Services
Be Legendary.

SUD Voucher – Grants

NDCC 50-06-42.1.

$2,000,000 appropriated during 2021 legislative session; up to 2 grants
$3,000,000 appropriated during 2021 special session; change to up to 4 grants

RFP posted and Heartview Foundation Awarded

March 1, 2022 – February 28, 2027
$2,027,167

Dickinson residential treatment program – expected open date May 2023

Current Request for Proposal (4th time)

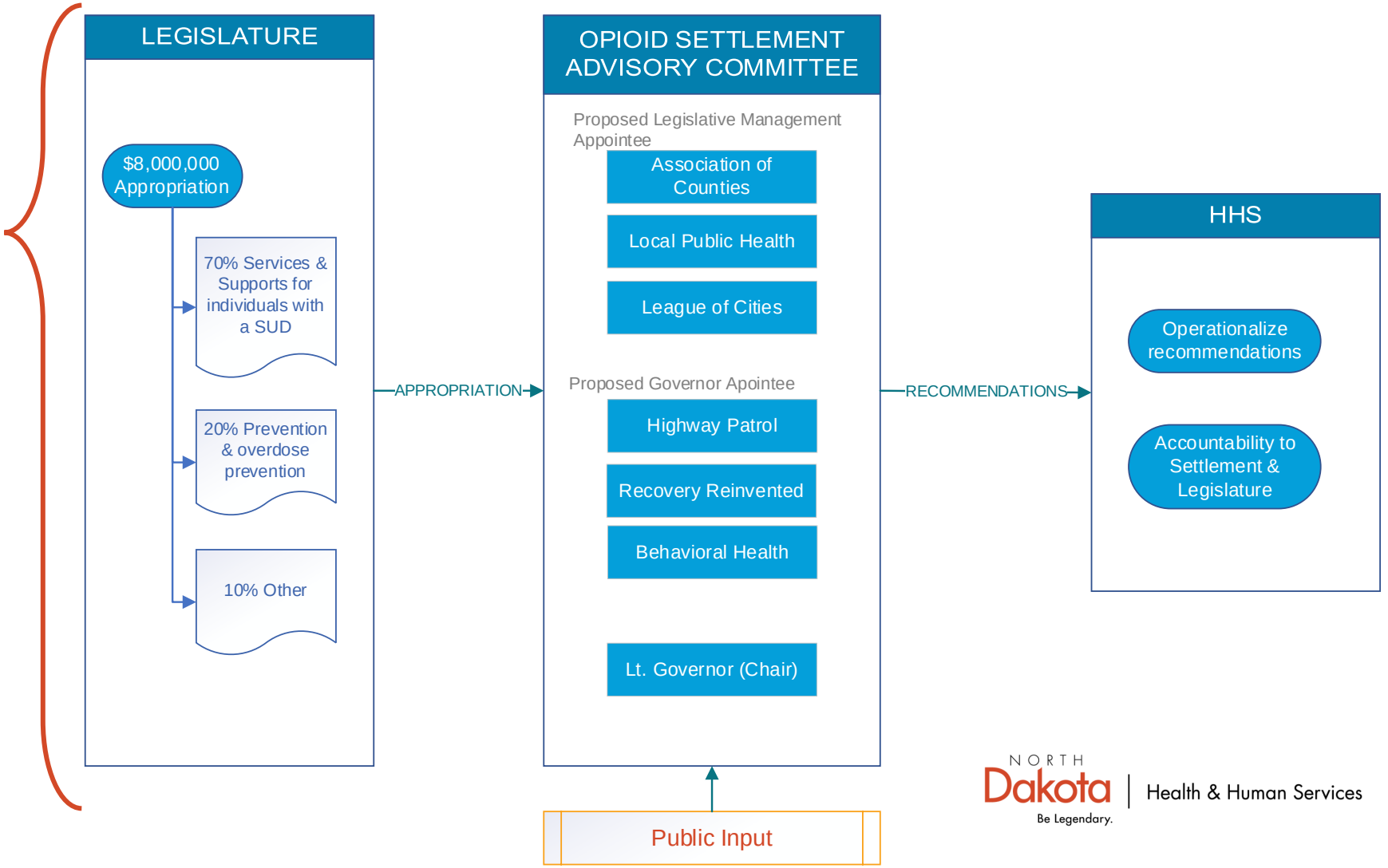
RFP 325-22-810-066; closed February 15, 2023

- For the period of April 1, 2023, through March 31, 2028
- **No more than three awards** not to exceed **$2,972,833** total for all awards
- Grant funds for a licensed addiction treatment program with <17 beds in an underserved area

Included in First Engrossed SB 2012, Section 24

Opioid Settlement

Bill	2023-2025 General Fund*
HB 1447: Relating to creation of the opioid settlement fund	$8,000,000
SB 2248: opioid settlement fund	$1,500,000



NORTH Dakota Be Legendary. | Health & Human Services

Opioid Efforts

GOAL 1	GOAL 2	GOAL 3	GOAL 4
Prevent opioid misuse	Reduce harm related to opioids	Improve access to evidence-based treatment	Increase access to recovery support services

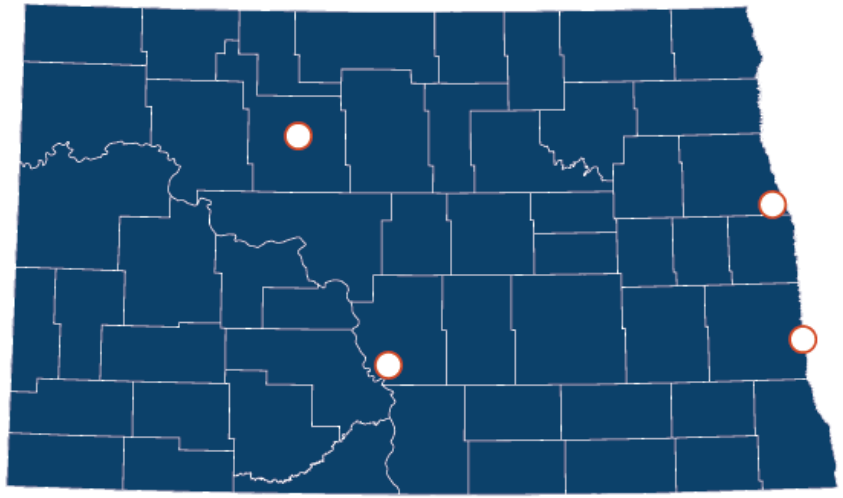
948 *known* successful overdose reversals using naloxone occurred from October 2021 – September 2022.

Request a free 2-dose Narcan kit: www.hhs.nd.gov/opioids

NORTH Dakota Be Legendary. | Health & Human Services

Licensing of Opioid Treatment Programs

North Dakota has **4** licensed Opioid Treatment Programs (OTP) in the state

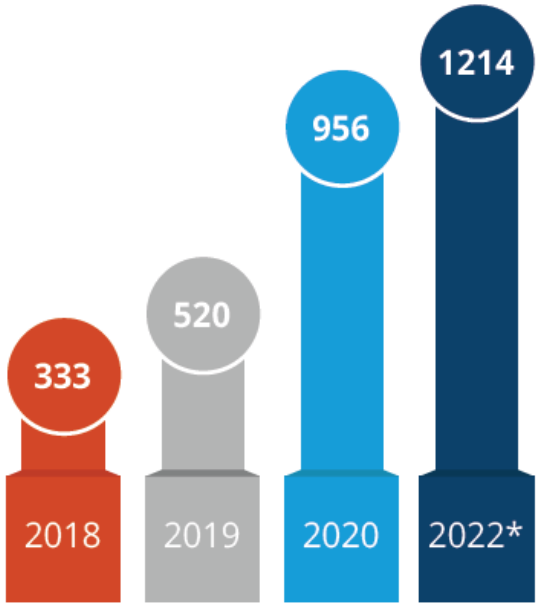


There are currently **828** individuals actively receiving services from an OTP.*

On average individuals travel **15** miles one way to an OTP for their services.*

There are currently no licensed Medication Units in the state.

Unique individuals served by OTPs.



NORTH Dakota Be Legendary. | Health & Human Services

*Data as of November 25, 2022

Pregnant and Parenting Women Addiction Treatment

Executive Budget Request includes:

- $1,000,000 one-time special fund
- $600,000 general fund

Included in First Engrossed SB 2012



NORTH Dakota | Health & Human Services
Be Legendary.

Executive Budget Request – Behavioral Health Navigator 1.0 FTE



Position Responsibilities:

- assist with the navigation and connection to the needs of people across the continuum of care.
- maintain relationships with a wide variety of community agencies

Included in First Engrossed SB 2012

NORTH Dakota Be Legendary. | Health & Human Services

Permanent Supportive Housing

During the 2021 legislative session, the North Dakota Department of Health & Human Services' Behavioral Health Division was directed to develop a methodology to distribute funds to qualified entities that:

- utilize best practices for permanent supportive housing,
- provide recovery-oriented and person-centered services, and
- submit process and outcome measures to the department

New grant agreements initiated on January 1, 2022, encompassing best practices in Permanent Supportive Housing:

- Prioritizes individuals with most needs
- Reduces barriers to stable housing within limits of federal mandated policies
- Housing stabilization plans
- Ongoing outreach and engagement with tenants
- Access to training and technical assistance
- Reporting on process and outcome measures

Permanent Supportive Housing

Current Contracts
2021-23 biennium

PRAIRIE HARVEST MENTAL HEALTH
- Stern Place: 9 units
- Harvest Homes: 12 units

GRAND FORKS HOUSING AUTHORITY
- La Grave on First: 42 units

FARGO HOUSING
- Cooper House: 42 units

BURLEIGH CO HOUSING
- Edwinton: 40 units

2023-2025 Base Budget Request: **$4,672,536**
No proposed change from 2021-2023 biennium

- **174** tenants supported (7/1/2022 - 12/14/2022)
- **100%** of tenants have either a substance use disorder or mental health condition and were considered chronically homeless at the time of admission
- Less than **20%** of tenants move, of the tenants that move, **56%** leave for other permanent housing.

Included in First Engrossed SB 2012, Section 13

Recovery Housing Assistance Program (RHAP)



Stable housing plays a vital role in people's recovery from substance use disorders.

The Recovery Housing Assistance Program (RHAP) provides financial support for individuals to access Recovery Housing.

The program pays for up to 12 weeks of the individual's stay at an approved Recovery Housing Provider.

RECOVERY HOUSING PROVIDES

Substance-free home environment	Space to focus on continued growth and healing	24-hour peer-led support and connection	Resources to support individual life goals

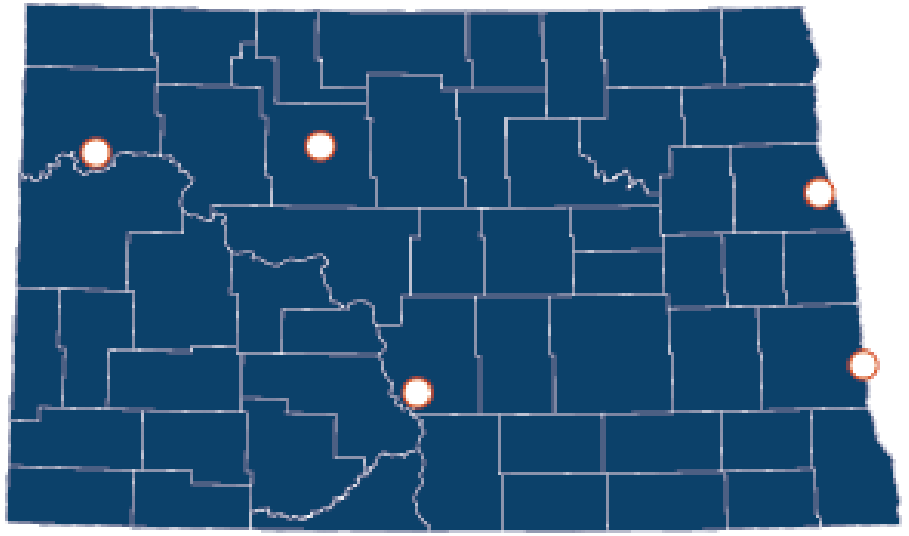
NORTH Dakota Be Legendary. | Health & Human Services

Recovery Housing Assistance Program (RHAP)

Participant Eligibility

- ND Resident *and*
- Age 18 or older *and*
- Experiencing a substance use disorder *and*
- Has not been a participant of the program within the last 365 days *and*
- One of the following:
  - Currently enrolled in a Department of Health & Human Services Public Assistance Program or
  - Household income is at or below 200% Federal Poverty Guidelines

CURRENT RHAP PROVIDERS (10)
(as of January 5, 2023)



Minot – **1**
Bismarck/Mandan – **5**
Watford City – **1**
Fargo – **2**
Grand Forks - **1**

NORTH Dakota Be Legendary. | Health & Human Services

Recovery Housing Assistance Program (RHAP)



69% of participants experienced an improvement in their **employment** status



49% of participants saw an improvement in their **mental health**



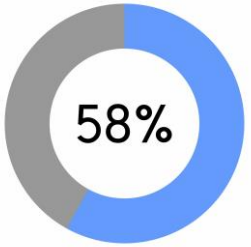
50% of participants saw an improvement in the impact their **substance use** has on their lives

NORTH Dakota Be Legendary. | Health & Human Services

Recovery Housing Assistance Program (RHAP)

RHAP Launched May 2022

actively serving individuals for 58% of the biennium



2021-2023 Biennium Appropriation	**$350,000** *($200,000 base budget + $150,000 carryover from 2019-2021 biennium)*
Expenditures through 2/28/2023	$221,575
Invoices in process (as of 3/8/2023)	$70,312
Approximate obligation based on current applications approved and average length of stay of 6.5 weeks	$107,212
REMAINING	*($49,099)*

268 individuals approved during the 2021-2023 biennium (as of 2/3/2023)

Recovery Housing Assistance Program (RHAP)

2023-2025 Biennium Projections

	ESTIMATED NUMBER OF PEOPLE	BUDGET
Base Budget	**174**	**$200,000**
Potential Need*	1,132	$1,304,455.75

**Estimations based on current utilization of current providers*

$1,300,000 additional included in First Engrossed SB 2012

NORTH Dakota Be Legendary. | Health & Human Services

Mental Health Directory

During the 67th Legislative Assembly, Senate Bill 2161 was passed which required the Department to develop and administer a Mental Health Program Directory.

The goal of this directory is to assist North Dakota citizens with locating and accessing mental health services.

As March 10, 2023, **228 mental health programs** are registered in the directory.

The directory allows users to search for mental health programs by:

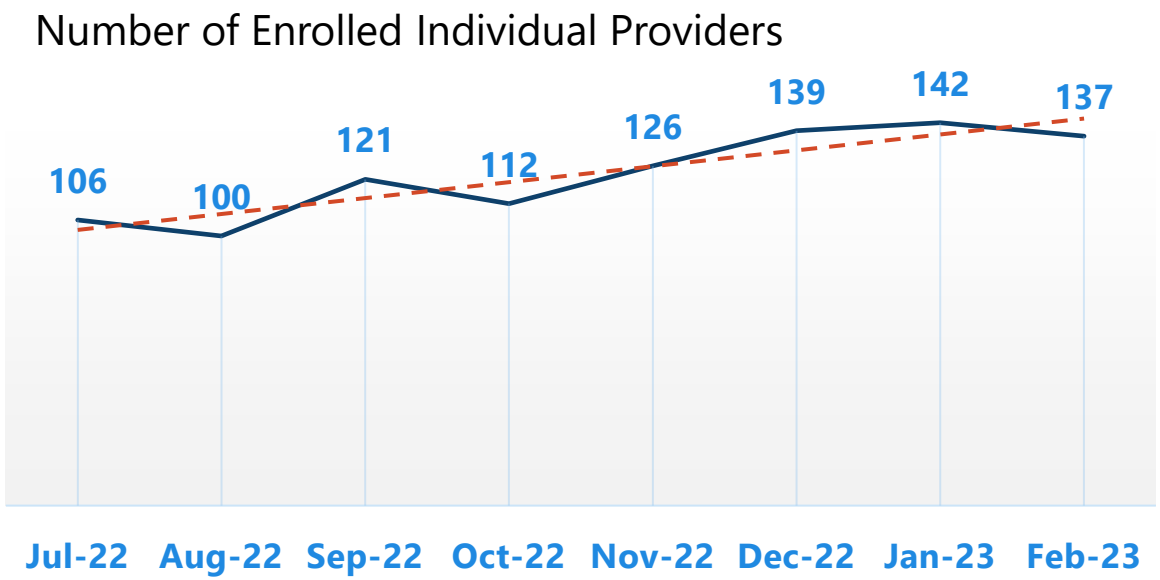
- location
- population served
- type of mental health specialty and interventions
- telehealth availability



The directory is online at
hhs.nd.gov/behavioral-health/directory

Additional Consideration
(Public Testimony in Senate)

1.0 FTE request for 1915(i)



Not included in First Engrossed SB 2012



Behavioral Health and Education
Overview of Efforts & Budget



	General Fund	Other Fund
Behavioral Health Resource Coordinators (B-HERO)		$400,000*
Virtual Behavioral Health Professional Development – Education System (Kognito)	$300,000**	
Behavioral Health School Grant	$3,000,000**	
Prevention and Early Intervention Pilot	$300,000**	

** Governor's Emergency Education Fund (GEER), spending authority is needed*
*** No changes from 2021-2023 biennium appropriation*

Included in First Engrossed SB 2012
- $400,000 spending authority for B-HERO
- $3,500,000 additional for Behavioral Health School Grant

Behavioral Health Resource Coordinators

During the 2019 legislative session:

- Senate bill 2149 established the requirement for each school within a district to designate an individual as a behavioral health resource coordinator.

- Senate bill 2313 required the Behavioral Health Division to provide resources to behavioral health resource coordinators



Supporting Behavioral Health Resource Coordinators



- **Central Regional Education Association (CREA)** awarded contract
- From this partnership, **B-HERO** (Behavioral Health and Education: Resources and Opportunities) was formed to provide resources, training, and technical assistance to identified Behavioral Health Resource Coordinators.

What B-HERO does.

Training.

Technical Assistance.

Opportunities.

bhero.crea@k12.nd.us
b-hero.org

NORTH Dakota Be Legendary. | Health & Human Services

WEEKLY COMMUNICATION TO BEHAVIORAL HEALTH RESOURCE COORDINATORS

Since inception in Spring of 2021, B-HERO has:

- disseminated weekly communications to the **365 unique Behavioral Health Resource Coordinators** throughout the state
- has supported **135 educators through technical assistance**.

TRAINING OPPORTUNITIES

- Suicide Prevention and Intervention
- Trauma
- Relationship Building and Drop-Out
- Prevention
- School Crisis Prevention and Intervention

Kognito

During the 2021 legislative session, Senate Bill 2311 amended Subsection 28 of section 50-06-05.1. to include:

“online virtual mental health and suicide prevention simulation-based training program that incorporates hands-on practice, contextual learning, and personalized feedback through interactive role-playing.”



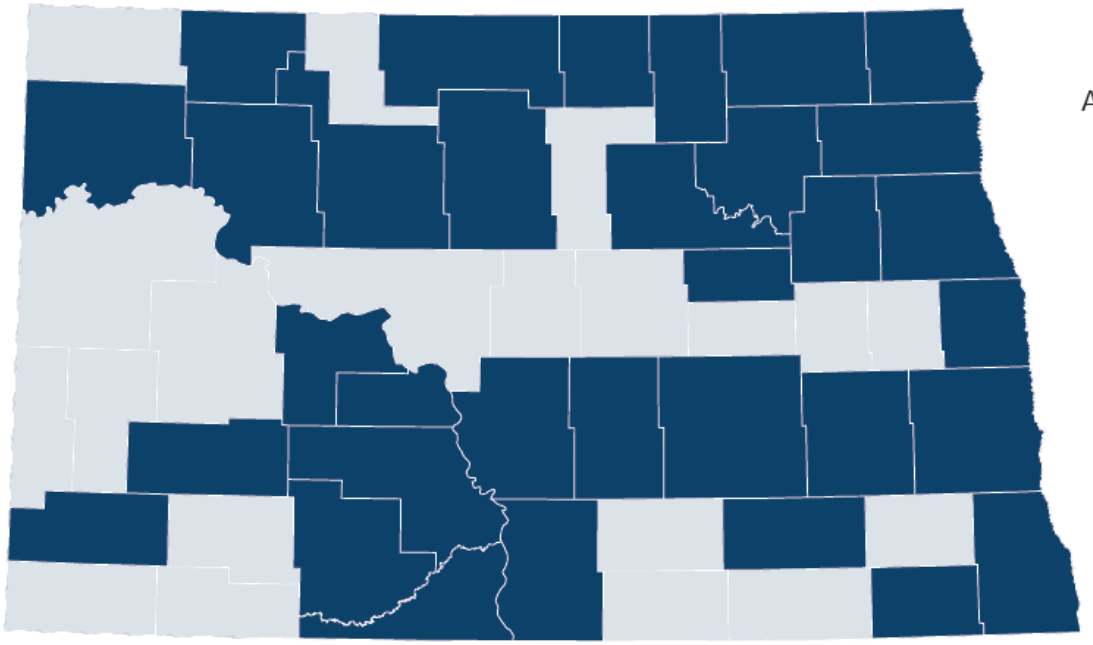
www.hhs.nd.gov/education/kognito

Virtual Behavioral Health Professional Development – Education System (Kognito)

Kognito is an **online, role-playing simulation** for educators that:

- builds awareness, knowledge, and skills about mental health and suicide prevention, and
- prepares users to lead real-life conversations with students to build resilience, strengthen relationships, and connect them with support.

Usage & Staff Activity



As of December 2022,

- 813 activations (started a module)
- 134 schools or special education units have utilized Kognito
- 32 counties have at least one school utilizing Kognito

**Blue represents at least one activation by a staff member per county*

NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health School Grant

During the 2019 legislative session, Senate Bill 2012 appropriated general fund dollars for the purpose of providing behavioral health services and support grants to school districts to address student behavioral health needs.



Behavioral Health School Grant

Project Goal



Identify and address gaps along the behavioral health continuum of care.

This includes:

- identifying prevention and early intervention services that have no other funding source,
- using funds to reimburse clinical or treatment services that are effective but not currently covered services
- filling gaps in service coverage for populations that do not qualify for other forms of reimbursement.

NORTH Dakota | Health & Human Services
Be Legendary.

Behavioral Health School Grant
Eligible Applicants

- Utilize ND State Medicaid reimbursement the previous school year
- Submit a plan detailing collaboration with other regional school districts

**A school district may not use grant funding to duplicate or fund existing services.*



Behavioral Health School Grant

2021-2022 School Year Participation (20)

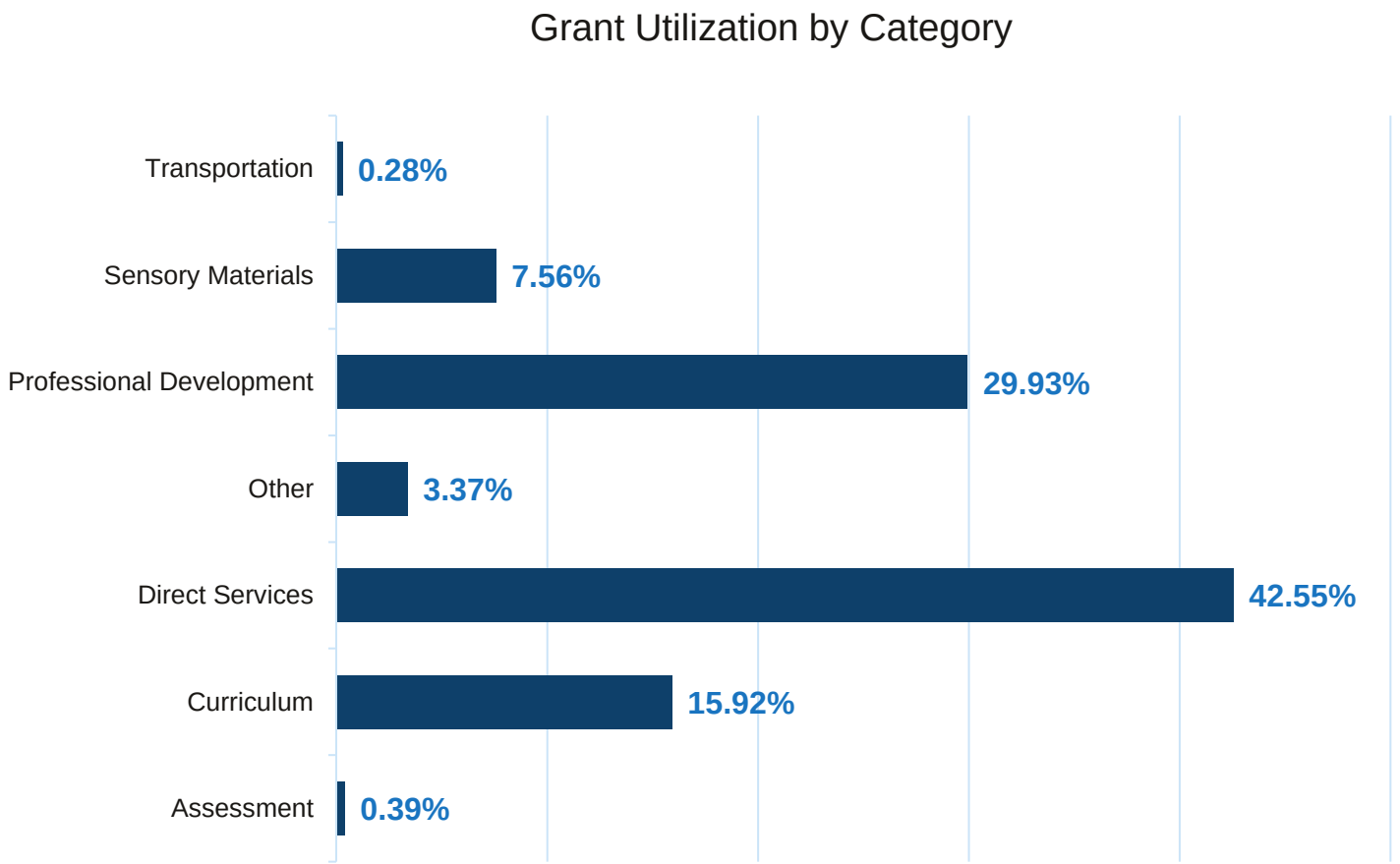
School districts/special education units eligible 2021-2022 school year (22)

- Bismarck Public School
- Carrington School District
- Dickinson Public School
- East Central Special Education Unit (Fessenden-Bowdon, Kensal, & Pingree-Buchanan)
- Fargo Public School
- Grand Forks Public School
- Jamestown Special Education Unit
- James River Special Education Unit
- Lake Region Special Education Unit
- Mandan Public School
- Minot Public School
- New Rockford – Sheyenne District
- Oliver-Mercer Special Education Unit
- Rural Cass Special Education Unit
- Sheyenne Valley Special Education Unit
- South Valley Special Education Unit
- Wahpeton Public School
- West Fargo Public School

NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health School Grant

2021-2022 School Year Participation



NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health School Grant
2022-2023 School Year Participation

School districts/special education units eligible this 2022-2023 school year (25)
(not highlighted are currently in contract as of 3/6/2023 [24])

- Bismarck Public School
- Carrington Public School
- Dickinson Public School
- Fargo Public School
- Fessenden-Bowdon
- Grand Forks & Grand Forks Special Education Unit
- Griggs Steele Traill Special Education Unit
- James River Special Education Unit
- Jamestown Special Education Unit
- Kensal
- Lake Region Special Education Unit
- Mandan Public School
- Minot Public School
- New Rockford – Sheyenne
- Oberon
- Oliver – Mercer Special Education Unit
- Pingree – Buchanan
- Rural Cass Special Education Unit
- Sheyenne Valley Special Education Unit
- South Central Prairie Special Education Unit
- South Valley Special Education Unit
- Souris Valley Special Education Unit
- Upper Valley Special Education Unit
- Wahpeton Public School
- West Fargo & West Fargo Special Education Unit

Behavioral Health School Grant
Budget Review

2021 – 2023 Biennium Appropriation: $3,000,000

2021-2022 School Year		2022-2023 School Year	
Funding Eligibility Based on Medicaid Reimbursements (22 schools eligible)	$2,073,653.00	Funding Eligibility Based on Medicaid Reimbursements (25 schools eligible)	$2,486,851.00
Funds Expended (20 school districts/special ed units participated)	$1,724,864.95	Funds Obligated* (24 schools as of 3/6/2023)	$1,275,135.05
Remaining	*$1,275,135.05*	*Remaining*	*$0*

*To ensure all eligible districts and units can apply for funding for behavioral health needs of students during the 2022-2023 school year, eligible funding amounts determined by the previous school year Medicaid billing amount **was reduced by 50%.**

NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health School Grant
Budget Review



School Year	2020-2021	*2021-2022*	*2022-2023*	2023-2025
Total Medicaid Paid	$1,757,517.37	$2,073,653	$2,486,851	TBD
Number of Districts/ Units	25	22	25	TBD
Appropriation	*$1,500,000*	*$3,000,000*		*$6,500,000**

**obligated

*$3,000,000 Base Budget + $3,500,000 added by Senate in First Engrossed SB 2012

NORTH Dakota Be Legendary. | Health & Human Services

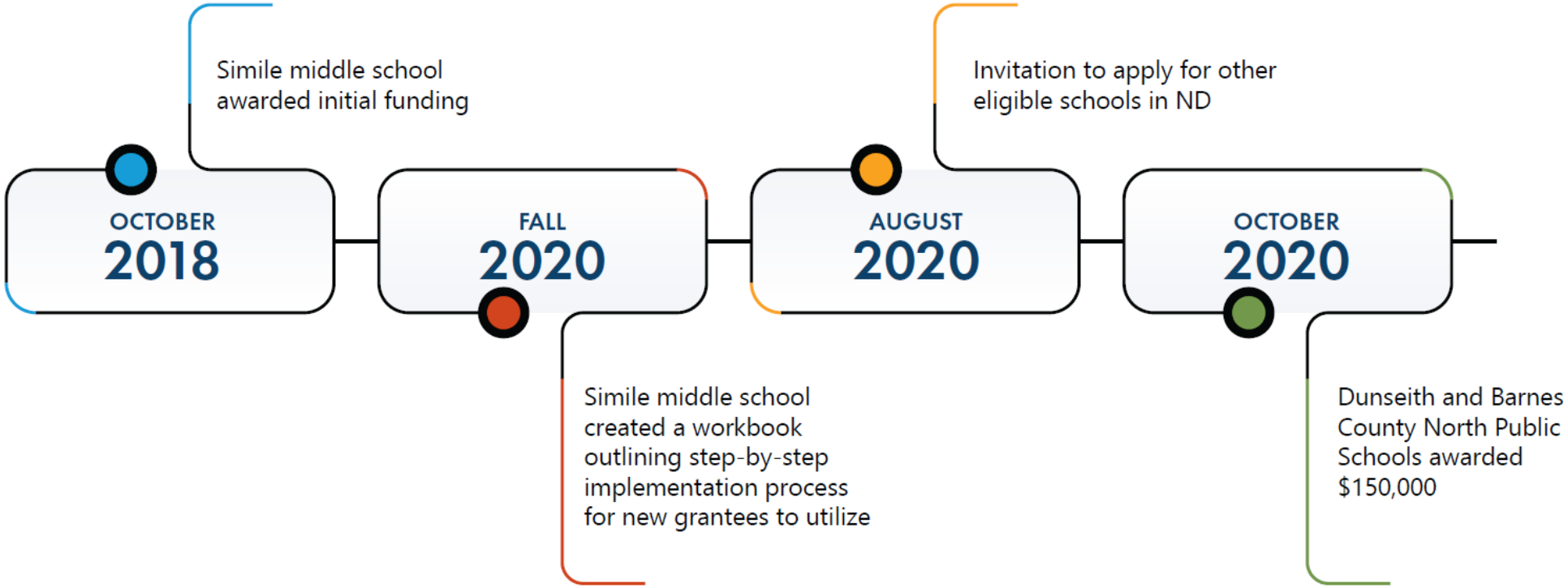
Prevention and Early Intervention Pilot

During the 2017 legislative session, House Bill 1040 appropriated $150,000 to the Department for the purpose of establishing a children's behavioral health prevention and early intervention pilot project in a school system.

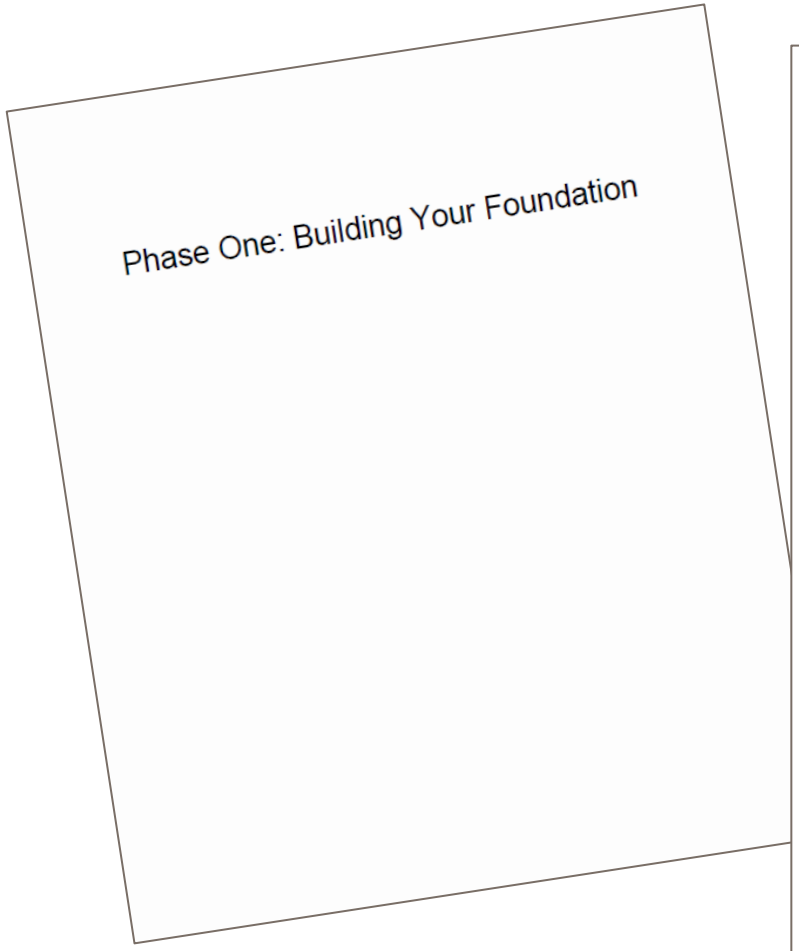
During the 2019 legislative session, Senate Bill 2012 appropriated $300,000 to continue and expand this project to two schools in rural and tribal areas.

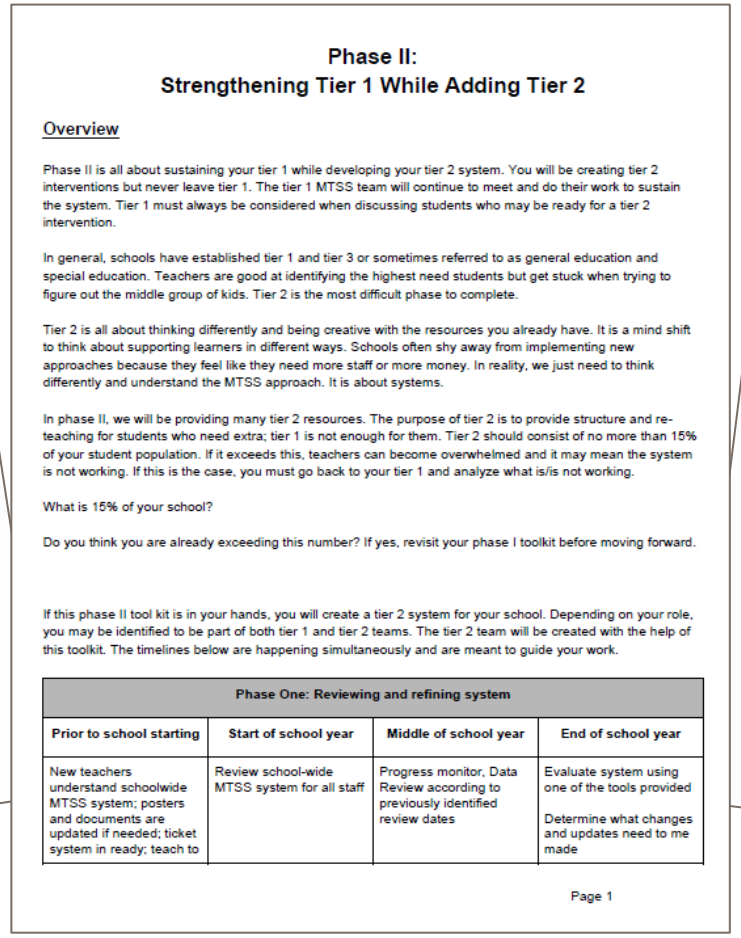


Prevention and Early Intervention Pilot
Timeline



Prevention and Early Intervention Pilot
Toolkits


Phase One: Building Your Foundation



Phase II:
Strengthening Tier 1 While Adding Tier 2

Overview

Phase II is all about sustaining your tier 1 while developing your tier 2 system. You will be creating tier 2 interventions but never leave tier 1. The tier 1 MTSS team will continue to meet and do their work to sustain the system. Tier 1 must always be considered when discussing students who may be ready for a tier 2 intervention.

In general, schools have established tier 1 and tier 3 or sometimes referred to as general education and special education. Teachers are good at identifying the highest need students but get stuck when trying to figure out the middle group of kids. Tier 2 is the most difficult phase to complete.

Tier 2 is all about thinking differently and being creative with the resources you already have. It is a mind shift to think about supporting learners in different ways. Schools often shy away from implementing new approaches because they feel like they need more staff or more money. In reality, we just need to think differently and understand the MTSS approach. It is about systems.

In phase II, we will be providing many tier 2 resources. The purpose of tier 2 is to provide structure and re-teaching for students who need extra; tier 1 is not enough for them. Tier 2 should consist of no more than 15% of your student population. If it exceeds this, teachers can become overwhelmed and it may mean the system is not working. If this is the case, you must go back to your tier 1 and analyze what is/is not working.

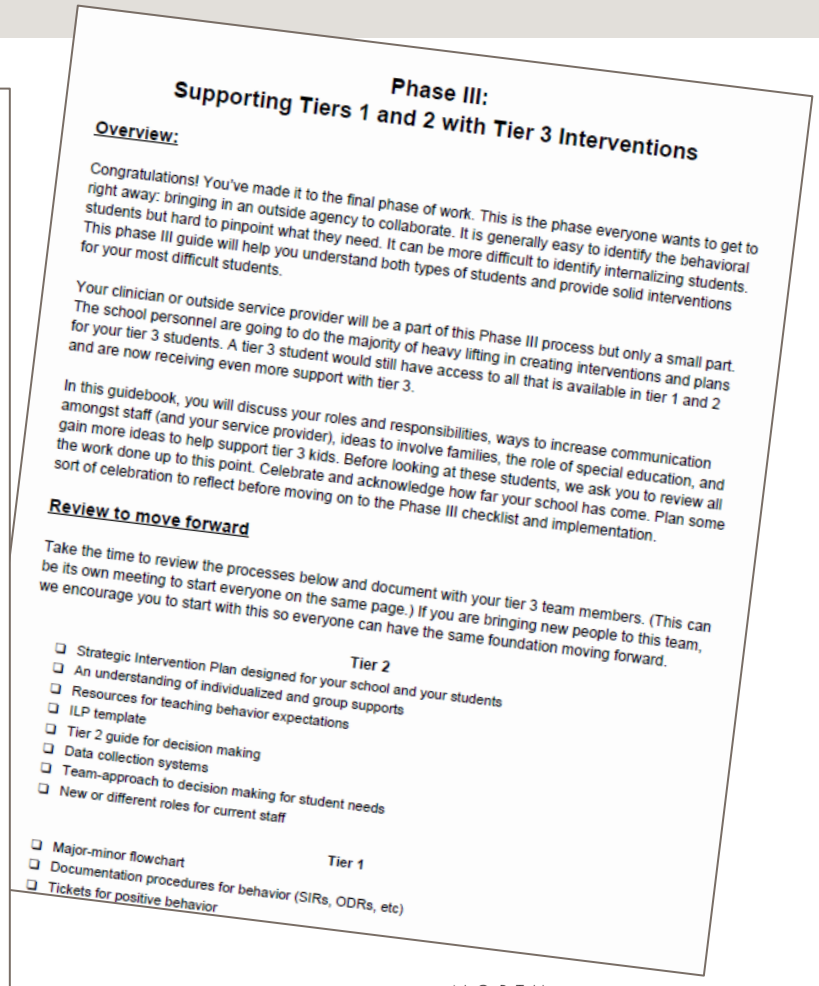
What is 15% of your school?

Do you think you are already exceeding this number? If yes, revisit your phase I toolkit before moving forward.

If this phase II tool kit is in your hands, you will create a tier 2 system for your school. Depending on your role, you may be identified to be part of both tier 1 and tier 2 teams. The tier 2 team will be created with the help of this toolkit. The timelines below are happening simultaneously and are meant to guide your work.

Phase One: Reviewing and refining system			
Prior to school starting	**Start of school year**	**Middle of school year**	**End of school year**
New teachers understand schoolwide MTSS system; posters and documents are updated if needed; ticket system in ready; teach to	Review school-wide MTSS system for all staff	Progress monitor, Data Review according to previously identified review dates	Evaluate system using one of the tools provided Determine what changes and updates need to me made

Page 1



Phase III:
Supporting Tiers 1 and 2 with Tier 3 Interventions

Overview:

Congratulations! You've made it to the final phase of work. This is the phase everyone wants to get to right away: bringing in an outside agency to collaborate. It is generally easy to identify the behavioral students but hard to pinpoint what they need. It can be more difficult to identify internalizing students. This phase III guide will help you understand both types of students and provide solid interventions for your most difficult students.

Your clinician or outside service provider will be a part of this Phase III process but only a small part. The school personnel are going to do the majority of heavy lifting in creating interventions and plans for your tier 3 students. A tier 3 student would still have access to all that is available in tier 1 and 2 and are now receiving even more support with tier 3.

In this guidebook, you will discuss your roles and responsibilities, ways to increase communication amongst staff (and your service provider), ideas to involve families, the role of special education, and gain more ideas to help support tier 3 kids. Before looking at these students, we ask you to review all the work done up to this point. Celebrate and acknowledge how far your school has come. Plan some sort of celebration to reflect before moving on to the Phase III checklist and implementation.

Review to move forward

Take the time to review the processes below and document with your tier 3 team members. (This can be its own meeting to start everyone on the same page.) If you are bringing new people to this team, we encourage you to start with this so everyone can have the same foundation moving forward.

Tier 2

- ❑ Strategic Intervention Plan designed for your school and your students
- ❑ An understanding of individualized and group supports
- ❑ Resources for teaching behavior expectations
- ❑ ILP template
- ❑ Tier 2 guide for decision making
- ❑ Data collection systems
- ❑ Team-approach to decision making for student needs
- ❑ New or different roles for current staff

Tier 1

- ❑ Major-minor flowchart
- ❑ Documentation procedures for behavior (SIRs, ODRs, etc)
- ❑ Tickets for positive behavior

NORTH Dakota | Health & Human Services
Be Legendary.

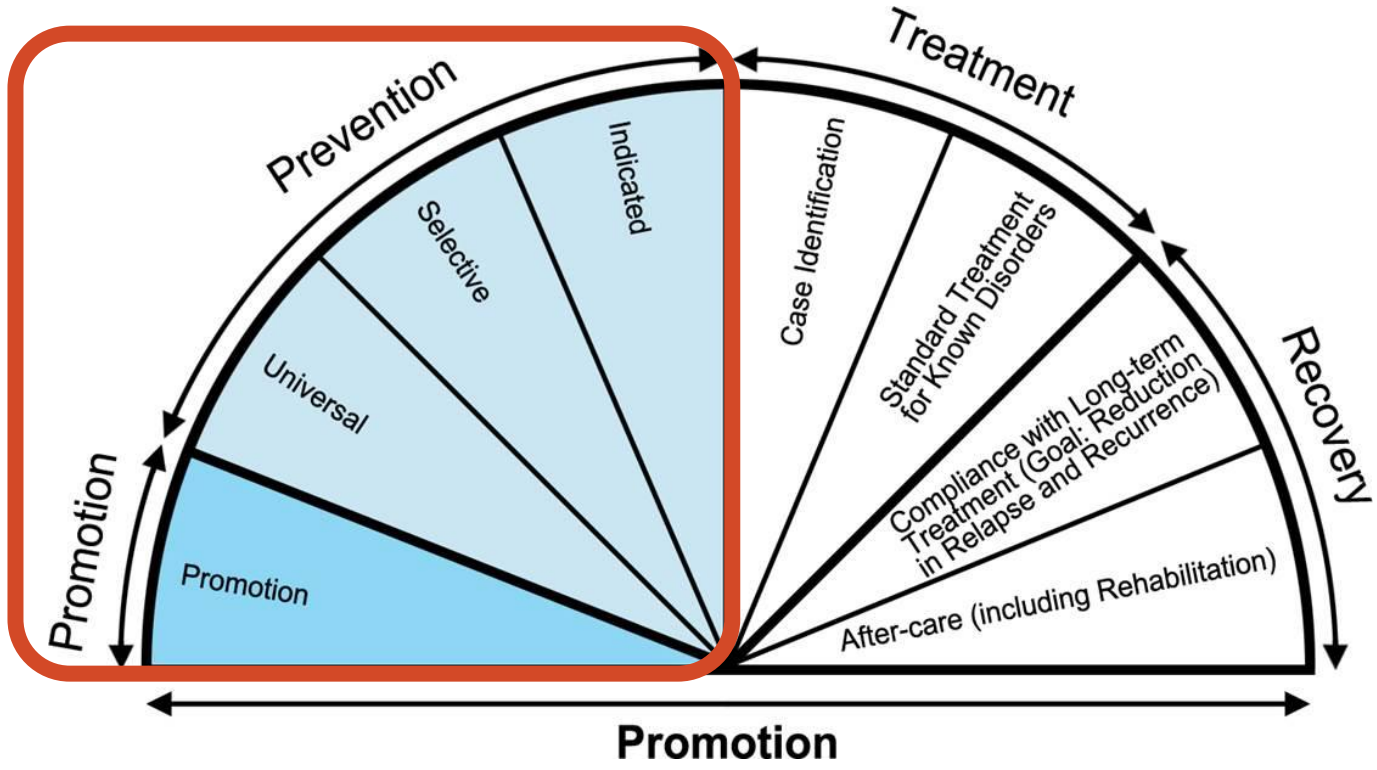
Prevention and Early Intervention Pilot
Schools Participating

Simle Middle School	Created and provided a 3-Phase Workbook to be utilized by other pilot schools. They continue to support students with Tier 1, 2, and 3 interventions.	Number of behavior referrals decreased from: • 905 in the 14-15 school year • to 141 in the 21-22 school year
Dunseith Elementary School	• Provide updated behavioral health materials • Counselor and elementary room classes • Contract with a local mental health provider to offer on-site behavioral health services to students who are underinsured, uninsured, or those with copays.	Number of behavior referrals decreased from: • 140 in the 19-20 school year • to 35 in the 21-22 school year
Barnes County North	• Provides professional development to staff • Purchase materials for a counseling room • Contract with a mental health provider to offer on-site behavioral health services to students who are underinsured, uninsured, or those with copays.	Number of behavior referrals decreased from • 50 in the 21-22 school year • to 36 in the 22-23 school year

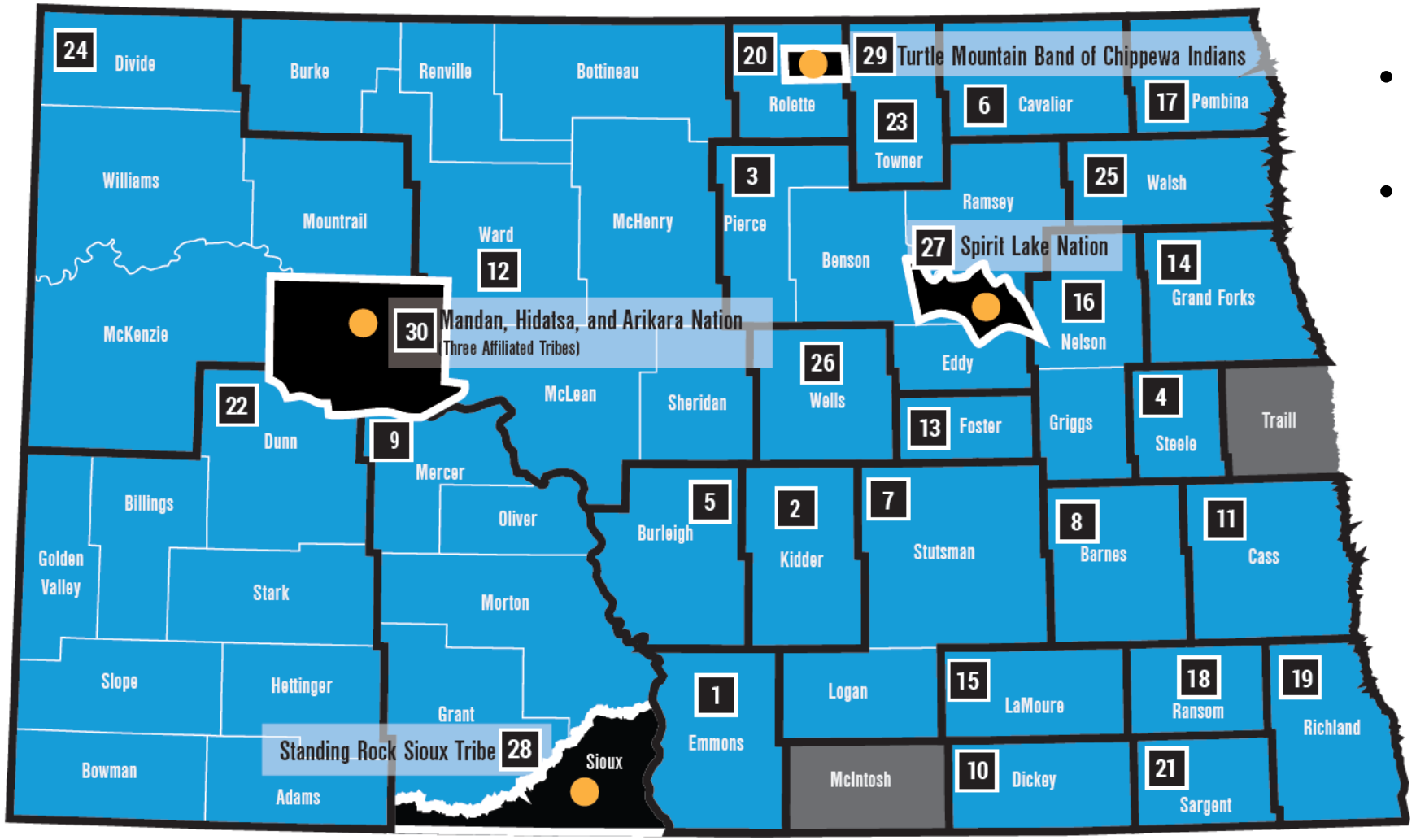
Substance Use Prevention

What is prevention?

Prevention is a proactive approach; creating an environment that promotes the health and wellbeing of individuals and communities, which prevents problems before they occur.



Substance Use Prevention
Community-Level Efforts



- 26 Local Public Health Units
- 4 Tribes

NORTH Dakota Be Legendary. | Health & Human Services

Roadmap

- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Section additions to First Engrossed SB 2012
- Relevant policy bills
- Budget review



Federal Funding for 23-25 Biennium

Federal Funding Source	Purpose	Current Award Deadline	Current Award
Substance Use Prevention, Treatment and Recovery Services Grant (SUPTR)	Provide priority treatment and support services for individuals without insurance; provide primary prevention for persons not identified as needing treatment.	September 2023	$6,534,169
Mental Health Block Grant (MHBG)	Provide comprehensive, community-based mental health services to adults with serious mental illnesses (SMI) and to children with serious emotional disturbances (SED) and to monitor progress in implementing a comprehensive, community-based mental health system.	September 2023	$1,466,936
State Opioid Response Grant (SOR)	Address the opioid overdose crisis by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders.	September 2023	$4,000,000
System of Care Grant (SOC)	Provide resources to improve the mental health outcomes for children and youth, birth through age 21, with serious emotional disturbances (SED), and their families.	September 2023	$3,000,000
988 Grant	Improve state and territory response to 988 contacts (including calls, chats, and texts)	April 2024	$708,333

Federal Funding for 23-25 Biennium

Federal Funding Source	Purpose	Current Award Deadline	Current Award
PATH	Support community-based outreach, mental health and substance abuse referral/treatment, case management and other support services, as well as a limited set of housing services for adults who are homeless or at imminent risk of homelessness and have a serious mental illness.	July 2023	$311,974.00
Traumatic Brain Injury State Partnership Program	Create and strengthen person-centered, culturally competent systems of services and supports that maximize the independence and overall health and well-being of all people with TBI across the lifespan, their family members, and their support networks.	September 2024	$286,578.00
Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants	Support states to develop and implement certification systems for CCBHCs, establish Prospective Payment Systems (PPS) for Medicaid reimbursable services, and prepare an application to participate in a four-year CCBHC Demonstration program	*not yet awarded Potential for $1,000,000	
Strategic Prevention Framework-Partnerships for Success	Reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention and mental health promotion services.	*not yet awarded Potential for $2,500,000	

Roadmap

- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Section additions to First Engrossed SB 2012
- Relevant policy bills
- Budget review



One-time funding

2021 – 2023 Approved

- None

2023 – 2025 Requests

- Pregnant and Parenting Women
  - $1 million in Strategic Investment and Improvements Fund (SIIF)

Roadmap

- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Section additions to First Engrossed SB 2012
- Relevant policy bills
- Budget review



SB 2012 Section 13
Permanent Supportive Housing Grants

SECTION 13. PERMANENT SUPPORTIVE HOUSING GRANTS.
Subdivision 2 of section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department, and authorize the department to conduct onsite visits to review program operations.



NORTH Dakota | Health & Human Services
Be Legendary.

SB 2012 Section 16
AMENDMENT 50-06-42

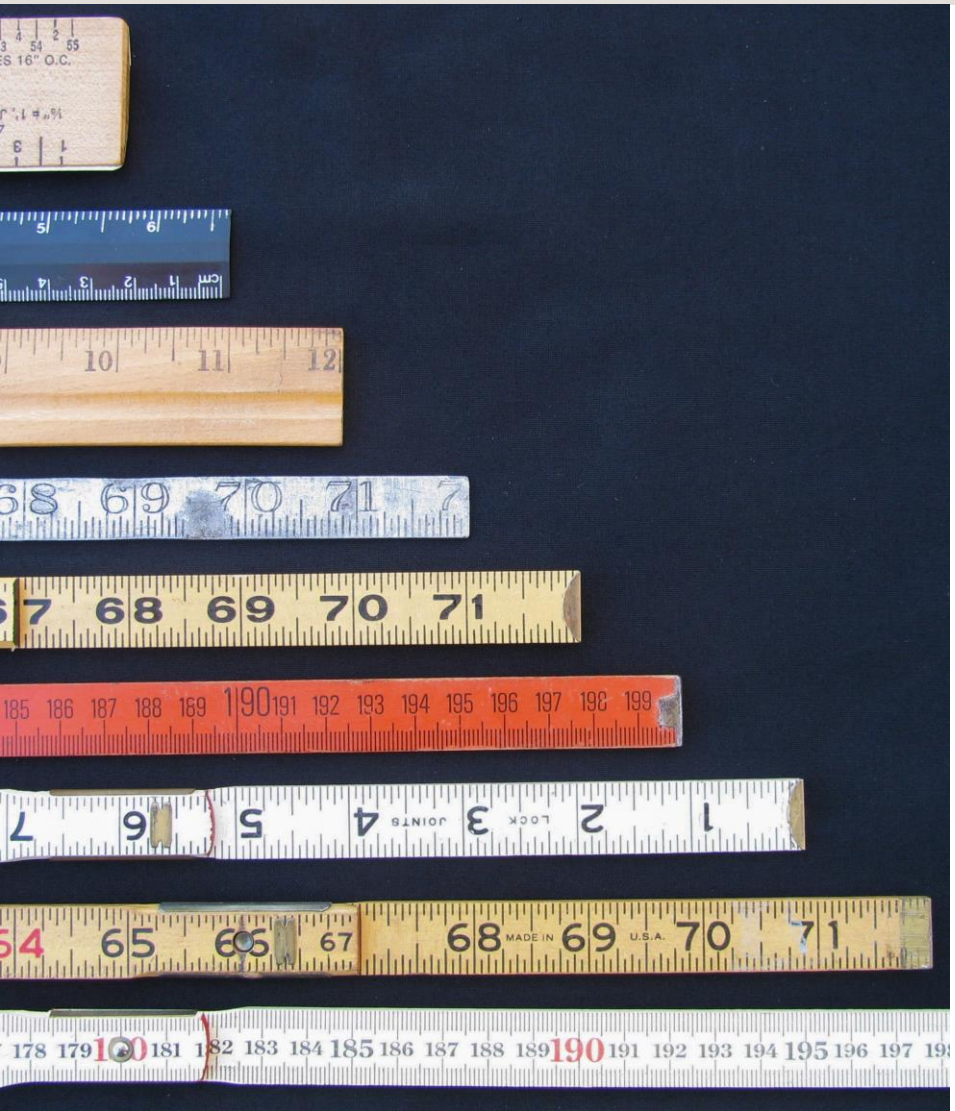
Removes language:

The department shall deny a licensed substance abuse treatment program's substance use disorder treatment voucher system application and deny reimbursement by the substance use disorder treatment voucher system if the licensed substance abuse treatment program is an institution for mental diseases and reimbursement is requested for residential beds added on or after July 1, 2020



NORTH Dakota | Health & Human Services
Be Legendary.

SB 2012 Section 22
Provider Process and Outcome Measures



SECTION 22. PROVIDER PROCESS AND OUTCOME MEASURES. Providers that receive funding from the department of health and human services shall submit process and outcome measures, as required by the department, to the department for programs and services supported by state funding during the biennium beginning July 1, 2023, and ending June 30, 2025, for the department to evaluate the administration of the programs and services using the appropriation for the program or service.

NORTH Dakota | Health & Human Services
Be Legendary.

SB 2012 Section 24
Exemption – Unexpended Appropriations
(Suicide Prevention)



SECTION 24. EXEMPTION – UNEXPENDED APPROPRIATIONS.
The following appropriations are not subject to the provisions of section 54-44.1-11 and may be continued into the biennium beginning July 1, 2023, and ending June 30, 2025:

1. The sum of $750,000 appropriated from the general fund for suicide prevention grants in chapter 37 of the 2019 Session Laws;

NORTH Dakota Be Legendary. | Health & Human Services

SB 2012 Section 24
Exemption – Unexpended Appropriations
(SUD Voucher Grants)



SECTION 24. EXEMPTION – UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and may be continued into the biennium beginning July 1, 2023, and ending June 30, 2025:

6. Any amounts appropriated to the department of health and human services in chapter 550 of the 2021 Special Session Laws.

9. The sum of $2,000,000 appropriated for substance use disorder voucher system grants in chapter 12 of the 2021 Session Laws which may be continued and spent pursuant to section 50-06-42.1.

NORTH Dakota Be Legendary. | Health & Human Services

TO BE CONSIDERED - SB 2012 Section 20
Community Behavioral Health Program

SECTION 20 (Governor's Recommendation). COMMUNITY BEHAVIORAL HEALTH PROGRAM. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department may transfer funds for the continuation of the community behavioral health program pursuant to subsection 2 of section 54-23.3-10.



NORTH Dakota | Health & Human Services
Be Legendary.

TO BE CONSIDERED - SB 2012 Section 26
Exemption

SECTION 26 (Governor's Recommendation). EXEMPTION. The amount appropriated for the purpose of free through recovery program in chapter 549 of the 2021 Special Session Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the free through recovery program during the biennium beginning July 1, 2023, and ending June 30, 2025.



NORTH Dakota | Health & Human Services
Be Legendary.

Roadmap

- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Section additions to First Engrossed SB 2012
- Relevant policy bills
- Budget review



Relevant policy bills being considered & budget impact

Bill	General Fund*
HB 1312: Kognito	0
HB 1390: suicide fatality review commission	$15,000
HB 1447: Relating to creation of the opioid settlement fund	$8,000,000
Sb 2128: CCBHC grant	$1,000,000
SB 2149: 988	0
SB 2152: recovery residences	0
SB 2248: opioid settlement fund	$1,500,000

**Current State*

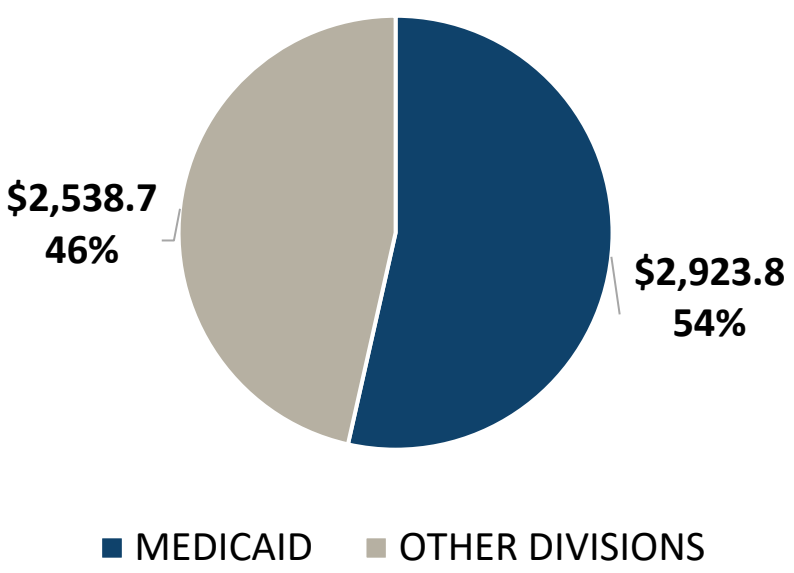
Roadmap

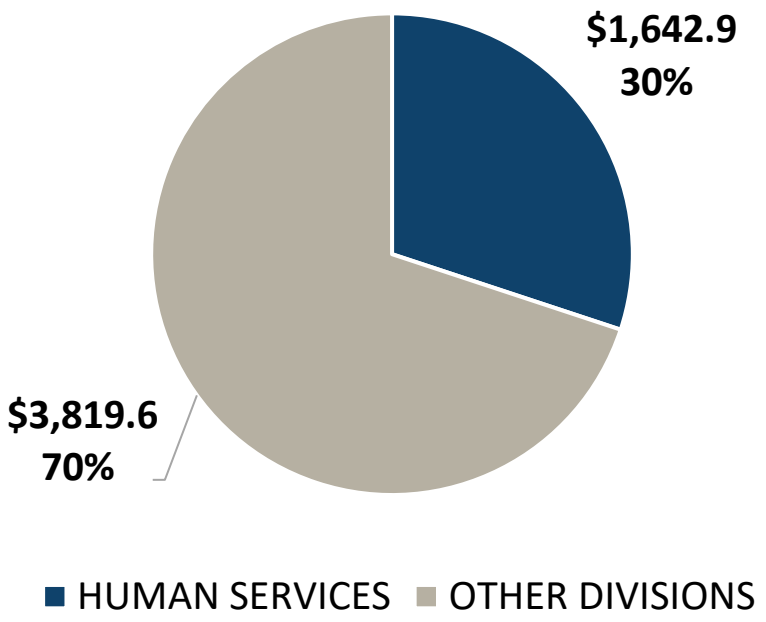
- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Section additions to First Engrossed SB 2012
- Relevant policy bills
- Budget review

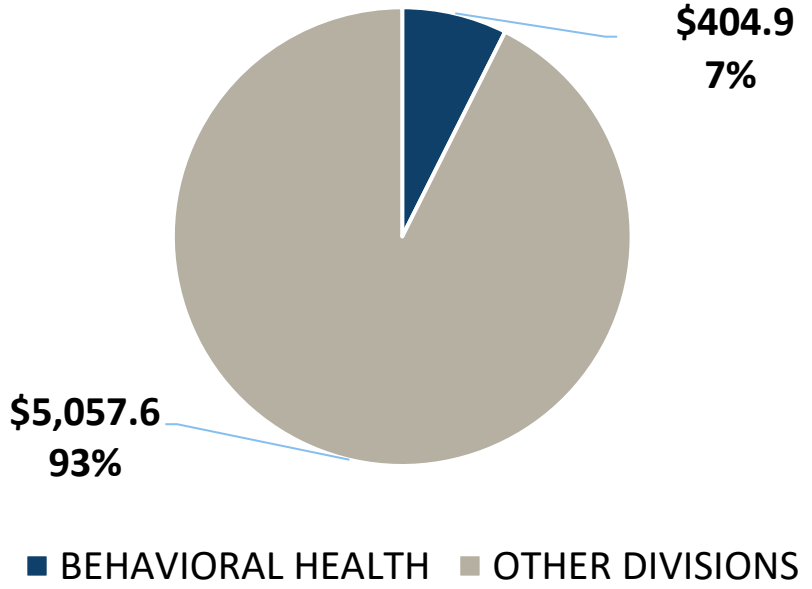


Division budgets compared to Engrossed SB 2012

2023-2025 Engrossed SB 2012 in millions



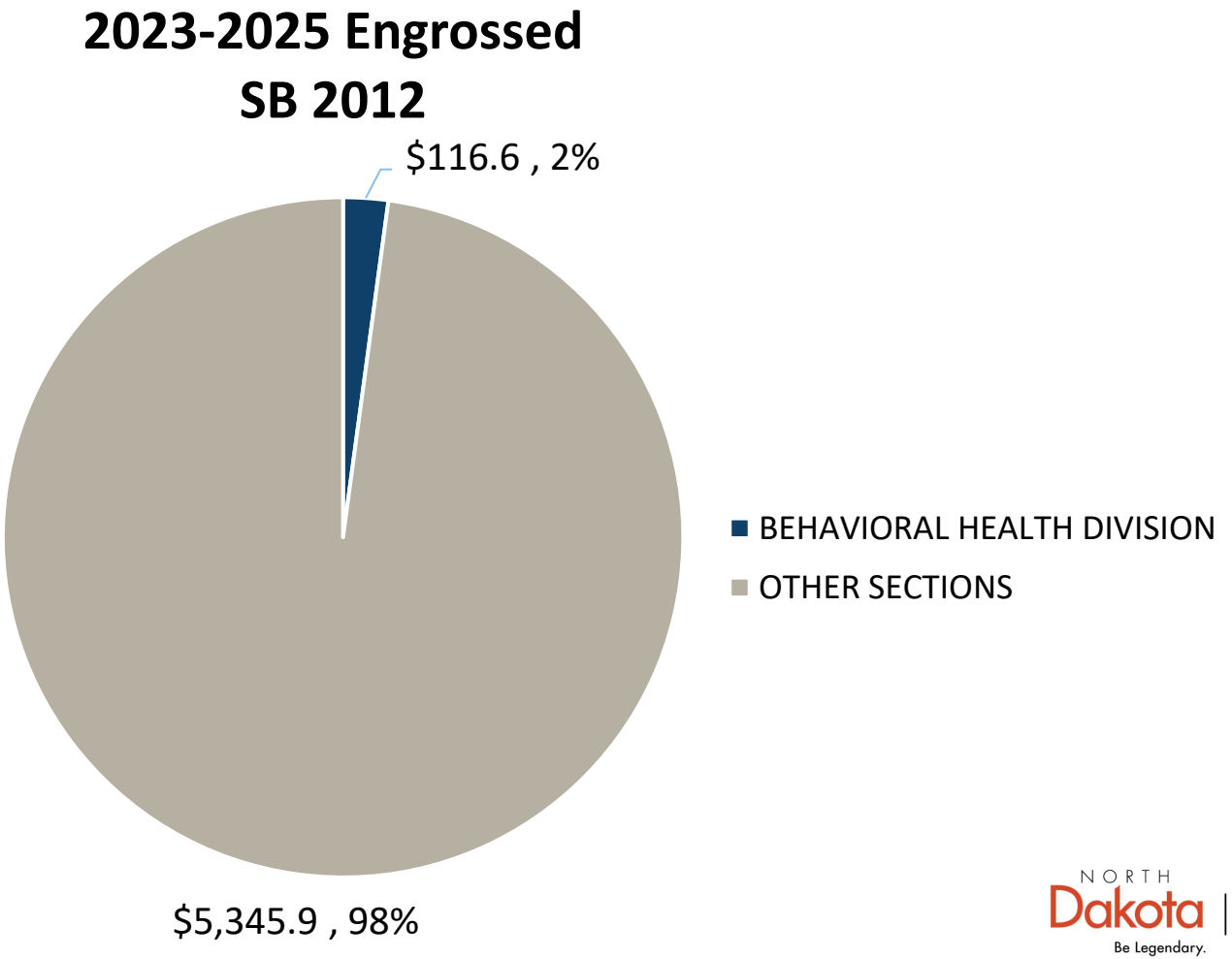




NORTH Dakota Be Legendary. | Health & Human Services

Section budget compared to Engrossed SB 2012 (in millions)

Represents 2% of SB 2012, $116.6 million



Comparison of 2023-2025 budgets and related funding

By major expense

Description	**2023 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
Salaries and Benefits	$ 7,193,820	$ 1,256,196	$ 8,450,016	$ (109,131)	$ 8,340,885
Operating	56,684,267	12,074,085	68,758,352	1,769,278	70,527,630
IT Services	-	-	-	-	-
Capital Asset Expense	-	-	-	-	-
Capital Assets	-	-	-	-	-
Grants	28,220,135	5,932,356	34,152,491	3,590,266	37,742,757
Total	$ 92,098,222	$ 19,262,637	$ 111,360,859	$ 5,250,413	$ 116,611,272

General Fund	**$ 42,025,043**	$ 9,877,067	**$ 51,902,110**	$ 4,847,374	**$ 56,749,484**
Federal Funds	**42,297,585**	(1,774,062)	**40,523,523**	(16,083)	**40,507,440**
Other Funds	**7,775,594**	11,159,632	**18,935,226**	419,122	**19,354,348**
Total Funds	**$ 92,098,222**	$ 19,262,637	**$ 111,360,859**	$ 5,250,413	**$ 116,611,272**

Full Time Equivalent (FTE)	37.00	2.00	39.00	-	39.00

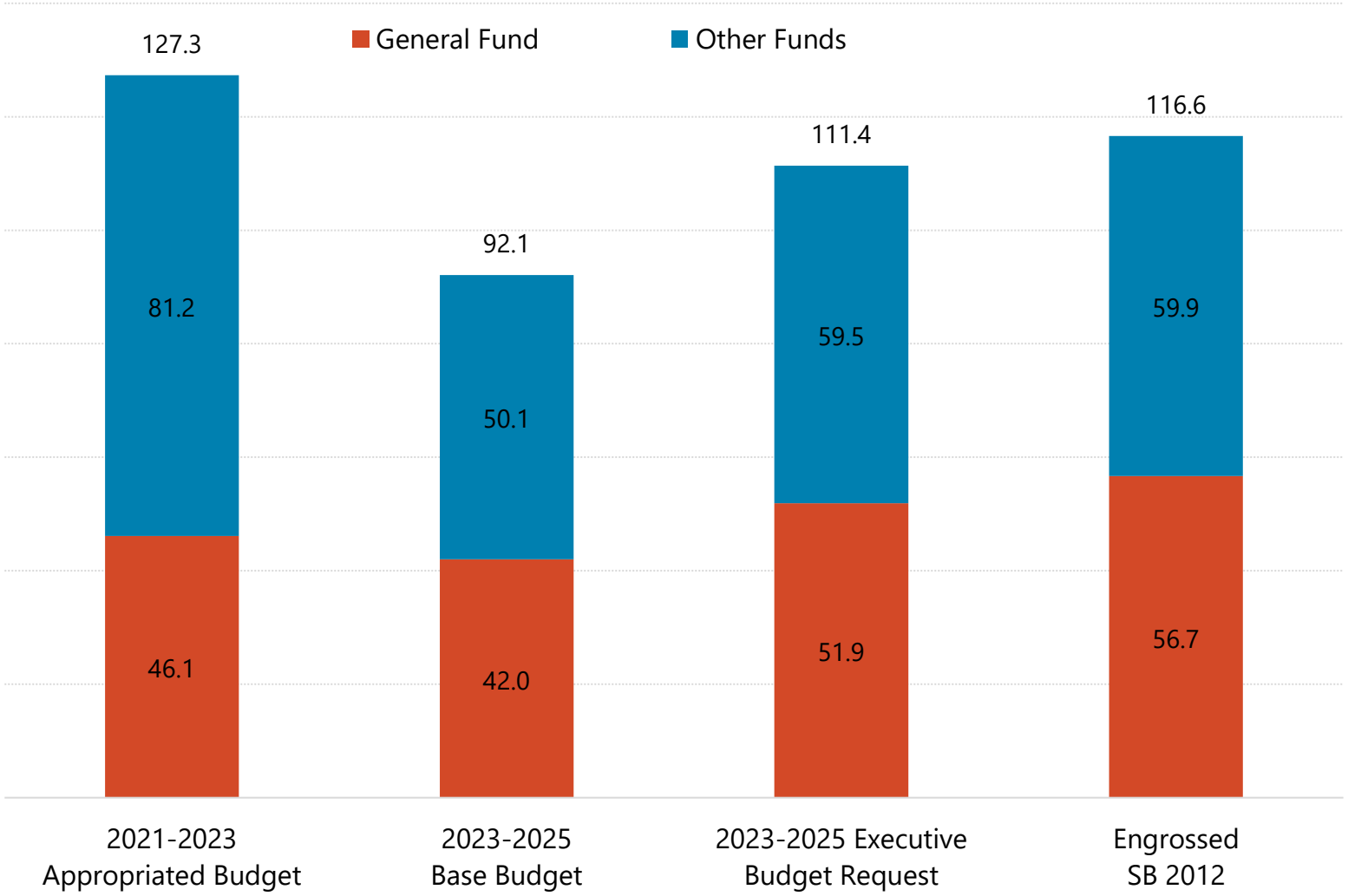
NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 funding

By fund source

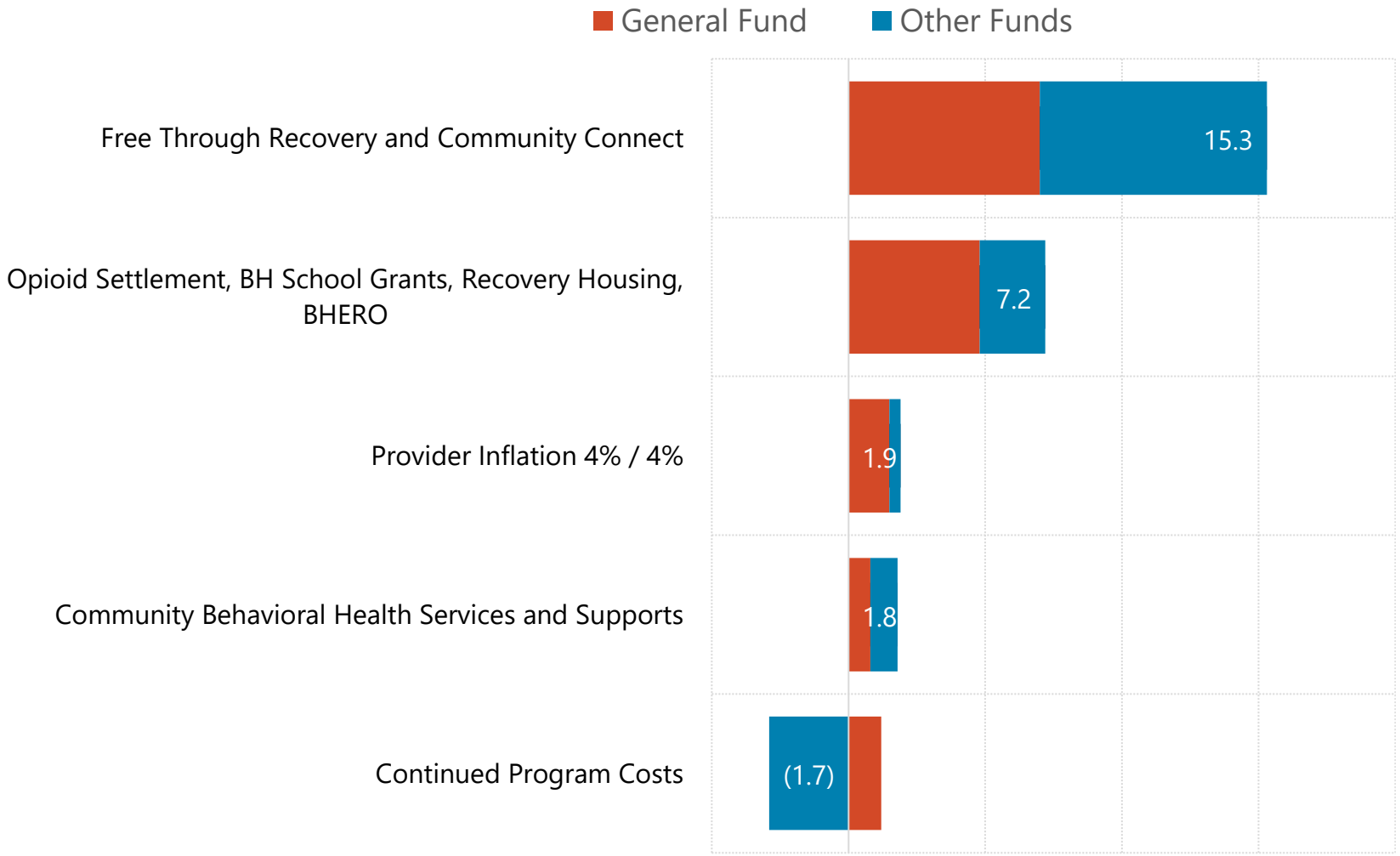
Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
General Fund	$ 42,025,043	$ 9,877,067	$ 51,902,110	$ 4,847,374	$ 56,749,484
Federal Funds	42,297,585	(1,774,062)	40,523,523	(16,083)	40,507,440
Other Funds	7,775,594	11,159,632	18,935,226	419,122	19,354,348
Total Funds	$ 92,098,222	$ 19,262,637	$ 111,360,859	$ 5,250,413	$ 116,611,272

Comparison of total budget with funding (in millions)



NORTH Dakota Be Legendary. | Health & Human Services

Comparison of base budget to Engrossed SB 2012
(in millions)



NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 budgets and related funding

By detailed expense

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
511x Salaries - Regular	$4,914,324	$611,037	$5,525,361	$(112,868)	$5,412,493
512x Salaries - Other	-	-	-	-	-
513x Salaries Temp	68,640	236,060	304,700	-	304,700
514x Salaries Overtime	-	-	-	-	-
516x Salaries Benefits	2,210,856	409,099	2,619,955	3,737	2,623,692
Total Salaries & Benefits	$7,193,820	$1,256,196	$8,450,016	$(109,131)	$8,340,885
52x Travel	25,000	-	25,000	-	25,000
53x Supply	6,000	-	6,000	-	6,000
54x Postage & Printing	2,500	12,500	15,000	-	15,000
55x Equipment under $5,000	-	-	-	-	-
56x Utilities	-	-	-	-	-
57x Insurance	-	-	-	-	-
58x Rent/Leases - Bldg/Equip	-	-	-	-	-
59x Repairs	-	-	-	-	-
61x Professional Development	64,458	(4,458)	60,000	-	60,000
62x Fees - Operating & Professional	56,586,309	12,066,043	68,652,352	1,769,278	70,421,630
67x Expenses	-	-	-	-	-
53x Supplies	-	-	-	-	-
60x IT Expenses	-	-	-	-	-
68x Land, Building, Other Capital	-	-	-	-	-
69x Over	-	-	-	-	-
69x Equipment Over $5,000	-	-	-	-	-
71x Grants, Benefits, & Claims	28,220,135	5,932,356	34,152,491	3,590,266	37,742,757
72x Transfers	-	-	-	-	-
Total Operating	$84,904,402	$18,006,441	$102,910,843	$5,359,544	$108,270,387
Total	$92,098,222	$19,262,637	$111,360,859	$5,250,413	$116,611,272

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 budgets and related funding

By detailed expense

	2023 - 2025	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
511x		$611,037	$5,525,361	$(112,868)	$5,412,493
512x		-	-	-	
513x		236,060	304,700	-	
514x Salaries Overtime		-	-	-	
516x Salaries Benefits	2,210,[illegible]	409,099	2,619,955	3,737	2,623,692
Total Salaries & Benefits	$7,193,820	$1,256,196	$8,450,016	$(109,131)	$8,340,885
52x Travel	25,000	-	25,000	-	25,000
53x Supply	6,000	-	6,000	-	6,00
54x Postage & Printing	2,500	12,500	15,000	-	15,00
55x Equipment under $5,000	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	58	(4,458)	60,000	-	
		12,066,043	68,652,352	1,769,278	70,421,630
		-	-	-	
	-	-	-	-	
	-	-	-	-	
68x Land, Building, Other Capital	-	-	-	-	
	-	-	-	-	
	-	-	-	-	
	35	5,932,356	34,152,491	3,590,266	37,742,757
	-	-	-	-	-
	02	$18,006,441	$102,910,843	$5,359,544	$108,270,387
Total	$92,098,222	$19,262,637	$111,360,859	$5,250,413	$116,611,272

- 6%/4% Increases
- 2 new FTEs
- Minor additional shifting

- Reduced Increases to 4%/4%

- Maintenance of & provider rate inflation for FTR and Community Connect services
- Opioid Settlement authority
- Pregnant & Parenting Women
- Shifting in federal grant authority

- Minor shifting based on current expenditures/ need

- Additional Recovery Housing Assistance Program
- B-HERO authority
- Increase in Provider Inflation to 4%/4%

- Additional federal authority for CCBHC federal grant
- Provider rate inflation for SUD Voucher

- Additional Behavioral Health School Grant
- Increase in Provider Inflation to 4%/4%

NORTH Dakota Be Legendary. | Health & Human Services



Contact Information

Behavioral Health Executive Director

- Pamela Sagness
- psagness@nd.gov

Policy Director

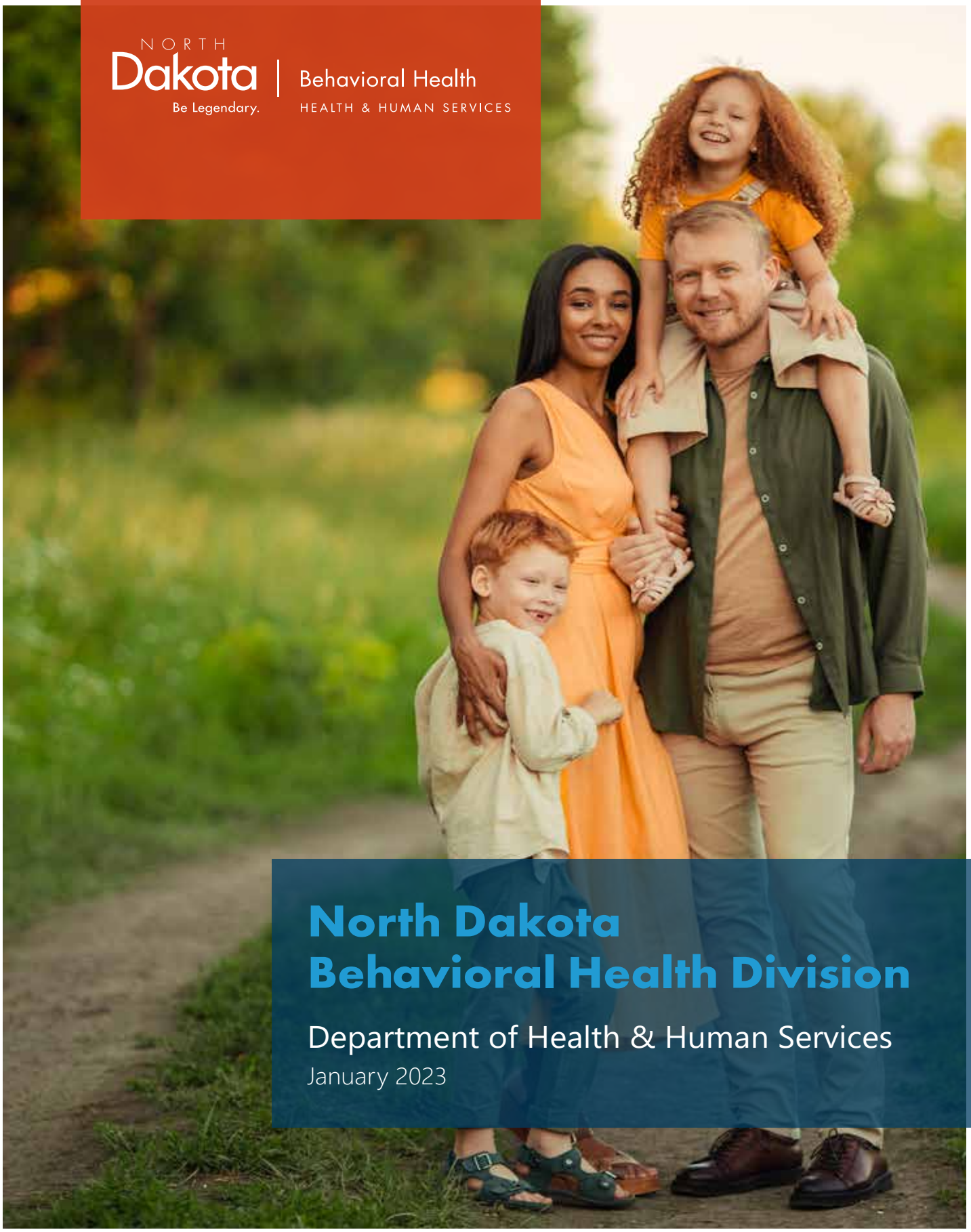
- Laura Anderson
- lauranderson@nd.gov

www.behavioralhealth.nd.gov

NORTH Dakota | Health & Human Services
Be Legendary.

NORTH Dakota
Be Legendary.

Behavioral Health
HEALTH & HUMAN SERVICES



North Dakota Behavioral Health Division

Department of Health & Human Services

January 2023

Table of Contents

Purpose 4
North Dakota Behavioral Health Principles 5
North Dakota Department of Health & Human Services 6
North Dakota Behavioral Health System Study 7
North Dakota Department of Health & Human Services Organizational Chart 8
Behavioral Health Division 10
Our Responsibilities 12
Strategic Plan 14
Behavioral Health Organizational Chart 16
Funding Overview 18
Behavioral Health System Study Recommendations 21

Community Behavioral Health Promotion

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS BG previously the SABG) 24
Substance Misuse Prevention Community Funding Distribution 26
Early Intervention 27
Synar 28
Training and Technical Assistance 30
Suicide Prevention 32
Parents Lead 34

Children's Behavioral Health

Behavioral Health in Schools 38
Children's Behavioral Health Prevention and Early Intervention Pilot Grant 40
School Behavioral Health Grant 42
Behavioral Health in Education Resources and Opportunities Technical Assistance Center (B-HERO) 44
Kognito 46
Treatment Collaborative for Traumatized Youth (TCTY) 48
Voluntary Treatment Program (VTP) 50
Psychiatric Residential Treatment Facilities (PRTFs) for Children Licensure 52
Parent to Parent 53
System of Care (SOC) Grant 54

Adult Addiction

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS BG previously the SABG) 58

Substance Use Disorder (SUD) Voucher 60

Licensing of Substance Use Disorder Treatment 64

Licensing of Opioid Treatment Programs and Medication Units 65

Recovery Housing Assistance Program 66

State Opioid Response (SOR) Grant 68

Problem Gambling 70

Adult Mental Health

Mental Health Block Grant (MHBG) 74

Brain Injury Services 76

Projects for Assistance in Transition from Homelessness (PATH) Program 78

Mental Health Directory 79

Community Supports

Peer Support 82

Free Through Recovery (FTR) 84

Community Connect 86

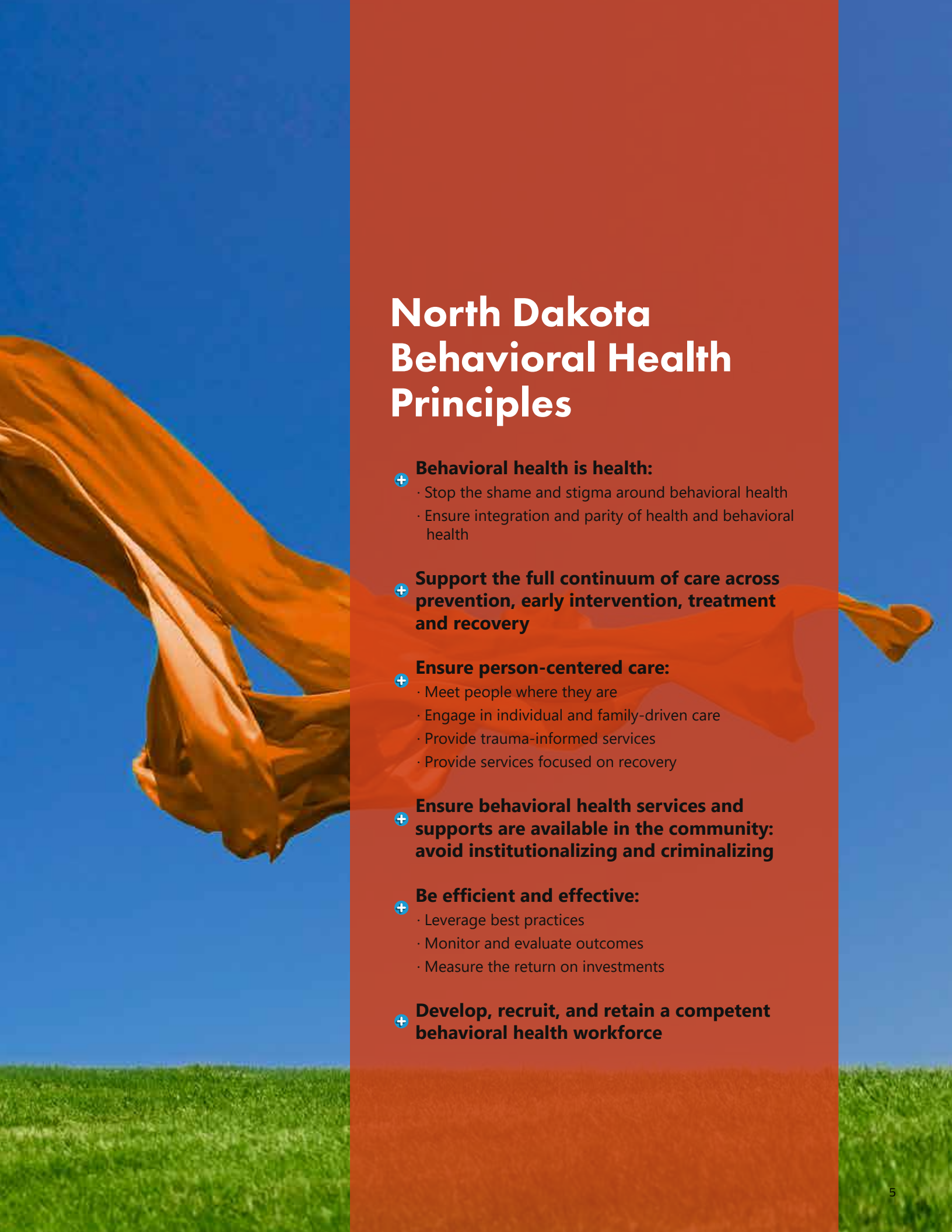
Permanent Supportive Housing 90

1915(i) Medicaid State Plan Amendment 92

Purpose

This report presents an overview of the North Dakota Department of Health and Human Services' Behavioral Health Division with the intent to outline the division by first identifying behavioral health needs; an overview of roles, responsibilities, and organizational structure; funding and initiatives; and last by aligning current initiatives with recommendations provided by the North Dakota Behavioral Health System Study.





North Dakota Behavioral Health Principles

- **Behavioral health is health:**
  - Stop the shame and stigma around behavioral health
  - Ensure integration and parity of health and behavioral health
- **Support the full continuum of care across prevention, early intervention, treatment and recovery**
- **Ensure person-centered care:**
  - Meet people where they are
  - Engage in individual and family-driven care
  - Provide trauma-informed services
  - Provide services focused on recovery
- **Ensure behavioral health services and supports are available in the community: avoid institutionalizing and criminalizing**
- **Be efficient and effective:**
  - Leverage best practices
  - Monitor and evaluate outcomes
  - Measure the return on investments
- **Develop, recruit, and retain a competent behavioral health workforce**

North Dakota Department of Health and Human Services

The North Dakota Department of Health and Human Services (HHS), a state government agency, works to help North Dakotans of all ages enhance their well-being and quality of life by supporting equitable access to the social determinants of health, which include economic stability, housing, education, food, community, and health care.

System Values

- Person Centered
- Trauma Informed
- Recovery Oriented
- Integrated
- Data Driven
- Best Practice
- Transparency
- Accountablity



North Dakota Behavioral Health System Study

Behavioral Health System Study Timeline

1/1/2017 to 6/30/2018

Behavioral Health Division in contract with Human Services Research Institute (HSRI) to conduct an in-depth review of North Dakota's behavioral health system.

Final report released April 2018.

8/1/2018 to 6/30/2019

Behavioral Health Division in contract with HSRI to initiate and facilitate the implementation of a strategic plan based off the recommendations from the comprehensive study of ND's behavioral health system published April 2018.

2019 - Present

Behavioral Health Division in contract with HSRI to prioritize and refine the strategic plan, including goals and objectives.

Initiation of the strategic plan and monitoring and sustaining this implementation.

www.hsri.org/NDvision-2020

The Human Services Research Institute (www.hsri.org) is an independent, nonprofit research institute that helps public agencies develop effective, sustainable systems to deliver high-quality health and human services and supports in local communities. In the behavioral health space, their goal is to deliver actionable, viable, and culturally relevant strategies that empower service users and promote wellness and recovery

NORTH DAKOTA

Department of Health & Human Services

Core Functions of the State Health Officer (SHO)

1. Governor's cabinet member
2. Lead tribal health engagement
3. Health liaison to the legislature
4. External stakeholder engagement
5. Advisor to specific DHHS focus areas, including:
   a. Community engagement
   b. Health care workforce development
   c. Emergency preparedness & response
6. Developer of wellness strategies for North Dakota

GOVERNO
Doug

STATE HEALTH OFFICER
Dr. Nizar Wehbi

DHHS COM
Chris

EXECUTIVE DIRECTOR PUBLIC HEALTH
Dirk Wilke

- Disease Control and Forensic Pathology
- Healthy & Safe Communities
- Health Response
- Laboratory Services
- Health Statistics and Performance

EXECUTIVE DIRECTOR MEDICAL SERVICES
Krista Fremming, Interim

- Medicaid

EXECUTIVE DIRECTOR BEHAVIORAL HEALTH
Pamela Sagness

- Human Services
- State Hospital
- Behavioral Health Policy

EXECUTIVE DIRECTOR HUMAN SERVICES
Jessica Thomasson

- Disability Determination Service
- Human Service Zone Operations
- Economic Assistance
- Vocational Rehabilitation
- Children & Family Services
- Child Support
- Early Childhood
- Life Skills and Transition Center
- Aging Services
- Development Disabilities

OR'S OFFICE
Burgum

MISSIONER
Jones

DEPUTY COMMISSIONER
Sara Stolt

Core Functions of the Deputy Commissioner (DC)

1. Day-to-day operations
   a. Constituent services/appeals review
   b. Faclities planning/operations management
   c. Criminal background check services
   d. Document management
   e. Contact center operations coordination
   f. Refugee support services
   g. DD Council
2. Transformation Centers
   a. Portfolio and project management
   b. Process improvements & quality management
   c. Change management
   d. Customer experience management
   e. IT and data governance

CHIEF FINANCIAL OFFICER
Arnold Strebe

- Assistant CFOs for each Division
- Budget Management
- Audit Management
- Procurement and Contracts
- Logistics Management
- Performance and Data Management
- Supply Chain Operations

CHIEF HUMAN RESOURCES OFFICER
Marcie Wuitschick

- HR Business Partners for each Division
- Operations and Digital
- Talent Acquisition
- Talent Management and Development
- Total Rewards
- Risk Management/Employee Health
- Safety/Disaster Preparedness

CHIEF COMMUNICATION OFFICER
Lynn Bargmann

- Communications Managers for each Division
- Internal Communications
- External Communications
- Marketing, Outreach, and Education
- Multi-Media Support

CHIEF LEGAL OFFICER
Jon Alm

- Legal
- Attorney General Office Coordination regarding the Public Health Division and Litigation

Behavioral Health Division

The Behavioral Health Division (NDCC 50-06-01.4) is a policy division responsible for:

Reviewing and identifying service needs and activities in the state's behavioral health system in an effort to ensure:

- health and safety
- access to services, and
- quality services

Establishing quality assurance standards for the licensure of substance use disorder program services and facilities; and

Providing policy leadership in partnership with public and private entities.

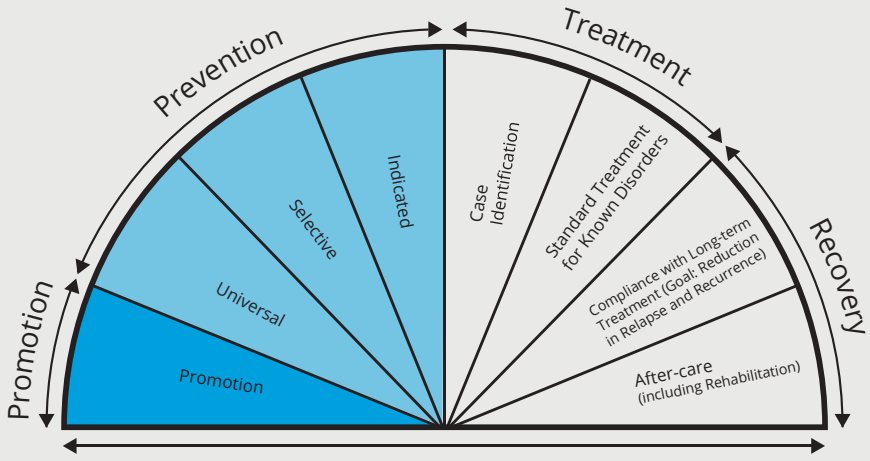
A Vision for Behavioral Health Services

"Behavioral health is an essential part of overall health in which promotion removes barriers, prevention works, treatment is useful, and people recover. Services throughout the continuum should reflect current knowledge, technology and be grounded in evidence-based practice. Throughout all levels of the continuum, there should be a continuous promotion of healthy behaviors and lifestyles, a primary driver of health outcomes."

Pamela Sagness, Executive Director

Our Approach

Services provided by the division are grounded in the Institute of Medicine's Continuum of Care model. The model recognizes the need for a full range of high-quality services including promotion, prevention, treatment, and recovery [SAMHSA].





Promotion/ Prevention

Strategies create an environment that promotes the health and well-being of individuals and communities, which prevents problems before they occur.



Early Intervention

These strategies identify those individuals at risk for or showing the early signs of a disorder with the goals of intervening to prevent progression.



Treatment

Services are clinical interventions designed to address the needs of an individual with a behavioral health diagnosis.



Recovery

Services support the individuals' ability to live a meaningful, productive life in the community.

Our Responsibilities

The division administers federal and state funding to address identified gaps and apply resources like funding, training and technical assistance to address system needs.

Administration

The division administers funding by contracting with providers and agencies throughout the state. Planning, implementation, and evaluation of efforts align into the following general categories:

- Community Behavioral Health Promotion
- Children's Behavioral Health
- Adult Mental Health
- Addiction Services
- Community Supports

Regulation

The division ensures the health and safety of individuals receiving services in certain levels of behavioral health treatment by licensing of facilities. Regulation is provided for the following:

- Substance Use Disorder Treatment Facilities
- Regional Human Service Centers
- Psychiatric Residential Treatment Facilities for Children (PRTF)
- Opioid Treatment Programs (OTP)

Collaboration and Partnerships

The division works collaboratively with state and local partnerships to achieve shared goals focusing on the behavioral health system.

Training and Technical Assistance

The division provides training and technical assistance with a goal to support individuals, providers and communities in building capacity and implementing evidence-based strategies. Efforts include:

- Hosting training events (Behavioral Health and Children and Family Services Conference, community prevention trainings, etc.).
- Facilitating statewide collaboration and sharing resources.
- Developing tools and resources based on data and evidence-based strategies.
- Free prevention resources available to the community.



State Epidemiological Outcomes Workgroup

Research shows the importance of using data to guide effective and targeted behavioral health efforts. The Behavioral Health Division utilizes epidemiological data to identify trends, priorities, and to target funding.

State Epidemiological Outcomes Workgroups (SEOWs) are groups of data experts and prevention stakeholders responsible for bringing data on substance misuse and related behavioral problems to the forefront of the prevention planning process.

The mission of the North Dakota SEOW is to identify, analyze and communicate key substance misuse and related behavioral health data to guide programs, policies and practices.

ND's SEOW has built a broad representation of diverse partners and continues to provide leadership in identifying data needs.

The ND SEOW develops data products such as the:

- Epidemiological Profile
- Data Booklet
- Topic-Specific Data Briefs

The North Dakota Department of Human Services' Behavioral Health Division initiated the SEOW network in 2006.

Strategic Plan

Our role is to provide policy leadership, regulate programs, administer programs, and provide training and technical assistance.

WE WANT TO SEE:

- Individuals, families, communities, and businesses with positive behavioral health.
- Individuals struggling with behavioral health conditions achieve independence and live a self-directed life in recovery.

WE ACHIEVE THIS BY:



Supporting the full continuum of care



Increasing access to community-based services



Preventing criminal justice involvement

PREVENTION AND PROMOTION



Supporting the full continuum of care

Increase implementation of effective prevention statewide [2/3/10]

Decrease underage drinking[2]

Decrease adult binge drinking and related consequences[2]

Decrease opioid misuse and overdose[2]



Increase access to community-based services

Promote mental health[2]

Decrease death by suicide[2/3/4/5]

CHILDREN'S BEHAVIORAL HEALTH

Supporting the full continuum of care

Partner with schools to support children's behavioral health across the continuum[5]

Increase access to community-based services

Develop early intervention capacity[2/3]

Increase capacity for community-based services[3/4/8/10]

Improve access to quality services[10]

Improve family-driven services and supports[5]

Prevent criminal justice involvement

Develop diversion capacity and support children with behavioral health conditions in the justice system[6]

ADULT ADDICTION

Supporting the full continuum of care

Develop and enhance recovery support services[4]

Develop early intervention capacity[2/3]

Increase access to community-based services

Improve access to quality services[10]

Increase capacity for community-based services[3, 4, 7, 8]

Stop shame and stigma surrounding addiction[10]

ADULT MENTAL HEALTH

Supporting the full continuum of care

Develop and enhance recovery support services[4]

Develop early intervention capacity[2/3]

Increase access to community-based services

Increase capacity for community-based services [3, 4, 7, 8]

Stop shame and stigma surrounding mental health[10]

COMMUNITY SUPPORTS

Supporting the full continuum of care

Develop and enhance recovery support services[4]

Increase access to community-based services

Increase capacity for community-based services[3/4/8/10/12]

Prevent criminal justice involvement

Develop diversion capacity and support individuals with behavioral health conditions in the justice system[6]

The superscript numbers referenced behind each goal align with the ND Behavioral Health System Study 13 Recommendations.

Behavioral Health D

Executive Director
Pamela Sagness

Policy Director
Laura Anderson

Administrative Support
Julie Huwe; Leah Jangula; Nikki Sigler

Media Specialist
Amy Steinert

COMMUNITY BEHAVIORAL HEALTH PROMOTION
James Knopik & Laura Anderson

Community Prevention Efforts
Kali Bauer

Tribal Prevention Efforts
Kali Bauer

Youth Tobacco Enforcement
(Synar; Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG))
Tom Volk

Early Intervention Provider Certification (MIP/DUI)
Kali Bauer

Suicide Prevention

Opioid Misuse and Overdose Prevention
Amy Lies

Parents Lead
Sara Kapp

CHILDREN'S BEHAVIORAL HEALTH
Kelli Ulberg

Regulation of Youth Residential Psychiatric Facilities

Prevention of Out-of-Home Placement for Children
(Voluntary Treatment Program [VTP])
Sara Kapp

Behavioral Health and Education
Kayla Stastny

Treatment Collaborative for Traumatized Youth
(TCTY)

Children Mental Health Programs
(Mental Health Block Grant)

Systems for Individuals with a First Episode of Psychosis
(Mental Health Block Grant)
Tami Conrad

System of Care Grant (SOC)
Katie Houle

ADDICTION PROGR
James Knopik & La

Adolescent Residential Treatment
(Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUI

Regulation of Substance Us Treatment Providers
Amanda Myhre

Medicaid

Enhanced behavioral

Pregnant and Parenting Wo Programming
(Substance Use Prevention, Tre Services Block Grant (SUPTRS E
Lacresha Graham

Tribal Treatment and Recov
(Substance Use Prevention, Tre Services Block Grant (SUPTRS E

Medication Assisted Treatm
(Opioid Treatment Programs -
James Knopik

Withdrawal Management
Lacresha Graham

Recovery Supports

Substance Use Disorder (SU System
Lori Steele

Problem Gambling
James Knopik

Recovery Housing Assistanc
Amanda Myhre

Division Policy Team

Quality Management Lead
Sarah Osse

Data/Evaluation
Matthew Best

RAM AND POLICY
acresha Graham

PTRS BG)

e Disorder (SUD)

l 1915(i) State Plan Amendment Training and Technical Assistance
Monica Haugen

health services in response to the COVID-19 pandemic and flooding disasters
(Emergency COVID Response Grant)

omen Treatment
atment, and Recovery
BG))

ery Supports
atment, and Recovery
BG))

nent
OTP)

UD) Voucher Payment

ce Program (RHAP)

MENTAL HEALTH PROGRAM AND POLICY
Vacant

Adult Mental Health Programs
(Mental Health Block Grant)

Mental Illness and Homelessness
(PATH Grant)
Tami Conrad

Brain Injury Programs
Tami Conrad

Systems for Individuals with a First Episode of Psychosis
(Mental Health Block Grant)
Tami Conrad

COMMUNITY SUPPORTS PROGRAM & POLICY
Heather Brandt

Free Through Recovery
Eric Bonness

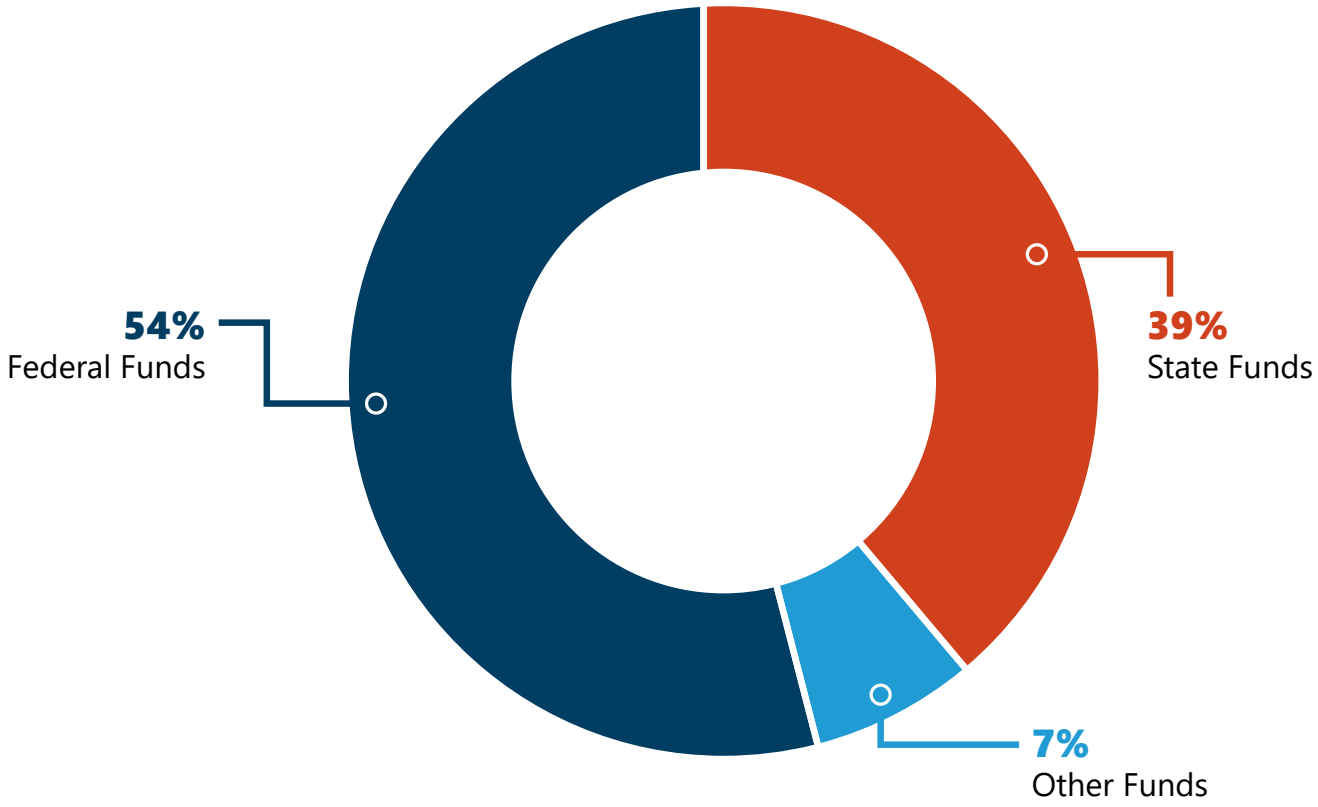
Community Connect
Alyson Olthoff

Peer Support
Kristy Johnson

Permanent Supportive Housing

Funding Overview

State and federal funding administered by the division supports the implementation of best practice to ensure the most effective, efficient and comprehensive behavioral health system.



2021-2023 Biennium Funding Appropriation

General Funds

General Funds are appropriated by the state legislative body. The division receives General Fund dollars to fund the following initiatives.

Initiatives funded through State General Funds:

- Brain Injury services
- Parent to Parent
- Substance Use Disorder (SUD) Voucher
- Voluntary Treatment Program
- Parents Lead
- Community Connect
- School Behavioral Health
- Recovery Housing Assistance Program
- Treatment Collaborative for Traumatized Youth
- Suicide Prevention

Other Funds

Other funds are any other type of fund the department may receive that isn't general fund or federal funds.

- Free Through Recovery (Department of Corrections and Rehabilitation funds)
- Problem Gambling



Federal Funds

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS)

The Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS) program authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act. The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SUPTRS BG. SUPTRS BG is governed by Title 45 Code of Federal Regulations Part 96 and the Tobacco Regulations for Substance Use Prevention, Treatment and Recovery Services Block Grant; Final Rule, 61 Federal Register 1492. The SUPTRS BG program provides funds to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, 6 Pacific jurisdictions, and 1 tribal entity to prevent and treat substance misuse.

Targeted Populations and Service Areas

- Pregnant women and women with dependent children,
- Individuals who use substances intravenously,
- Tuberculosis services,
- Primary prevention services (no less than 20% of SUPTRS BG allotment must be spent on substance use primary prevention strategies).

Tobacco Use Prevention – Synar Amendment

Synar is a provision of SUPTRS BG funding (Final Rule, 61 Federal Register 1492) and focuses on reducing youth tobacco access through regulation and enforcement.

Mental Health Block Grant (MHBG)

The Mental Health Block Grant (MHBG) Program is authorized by section 1911 of Title XIX, Part B, Subpart I and II of the Public Health Services Act and administered federally by the United States Department of Health and Human Services: Substance Abuse and Mental Health Service Administration. The MHBG program provides funds and technical assistance to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions.

Targeted Populations and Service Areas

Adults with **serious mental illnesses (SMI)**. Includes persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition—as defined by the Psychiatric Association's Diagnostic and Statistical Manual (DSM) of Mental Disorders. Their condition substantially interferes with, or limits, one or more major life activities, such as:

- Basic daily living (for example, eating or dressing)
- Instrumental living (for example, taking prescribed medications or getting around the community)
- Participating in a family, school, or workplace

Children with **serious emotional disturbances (SED)**. Includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM). This condition results in a functional impairment that substantially interferes with, or limits, a child's role or functioning in family, school, or community activities.

Projects for Assistance in Transition from Homelessness (PATH)

The PATH grant program is authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. Grants are distributed annually to all 50 states, the District of Columbia, Puerto Rico, the Northern Mariana Islands, Guam, American Samoa, and the U.S. Virgin Islands. Each state or territory solicits proposals and awards funds to local public or nonprofit organizations, known as PATH providers.

Federal Funds

The Behavioral Health Division seeks additional funding opportunities based on needs identified within the service system. The division provides administration and oversight for several discretionary federal grant programs, including the State Opioid Response grant (SOR) and System of Care Grant.

State Opioid Response (SOR)

The SOR grant is a two-year grant (through September 2024), which aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD).

North Dakota SOR grant goals include:

- Prevent substance (mis)use (specifically focused on opioids and stimulants)
- Reduce harm related to opioids and stimulants
- Improve access to evidence-based treatment
- Increase access to recovery support services

System of Care Grant (SOC)

The System of Care grant is up to four years (through September 2026). The purpose of this program is to provide resources to improve the mental health outcomes for children and youth, birth through age 21, with serious emotional disturbances (SED), and their families. This program supports the implementation, expansion, and integration of the System of Care (SOC) approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children's Mental Health Initiative or CMHI).

North Dakota SOC grant goals include:

- Develop a sustainable infrastructure to support the System of Care approach for North Dakota children with SED and their families.
- To increase access of high-quality and culturally appropriate services and supports available to children with SED and their families in the identified regions.



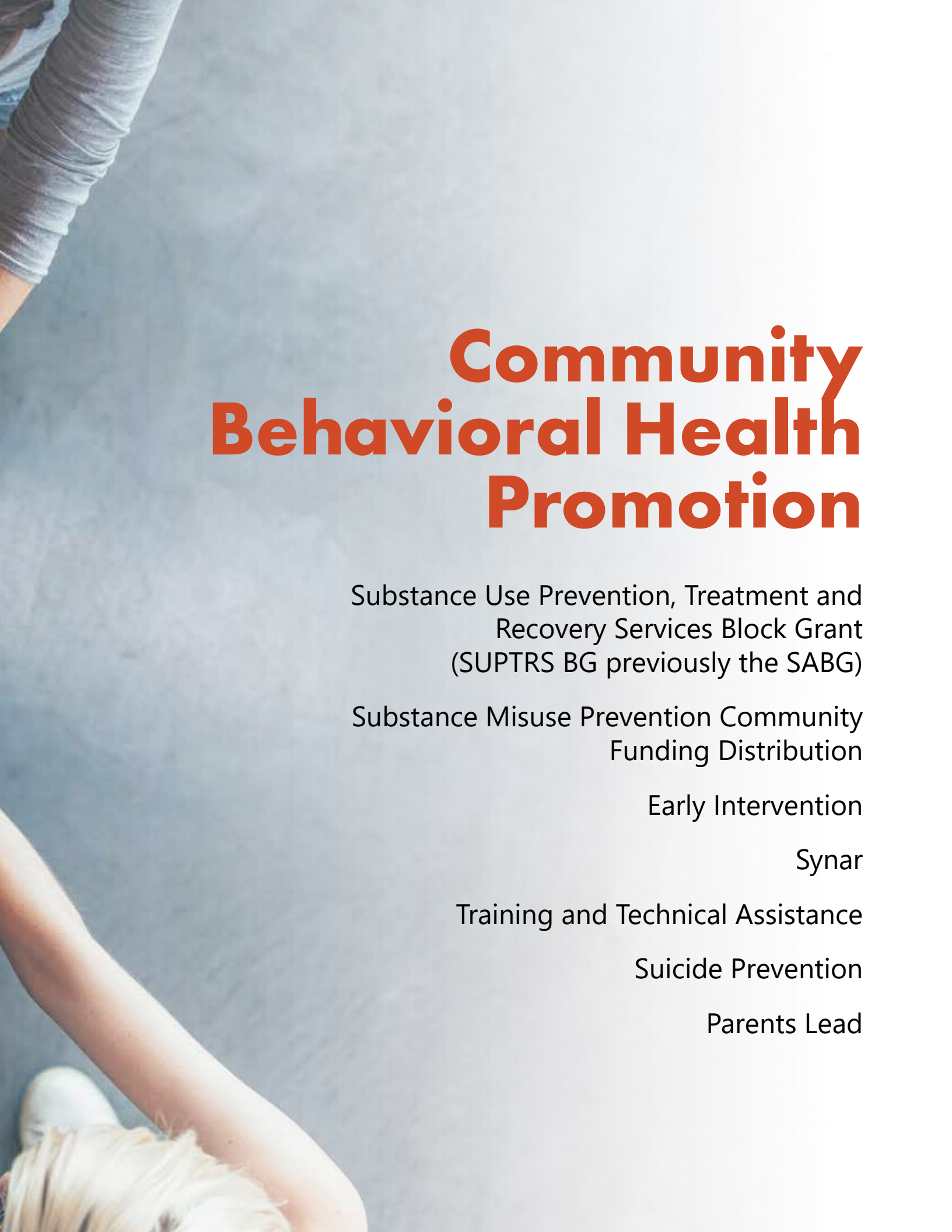
Behavioral Health System Study Recommendations

In 2017-2018 the Human Services Research Institute (HSRI) completed a study of North Dakota's behavioral healthcare system revealing 13 key recommendations. HSRI's recommendations are based on an in-depth analysis of stakeholder feedback, local data and the availability of services in North Dakota in contrast to the Institute of Medicine's Continuum of Care model. These recommendations include:

1. Develop a comprehensive implementation plan
2. Invest in prevention and early intervention
3. Ensure all North Dakotans have timely access to behavioral health services
4. Expand outpatient and community-based service array
5. Enhance and streamline system of care for children and youth
6. Continue to implement/refine criminal justice strategy
7. Engage in targeted efforts to recruit/retain competent behavioral health workforce
8. Expand the use of tele-behavioral health
9. Ensure the system reflects its values of person-centeredness, cultural competence, trauma-informed approaches
10. Encourage and support the efforts of communities to promote high-quality services
11. Partner with tribal nations to increase health equity
12. Diversify and enhance funding for behavioral health
13. Conduct ongoing, system-wide data-driven monitoring of needs and access

HSRI continues to support the state with system change. A list of 140 strategic goals have been established to improve all aspects of the system. In coming years, North Dakota will achieve its vision for a 'good and modern' behavioral health care system through continued collaboration with stakeholders, ongoing system monitoring, and implementation of strategic planning efforts.





Community Behavioral Health Promotion

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS BG previously the SABG)

Substance Misuse Prevention Community Funding Distribution

Early Intervention

Synar

Training and Technical Assistance

Suicide Prevention

Parents Lead

The Substance Abuse Prevention and Treatment Block Grant (SUPTRS BG) program (through the Substance Abuse and Mental Health Services Administration [SAMHSA]) provides funds and technical assistance to all states and territories.

North Dakota's Department of Health & Human Services', Behavioral Health Division utilizes the funds to plan, implement, and evaluate activities supporting the full continuum of care related to substance misuse.

The purpose of the SUPTRS BG is to:

- provide priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery for individuals without insurance that are not covered by Medicaid, Medicare, or private insurance, or for whom coverage is terminated for short periods of time.
- provide primary prevention by supporting universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
- collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.

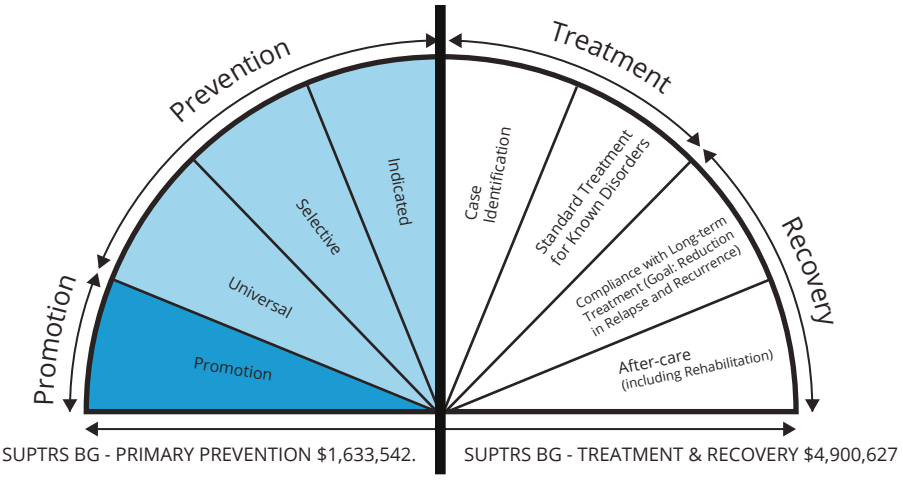
Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)

The SUPTRS BG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act. The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SABG. Title 45 CODE OF FEDERAL REGULATIONS Part 96 was published on March 31, 1993, and The Tobacco Regulations for Substance Abuse Prevention and Treatment Block Grant; Final Rule, 61 FEDERAL REGISTER 1492 was published on January 19, 1996.

SAMHSA requires that grantees spend no less than 20% of their SUPTRS BG allotment on substance misuse primary prevention strategies. These strategies are directed at creating an environment that promotes the health and wellbeing of individuals and communities which prevents problems before they occur – and cannot be directed at individuals identified to be in need of treatment.

FUNDING

Department of Health and Human Services' Behavioral Health Division Policy Team receives approximately $6,534,169 per year. As of October 2022, approximately $1,633,542 (25%) is allocated to primary prevention.



NORTH DAKOTA GOALS

Increase access to quality substance misuse-related services across the continuum of care.

PREVENTION

- Increase implementation of effective prevention statewide
- Decrease underage drinking
- Decrease adult binge drinking and related consequences
- Decrease opioid misuse and related consequences

TREATMENT/RECOVERY

- Increase evidence-based treatment and recovery support services, with a priority on high-risk populations:
  - Pregnant women and women with dependent children
  - Individuals using drugs intravenously
  - Adolescents



ACTIVITIES

PREVENTION

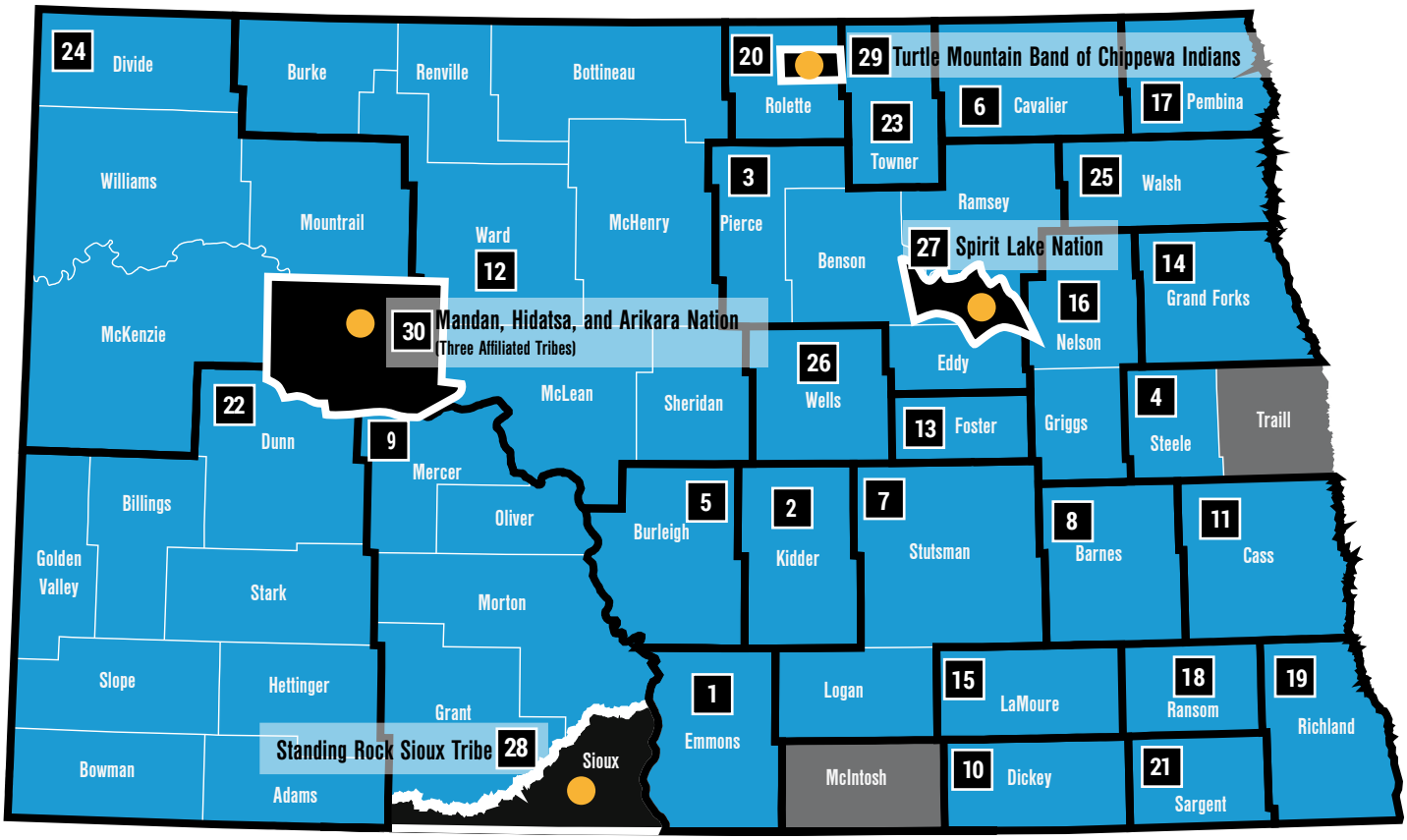
- Training and technical assistance
- Community and tribal alcohol and other drug prevention programs across the state
- Underage drinking prevention efforts, including Parents Lead
- Adult binge drinking prevention efforts, including the Speak Volumes campaign
- Opioids Fill With Care
- DUI education program licensing; provider certification
- Minor in possession education provider certification
- Synar program (youth tobacco enforcement)

TREATMENT/RECOVERY

- Public program funding
- Special Populations
  - Youth Residential Services Program
  - Pregnant and Parenting Women
  - Tribal programs
- Recovery
  - Recovery Talk program
  - Mobile outreach program
  - Peer support development
- Withdrawal Management
- Workforce Development
- Call Kay

Substance Misuse Prevention Community Funding Distribution

NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES' BEHAVIORAL HEALTH DIVISION



Local Public Health Units

1. Emmons County *(Custer Health Collaborative)*
2. Kidder County *(Custer Health Collaborative)*
3. Lake Region District Health Unit
4. Steele County Public Health Department
5. Bismarck-Burleigh Public Health
6. Cavalier County Health District
7. Central Valley Health Unit
8. City-County Health Department
9. Custer Health
10. Dickey County Health District
11. Fargo-Cass Public Health Unit
12. First District Health Unit
13. Foster County Health Department
14. Grand Forks Public Health Unit
15. LaMoure County Public Health Department
16. Nelson-Griggs District Health Unit
17. Pembina County Health Department
18. Ransom County Public Health
19. Richland County Health Department
20. Rolette County Public Health Unit
21. Sargent County District Health Unit
22. Southwestern District Health Unit
23. Towner County Public
24. Upper Missouri District Health Unit
25. Walsh County Health Department
26. Wells County District Health Unit

Tribes

27. Spirit Lake Nation
28. Standing Rock Sioux Tribe
29. Turtle Mountain Band of Chippewa Indians
30. Manda, Hidatsa, and Arikara Nation (Three Affiliated Tribes)

BG **Substance Use Prevention, Treatment, and Recovery Services Block Grant**
Substance Abuse Prevention Community and Tribal Grants
Total award for October 1, 2022 - September 30, 2023 reporting period: $1,762,500
Priority: Prevention of underage drinking and adult binge drinking

SOR **State Opioid Response Grant (SOR) Community Implementation Grant**
Total SOR award for Federal Fiscal Year 2022: $4,000,000
Priority: Prevention, harm reduction, treatment, and recovery related to opioid and stimulant use and misuse

Early Intervention

Early intervention strategies identify individuals at risk for or showing the early signs of a disorder with the goal of intervening to prevent progression.

Research suggests that investing in early intervention services can contribute to a reduction in health care costs and help ensure the improved health and well-being of individuals. Early initiation of problem behavior and involvement in the criminal justice system is a risk factor for substance misuse and related consequences. Therefore, ensuring that this population is receiving evidence-based early intervention services is important in preventing further problems.



Minor In Possession Early Intervention

The Department of Health and Human Services Behavioral Health Division is authorized to certify **Minor in Possession (MIP) instructors** (NDCC 50-06-44) in an effort to:

- prevent the onset of substance use disorders (SUD) among youth who do not yet meet criteria for SUD, but are exhibiting early warning signs
- increase capacity of the workforce
- increase access to evidence-based early intervention services

As of December 1, 2022, there are 26 certified MIP education instructors.

Minor In Possession (MIP) Early Intervention Classes		
	July 2020 – June 2021*	July 2021 – June 2022**
Total classes taught	406	158
Total participants who completed the class	808	265
Total repeat participants	22	9

**ND law required individuals with a MIP to participate in an early intervention education course provided by a certified provider.*

***As of August 1, 2021, ND law changed to not require individuals with a MIP to participate in an early intervention education course provided by a certified provider.*

Driving Under the Influence Early Intervention

The Behavioral Health Division licenses ASAM 0.5 Driving Under the Influence (DUI) Seminar Programs (NDCC 50-31) and certifies the instructors who teach these evidence-based classes.

As of December 1, 2022:

43 DUI programs are licensed

55 DUI instructors are certified

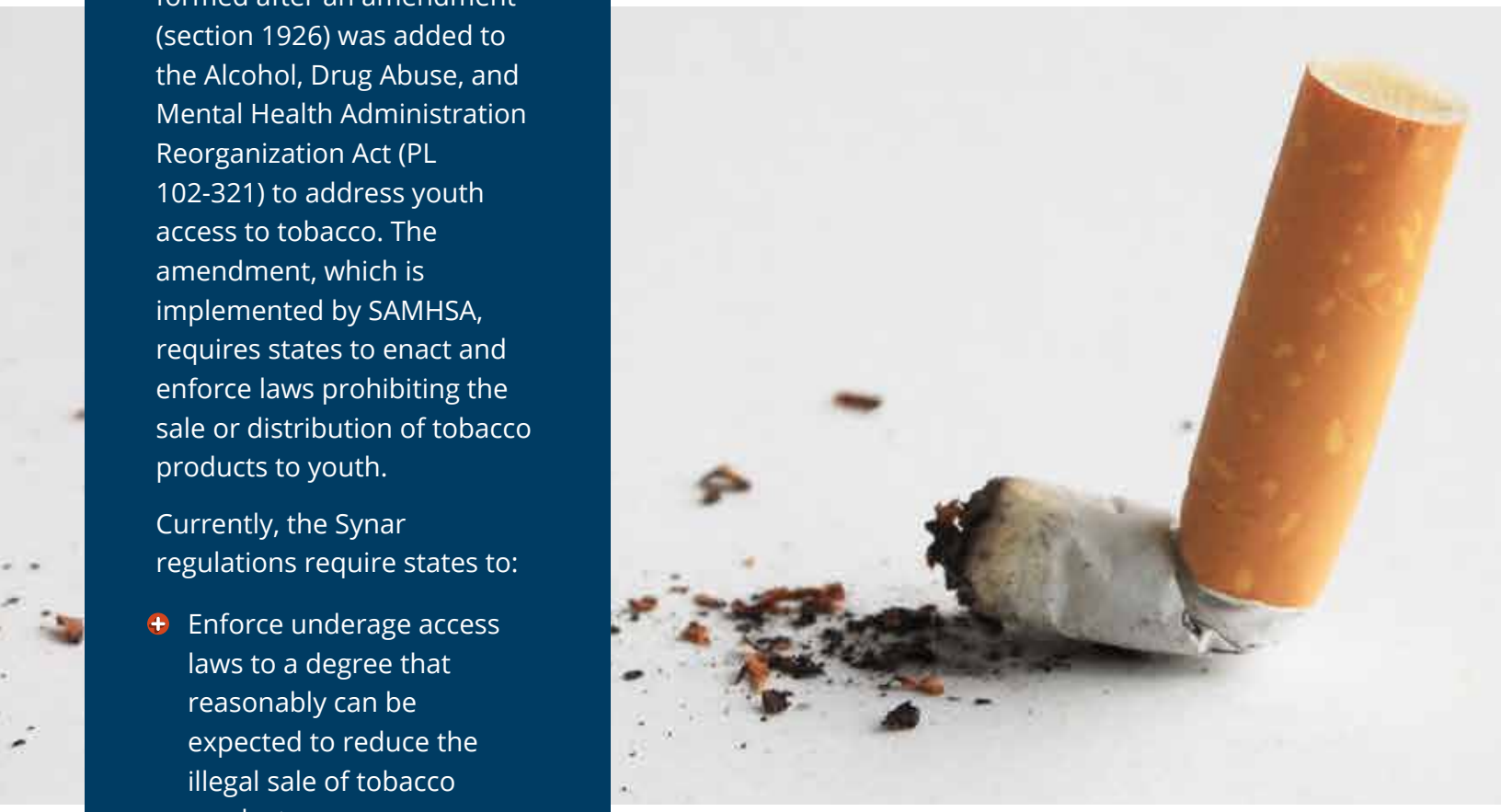
Synar

WHAT IS SYNAR?

The Synar regulation was formed after an amendment (section 1926) was added to the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (PL 102-321) to address youth access to tobacco. The amendment, which is implemented by SAMHSA, requires states to enact and enforce laws prohibiting the sale or distribution of tobacco products to youth.

Currently, the Synar regulations require states to:

- Enforce underage access laws to a degree that reasonably can be expected to reduce the illegal sale of tobacco products
- Conduct annual, unannounced inspections that provide a valid probability sample of tobacco sales outlets accessible to minors
- Maintain tobacco retailer violation rate to 20% or less (a violation refers to youth being able to purchase tobacco products)
- Submit an annual report detailing activities to enforce the law



WHAT IS THE LEGAL AGE TO PURCHASE TOBACCO?

The PL 116-94 Appropriations Bill signed into law by the President on December 20, 2019 increased the minimum age for purchasing tobacco products from 18 to 21. This legislation (known as "Tobacco 21" or "T21") was effective immediately which made it illegal to sell any tobacco product—including cigarettes, cigars, and e-cigarettes—to anyone under 21. The new federal minimum age of sale applies to all retail establishments and persons with no exceptions. Because of the federal changes, SAMHSA has updated its guidance document for the Synar program to increase the minimum age to 21 and requires states to enforce the new age requirement of 21.

WHY IS SYNAR IMPORTANT TO NORTH DAKOTA?

States must comply with the Synar Amendment to receive the full Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) award. Specifically, if the violation rate is greater than 20%, the state could lose up to 10% of this funding. ND's Department of Health & Human Services' Behavioral Health Division receives approximately $6,534,169 annually; a 10% loss would equal $653,417. North Dakota's violation rate in 2022 was 18.9% which is a significant increase from 5.7% in 2020.

IS SYNAR EFFECTIVE?

While the national weighted average retailer violation rate (RVR) for the 50 states and the District of Columbia (weighted by state population) was 40.1% in FY 1997, the RVR has steadily fallen since then to 9.6% in FY 2018 meaning less retailers are selling tobacco to our youth.

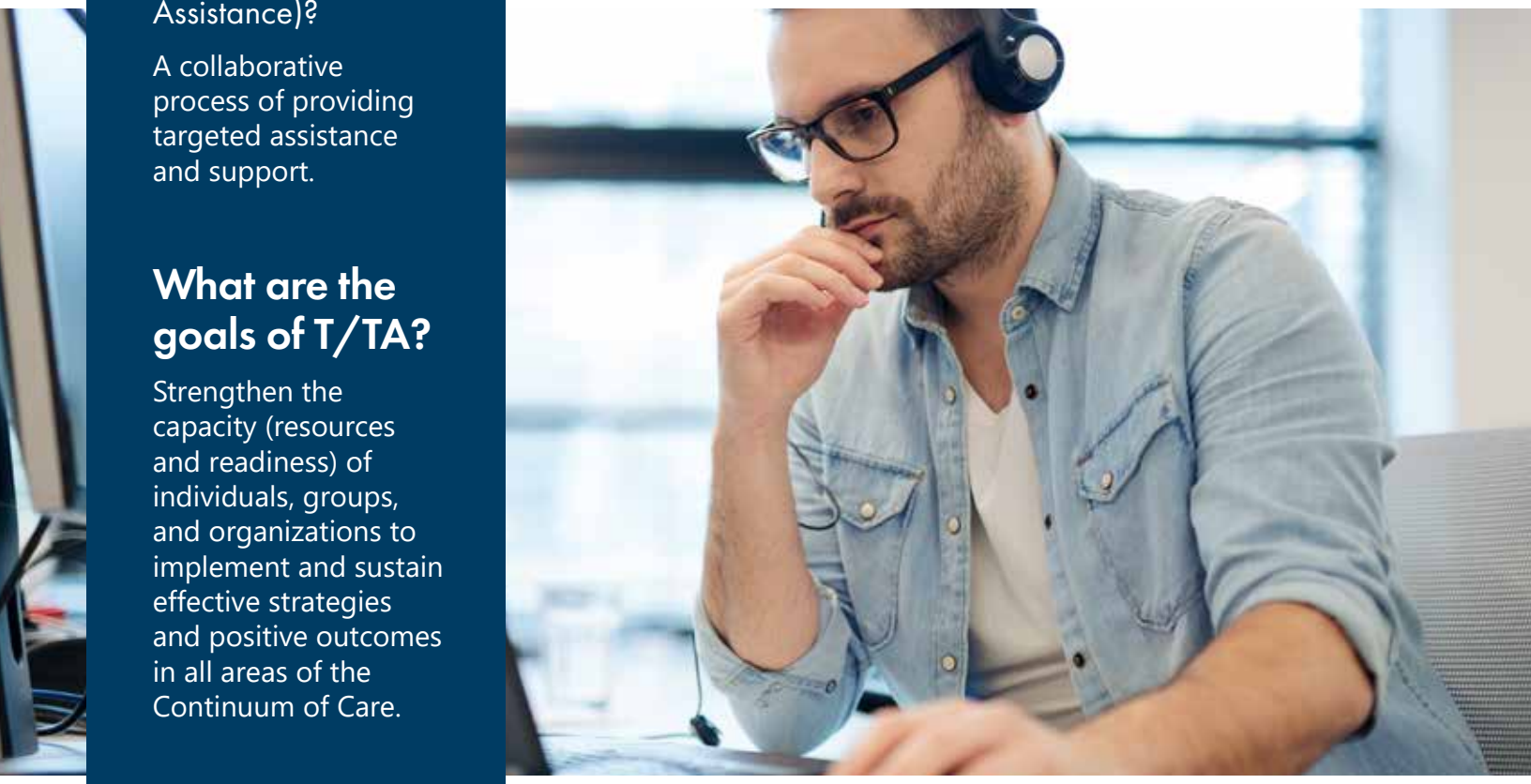
Recent research shows the enforcement of youth access laws through the Synar program is directly responsible for a portion of the decline in youth smoking rates. The Synar program has also contributed to a decline in the percentage of youth smokers who report retail sources as their usual source of tobacco products. At the same time, tobacco use among youth has been declining. According to the 2021 North Dakota Youth Risk Behavior Survey, the percentage of high school students reporting current cigarette use dropped from 40.6% in 1999 to 5.9% in 2021.

WHAT CAN WE DO?

Active enforcement of youth tobacco access laws is an important component of a comprehensive youth tobacco prevention program and leads to reductions in youth smoking. All efforts to reduce youth tobacco access should be combined with other efforts to reduce youth tobacco use. We need to:

- Collaborate (creation of a youth access tobacco group/committee).
- Enforce youth tobacco access laws – statewide enforcement.
- Mobilize the community to reduce minors' access by implementing local efforts.
- Create stronger restrictions/policies on retailer sales of tobacco products.
- Educate retailers (letters and packets to all establishments along with training opportunities).
- Increase the price of tobacco products.
- Implement mass media campaigns.

Training & Technical Assistance



What is T/TA (Training and Technical Assistance)?

A collaborative process of providing targeted assistance and support.

What are the goals of T/TA?

Strengthen the capacity (resources and readiness) of individuals, groups, and organizations to implement and sustain effective strategies and positive outcomes in all areas of the Continuum of Care.

How is T/TA Delivered?

- In-person training
- Consultations
- Online events
- Collaboration and resource sharing
- Information dissemination
- Statewide and national meetings

Are you…

- Unsure of how to assess the issues within your community?
- Attempting to identify the best solution to a community problem?
- Trying to write a strategic plan for a prevention effort, recovery program or treatment initiative?
- Looking for how other communities accomplished a particular strategy?
- Dealing with low capacity, awareness or readiness within your community or organization?

The ND T/TA team can assist with all of these and more!

The North Dakota Behavioral Health Division's Training and Technical Assistance Team strives to be accessible, responsive, comprehensive, effective and sustainable.

The Behavioral Health Division Training and Technical Assistance Team can offer information and support through a wide variety of topics and resources.

TOPICS

- Data collection and assessment
- Strategic planning
- Evidence-based prevention, treatment and recovery policies, programs and practices
- Comprehensive implementation
- Capacity building
- Cultural competency
- Sustainability
- Evaluation
- Data-driven decision-making
- North Dakota Century Code
- Subcontracting
- Risk and protective factors
- Media campaigns and promotion

RESOURCES

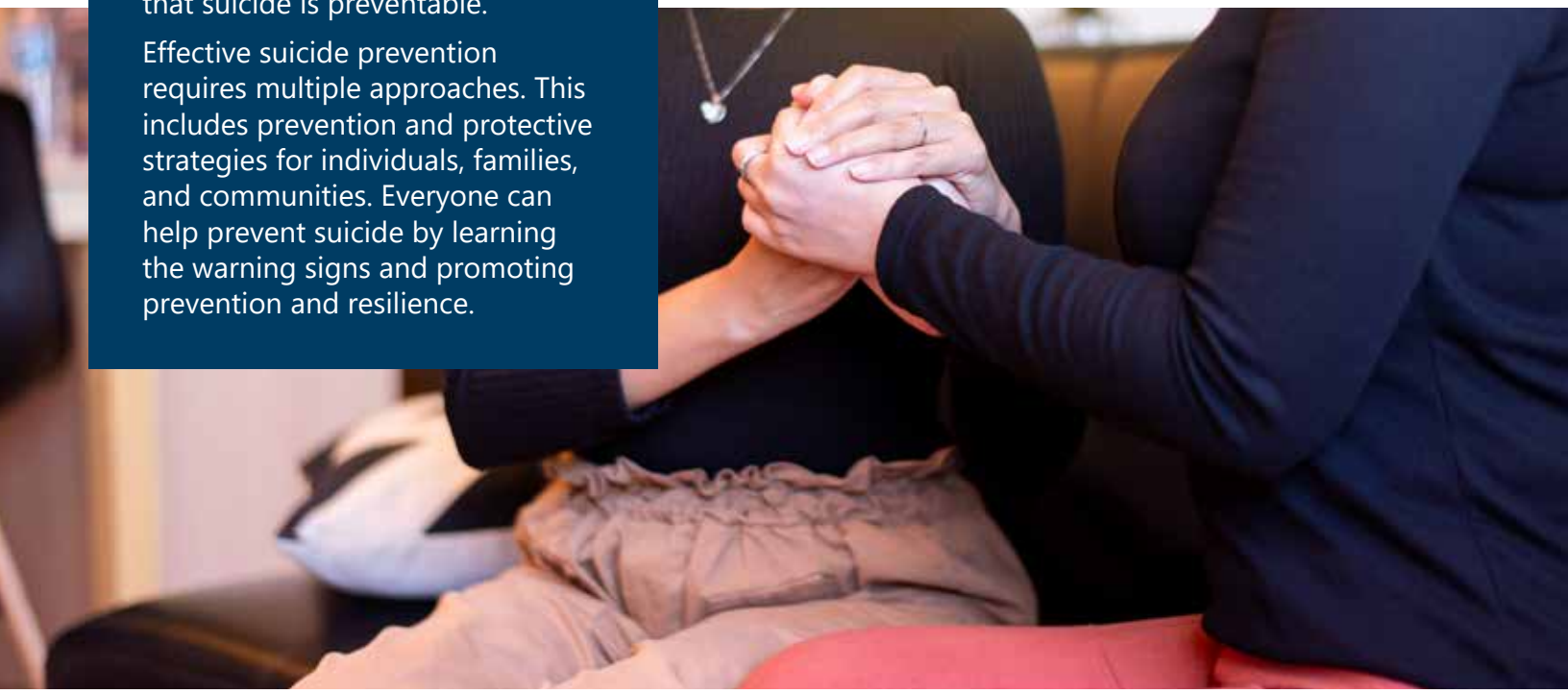
- Recorded training events
- Webinars
- Guidance documents on evidence-based strategy implementation
- Training videos
- Sample policies
- Sample Memorandums of Understanding (MOUs) and subcontracting documents
- Marketing Tools
- Community Success Stories
- Access to resources through the Behavioral Health website and the Prevention Resource and Media Center (PRMC)



Suicide Prevention

Suicide is a serious public health problem that can have long-lasting effects on individuals, families, and communities. The good news is that suicide is preventable.

Effective suicide prevention requires multiple approaches. This includes prevention and protective strategies for individuals, families, and communities. Everyone can help prevent suicide by learning the warning signs and promoting prevention and resilience.



NORTH DAKOTA INITIATIVES

988 Suicide and Crisis Lifeline

988 is a new three-digit emergency number for behavioral health crises. 988 officially launched on July 16, 2022 and is accessible 24/7, anywhere in the United States.

When a North Dakota resident calls 988, a trained member of the state's Lifeline crisis center, FirstLink, answers. FirstLink staff listens to the caller, provides support, and shares resources if needed. If additional support is needed, FirstLink connects the person to their local Human Service Center's mobile crisis team.

Resources and Technical Assistance

Communities

Training provided to Free Through Recovery and Community Connect providers around suicide prevention strategies

Training opportunities for the public

- ND Behavioral Health and Children and Family Services Conference
- Monthly wellness webinars

Schools

Behavioral Health in Education: Resources and Opportunities (B-HERO) Technical Assistance Center

Virtual Behavioral Health Professional Development (Kognito)

Toolkits

Parents

Parents Lead provides parents and caregivers with a wide variety of tools and resources to support them in creating a safe environment for their children that promotes behavioral health.

Suicide Prevention Grant Program

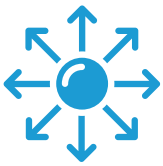
A Request for Proposals was posted September 2021. Six community partners were awarded funds to expand suicide prevention efforts through June 2023, specifically targeting the following best practices:



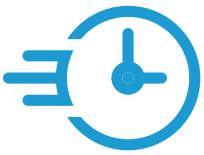
Identify and Assist Persons at Risk



Ensure Access to Effective Mental Health and Suicide Care and Treatment



Support Safe Care Transitions and Create Organizational Linkages



Provide for Immediate and Long-Term Postvention

GRANTEE	GOALS
American Federation for Suicide Prevention	Provide Safeside Primary CARE Training to physicians, advanced care professionals and nursing staff.
City of Grand Forks Police Department	Implement the Columbia-Suicide Severity Rating Scale; review and revise policy directives related to calls for individuals experiencing a mental health crisis.
F5 Project	Utilize Columbia-Suicide Severity Rating Scale as an assessment tool and engage intervention protocols.
FirstLink	Provide training in SafeTALK to community members at no cost and provide suicide risk assessment screening for those calling 988 or 211.
McKenzie County Community Coalition	Implement suicide prevention and postvention policies in local schools and businesses along with referral paths.
Youthworks (Mountain Plains)	Review, revise and implement policy for suicide prevention, both at an agency-wide level and at a programmatic level for the Short-Term Care and Assessment Centers.

PARENTS LEAD.ORG

Parents Lead

Parents Lead is an evidence-based prevention program that provides parents and caregivers with a wide variety of tools and resources to support them in creating a safe environment for their children that promotes behavioral health.

The parent-child relationship is essential to the development and well-being of children. In fact, healthy bonding and attachment between parent and child is one of the biggest factors preventing behavioral health issues like underage drinking, drug use, depression, and anxiety.



Research continually shows when parents engage in **ongoing conversations**, **positive role-modeling**, **effective monitoring** and **support** children are less likely to develop behavioral health issues like substance abuse, depression, anxiety, and suicidal thoughts.

Of parents exposed to Parents Lead, positive outcomes are seen in the four protective factors:

Ongoing Conversations
72% report having more conversations with their child about behavioral health.

Positive Role-Modeling
76% report role modeling responsible behaviors with their child.

Effective Monitoring
63% are more invested in monitoring their children.

Support and Engagement
64% report spending more quality time with their child.

A North Dakota Behavioral Health Initiative

2022 Pacific Institute for Research and Evaluation (PIRE) Parents Lead Survey results

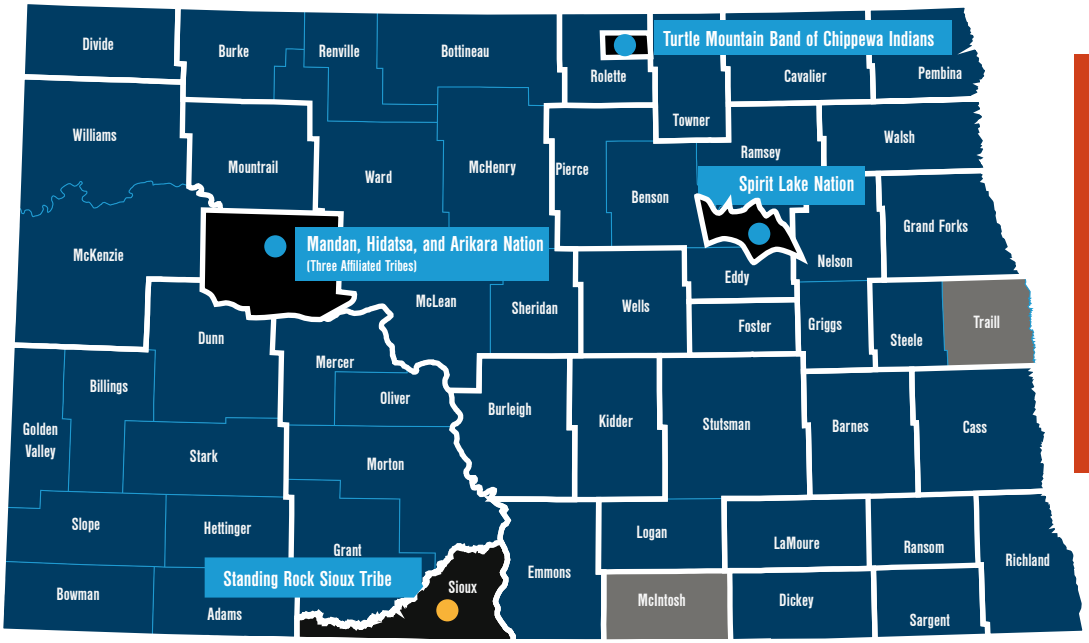




88% who accessed Parents Lead found the information to be helpful.



96% of individuals would recommend Parents Lead to a friend.



Local implementation of Parents Lead is occurring in 51 of the 53 counties and 4 federally recognized tribes.

Statewide Communication

In 2022 over 2,500 Parents Lead Resources were distributed at the North Dakota State Fair.

The Parents Lead statewide media campaign has resulted in 51.3 million impressions by mass media, online displays, social media, online videos, and digital radio.

(October 2021-Sept 2022)

Parents Lead Funding Sources

- State General Funds: $200,000 for 2021-2023 biennium.
- Department of Transportation NHTSA grant: $50,000 in FFY 2022
- SAMHSA Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) Prevention dollars up to: $342,000 in FFY 2022



Children's Behavioral Health

Behavioral Health in Schools

Children's Behavioral Health Prevention and Early Intervention Pilot Grant

School Behavioral Health Grant

Behavioral Health in Education Resources and Opportunities Technical Assistance Center (B-HERO)

Kognito

Treatment Collaborative for Traumatized Youth (TCTY)

Voluntary Treatment Program (VTP)

Psychiatric Residential Treatment Facilities (PRTFs) for Children Licensure

Parent to Parent

System of Care (SOC) Grant

Behavioral Health and Education System Integration – The Basics

LANGUAGE MATTERS

The behavioral health system and education system speak different languages.

WHAT IS BEHAVIORAL HEALTH?

A state of mental/emotional being and/or choices and actions that affect wellness.

Examples are:

- Preventing and treating depression and anxiety
- Preventing and treating substance use disorder or other addictions
- Supporting recovery
- Creating healthy communities
- Promoting overall well-being

Behavioral health needs are not synonymous with...

- the special education needs identified through an Individualized Education Program (IEP)
- school safety issues

Considerations for Integration of Behavioral Health and Education

What systems are needed for schools to identify behavioral health needs?

LEARNING AND BEHAVIOR

Education Multi-Tier System of Supports (MTSS)

Universal Interventions (academics and behavior)	Targeted Group Interventions (academics and behavior)	Intensive Individual Interventions (academics and behavior)
Tier I (80% of population)	**Tier II** (15% of population)	**Tier III** (5% of population)

BEHAVIORAL HEALTH/WELLNESS (Mental Illness and Substance Misuse)

Behavioral Health Continuum of Care

Promotion and Primary Prevention	Early Intervention	Treatment	Recovery
Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem or preventing death.	These strategies identify those individuals at risk for or showing the early signs of a disorder with the goal of intervening to prevent progression.	These clinical services are for people diagnosed with a behavioral health disorder.	These services support individuals' abilities to live meaningful, productive lives in the community.

Schools report feeling pressured to becoming behavioral health experts and providers. It is important that the needed behavioral health services are being provided by the appropriate behavioral health clinician for liability and billing reasons.

BEHAVIORAL HEALTH PROFESSIONAL TIERS (NDCC 25-01-01)

The tiered system for behavioral health professionals in North Dakota was established in 2017 by the 65th Legislative Assembly and is found in Chapter 25-01-01 of the ND Century Code. The intent of the tiered system was to establish a basic ranking of behavioral health professionals (both licensed and unlicensed) based on education and scope of practice.

Tier 1 mental health professional

A tier 1a mental health professional is

- a psychiatrist licensed under chapter 43-17 (PHYSICIANS AND SURGEONS)
- a psychologist licensed under chapter 43-32 (PSYCHOLOGISTS)

A tier 1b mental health professional is

- a licensed physician or a physician assistant licensed under chapter 43-17 (PHYSICIANS AND SURGEONS)
- an advanced practice registered nurse licensed under chapter 43-12 (NURSE PRACTICES ACT)

Tier 2 mental health professional

A tier 2a mental health professional is an independent clinician who is

- a licensed independent clinical social worker licensed under chapter 43-41 (SOCIAL WORKERS)
- a licensed professional clinical counselor licensed under chapter 43-47 (COUNSELORS)
- a licensed marriage and family therapist licensed under chapter 43-53 (MARRIAGE AND FAMILY THERAPY PRACTICE)

A tier 2b mental health professional is

- an addiction counselor licensed under chapter 43-45 (ADDICTION COUNSELORS)
- a registered nurse licensed under chapter 43-12 (NURSE PRACTICES ACT)

Tier 3 mental health professional

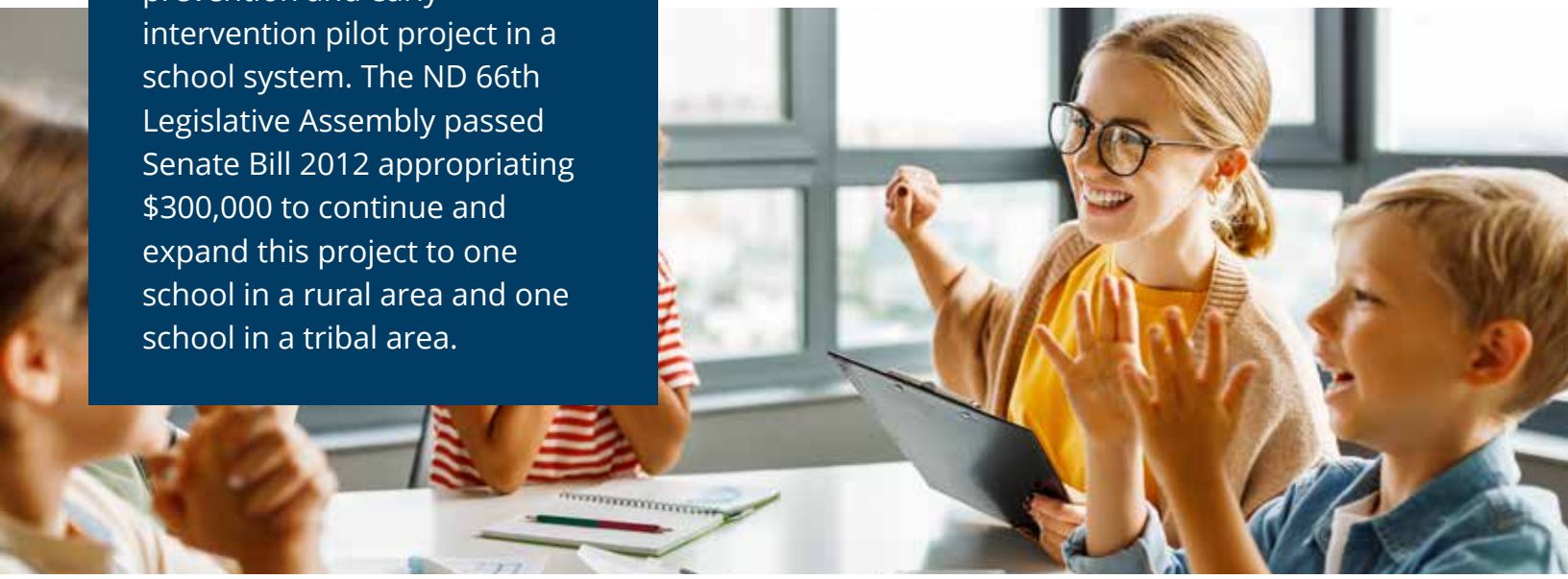
- a licensed associate professional counselor licensed under chapter 43-47 (COUNSELORS)
- a licensed certified social worker licensed under chapter 43-41 (SOCIAL WORKERS)
- a licensed professional counselor licensed under chapter 43-47 (COUNSELORS)
- an associate marriage and family therapist licensed under chapter 43-53 (MARRIAGE AND FAMILY THERAPY PRACTICE)
- an occupational therapist licensed under chapter 43-40 (OCCUPATIONAL THERAPISTS)
- a licensed practical nurse licensed under chapter 43-12 (NURSE PRACTICES ACT)
- a behavior analyst licensed or registered under chapter 43-32 (PSYCHOLOGISTS)
- a vocational rehabilitation counselor practicing under chapter 50-06.1 (VOCATIONAL REHABILITATION)
- a school psychologist
- a human relations counselor

Tier 4 mental health professional

- Direct care associate or technician

The ND 65th Legislative Assembly passed House Bill 1040 appropriating $150,000 to the Department of Health & Human Services for the purpose of establishing a children's behavioral health prevention and early intervention pilot project in a school system. The ND 66th Legislative Assembly passed Senate Bill 2012 appropriating $300,000 to continue and expand this project to one school in a rural area and one school in a tribal area.

Children's Behavioral Health Prevention and Early Intervention Pilot Grant



Goal of the project

To demonstrate improvement to children's behavioral health in a school setting and identify how a fully integrated continuum of support could look in various schools throughout North Dakota.

OCTOBER 2018
Simle Middle School awarded initial funding

FALL 2020
Simle Middle School created a workbook outlining step-by-step implementation process for new grantees to utilize

AUGUST 2020
Invitation to apply for other eligible schools in ND

OCTOBER 2020
Dunseith and Barnes County North Public Schools awarded awarded $75,000 each

Support is provided to students based on identified need, emphasizing prevention and early intervention. Examples of services provided in the pilot include:

- School-wide positive behavioral supports
- Whole class lessons on behavioral health topics
- Individual counseling and/or social skills sessions for students at risk
- Culturally sensitive staff development
- Contract with outside mental health professionals to deliver mental health services within the school setting

What are the schools saying?

Dunseith Public School

Since receiving the grant we have seen a decrease in office referrals. We have also seen a decrease in severe behaviors. Another positive aspect is we have more students engaging in positive behavior, such as holding the door open, saying thank you, etc...

Kerry Azure, Elementary Principal

Barnes County North Public School

We are so grateful to have the opportunity to work with the North Dakota Department of Health & Human Services - Behavioral Health Division to provide the necessary behavioral health supports for our students. The funding they have provided through the grant has allowed us to bring in a mental health provider for our students, so they don't have to spend a half day or full day out of our building.

Danielle Bosse, Elementary Principal

The ND 66th Legislative Assembly passed Senate Bill 2012 appropriating general fund dollars for the purpose of providing behavioral health services and support grants to school districts to address student behavioral health needs.

School Behavioral Health Grant



PROJECT GOAL

Identify and address gaps along the behavioral health continuum of care. This includes:

- identifying prevention and early intervention services
- supporting clinical or treatment services
- filling gaps in service coverage

Grant funds cannot be used where reimbursement or funding is available.

ELIGIBLE APPLICANTS

Applications are accepted from North Dakota public or private elementary or secondary schools which meet the following criteria:

- Utilized ND State Medicaid reimbursement during the previous school year.
- Submit a plan to the Behavioral Health Division Policy Team detailing collaboration with other regional school districts regarding student behavioral health needs and the use of grant funding to develop student behavioral health interventions.

2021-2023 biennium appropriation: $3,000,000

2022-2023 SCHOOL YEAR

25 school districts and special education units are eligible to apply.

- As of January 18, 2023, 15 eligible districts/special education units have been approved for funding totaling $1,023,909.44.

To ensure all eligible districts and units are able to apply for funding for behavioral health needs of students during the 2022-2023 school year, eligible funding amounts determined by the previous school year Medicaid billing amount was reduced by 50%.

- Amount billed to Medicaid by eligible schools during the 2021-2022 school year: $2,486,851.

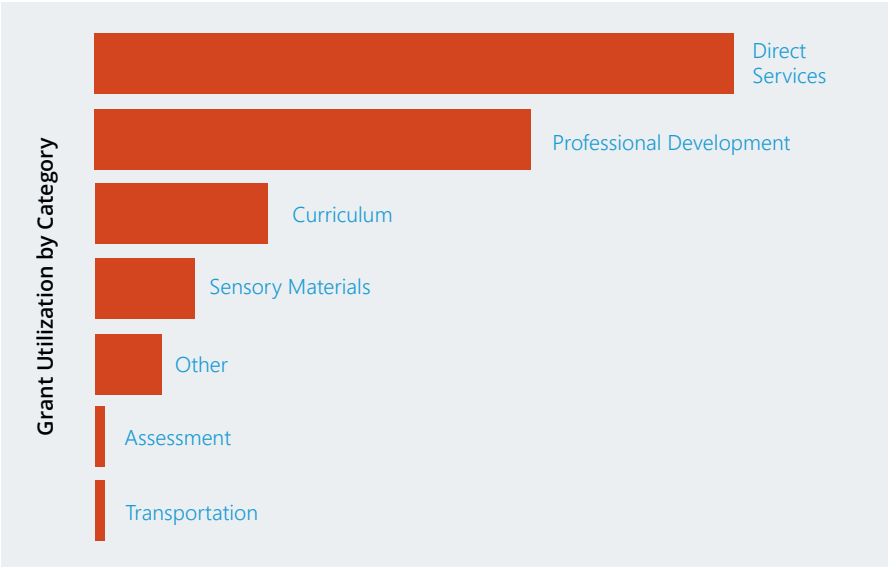
2021-2022 SCHOOL YEAR

18 ND school districts or special education units received funding. These entities received a total of $1,724,864.95 to use towards the behavioral health needs of students.

They include:

- Bismarck Public Schools
- Carrington School District
- Dickinson Public Schools
- East Central Special Education Unit
- Fargo Public Schools
- Grand Forks Public Schools
- James River Special Education Unit
- Jamestown Public Schools
- Lake Region Special Education Unit
- Mandan Public Schools
- Minot Public Schools
- New Rockford Sheyenne District
- Oliver-Mercer Special Education Unit
- Rural Cass Special Education Unit
- Sheyenne Valley Special Education Unit
- South Valley Special Education Unit
- Wahpeton Public Schools
- West Fargo Public Schools

Approved Funding Categories



Examples:

Direct Services – Therapy / Clinical Counseling– for students with no insurance or to cover co-pays, BCBA contracts/consults, skill-based intervention groups, Extended Year SEL Summer programming

Professional Development – Safety Care, STAR program, Nonviolent Crisis Intervention, ONEder Academy Training, Collaboration with Tier 2/3 Clinical Providers, Consultation with Clinical Psychologist

Curriculum – Second Step Curriculum, STAR Program/Media, Crisis Prevention Institute -workbooks/materials, Zones of Regulation, Conscious Discipline

Sensory Materials – Flexible seating, fidgets

Assessments – Social-Language Development Test, BRIEF reporting forms, SEL surveys for students/adults



BEHAVIORAL HEALTH IN EDUCATION

Resources and Opportunities Technical Assistance Center (B-HERO)

Behavioral Health Resource Coordinator Support

The ND 66th Legislative Assembly passed Senate Bill 2149, which established the requirement for each school within a district to designate an individual as a Behavioral Health Resource Coordinator, and Senate Bill 2313, which required the Department of Health and Human Services' Behavioral Health Division to provide resources on mental health awareness and suicide prevention to the Behavioral Health Resource Coordinators.

In November 2020, the Behavioral Health Division awarded a contract to the Central Regional Education Association (CREA) – one of 7 regional education associations within North Dakota – to provide resources, information, and support to school Behavioral Health Resource Coordinators (BHRCs). As a result, the Behavioral Health in Education: Resources and Opportunities (B-HERO) Technical Assistance Center was formed.

Who is B-HERO?

A group of educators and advocates passionate about the importance of behavioral health in North Dakota schools and communities.

We provide access to:

- **Trainings**
- **Technical Assistance**
- **Opportunities**

We want to help:

- **Stop the Stigma**
- **Build Healthier Schools**
- **Avoid Burnout**

Since inception in Spring of 2021, B-HERO has disseminated weekly communications to the 365 unique BHRCs throughout the state and has supported 135 educators through technical assistance and BHRCs communities of practice. Through its weekly messaging, B-HERO has focused on providing evidence-based resources aimed at supporting behavioral health, and has told the stories of programs and services that work in North Dakota schools.

Overall, B-HERO has reached dozens of schools in North Dakota in the past two years through training offerings, including upwards of 650 educators.

Since the 2021-2022 school year, B-HERO has implemented and supported the following endorsed training opportunities to BHRC and other educators throughout the state on a variety of topics, including:

Suicide Prevention & Intervention

- Sources of Strength
  - To date, 5 new schools have implemented Sources of Strength while 8 others have been supported in recalibration efforts. In total, 167 students and 65 school staff members have received training in Sources of Strength.
- Question, Persuade, Refer Suicide Prevention Gatekeeper Training
  - Since Spring of 2022, over 55 ND educators have received QPR Training.

Relationship Building & Dropout Prevention

- Harvard Relationship Mapping Protocol
  - Upwards of 30 educators have received training in the Relationship Mapping protocol.
- B-HERO Endorsed Relationship Building Strategies
  - Since the start of the 2022-2023 school year, 130 educators have received all or a portion of this training.
- Check & Connect
  - Since fall of 2021, 4 schools have implemented a dropout intervention program.

Trauma

- Trauma-Sensitive Schools: A New Perspective on Student Behavior and Learning
  - Since June of 2021, B-HERO has facilitated Trauma Sensitive Schools Training for over 180 educators, with 38 receiving certification to deliver the professional learning curriculum. 10 of those trainers are BHRCs.
  - During the current school year, B-HERO is facilitating this training for over 150 educators, with 57 in progress to receive certification to deliver the professional learning curriculum in their school buildings. 11 of those upcoming trainers are BHRCs.

School Crisis Prevention & Intervention

- PREPaRE School Crisis Prevention & Intervention Training
  - Since Spring of 2022, 5 unique school teams have participated.

To learn more about B-HERO and to explore the resources the technical assistance center provides and endorses, visit www.b-hero.org.

Virtual Behavioral Health Professional Development – Education System (Kognito)

Kognito is an online, role-playing simulation for educators that builds awareness, knowledge, and skills about mental health and suicide prevention, and prepares users to lead real-life conversations with students to build resilience, strengthen relationships, and connect them with support.

The Department of Health & Human Services' Behavioral Health Division is offering these simulations to all North Dakota school personnel at no cost through the 2023-2024 school year.



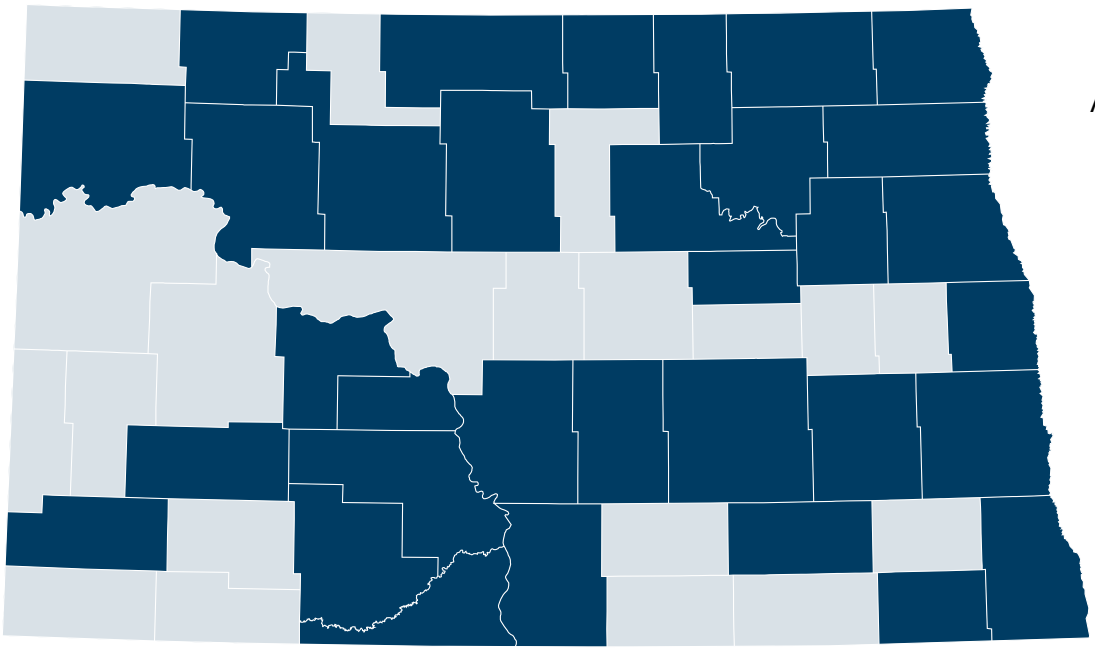
Kognito is for all school personnel in K-12 public, private, tribal schools, and special education units in ND including, but not limited to teachers, support staff, custodians, paraprofessionals, district leaders, administrators, etc. Kognito is also available to student teachers attending ND accredited teacher preparation programs.

Modules are available at the elementary, middle and high school levels. Users can complete the 45–60 minute interactive, evidence-based modules at their own pace and receive feedback in real time.

Module Objectives

- Increase knowledge and awareness about child/adolescent/teen mental health and suicide
- Identify warning signs of psychological distress
- Increase knowledge and awareness about bullying and cyberbullying
- Build skills in leading conversations with students in distress, discuss concerns, build resilience, and increase connectedness
- Assess the need for referral, motivate a student to seek help, and make a warm hand-off to support
- Understand school's specific support services and availability

Usage & Staff Activity



**Blue represents at least one activation by a staff member per county*

As of December 2022,

- 813 activations (started a module)
- 134 schools or special education units have utilized Kognito
- 32 counties have at least one school utilizing Kognito

Ratings

98% rated it as Excellent, Very Good, or Good

96% said it was based on scenarios relevant to their experience

93% would recommend it to others

Quotes

What did you like about the training?

"I liked that I was leading the conversation, so that it felt like I was practicing hands on for a situation that could realistically happen in my classroom or with a parent."

"The interactive simulation that you had to choose the best response and if it wasn't correct you were alerted on what you should have done or why it was incorrect."

"I liked the scenarios where I had to think about how I should respond in a situation."

The Treatment Collaborative for Traumatized Youth (TCTY) mission is to enhance the availability of evidence-based mental health treatment for traumatized individuals in North Dakota through implementing evidence-based treatments and building a multidisciplinary collaborative network across the region.
www.tcty-nd.org

Treatment Collaborative for Traumatized Youth (TCTY)



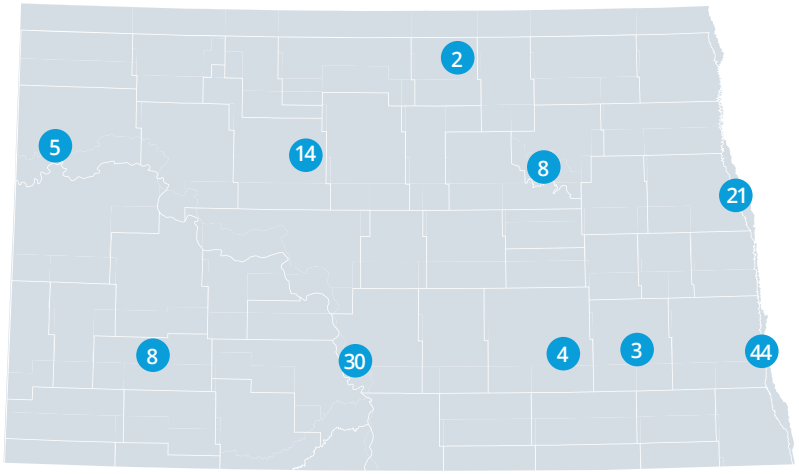
Types of Traumatic Events

- Child sexual abuse
- Adult sexual abuse
- Psychological or emotional abuse
- Physical assault
- Domestic violence
- School or community violence
- Military, war, or political violence
- Child neglect
- Serious or medical injury
- Natural disasters
- Forced displacement
- Witnessing death
- Grief/losing a loved one
- Receiving death threats or harassment
- Being a first responder
- Witnessing assault, abuse, or violence

Activities/Outcomes

The Behavioral Health Division Policy Team has provided funding to Sanford Research North to:

- Maintain the directory of TF-CBT trained clinicians.
- Continue to provide TF-CBT training with up to six months technical assistance
- Continue to serve as point of contact for all TF-CBT efforts.



Number of Centers/Agencies in cities with TCTY Trained Clinician(s)

Trainings

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment for children and adolescents ages 3–18. TF-CBT integrates cognitive behavioral techniques with trauma-specific interventions.

- 2021 – 30 clinicians across 18 agencies attended (23 clinicians rostered)
- 2022 - 42 clinicians across 28 agencies attended (24 clinicians rostered)
- 2023 – training to be held in April
- Approximately 475 clinicians trained since project implementation with approximately 200 of those rostered*

**Rostered means that the clinician completed the TF-CBT training and six months of consultation calls and is rostered to the directory.*

Free Lunch and Learn Opportunities - Hosted learning and consultation sessions with speakers and topics that enhance services for complex trauma survivors

- 13 sessions with a total of 347 people attending

13 other presentations/trainings provided to universities, clinicians, public and private providers and educators.

Consultation Calls

TF-CBT Learning Collaborative (from Spring 2021 training)

- 24 consultation calls

TF-CBT Learning Collaborative (from Spring 2022 training)

- 24 consultation calls

Cognitive Processing Therapy (CPT) Learning Collaborative

- 61 calls; 24 ND clinicians attended; 11 ND clinicians across 10 agencies now certified in CPT

Technical Assistance

Continued engagement with the network through the TCTY listserv

- 54 email communications in 2021
- 57 email communications in 2022

Resources made available through TCTY website

- 109 resources

Launched TCTY Facebook page – August 2021

- 232 social media posts
- Reached over 13,000 individuals

Community Outreach

TCTY hosted a booth at the Carl Ben Eielsen- Indian Education Back to School Night, providing children, parents, and caregivers with resources to assist in Native American Behavioral Health education

Trauma, Resiliency, Native American Mental Health – West Fargo Public School Staff Training (3 trainings)

Data from July 2021 - December 2022

Voluntary Treatment Program (VTP)

The VTP provides out of home treatment services for Medicaid-eligible children with a serious emotional disorder without requiring parents to relinquish custody (NDCC 50-06-06.13). The VTP will pay for maintenance costs of the treatment episode and Medicaid will pay for the treatment costs in accordance with the state plan. Qualified Residential Treatment Providers (QRTPs) and PATH Foster Homes are providers through the VTP.

The goal of the Voluntary Treatment Program is to improve functioning of youth.



ELIGIBILITY

- Up to the age of 18;
- Mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the DSM 5; and
- Functional impairment that substantially interferes with or limits the child's role or functioning in family, school and community activities.

From July 2021-December 2022, the Division received 35 applications (150% increase since previous year). 7 were approved and admitted into a QRTP, 4 were approved and later withdrawn, 5 denied and 19 were withdrawn.

Reasons for approval and later withdrawn (4):

- Did not meet the QRTP level of care determination by Ascend (2)
- Remained at home and were withdrawn by parent/guardian prior to final determination (2)

Reasons for denial (5):

- Not all community based services were utilized (3)
- Did not have a SED or qualifying diagnosis (1)
- Other residential options available (1)

Reasons for withdrawal (19):

- Other placement occurred prior to decision (4)
- Lived/moved out of state (3)
- Youth received additional community support and no longer needed residential care (8)
- Youth was placed under custody of the zone or DJS (4)



	Cost per youth	Length of stay
Youth 1*	79,258.08	6 months
Youth 2	29,789.20	2 months
Youth 3	89,691.84	6 months
Youth 4	43,956.64	3 months
Youth 5	130,997.68	9 months
Youth 6	83,140.60	6 months
Youth 7	49,293.76	4 months
Youth 8	Youth admitted Nov 2022	1 month (this youth still receiving services)

**approved in the 2019-2021 biennium and received services in 2021-2023 biennium.*

$453,424 was authorized in DHHS budget for the 2021-2023 biennium.

As of September 30, 2022 (63% of the biennium) 100% of the allocation has been expended.

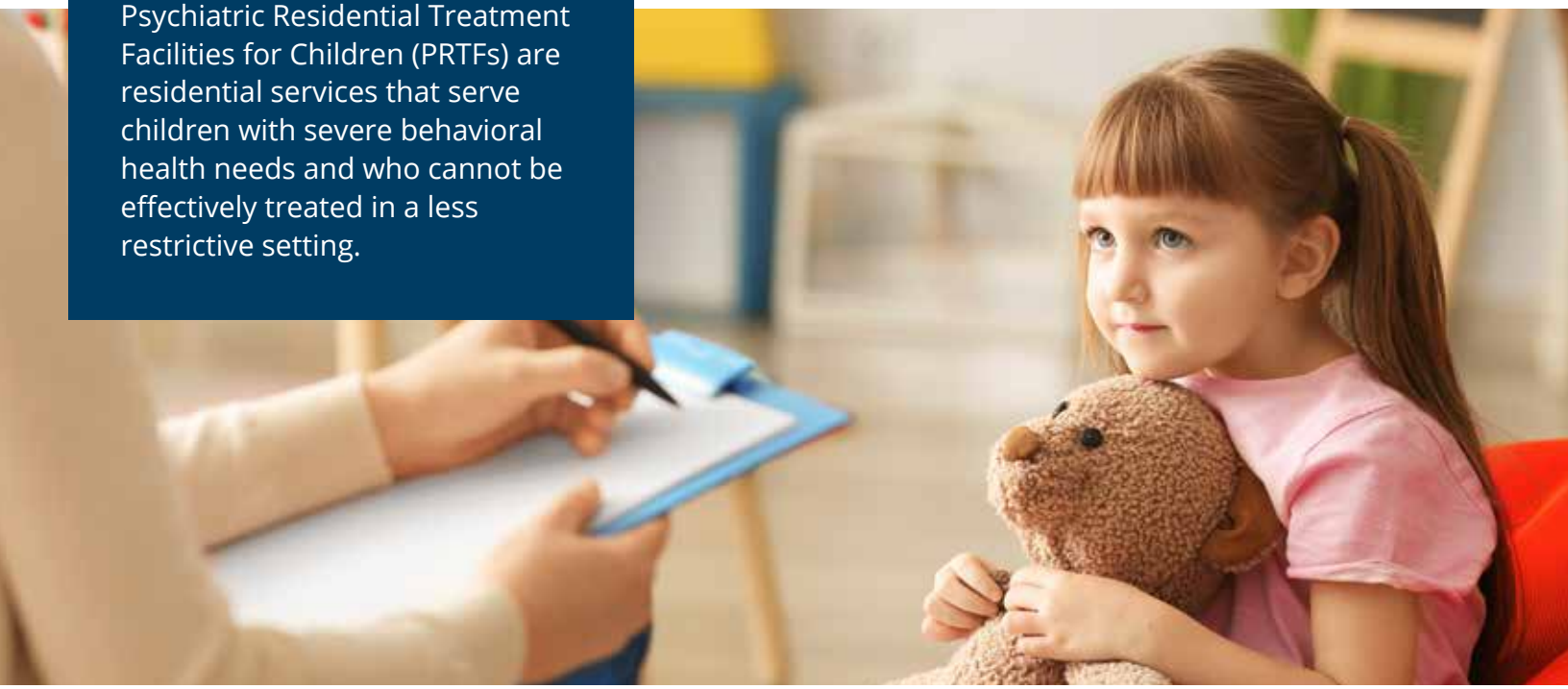
The average cost of a child in a QRTP for 30 days: $14,059 (using only the daily rates of the two QRTPs utilized this biennium)

Of the youth receiving residential services; four youth received services through Home on the Range and four youth received services through Dakota Boys and Girls Ranch.

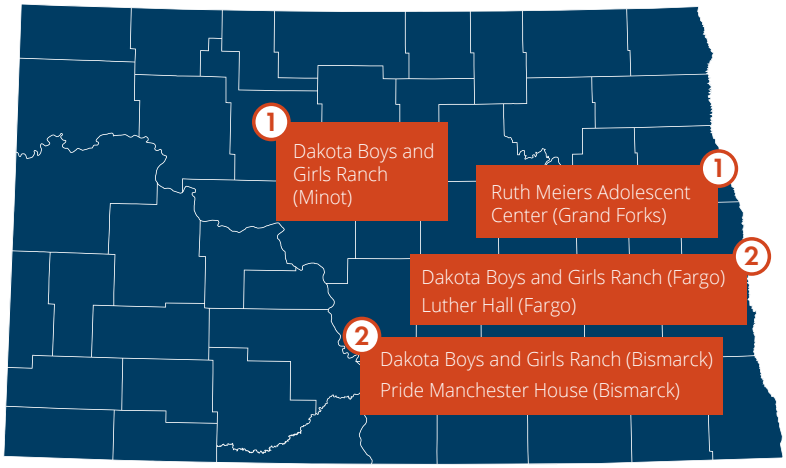
NDCC 25-03.2-02 requires the Department of Health & Human Services to adopt rules and standards for the licensing of Psychiatric Residential Treatment Facilities for Children (PRTFs) operating in North Dakota.

Psychiatric Residential Treatment Facilities for Children (PRTFs) are residential services that serve children with severe behavioral health needs and who cannot be effectively treated in a less restrictive setting.

Psychiatric Residential Treatment Facilities for Children Licensure (PRTFs)



LOCATIONS



North Dakota Administrative Code (NDAC) 75-03-17 Psychiatric Residential Treatment Facilities for Children are the rules that establish the standards governing PRTFs.

PURPOSE

The licensure process aims to ensure health and safety and compliance with minimum standards in care and treatment of children receiving services in the facility.

The Division is required to license PRTFs every two years. There are six licensed PRTFs in ND with a total of 82 beds serving children between the ages of 5 through 18.

Capacity per facility:

- Fargo Dakota Boys and Girls Ranch - **16**
- Bismarck Dakota Boys and Girls Ranch - **16**
- Minot Dakota Boys and Girls Ranch - **16**
- Luther Hall - **16**
- Pride Manchester - **8**
- Ruth Meiers Adolescent Center - **10**



Parent To Parent

The Department of Health & Human Services' Behavioral Health Division Policy Team contracts with the ND Federation of Families for Children's Mental Health (NDFFCMH) to administer the Parent to Parent support services program as a statewide collaborative effort with multiple systems to engage, train, educate, and support parents who have children with mental health disorders. Program responsibilities include:

- Organize and lead support and educational services to parents.
- Collaborate with other private non-profit entities and link to both paid and natural supports.
- Coordinate with existing community-based organizations and programs to maximize benefit, avoid duplication, and leverage, redirect and realign resources.

Services provided by NDFFCMH may include attending meetings at the request of a parent, assisting parents in understanding their child's mental health needs, assisting parents in becoming involved in a support network, assisting parents in obtaining training on how to advocate for their child, assisting parents in locating informal services and supports and/or assisting parents in accessing information on their rights and responsibilities.

- Total budget of $75,000 for July 1, 2021 through June 30, 2023.
- Number of new parents receiving services - **36**
- Number of families provided support and education - **351**

Families from 18 counties have received services this bienium:

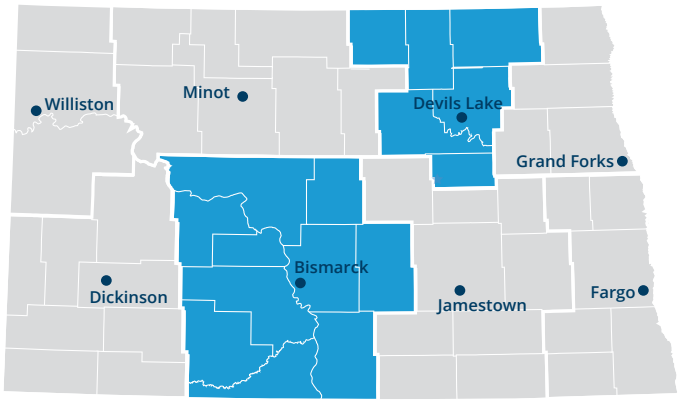
Barnes	3
Burleigh	129
Cass	42
Emmons	20
Griggs	2
Kidder	14
McHenry	12
McLean	10
Mercer	4
Morton	28
Mountrail	33
Renville	3
Rolette	4
Stark	1
Unknown	1
Walsh	8
Ward	17
Wells	6
Williams	8

**The numbers reported are from July 2021 - November 2022. NDFFCMH Parent to Parent Support Program has multiple funding sources, including funding from DHHS - Behavioral Health Division Policy Team. The data reported from NDFFCMH reflects data from the entire parent support program, not just the portion supported by the Behavioral Health Division Policy Team.*



ND System of Care (SOC) Grant

The North Dakota Department of Health and Human Services' Behavioral Health Division was one of six states to be awarded $3 million per year (starting in 2022) for 4 years starting by the federal Substance Abuse and Mental Health Services Administration as part of the System of Care Expansion and Sustainability Grant (SOC). The SOC grant is designed to enhance mental health outcomes for children and youth, birth through age 21. The initial grant efforts will be focused in two regions of the state.



Purpose

To build and expand community-based behavioral health services and supports for children and youth with Serious Emotional Disturbances (SED) and their families. These services and supports include:

- Outpatient services
- 24-hour crisis emergency services
- Intensive home-based outreach and case management
- Intensive day treatment
- Respite care
- Recovery support services
- Transition services from child/youth to adult service system

Framework

System of Care is a spectrum of effective, community-based services and supports for children, youth, and young adults with or at-risk for mental health challenges and their families. The primary goal is to help families function better at home, in school, and in the community. The services and supports aim to:

- Be organized into a coordinated network across the continuum of care.
- Build meaningful partnerships with youth and families.
- Address the unique and cultural and linguistic needs of each child and family.

The dimensions of System of Care include the integration of all child-serving services and supports. These include both professional and natural supports across the lifespan.



Goals

one To increase access of high-quality and culturally appropriate services and supports available to children with SED and their families in the identified regions.

two Develop a sustainable infrastructure to support the System of Care approach for North Dakota children with SED and their families.

Progress*

August 2022

Notice of Award received

December 2022

Secure contract with Evaluator to complete Needs Assessment

February 3, 2023

Host SOC Kickoff Event

September 30, 2022

Project and funding start date

January 2023

Hire Key Personnel (Clinical Administrator & Lead Family Administrator)

Begin Needs Assessment in two regions

March 2023

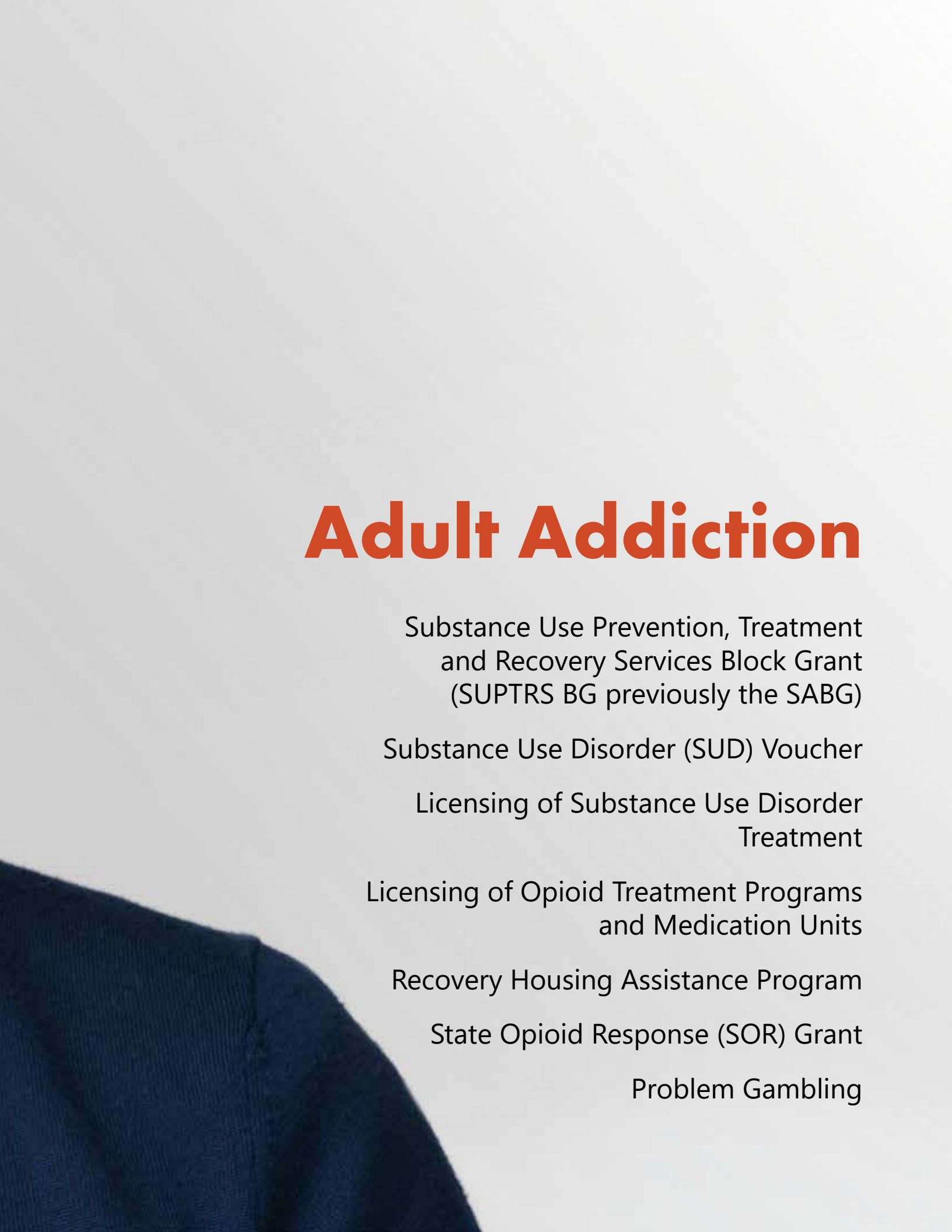
Identify and facilitate two regional steering committees

Complete Needs Assessment in two regions

Note: This work aligns with the Human Services Research Institute's report to enhance and streamline the system of care for children and youth. The HHS behavioral health grant administrator position approved by the 2021 North Dakota Legislature was instrumental in ND receiving this opportunity.

*As of 3-8-2023





Adult Addiction

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS BG previously the SABG)

Substance Use Disorder (SUD) Voucher

Licensing of Substance Use Disorder Treatment

Licensing of Opioid Treatment Programs and Medication Units

Recovery Housing Assistance Program

State Opioid Response (SOR) Grant

Problem Gambling

The Substance Abuse Prevention and Treatment Block Grant (SUPTRS BG) program (through the Substance Abuse and Mental Health Services Administration [SAMHSA]) provides funds and technical assistance to all states and territories.

North Dakota's Department of Health & Human Services', Behavioral Health Division utilizes the funds to plan, implement, and evaluate activities supporting the full continuum of care related to substance misuse.

The purpose of the SUPTRS BG is to:

- provide priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery for individuals without insurance that are not covered by Medicaid, Medicare, or private insurance, or for whom coverage is terminated for short periods of time.
- provide primary prevention by supporting universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
- collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.

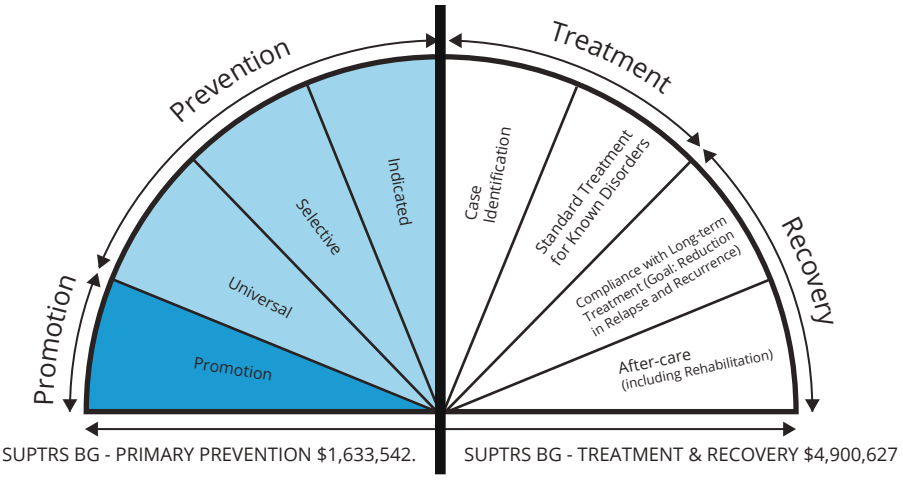
Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)

The SUPTRS BG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act. The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SABG. Title 45 CODE OF FEDERAL REGULATIONS Part 96 was published on March 31, 1993, and The Tobacco Regulations for Substance Abuse Prevention and Treatment Block Grant; Final Rule, 61 FEDERAL REGISTER 1492 was published on January 19, 1996.

SAMHSA requires that grantees spend no less than 20% of their SUPTRS BG allotment on substance misuse primary prevention strategies. These strategies are directed at creating an environment that promotes the health and wellbeing of individuals and communities which prevents problems before they occur – and cannot be directed at individuals identified to be in need of treatment.

FUNDING

Department of Health and Human Services' Behavioral Health Division Policy Team receives approximately $6,534,169 per year. As of October 2022, approximately $1,633,542 (25%) is allocated to primary prevention.



NORTH DAKOTA GOALS

Increase access to quality substance misuse-related services across the continuum of care.

PREVENTION

- Increase implementation of effective prevention statewide
- Decrease underage drinking
- Decrease adult binge drinking and related consequences
- Decrease opioid misuse and related consequences

TREATMENT/RECOVERY

- Increase evidence-based treatment and recovery support services, with a priority on high-risk populations:
  - Pregnant women and women with dependent children
  - Individuals using drugs intravenously
  - Adolescents



ACTIVITIES

PREVENTION

- Training and technical assistance
- Community and tribal alcohol and other drug prevention programs across the state
- Underage drinking prevention efforts, including Parents Lead
- Adult binge drinking prevention efforts, including the Speak Volumes campaign
- Opioids Fill With Care
- DUI education program licensing; provider certification
- Minor in possession education provider certification
- Synar program (youth tobacco enforcement)

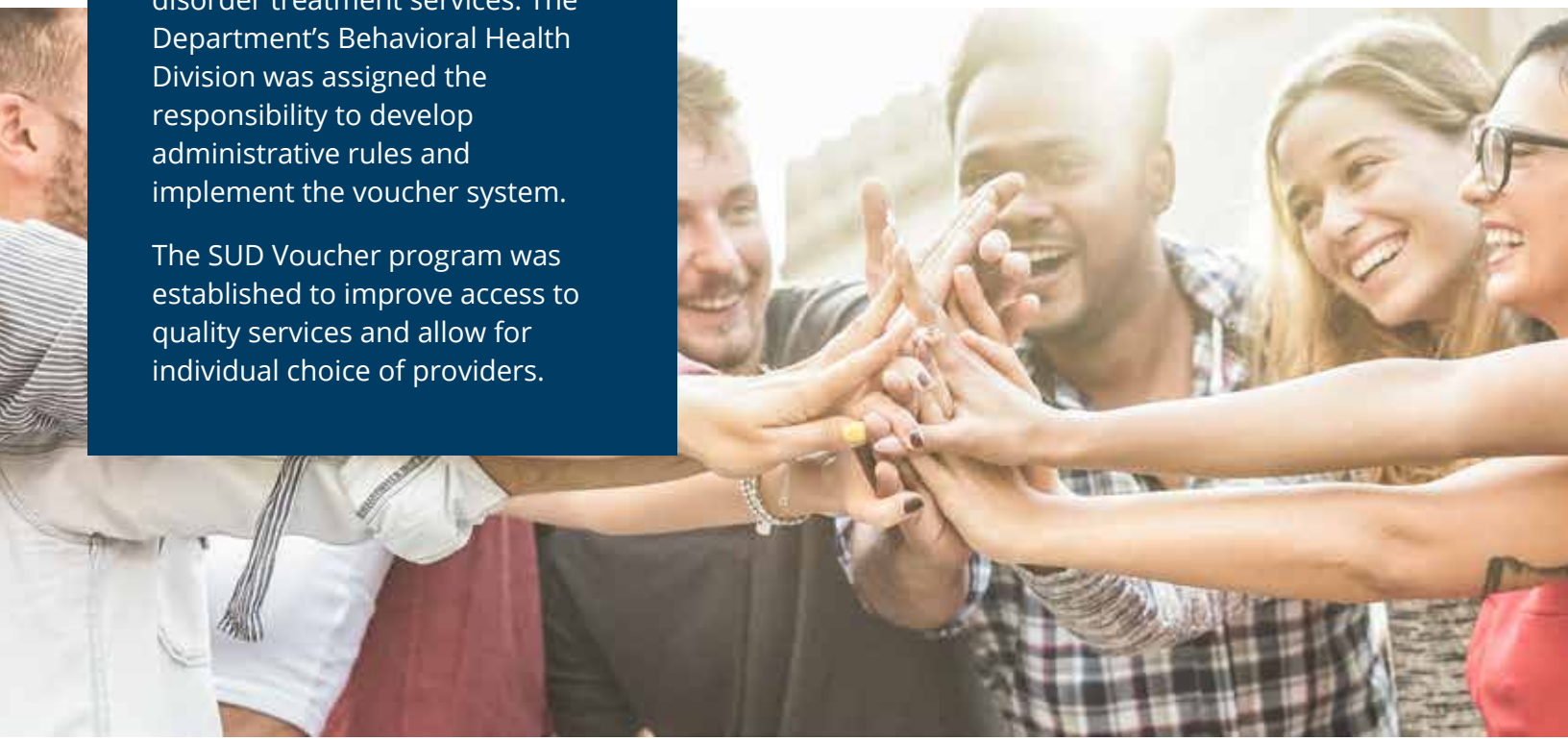
TREATMENT/RECOVERY

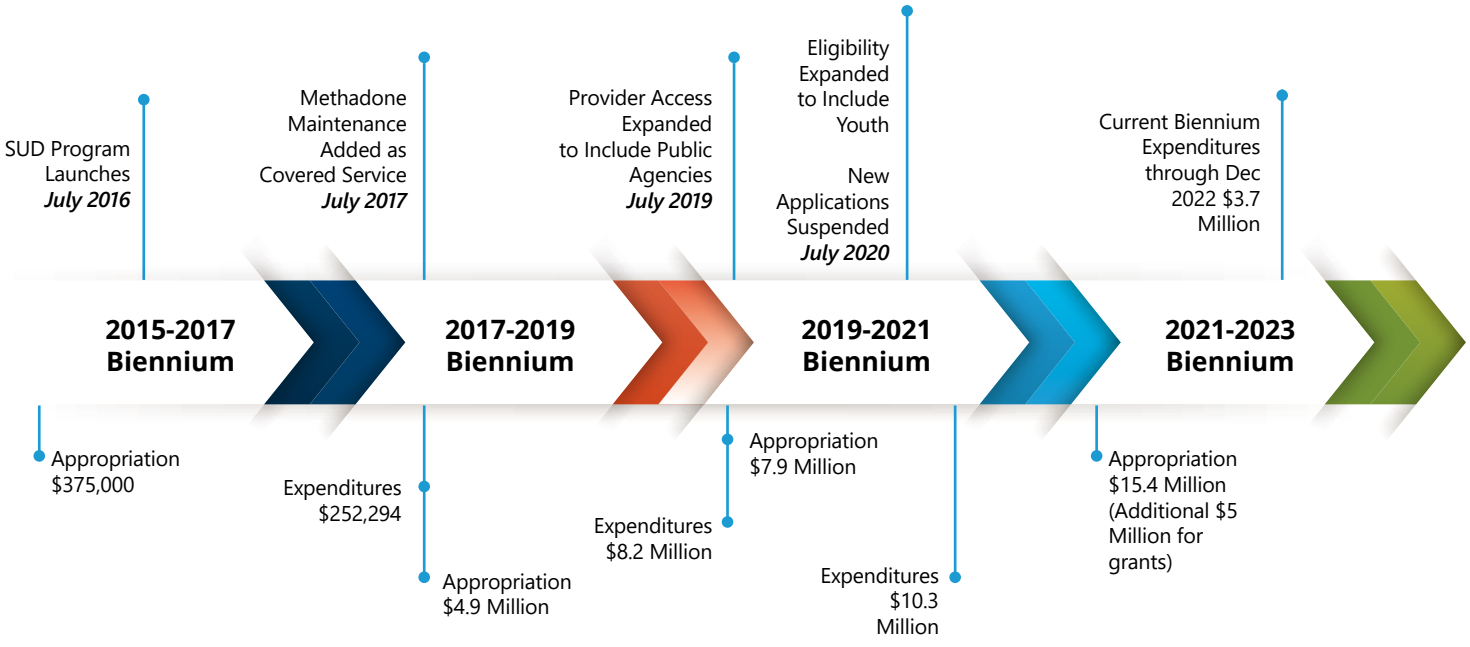
- Public program funding
- Special Populations
  - Youth Residential Services Program
  - Pregnant and Parenting Women
  - Tribal programs
- Recovery
  - Recovery Talk program
  - Mobile outreach program
  - Peer support development
- Withdrawal Management
- Workforce Development
- Call Kay

Substance Use Disorder (SUD) Voucher

During the 64th Legislative Session the Department of Health and Human Services was appropriated funding to administer a voucher system to pay for substance use disorder treatment services. The Department's Behavioral Health Division was assigned the responsibility to develop administrative rules and implement the voucher system.

The SUD Voucher program was established to improve access to quality services and allow for individual choice of providers.





Since its inception in July 2016 approximately 5,800 individuals have received services through the SUD Voucher.

Gender

Male - **61%**

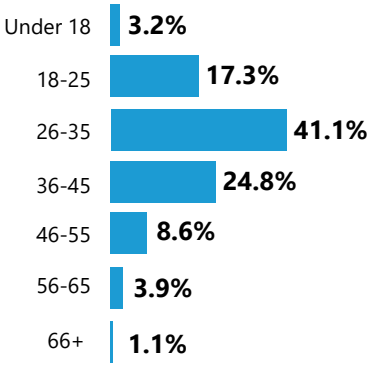
Female - **39%**

Race



- White - **64.7%**
- American Indian - **25.5%**
- African American - **7.4%**
- Hispanic - **5.6%**
- Other - **1.5%**
- Prefer not to answer - **0.9%**
- Asian - **0.4%**
- Native Hawaiian - **0.4%**

Age



Living Environment



- Independent - **54%**
- Homeless - **28%**
- Dependent - **18%**

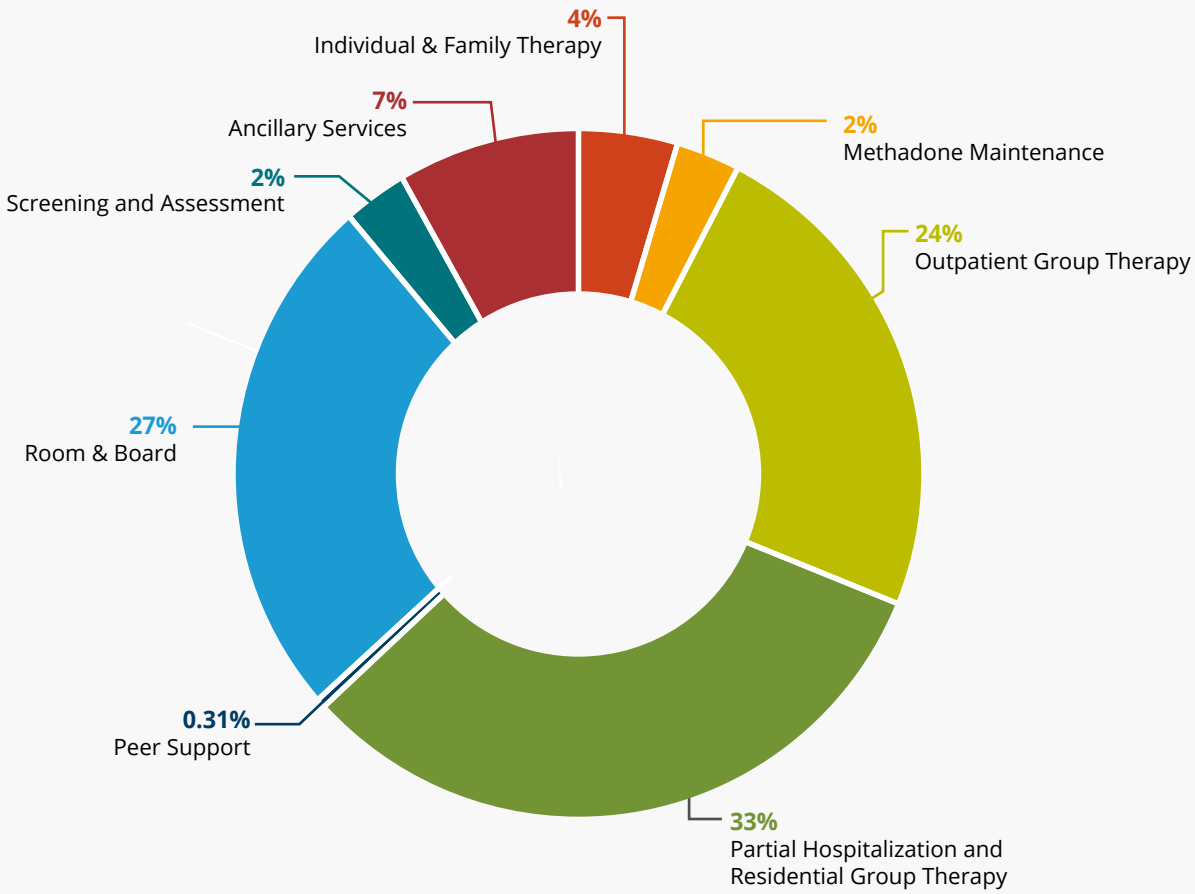
As of February 1, 2023, there are **35** providers participating.

An increase from 27 in February 2022



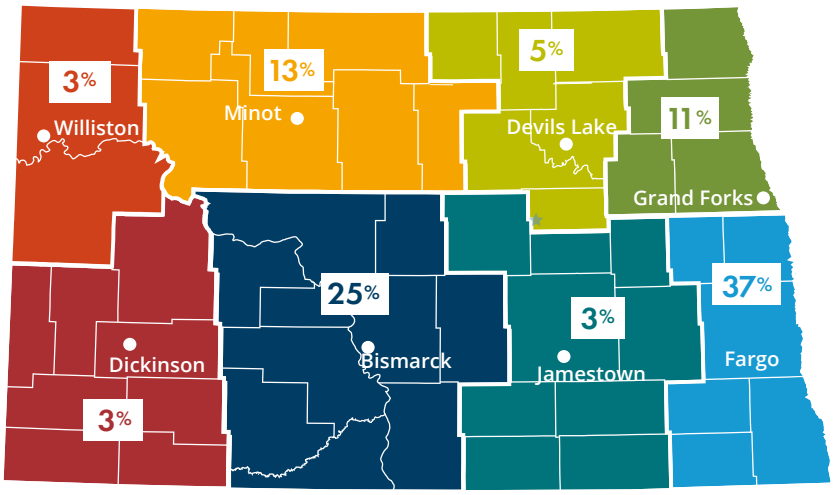
Expenditures by Service Type

Percentage of expenditures by service type from July 1, 2021 through December 31, 2022.



Program Participants By Human Service Center Region

- Region 1 - **61**
- Region 2 - **268**
- Region 3 - **102**
- Region 4 - **221**
- Region 5 - **779**
- Region 6 - **54**
- Region 7 - **517**
- Region 8 - **60**
- Unknown - **31**



Outcome Measures

Programs utilizing the SUD Voucher are required to assess each individual at the beginning and again when completing services. The outcome measure uses a 5-point rating scale (1 lowest to 5 highest). The outcomes are based on Substance Abuse and Mental Health Services Administration (SAMHSA) identified recovery dimensions.

The following outcomes are for participants who completed services paid for by the SUD Voucher on or after July 1, 2021. n = 747

Since inception, all four outcomes measures increased following services reimbursed through the SUD Voucher program.

PURPOSE

Identify the extent to which the individual participates in meaningful daily activities (employment, school, volunteering, family caretaking, other activities, etc.).



COMMUNITY

Identify the extent to which the individual's relationships and social networks provide support, friendship, love, and hope for overall wellbeing.



HEALTH

Identify how well the individual makes informed healthy choices supporting their physical health and emotional wellbeing (physical activity, attending medical appointments, taking medications as prescribed etc.)



HOME

Identify the stability and safety of the individual's living environment.



Pre Post

Licensing of Substance Use Disorder Treatment Programs

The Department of Health & Human Services, Behavioral Health Division (BHD) is charged establishing quality assurance-standards for the licensure of substance use disorder treatment programs as identified in the North Dakota Century Code 50-06 and North Dakota Century Code 50-31.

- Programs are reviewed every two years for compliance with North Dakota Administrative Code Article 75-09.1.
- Programs are monitored for the health and safety of the clients served.

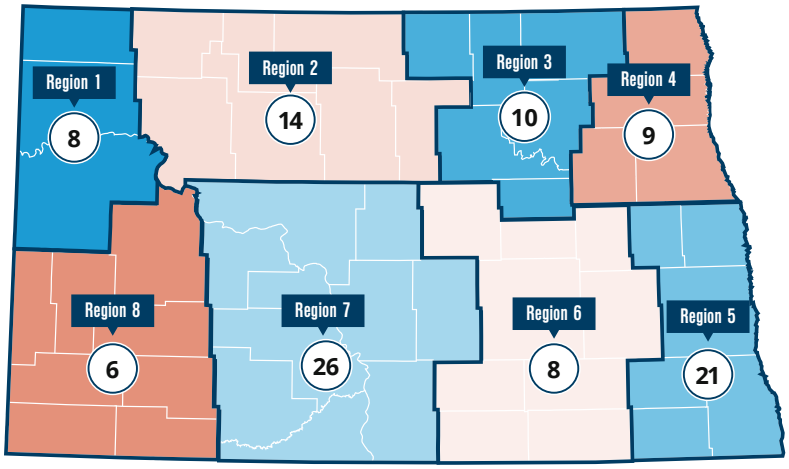


North Dakota has **102** licensed substance use disorder treatment programs
(as of December 1, 2022).

Of the 102 Licensed programs:

38 programs are licensed for residential treatment

Number of Licensed Programs by Human Service Center Region



2021

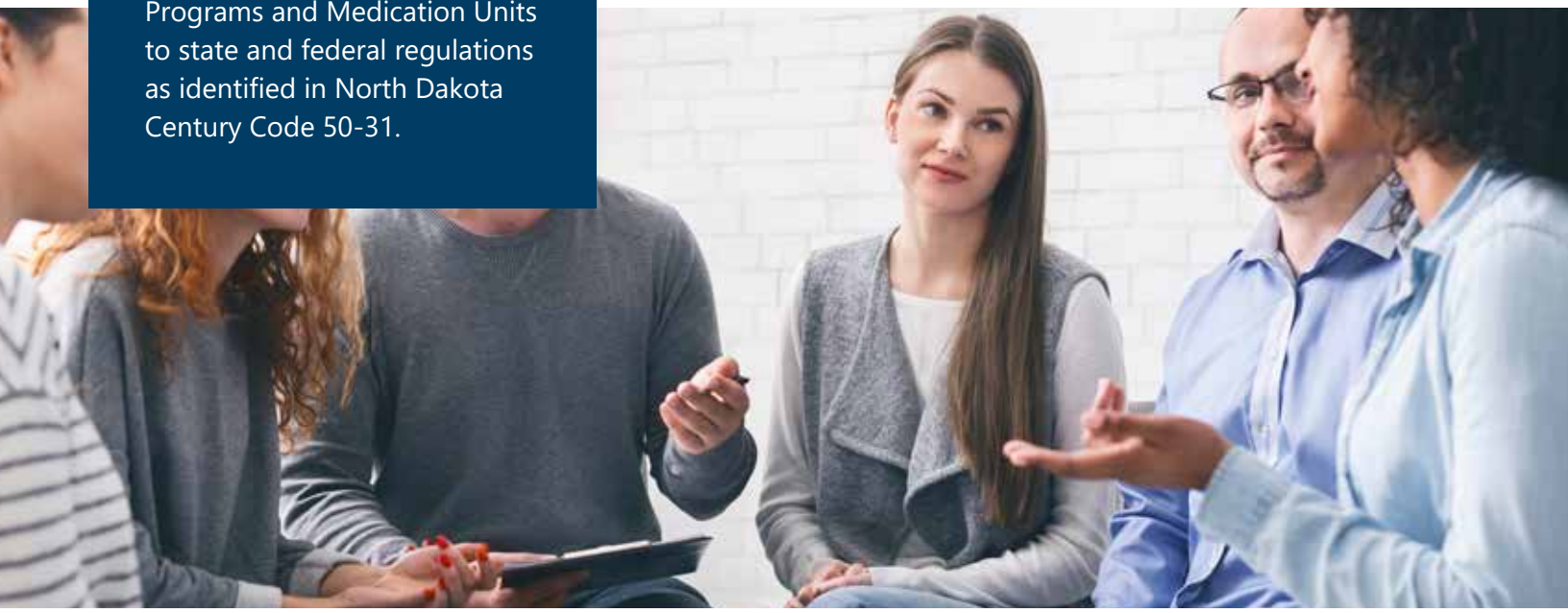
New Programs	14
Discontinued Programs	6

2022

New Programs	13
Discontinued Programs	10

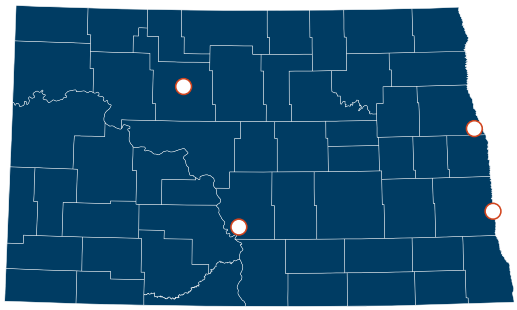
The Department of Health & Human Services, Behavioral Health Division Policy Team is designated as the state opioid treatment authority and charged with ensuring adherence of Opioid Treatment Programs and Medication Units to state and federal regulations as identified in North Dakota Century Code 50-31.

Licensing of Opioid Treatment Programs and Medication Units



- Opioid Treatment Programs provide medication for opioid use disorder in conjunction with counseling, and supportive services to treat individuals suffering from an opioid use disorder.
- Medication Units are a satellite of an Opioid Treatment Program that provide remote dispensing of FDA approved medication for opioid use disorder.
- Programs are reviewed on an annual basis for compliance with North Dakota Administrative Code Article 75-09.1, and applicable federal regulation.
- Programs are monitored for the health and safety of the clients served and to establish quality assurance-standards for the licensure of programs, services, and facilities.

North Dakota has **4** licensed Opioid Treatment Programs (OTP) in the state

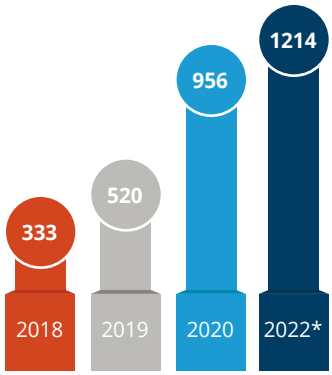


There are currently **828** individuals actively receiving services from an OTP.*

On average individuals travel **15** miles one way to an OTP for their services.*

There are currently no licensed Medication Units in the state.

Unique individuals served by OTPs.



Data as of November 25, 2022

The Recovery Housing Assistance Program (RHAP) provides financial support for individuals in recovery to access Recovery Housing.

Recovery Housing Assistance Program



In 2018, the Human Services Research Institute (HSRI) conducted a comprehensive analysis of the current behavioral health system in North Dakota. Relating specifically to housing, the study identified two recommendations:

- Address housing needs alongside behavioral health needs
- Promote timely linkage to community-based services following crisis, inpatient, and residential treatment

In consideration of the recommendations for housing outlined in the study, The North Dakota Department of Health and Human Services' Behavioral Health Division received funding during the 66th Legislative Assembly to develop and implement a new Recovery Housing Assistance Program (RHAP). Due to COVID-19, implementation was delayed, and the funding was carried-over to the 2021-2022 biennium. The RHAP program launched in May 2022.

RECOVERY HOUSING PROVIDES

- Substance-free home environment
- Space to focus on continued growth and healing
- 24-hour peer-led support and connection
- Resources to support individual life goals

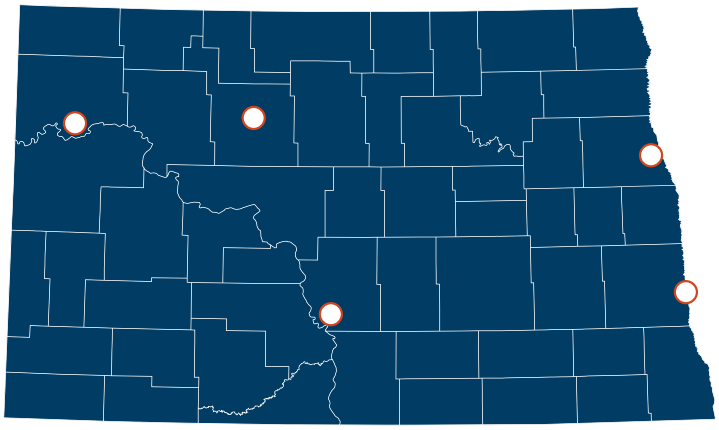
The program pays for up to 12 weeks of an eligible individual's living expenses at an approved Recovery Housing provider.

ELIGIBILITY CRITERIA

- ND Resident and
- Age 18 or older and
- Experiencing a substance use disorder and
- Has not been a participant of the program within the last 365 days and
- One of the following:
  - Currently enrolled in a Department of Health & Human Services Public Assistance Program or
  - Household income is at or below 200% Federal Poverty Guidelines

CURRENT RHAP PROVIDERS

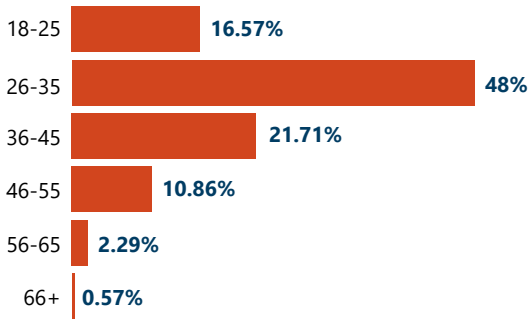
(as of January 5, 2023)



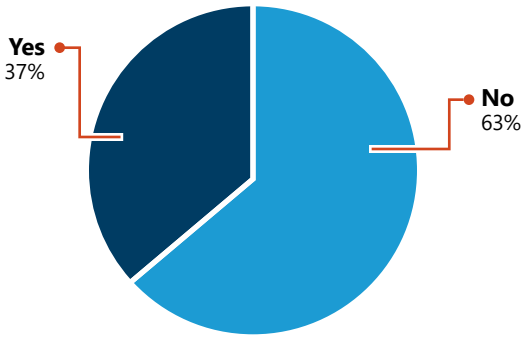
Minot – **1**
Bismarck/Mandan – **5**
Watford City – **1**
Fargo – **2**
Grand Forks - **1**

177 individuals have experienced the Recovery Housing Assistance Program benefits from May through December 2022

Participants by **Age Range**



Participants by **Tribal Affiliation**





69% of participants experienced an improvement in their **employment** status



50% of participants saw an improvement in the impact their **substance use** has on their lives



49% of participants saw an improvement in their **mental health**

BUDGET

2021 – 2023 budget: $350,000 general fund
Amount spent as of December 5, 2022 (program launched May 2022): $140,750

State Opioid Response (SOR) Grant

The North Dakota Department of Health and Human Services' Behavioral Health Division administers the State Opioid Response (SOR) Grant, funded through the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of this program is to address the opioid overdose crisis by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders. The current award is for $4,000,000 from September 30, 2022 through September 29, 2023.





North Dakota Grant Goals

Goal 1
Prevent opioid and stimulant misuse

Goal 2
Reduce harm related to opioids and stimulants

Goal 3
Improve access to evidence-based treatment

Goal 4
Increase access to recovery support services

Implementation Overview

Statewide Efforts

NDSU School of Pharmacy implements the **ONE program**. The purpose is to equip pharmacists with tools to screen for opioid use disorder, to identify patient needs, and provide counseling and support to assist them in safely using prescribed opioids.

From September 2021 – September 2022:

- 66 pharmacists participated in the ONE Program
- 2,927 screenings completed
- 30% of patients were identified at high risk for accidental opioid overdose
- 998 individuals were informed about naloxone benefits/availability

Statewide Efforts

Department of Corrections and Rehabilitation increasing availability of Medications for Opioid Use Disorder (MOUD).

- From September 2021 – September 2022, 51 individuals received Medications for Opioid Use Disorder (MOUD).

Opioids: Fill with Care campaign implementation:

Every aspect of the opioid crisis requires great care. From understanding the risks and benefits of pain medications to knowing the signs of addiction, to recognizing an overdose and knowing how to help - there are ways all of us can care for each other and ourselves.

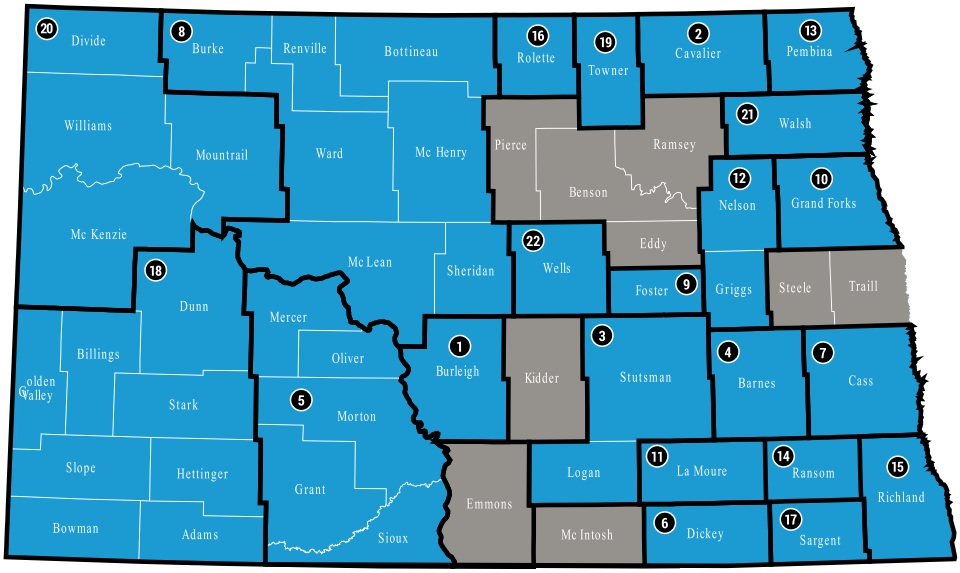
Naloxone purchase and distribution

From September 2021 – September 2022, 15,408 naloxone kits were distributed through both statewide and community efforts.

Community Efforts

The Division is currently in contract with 22 Local Public Health Units and two tribes (Spirit Lake Nation and Standing Rock Sioux Tribe) to support community-level implementation of efforts to address the opioid crisis (September 2022 – September 2023).

- 15 communities will be preventing opioid and stimulant misuse by increasing awareness of **Parents Lead**
- 19 communities will be educating about **safe medication disposal** and providing safe medication disposal products (Deterra bags and DisposeRX)
- 14 communities will be **reducing harm** by either operating a Syringe Service Program (SSP), promoting SSP services, or exploring how to start a SSP
- 16 communities will be improving access to **treatment**
- 13 communities will be improving access to **recovery** support services



1. Bismarck-Burleigh Public Health Unit
2. Cavalier County Health District
3. Central Valley Health District
4. City-County Health District
5. Custer Health
6. Dickey County Health District
7. Fargo Cass Public Health
8. First District Health Unit
9. Foster County Public Health
10. Grand Forks Public Health
11. LaMoure County Public Health Dept.
12. Nelson-Griggs District Health Unit
13. Pembina County
14. Ransom County Public Health
15. Richland County Health Department
16. Rolette County Public Health District
17. Sargent Country District Health Unit
18. Southwestern District Health Unit
19. Towner County Public Health
20. Upper Missouri District Health Unit
21. Walsh County Health Department
22. Wells County District Health Unit

From September 2021 to September 2022, the Division contracted with 19 Local Public Health Units and 1 Tribe to support community-level implementation of efforts to address the opioid crisis.

From September 2021 – September 2022:

- There were 948 known successful overdose reversals using naloxone.
- 2,171 people were trained in overdose education and naloxone.
- 14,248 safe medication disposal products (DisposeRX and Deterra bags) were distributed

Gambling Disorder Treatment, Awareness and Prevention

The term "gambling disorder" means a chronic, progressive disease that is characterized by a preoccupation with gambling, loss of control over gambling behaviors, and often disregard for the negative consequences as a result of gambling. Gambling disorder includes gambling behavior that compromises, disrupts or damages personal, family or vocational pursuits.

NDCC 50-06-21 requires the Department of Health & Human Services to contract with a qualified treatment service provider for the development and implementation of a program for gambling prevention, awareness, crisis intervention, financial counseling and gambling disorder treatment.



IMPLEMENTATION

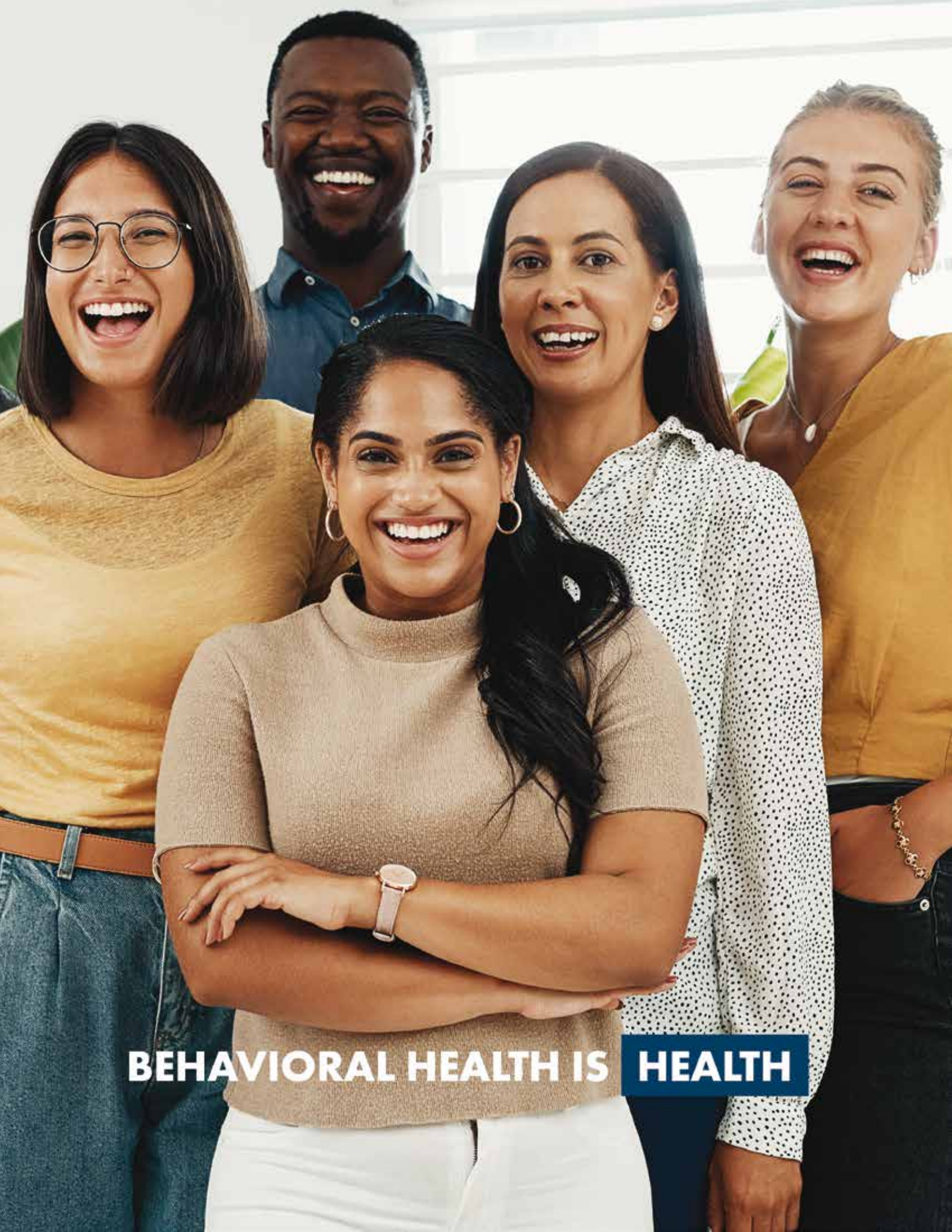
- Gambling Disorder Treatment Services for individuals with a gambling disorder.
- Communication efforts (billboards, television ads and bus wraps) to address problem gambling prevention, awareness, crisis intervention and treatment services (www.gamblernd.com).
- Collaboration with the state's Problem Gambling Advisory Council.

FUNDING (2021-2023 biennium)

- $636,000 of lottery funds
- $80,000 of charitable gaming funds

STATE FISCAL YEAR OUTCOMES

	2021	2022
ND residents received gambling treatment services	64	75
In-person counseling hours	406	683
Tele-behavioral health hours	331	308
Gambler ND website views	3,447	5,926


BEHAVIORAL HEALTH IS HEALTH



Adult Mental Health

Mental Health Block Grant (MHBG)

Brain Injury Services

Projects for Assistance in Transition from Homelessness (PATH) Program

Mental Health Directory

The Substance Abuse and Mental Health Services Administration (SAMSHA) administers the Mental Health Block Grant (MHBG), which makes funds available to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions to provide community mental health services.

Mental Health Block Grant



Purpose

The purpose of the MHBG is to provide comprehensive, community-based mental health services to adults with serious mental illnesses (SMI) and to children with serious emotional disturbances (SED) and to monitor progress in implementing a comprehensive, community-based mental health system.

Funding

The Department of Health and Human Services' Behavioral Health Division Policy Team receives approximately $1,466,936 per year. As of October 2022, approximately $73,346 (5%) is allocated to crisis services and $146,693 (10%) is allocated to First Episode Psychosis (FEP) services.

Targeted Populations

Adults with Serious Mental Illness (SMI)

Includes persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition—as defined by the Psychiatric Association's Diagnostic and Statistical Manual (DSM) of Mental Disorders. Their condition substantially interferes with, or limits one or more major life activities, such as:

- Basic daily living (eating, dressing, etc.)
- Instrumental living (taking prescribed medications or getting around community)
- Participating in family, school, or workplace

Children with Serious Emotional Disturbance (SED)

Includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM). This condition results in a functional impairment that substantially interferes with, or limits, a child's role or functioning in family, school, or community activities.

Behavioral Health Planning Council

The Behavioral Health Planning Council is responsible for reviewing, monitoring, and evaluating the adequacy of behavioral health services for its state. The council completes duties as specified in the MHBG statute, as well as advises, consults with, and makes recommendations to state mental health authorities and single state authorities regarding their activities.

The majority (51% or more) of a state's planning council should be comprised of consumers and family members.

Learn more at **hhs.nd.gov/ndmhpc**

Funded Programs/Services

- Consumer Family Network
- Peer Support
- Workforce Training and Development
- Statewide Family Network
- Trauma Training and Consultation for Psychiatric Residential Treatment Facilities
- Children's Services
- First Episode Psychosis
- Crisis Services

North Dakota Century Code 50-06.4 established the Department of Health and Human Services as the lead agency in the state for the purpose of coordinating services for individuals who have a brain injury.

Brain Injury Services



What is a brain injury?

Brain Injury encompasses anything that happens to the brain after birth and leading up to but not including degenerative dementia.

- Traumatic Brain Injury (TBI) - External events/concussion: assaults, falls, motor vehicle crash, blast injury
- Non-Traumatic/Acquired Brain Injury -Internal events: stroke, tumor, anoxia (loss of oxygen to the brain), aneurysm, infections (including COVID-19)

Individuals with brain injuries in North Dakota are eligible to receive services through multiple federal and state programs, including Vocational Rehabilitation, the Extended Services program, 1915(i), Community Connect and Free Through Recovery.

Is it just a concussion?

A concussion is a type of Traumatic Brain Injury (TBI) caused by a bump, blow, or jolt to the head or a hit to the body that causesthe head and brain to move rapidly back and forth.

Brain Injury Advisory Council (BIAC)

PURPOSE

To improve the quality of life for all individuals with brain injury and their families through brain injury awareness, prevention, research, education, collaboration, support services, and advocacy.



Brain Injury Initiatives

Pre-Vocational Program

PURPOSE

Intense pre-vocational services for individuals to be successful, improve soft skills, identify future employment goals, and achieve a quality lifestyle they choose.

$265,714 general fund was allocated in the 2021-23 biennium.

Return to Work Program

PURPOSE

To provide quality services to individuals with a brain injury to achieve competitive employment through effective placement and long-term follow through services in the person's community.

$265,123 general fund was allocated in the 2021-23 biennium.

North Dakota Brain Injury Network (NDBIN)

www.ndbin.org

PURPOSE

NDBIN provides resource facilitation and navigation to individuals who have a brain injury and their families. NDBIN staff also provide community outreach and education, brain injury screening, support groups and social opportunities, peer support, survivor connections and collaboration with public and private agencies.

$474,719 general fund was allocated in the 2021-23 biennium.
NDBIN is administered by the University of North Dakota.

727 individuals were served from July 2021 - December 2022.

Monthly in-person brain injury support groups are held in Bismarck, Minot, Dickinson, Fargo, Grand Forks and Devils Lake. A brain injury support group is also offered monthly virtually.

Projects for Assistance in Transition from Homelessness (PATH) program

The Stewart B. McKinney Homeless Assistance Amendments Act of 1990 created the Projects for Assistance in Transition from Homelessness (PATH) program. The PATH program is a federal formula grant distributed to each state, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, American Samoa, and the U.S. Virgin Islands.

The PATH Program supports the delivery of outreach and services to individuals who are experiencing homelessness and diagnosed with a serious mental illness. Over 500 providers are involved with the PATH Program nationally. The North Dakota Department of Health & Human Services, Behavioral Health Division, administers the PATH Program with services provided in the regional human service centers.

North Dakota receives $300,000 annual federal funding for the PATH grant. The state is required to contribute one dollar for every three dollars of federal money received.

North Dakota PATH programs are part of homelessness services provided at the regional human service centers. PATH programs in North Dakota served 283 persons from July 1, 2021 through June 30, 2022.

Eligibility

- Diagnosed with a serious mental illness; or
- Diagnosed with a co-occurring serious mental illness and substance use disorder, and
- Are experiencing homelessness or at imminent risk of homelessness

Services

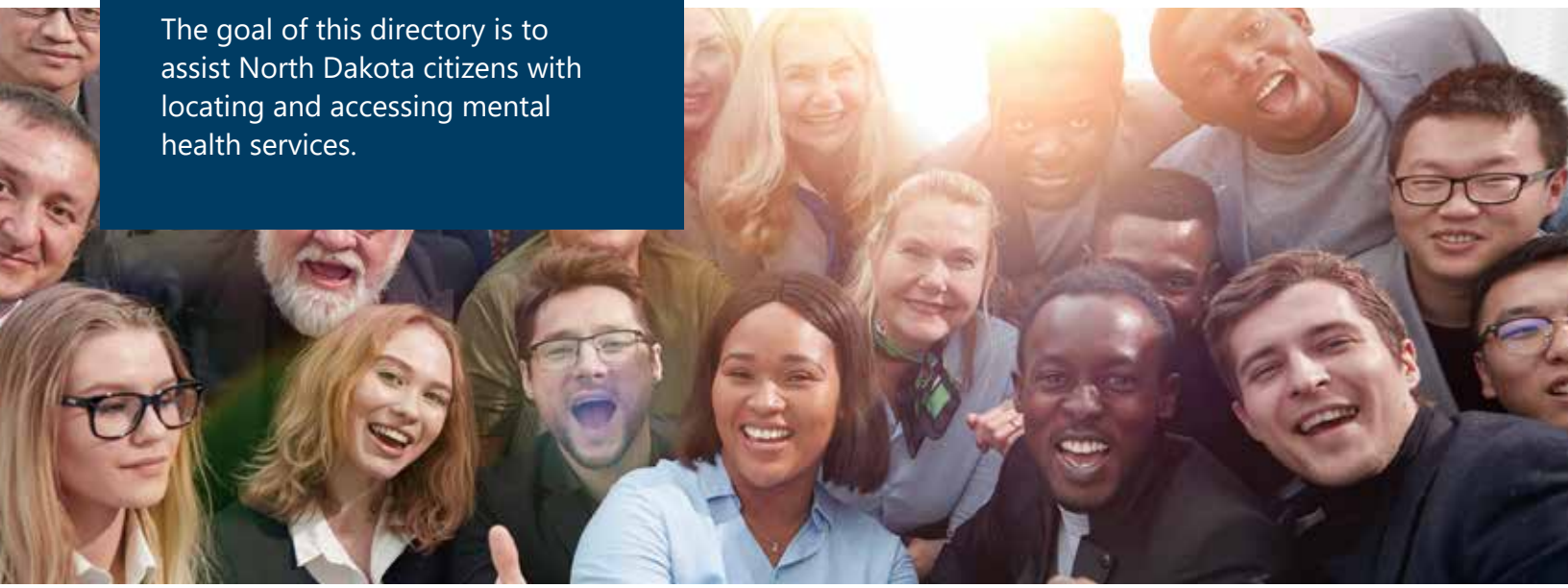
- Outreach to locate and provide assistance to those in need of services
- Assistance with meeting immediate needs such as obtaining food, shelter, clothing, transportation, financial assistance, benefits and services
- Assistance with applying for and obtaining housing
- Assistance with obtaining employment
- Assistance with completing social security applications
- Referral for mental health assessments and psychological or psychiatric evaluations
- Referral for addiction services



During the 67th Legislative Assembly, SB 2161 was passed which required the North Dakota Department of Health and Human Services' Behavioral Health Division to develop and administer a Mental Health Program Directory.

The goal of this directory is to assist North Dakota citizens with locating and accessing mental health services.

North Dakota Mental Health Program Directory



For the purpose of this directory, a Mental Health Program is:

- An agency/organization that provides mental health services by a licensed mental health professional
- Individually licensed mental health professionals that operate as a sole proprietor (business)

The directory allows users to search for mental health programs by location, population served, type of mental health specialty and intervention. People can also search for programs that offer telehealth services.

The directory is online at **hhs.nd.gov/behavioral-health/directory**

As of January 30, 2023, **226** mental health programs are registered in the directory.

Mental health programs should register online at **hhs.nd.gov/behavioral-health/program-registry.**





Community Supports

Peer Support

Free Through Recovery (FTR)

Community Connect

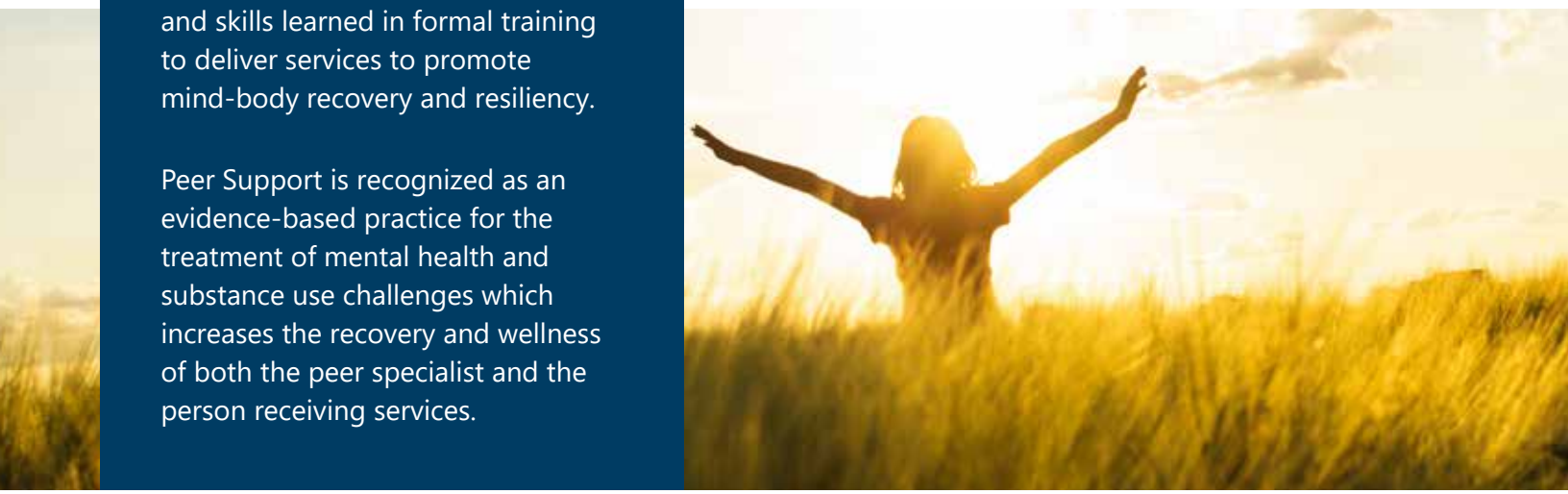
Permanent Supportive Housing

1915(i) Medicaid State Plan Amendment

Peer Support

A Peer Support Specialist is a person who uses his or her lived experience of recovery from mental illness, substance use and/or brain injury and skills learned in formal training to deliver services to promote mind-body recovery and resiliency.

Peer Support is recognized as an evidence-based practice for the treatment of mental health and substance use challenges which increases the recovery and wellness of both the peer specialist and the person receiving services.



Peer Support is **Effective**

Peer Support compliments and is supplemental to clinical services. The role of a peer support specialist is distinct and does not replace the clinician.

Role of a Peer Support Specialist

- Provide support and encouragement to achieve goals
- Assist with connecting to clinical care and community resources
- Teach skills such as stress management, conflict resolution, and parenting
- Offer proactive, flexible, and long-term follow-up

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Health
Choices that support one's overall well-being.

Home
A safe and stable place to live.

Purpose
Meaningful daily activities, such as a job, school, or volunteering.

Community
Relationships and social networks that provide support, friendship and love.

Training

Since 2018 the Behavioral Health Division has hosted **28 trainings** and trained over **790 individuals**.

Certification

The ND 66th Legislative Assembly passed Senate Bill 2012 giving the Behavioral Health Division authority to develop and implement a program for the certification of peer support specialists.

Administrative Rules 75-03-43 outlines the requirements and process for two levels of Peer Support Specialist certification:

- Certified Peer Support Specialist I (CPSS I)
- Certified Peer Support Specialist II (CPSS II)

As of December 30, 2022, the Behavioral Health Division has certified:

- 169 CPSS I
- 26 CPSS II

Reimbursement

Reimbursement for peer support services is available through:

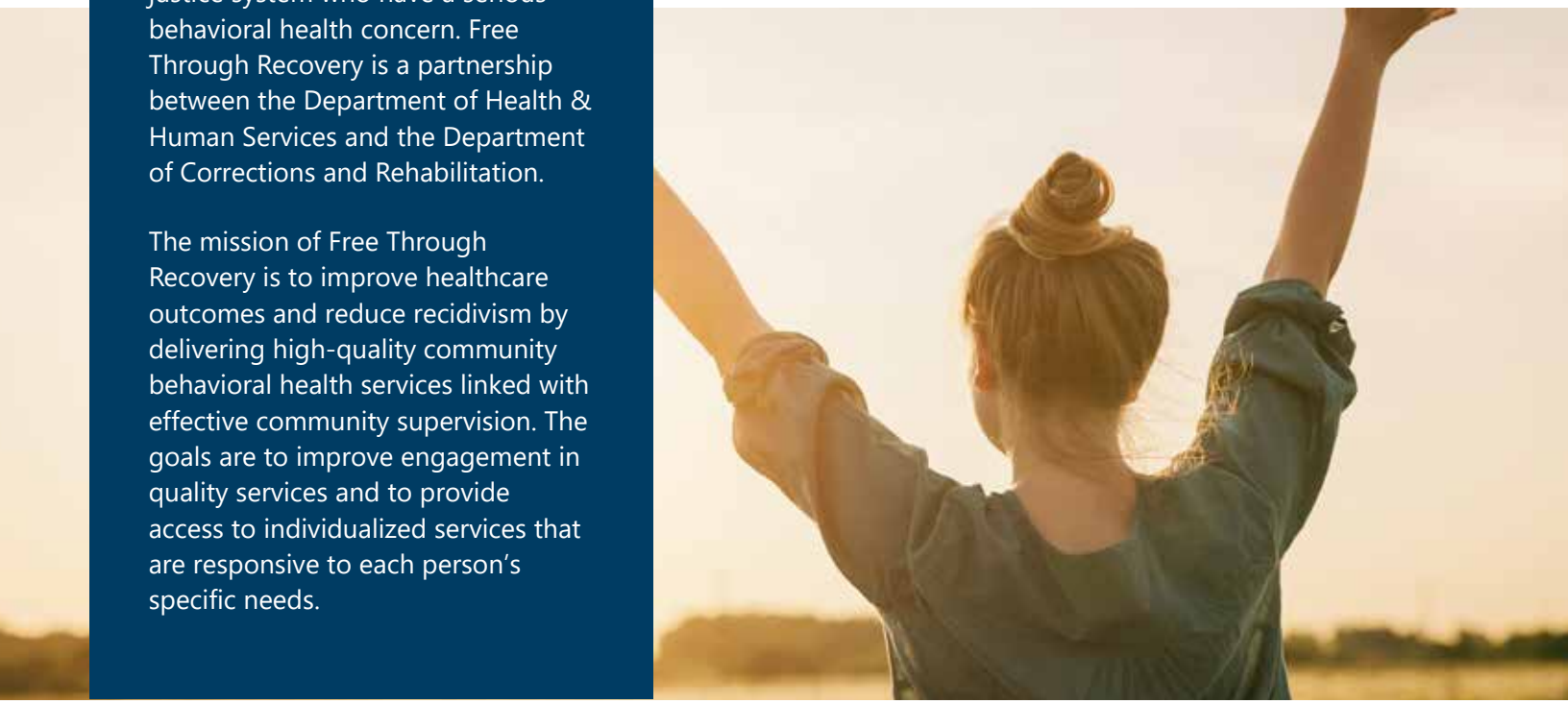
- Community Connect
- Free Through Recovery
- Substance Use Disorder Voucher
- 1915(i) Medicaid State Plan Amendment
- Medicaid Expansion



Free Through Recovery (FTR)

Free Through Recovery (FTR) is a community-based behavioral health program designed to increase access to recovery support services for individuals engaged with the criminal justice system who have a serious behavioral health concern. Free Through Recovery is a partnership between the Department of Health & Human Services and the Department of Corrections and Rehabilitation.

The mission of Free Through Recovery is to improve healthcare outcomes and reduce recidivism by delivering high-quality community behavioral health services linked with effective community supervision. The goals are to improve engagement in quality services and to provide access to individualized services that are responsive to each person's specific needs.



Eligibility

- Be 18 years of age or older
- Involved with the criminal justice system and at risk for future criminal justice involvement
- Have a behavioral health condition such as; bipolar disorder, major depression, psychotic disorders of all types, post-traumatic stress disorder, obsessive compulsive disorder, borderline personality disorder, panic disorder, moderate and severe substance use disorder(s)
- Display concerns/challenges in areas of daily living (housing, employment, etc.)

Referrals

Individuals can be referred to the program by a parole and probation officer, or if the person is transitioning from prison, through an internal assessment process at the Department of Corrections and Rehabilitation.

Services

Care Coordination

A Care Coordinator assists with support in working towards long and short-term goals.

Recovery Services

Recovery looks different for everyone, a provider can assist with access to individualized resources needed to help lead a healthy and fulfilling life.

Peer Support

A supportive relationship with a peer who has similar lived experience and who serves as an advocate and mentor, offering sound advice and resources.

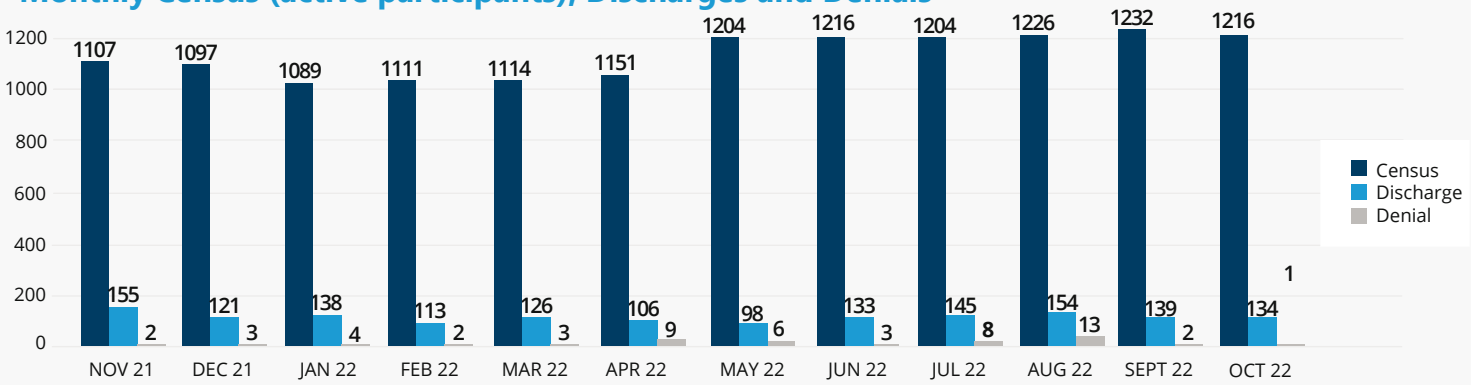
Providers

There are currently **38** providers located throughout the state with the capacity to serve **1,800** participants.

Implementation

Free Through Recovery launched on February 1, 2018. Since then, **4,782** individuals have participated in the program, with **1,247** individuals currently being served (as of October 2022).

Monthly Census (active participants), Discharges and Denials



Of the 4,782 total participants:

- **42%** have a co-occurring (mental health and substance use) behavioral health need.
- **65%** are male.
- **61%** are between the ages of 31-50 and a third (**28%**) of the individuals are between the ages of 18-30.
- **62%** are white.
- **27%** of participants are Native American.
- **91%** have a moderate-high or high risk of committing new crimes (LSI-R score of 30 or above).

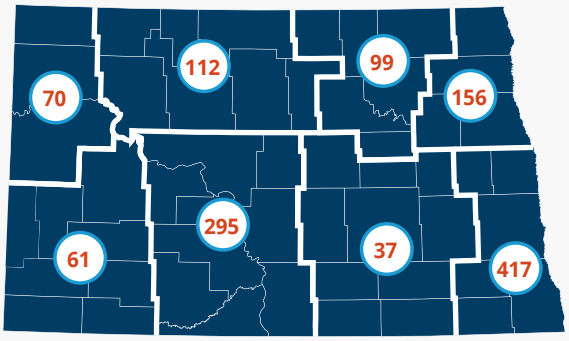
Behavioral Health Needs



- Co-occurring - **42%**
- Substance Use - **48%**
- Mental Health - **10%**

Referrals by Region

Of the 1,247 individuals currently being served
(as of October 2022)

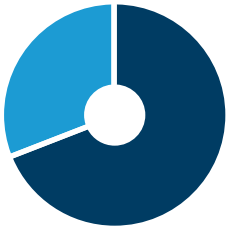


Outcomes

Free Through Recovery providers are reimbursed with a pay for performance model. In addition to monthly base pay, providers can receive performance pay if participants meet at least 3 of 4 outcome metrics (Housing, Employment, Recovery, and Involvement with Law Enforcement).

Overall, from March 2018 through October 2022, **68%** of the time participants achieved 3 of 4 outcomes.

March 2018 - October 2022 Outcomes



- Met 3 or 4 outcomes - 68%
- Met < 3 outcomes- 32%

Positive outcomes were achieved by:

- **75%** of the participants in the housing domain
- **66%** of the participants in the employment domain
- **69%** of the participants in the recovery domain
- **72%** of the participants in the law enforcement domain

CommunityConnect
My Recovery. My Story.

The mission of Community Connect is to provide quality, community-based behavioral health services to meet the needs of each person.

Community Connect



Stakeholders in the 2018 HSRI ND Behavioral Health System Study reported that North Dakota's current behavioral health system is "primarily crisis oriented and pays inadequate attention to rehabilitative and community-based services." The study identified a recommended (4.1) to ensure access to needed recovery support services, including providing funds to support the implementation of a "Free Through Recovery" program separate from the criminal justice system. During the 2019 North Dakota legislative session, Senate Bill 2012 passed which created a new section in ND Century Code and provided funding to implement Community Connect.

ELIGIBILITY

- Be 18 years of age or older
- Reside in North Dakota
- Have a mental health or substance use disorder impacting functionality in multiple domains, including housing, employment, parenting, physical health, and/or community connections.

Services

Care Coordination
A care coordinator assists with short and long-term goals, barriers, and provides a source of connection and support.

Peer Support
A peer support specialist is an individual with similar lived experience that offers hope, support, and advocacy.

Recovery Services
Access to services or programs to assist an individual with meeting their needs and goals.

Providers

There are currently **46** providers located throughout the state employing over **250** Care Coordinators and **120** Certified Peer Support Specialists.

46 PROVIDERS

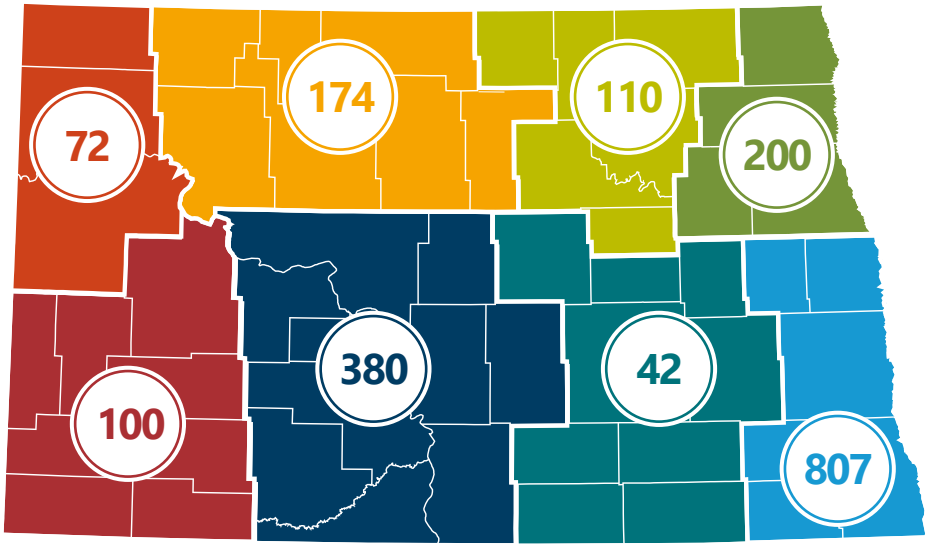
250 CARE COORDINATORS

120 CERTIFIED PEER SUPPORT SPECIALISTS

Participants

The following charts provide a breakdown of all currently active participants within the Community Connect program.

Participant Home Region



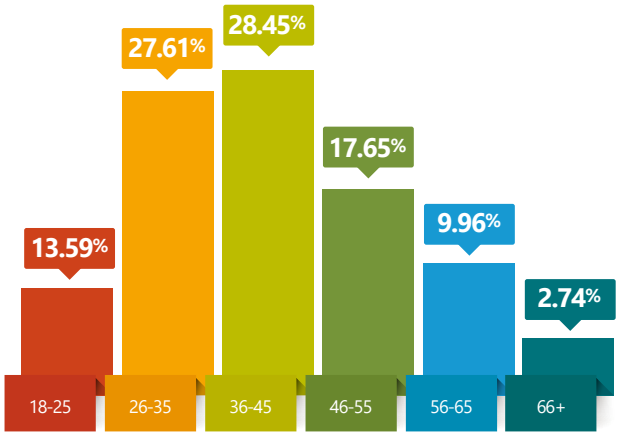
- Region 1 - Williston
- Region 2 - Minot
- Region 3 - Devils Lake
- Region 4 - Grand Forks
- Region 5 - Fargo
- Region 6 - Jamestown
- Region 7 - Bismarck
- Region 8 - Dickinson

Since program inception in February 2021, the program has served **4,025** participants.

There are currently **1,898** participants within the Community Connect program.

Age Range

53% of participants are between the ages of 26-45



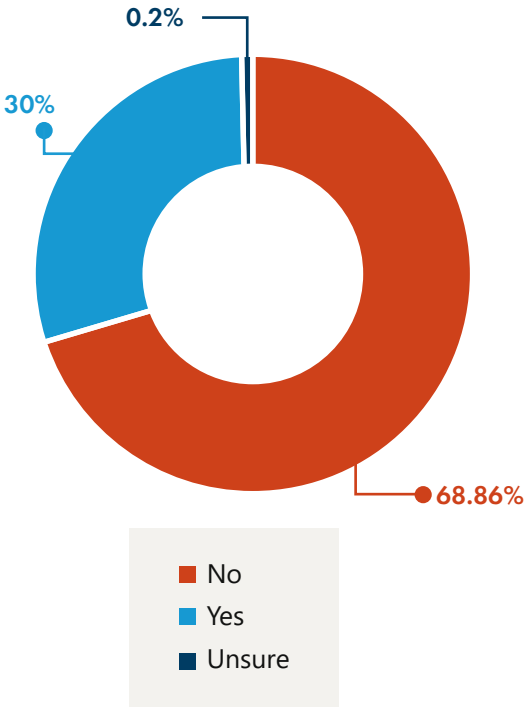
48%

Living Status

At the time of their application for eligibility, **48%** of program participants indicate they are homeless

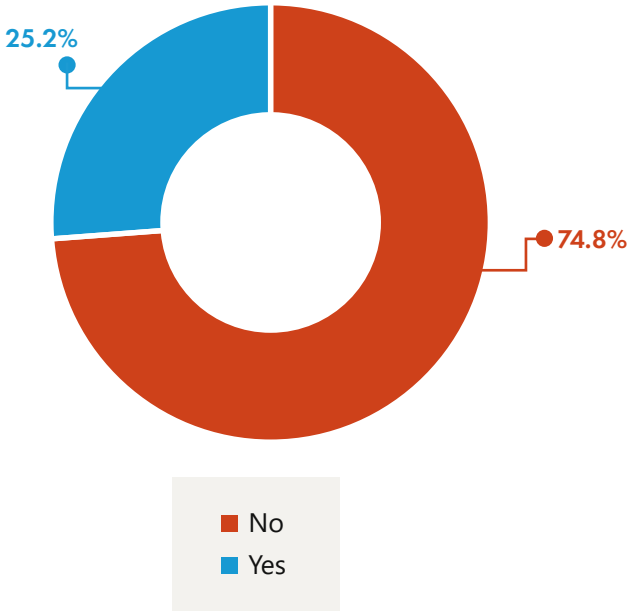
Parent/Caregiver

30% of program participants report they are a parent or caregiver



Tribal

25.2% of applicants report they are enrolled in a ND tribe



Data current as of 1/11/23

Peer Support Engagement

Peer Support Specialists bring hope by sharing their experiences and promoting a sense of belonging. A Peer Support Specialist is an individual who uses their lived experience and skills learned through formal training to deliver services to promote mind-body recovery and resiliency.

1 in 6 Community Connect participants are actively engaging with a Certified Peer Support Specialist.

Outcomes

The Community Connect program utilizes a pay-for-outcomes model. Outcomes in the domains of criminal justice, employment/financial, housing, and recovery are gathered monthly.

Of participants actively engaged in services:

96% of participants are actively addressing their housing needs.

92% of participants are actively addressing their employment/ financial needs.

92% of participants have had no negative contact with law enforcement.

93% of participants are actively addressing their recovery needs.

Needs and Progress

Upon intake and at least every 6 months information is collected from program participants around their self-reported wellbeing in multiple domains. At 6 months, **83% of program participants self-report improvement** in these domains, which include housing stability, employment/financial stability, physical health, community connections, parenting, use of emergency services, and feelings of worry or anxiety in their daily life.



Permanent Supportive Housing

During the 2021 legislative session, the North Dakota Department of Health & Human Services' Behavioral Health Division was directed to develop a methodology to distribute funds to qualified entities that:

- utilize best practices for permanent supportive housing,
- provide recovery-oriented and person-centered services, and
- submit process and outcome measures to the department.



Current Contracts
2021-23 biennium

PRAIRIE HARVEST MENTAL HEALTH
- Stern Place: 9 units
- Harvest Homes: 12 units

GRAND FORKS HOUSING AUTHORITY
- La Grave on First: 42 units

FARGO HOUSING
- Cooper House: 42 units

BURLEIGH CO HOUSING
- Edwinton: 40 units

- **174** tenants supported (7/1/2022 - 12/14/2022)
- **100%** of tenants have either a substance use disorder or mental health condition and were considered chronically homeless at the time of admission
- Less than **20%** of tenants move, of the tenants that move, **56%** leave for other permanent housing.

What is **Permanent Supportive Housing?**

Permanent: tenants must meet the basic obligations of their lease agreement. Housing is affordable and costs no more than 30% of income.

Supportive: tenants have access to support services that they need and want to retain housing. Services must be individualized to meet the unique needs of each tenant.

Housing: tenants have a private, independent and secure place to make their home. Housing is integrated into the community.



What are the pillars of supportive services?

Community-based: tenants are offered services integrated in the community

Navigation: assist tenants in navigating issues and choices related to their ability to remain housed

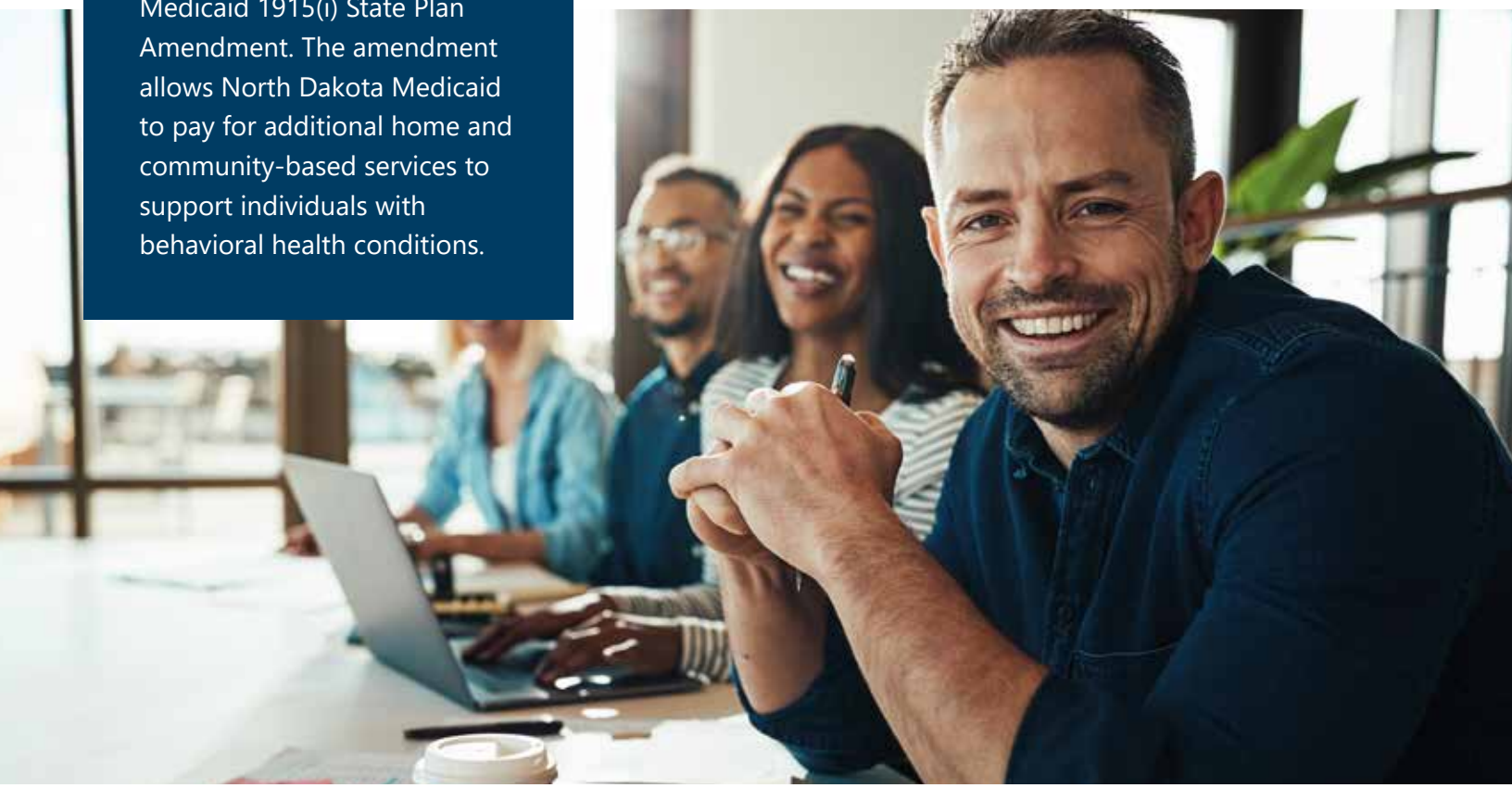
Choice: tenants have choices and the supportive services are voluntary, the tenant cannot be evicted for rejecting services

Independent living skills: this type of support is crucial to help tenants with limited skills learn to meet their tenancy obligations

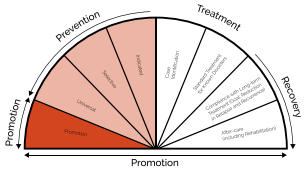
Behavioral health services: includes mental health and substance use

During the 2019 legislative session, North Dakota lawmakers authorized the Department of Health & Human Services to create a Medicaid 1915(i) State Plan Amendment. The amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

Medicaid 1915(i) State Plan Amendment



Based on the 2018 HSRI ND Behavioral Health System Study, three keys to reforming North Dakota's behavioral health system were identified:



Support the full continuum of care

Increase community-based services

Prevent criminal justice involvement for individuals with a behavioral health conditions

The implementation of the Medicaid 1915(i) State Plan Amendment supports these keys and also aligns with the 2018 HSRI ND Behavioral Health System Study recommendation 12.2: Pursue 1915(i) Medicaid state plan amendments.

Benefits Of 1915(i)

Consumers

Services available closer to home and are specifically targeted to need

Behavioral Health Professionals

Opportunities to expand workforce through non-traditional behavioral health providers and improve access in rural areas through an expanded workforce

Private Providers

Opportunities to bill for new services, expanding services and increasing revenue

Timeline

SEPTEMBER 2019
OCTOBER 2019

Public Input Meetings
Review of Public Input

NOVEMBER 2019
MARCH 2020

Development of Application Draft
Public Comment of Application Draft
1915(i) Application Draft Webinar

APRIL 2020

Review of Public Comments
Submit Application to CMS

FEBRUARY 2020
JULY 2020

Development of Provider Enrollment Process

AUGUST 2020

Provider Enrollment Orientation

SEPTEMBER 2020
OCTOBER 2020

1915(i) Services Orientation

JANUARY 2021
FEBRUARY 2021

CMS approval (January 20)
Go-live date (February 16)

Eligible Individuals meet the following criteria:

- Age 0+; and
- Currently enrolled in ND Medicaid or Medicaid Expansion; and
- Household income at or below 150% of the Federal Poverty Level; and
- Receive a World Health Organization Disability Assessment Schedule (WHODAS) score of 25 or above; and
- Reside in and will receive services in a setting meeting the federal home and community-based setting requirements, and
- Have a qualifying Substance Use Disorder, Mental Illness or Brain Injury diagnosis.

The following services are approved through the 1915(i):

- Care Coordination
- Training and Supports for Caregivers
- Community Transition Services
- Benefits Planning
- Non-Medical Transportation
- Respite
- Prevocational Training
- Supported Education
- Supported Employment
- Housing Support Services
- Peer Support
- Family Peer Support

What is the process for receiving services under the 1915(i)?

- Individual is approved for Medicaid or Expansion
- Individual is approved for 1915i - determined at Human Service Zone
- Care Coordinator and individual develop the Plan of Care
- Individual receives services identified in their Plan of Care
- Quarterly meetings with the Care Coordinator to assess ongoing need and satisfaction with services
- Annual eligibility renewal

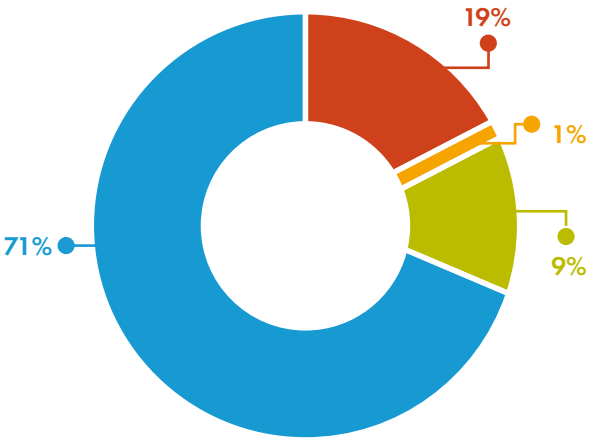


AS OF DECEMBER 1, 2022

130 enrolled individual providers

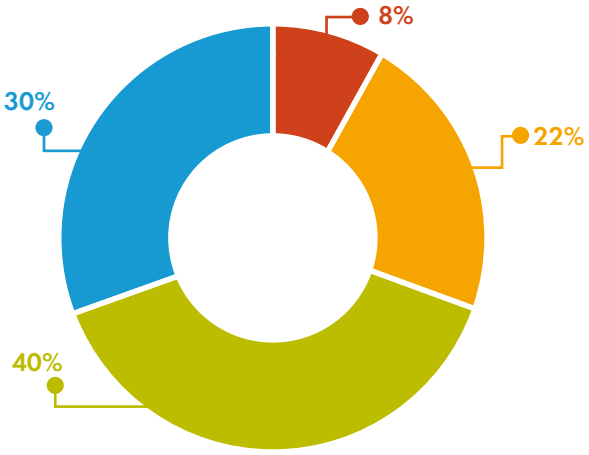
236 enrolled individual participants

Participants by **Race**



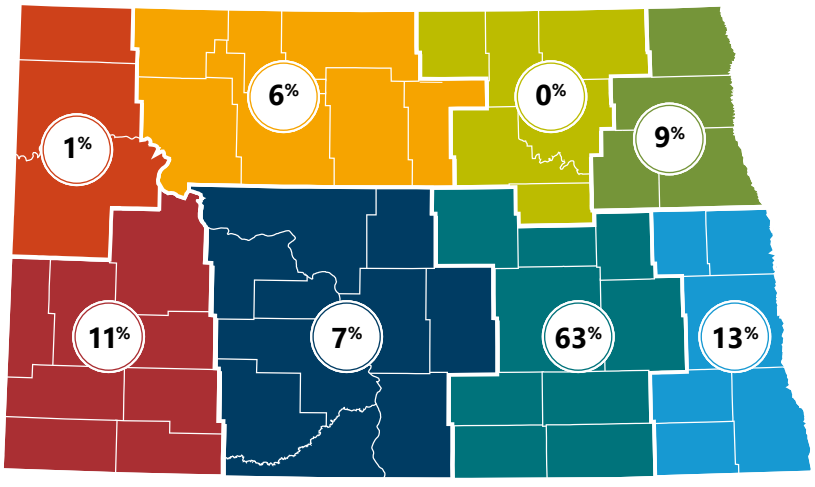
- American Indian/Alaskan Native
- Asian
- Black/African American
- White

Participants by **Age**



- Under 18
- 18-29
- 30-49
- 50-69
- 70+

Participants by **Region**



- Region 1 = **1%**
- Region 2 = **6%**
- Region 3 = **0%**
- Region 4 = **9%**
- Region 5 = **13%**
- Region 6 = **63%**
- Region 7 = **7%**
- Region 8 = **11%**

NORTH Dakota
Be Legendary.

Behavioral Health
HEALTH & HUMAN SERVICES

behavioralhealth.nd.gov

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

Detail description	23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
	EBR FTE	EBR Gen	EBR Other	EBR Total	Ch1 FTE	Ch1 Gen	Ch 1 Other	Ch 1 Total	FTE	Gen	Other	Total
2023-25 Base Level - Management	112.40	$ 79,695,064	$ 92,905,416	$ 172,600,480	112.40	$ 79,695,064	$ 92,905,416	$ 172,600,480	0.00	$ -	$ -	$ -
2023-25 Ongoing Funding Changes - Management												
State employee salary and benefit increases		$ 1,581,002	$ 515,391	$ 2,096,393		1,298,730	422,595	1,721,325	-	(282,272)	(92,796)	(375,068)
Section 3 - Funding transfers between Subdivisions 1, 2 and 3 and HB 1004						-	-	-	-	-	-	-
Section 4 - Funding transfers from Subdivision 1, 2, 3 and HB 1004 to Subsection 4						-	-	-	-	-	-	-
Section 5 - Combine appropriation of HB 1004 and other bills approved into one budget						-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-	-
Subtotal Ongoing Funding Changes	-	1,581,002	515,391	2,096,393	-	1,298,730	422,595	1,721,325	-	(282,272)	(92,796)	(375,068)
Administration												
Continued program changes		2,353,162	(2,857)	2,350,305	-	2,353,162	(361,467)	1,991,695	-	-	(358,610)	(358,610)
					-	-	-	-	-	-	-	-
Subtotal Administration	-	2,353,162	(2,857)	2,350,305	-	2,353,162	(361,467)	1,991,695	-	-	(358,610)	(358,610)
Information Technology Services												
Continued program changes		7,154,347	11,885,615	19,039,962	-	7,154,347	11,885,615	19,039,962	-	-	-	-
IT Underfunding		(3,512,330)		(3,512,330)	-	(3,512,330)	-	(3,512,330)	-	-	-	-
				-	-	-	-	-	-	-	-	-
Subtotal ongoing funding changes	-	3,642,017	11,885,615	15,527,632	-	3,642,017	11,885,615	15,527,632	-	-	-	-

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Amendments to consider													
	CBCU - 0.5 FTE to 1.0 FTE	0.50	81,766	17,946	99,712	0.50	81,766	17,946	99,712	-	-	-	-
	CBCU - Temp to FTE	1.00	39,014	8,566	47,580	1.00	39,014	8,566	47,580	-	-	-	-
	ADA Coordinators		55,200		55,200	-	55,200	-	55,200	-	-	-	-
	Rent Model		842,674		842,674	-	842,674	-	842,674	-	-	-	-
	Reduce funding for overall agency operations					-	(19,900,262)	-	(19,900,262)	-	(19,900,262)	-	(19,900,262)
	Shifting Costs from 457 to HHS Admin	5.00	2,541,661		2,541,661	-	-	-	-	(5.00)	(2,541,661)	-	(2,541,661)
	Section 7 - Community Health Trust Fund of $20,400,000 for replacement of CS System				-	-	-	-	-	-	-	-	-
	Section 27 - MMIS technology stack upgrade					-	-	-	-	-	-	-	-
	Section 28 - MMIS modularization technology project					-	-	-	-	-	-	-	-
	Section 29 - Carryover of Special Session appropriation for projects, financial assistance, IT upgrades, behavioral health services and SUD voucher system grants				-	-	-	-	-	-	-	-	-
	Section 33 - Carryover for COVID-19 response operating and grants chapter 27					-	-	-	-	-	-	-	-
	Section 34 - Carryover for COVID-19 pandemic response operating and grants chapter 28					-	-	-	-	-	-	-	-
						-	-	-	-	-	-	-	-
	Subtotal of Amendments to Consider	6.50	3,560,315	26,512	3,586,827	1.50	(18,881,608)	26,512	(18,855,096)	(5.00)	(22,441,923)	-	(22,441,923)
One-time funding items													
	Inflation for HHS Operating		10,282,172	10,282,172	20,564,344	-	10,282,172	10,282,172	20,564,344	-	-	-	-
	CBCU Automation		1,000,000		1,000,000	-	1,000,000	-	1,000,000	-	-	-	-
	Child Support Replacement - Community Health Trust Fund			60,000,000	60,000,000	-	-	60,000,000	60,000,000	-	-	-	-
	Contract and Grant System - SIIF			11,000,000	11,000,000	-	-	11,000,000	11,000,000	-	-	-	-
	Total one-time funding changes	-	11,282,172	81,282,172	92,564,344	-	11,282,172	81,282,172	92,564,344	-	-	-	-
	Total Changes to Base Level Funding - Administration	6.50	22,418,668	93,706,833	116,125,501	1.50	(305,527)	93,255,427	92,949,900	(5.00)	(22,724,195)	(451,406)	(23,175,601)
2023-25 Total Management Funding		118.90	$ 102,113,732	$ 186,612,249	$ 288,725,981	113.90	79,389,537	186,160,843	265,550,380	(5.00)	(22,724,195)	(451,406)	(23,175,601)

SB 2012 Review Approval Worksheet

Legislative Base budget
Fully funded requests in EBR
Additional requests by Governor
Additional Amendments added during Committee Work
Partially funded requests in EBR
Total additional request to EBR
Additional section amendments requested in SB2012

	23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Base Level - Program and Policy	676.32	$ 1,294,528,245	$ 2,501,118,558	$ 3,795,646,803	676.32	$ 1,294,528,245	$ 2,501,118,558	$ 3,795,646,803	0.00	$ -	$ -	$ -
2023-25 Ongoing Funding Changes												
State employee salary and benefit increases		$ 4,860,029	$ 6,532,578	$ 11,392,607	-	3,999,933	5,393,606	9,393,539	-	(860,096)	(1,138,972)	(1,999,068)
				-	-	-	-	-	-	-	-	-
Subtotal Ongoing Funding Changes	-	4,860,029	6,532,578	11,392,607	-	3,999,933	5,393,606	9,393,539	-	(860,096)	(1,138,972)	(1,999,068)
Economic Assistance												
Continued program changes		14,082,853	(2,071,770)	12,011,083	-	1,094,308	2,065,084	3,159,392	-	(12,988,545)	4,136,854	(8,851,691)
Grant cost and caseload changes		(6,607,933)	73,479,898	66,871,965	-	6,595,560	69,004,177	75,599,737	-	13,203,493	(4,475,721)	8,727,772
Subtotal Economic Assistance	-	7,474,920	71,408,128	78,883,048	-	7,689,868	71,069,261	78,759,129	-	214,948	(338,867)	(123,919)
Amendments to consider												
TANF Revitalization			7,496,368	7,496,368	-	-	7,496,368	7,496,368	-	-	-	-
Grow utilization of CCAP for kids 0-3		22,000,000		22,000,000	-	22,000,000	-	22,000,000	-	-	-	-
Improve ability of lower income parents to find/choose quality childcare		12,900,000		12,900,000	-	12,900,000	-	12,900,000	-	-	-	-
Increase in CCDF funding (total award $3,114,294 - 80% to EA)		-		-	-	-	2,491,435	2,491,435	-	-	2,491,435	2,491,435
Increase in LIHEAP funding				-	-	-	12,700,000	12,700,000	-	-	12,700,000	12,700,000
Agree to Engrossed SB 2012					-	-	(3,193,841)	(3,193,841)	-	-	(3,193,841)	(3,193,841)
Section 30 - Carryover for alternatives-to-abortion				-	-	-	-	-	-	-	-	-
Section 31 - Carryover for eligibility system project (SPACES)					-	-	-	-	-	-	-	-
Section 38 - Federal funding appeal limitation					-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-	-
Subtotal of Economic Assistance Amendments to Consider	-	34,900,000	7,496,368	42,396,368	-	34,900,000	19,493,962	54,393,962	-	-	11,997,594	11,997,594
One-time funding items												
Create quality tiers in CCAP reimbursement rates (EA)		3,000,000		3,000,000	-	3,000,000	-	3,000,000	-	-	-	-
Subtotal of Economic Assistance One-time Funding items					-	3,000,000	-	3,000,000	-	-	-	-
Child Support												
Continued program changes		89,676	(810,974)	(721,298)	-	51,381	(847,850)	(796,469)	-	(38,295)	(36,876)	(75,171)
				-	-	-	-	-	-	-	-	-
Subtotal Child Support	-	89,676	(810,974)	(721,298)	-	51,381	(847,850)	(796,469)	-	(38,295)	(36,876)	(75,171)

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Medical Services													
	Continued program changes		11,192,893	(3,534,736)	7,658,157	-	10,064,218	(1,761,795)	8,302,423	-	(1,128,675)	1,772,941	644,266
	Grant cost and caseload changes		39,637,782	304,848,337	344,486,119	-	39,637,782	304,848,337	344,486,119	-	-	-	-
	Funding shift for Community Health Trust Fund		31,500,000	(31,500,000)	-	-	31,500,000	(31,500,000)	-	-	-	-	-
	Medicaid Underfunding		(10,052,678)	(14,077,610)	(24,130,288)	-	(10,052,678)	(14,077,610)	(24,130,288)	-	-	-	-
	FMAP Changes		6,097,851	(6,097,851)	-	-	6,097,851	(6,097,851)	-	-	-	-	-
					-	-	-	-	-	-	-	-	-
	Subtotal Medical Services	-	78,375,848	249,638,140	328,013,988	-	77,247,173	251,411,081	328,658,254	-	(1,128,675)	1,772,941	644,266
Amendments to consider													
	Section 36 - Provider Inflation (4% / 4%)		15,654,634	18,828,683	34,483,317	-	17,067,027	20,537,526	37,604,553	-	1,412,393	1,708,843	3,121,236
	Early Intervention Team - New FTE	1.00	92,210	92,210	184,420	-	-	-	-	(1.00)	(92,210)	(92,210)	(184,420)
	Increase CHIP eligibility to 210% FPL		1,389,270	2,878,042	4,267,312	-	1,389,270	2,878,042	4,267,312	-	-	-	-
	Increase FPL for Medically Needy (Includes Clawback)		6,300,000	4,200,000	10,500,000	-	6,300,000	4,200,000	10,500,000	-	-	-	-
	Create Medicaid Provider strike team - New FTE	2.00	59,614	285,350	344,964	2.00	48,642	266,995	315,637	-	(10,972)	(18,355)	(29,327)
	Increase Medicaid Reimbursement for behavioral health practitioners from 75% to 100%					-	1,362,070	1,505,446	2,867,516	-	1,362,070	1,505,446	2,867,516
	Agree to Engrossed SB 2012					-	(331,180)	2,122,006	1,790,826	-	(331,180)	2,122,006	1,790,826
	Section 14 - Medicaid Expansion appropriation limitation					-	-	-	-	-	-	-	-
	Section 15 - Amend and reenact 50-29-04 for medical assistance to children and adjust FPL to 210%					-	-	-	-	-	-	-	-
	Section 35 - Utilization rate adjustment deficiency request for utilization, unwinding Medicaid continuous enrollment requirement, value-based purchases for Nursing Facilities and FMAP reduction				-	-	-	-	-	-	-	-	-
					-	-	-	-	-	-	-	-	-
	Subtotal of Medical Services Amendments to Consider	3.00	23,495,728	26,284,285	49,780,013	2.00	25,835,829	31,510,015	57,345,844	(1.00)	2,340,101	5,225,730	7,565,831
One-time funding items													
	Program integrity audits (MA)		2,250,000	2,250,000	4,500,000	-	2,250,000	2,250,000	4,500,000	-	-	-	-
	Subtotal of Medical Services One-time Funding items					-	2,250,000	2,250,000	4,500,000	-	-	-	-

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Long-Term Care													
	Grant cost and caseload changes		52,743,861	59,396,389	112,140,250	-	52,743,861	59,396,389	112,140,250	-	-	-	-
	Funding Shift for Health Care Trust Fund		1,000,000	(1,000,000)	-	-	1,000,000	(1,000,000)	-	-	-	-	-
	FMAP Changes		8,628,268	(8,628,268)	-	-	8,628,268	(8,628,268)	-	-	-	-	-
					-	-	-	-	-	-	-	-	-
	Subtotal Long Term Care	-	62,372,129	49,768,121	112,140,250	-	62,372,129	49,768,121	112,140,250	-	-	-	-
Amendments to consider													
	Section 36 - Provider Inflation (4% / 4%)		6,173,513	4,332,672	10,506,185	-	6,753,642	4,740,891	11,494,533	-	580,129	408,219	988,348
	Section 36 - Exclude BC if SB 2283 passes					-	(2,391,028)	(1,120,629)	(3,511,657)	-	(2,391,028)	(1,120,629)	(3,511,657)
	Personal Needs Allowance		1,913,100	1,526,700	3,439,800	-	1,913,100	1,526,700	3,439,800	-	-	-	-
	Adult Foster Care Rate		779,837	779,837	1,559,674	-	779,837	779,837	1,559,674	-	-	-	-
	Agency On-Call QSP Staff		351,000	-	351,000	-	351,000	-	351,000	-	-	-	-
	Bed Hold Days for HCBS		86,882	96,028	182,910	-	86,882	96,028	182,910	-	-	-	-
	Companionship Services		280,000	-	280,000	-	280,000	-	280,000	-	-	-	-
	Family Home Care Rate		6,240,000	-	6,240,000	-	4,777,500	-	4,777,500	-	(1,462,500)	-	(1,462,500)
	Institute base rate for Personal Cares		100,000	-	100,000	-	100,000	-	100,000	-	-	-	-
	Increase Benefit level and slots for Medically Fragile Waiver		186,400	206,022	392,422	-	186,400	206,022	392,422	-	-	-	-
	Increase Home Delivered Meals to two		138,150		138,150	-	138,150	-	138,150	-	-	-	-
	Add slots to Autism Waiver		4,149,579	4,586,377	8,735,956	-	4,149,579	4,586,377	8,735,956	-	-	-	-
	Sunset Autism Voucher		(300,000)		(300,000)	-	-	-	-	-	300,000	-	300,000
	Add tutoring service to Autism Waiver		19,380	21,420	40,800	-	19,380	21,420	40,800	-	-	-	-
	Section 16 - Repeal section 50-06-32.1 Autism Voucher program					-	-	-	-	-	-	-	-
	Section 37 - Rebase basic care facilities using median plus methodology					-	-	-	-	-	-	-	-
	Section 40 - Effective date for section 16 (repeal Autism Voucher)				-	-	-	-	-	-	-	-	-
	New Section - Medicaid Waivers - In-home services - Update age for the Autism Waiver to 18 years of age					-	-	-	-	-	-	-	-
					-	-	-	-	-	-	-	-	-
	Subtotal of Long Term Care Amendments to Consider	-	20,117,841	11,549,056	31,666,897	-	17,144,442	10,836,646	27,981,088	-	(2,973,399)	(712,410)	(3,685,809)
One-time funding items													
	Sunset Autism Voucher (LTC)				-	-	(300,000)	-	(300,000)	-	(300,000)	-	(300,000)
	Subtotal of Long Term Care One-time Funding items					-	(300,000)	-	(300,000)	-	(300,000)	-	(300,000)
DD Council													
	Continued program changes			70,974	70,974	-	-	70,967	70,967	-	-	(7)	(7)
	Subtotal DD Council	-	-	70,974	70,974	-	-	70,967	70,967	-	-	(7)	(7)

SB 2012 Review Approval Worksheet

	G	H	I	J	K	L	M	N	S	V	W	X	Y	Z	AA	AB	AC	AD	AE
1	**SB 2012 Review Approval Worksheet**																			
2																				
3				Legislative Base budget			Partially funded requests in EBR													
4				Fully funded requests in EBR			Total additional request to EBR													
5				Additional requests by Governor			Additional section amendments requested in SB2012													
6				Additional Amendments added during Committee Work																
7				**23 -25 Executive Budget Recommendation (EBR)**							**23 - 25 Senate Budget**					**Difference 23-25 Senate to EBR**				
8				**FTE Positions**	**General Fund**	**Other Funds**	**Total**				**FTE Positions**	**General Fund**	**Other Funds**	**Total**		**FTE Positions**	**General Fund**	**Other Funds**	**Total**	
156																				
157	**Aging Services**																			
158		Continued program changes			590,655	8,414,390	9,005,045				-	915,153	7,584,641	8,499,794		-	324,498	(829,749)	(505,251)	
159							-				-	-	-	-		-	-	-	-	
160		Subtotal Aging Services		-	590,655	8,414,390	9,005,045				-	915,153	7,584,641	8,499,794		-	324,498	(829,749)	(505,251)	
161																				
162	**Amendments to consider**																			
163		Section 36 - Provider Inflation (4% / 4%)			112,159	41,427	153,586				-	122,649	45,302	167,951		-	10,490	3,875	14,365	
164		DOJ Coordinator - Makes sunset FTE Perm FTE		1.00			-				1.00	-	-	-		-	-	-	-	
165		HCBS Case Management - New FTE		10.00		2,350,289	2,350,289									(10.00)	-	(2,350,289)	(2,350,289)	
166		HCBS Generalist - New FTE		1.00	75,170	75,170	150,340				1.00	71,956	71,956	143,912		-	(3,214)	(3,214)	(6,428)	
167		HCBS Service Navigators - New FTE		2.00	75,170	75,170	150,340				2.00	71,956	71,956	143,912		-	(3,214)	(3,214)	(6,428)	
168		Quality Assurance/Compliance for Aging - New FTE		1.00	110,878	110,878	221,756				1.00	103,868	103,868	207,736		-	(7,010)	(7,010)	(14,020)	
169		Guardianship establishment (fee increase)			70,500		70,500				-	70,500	-	70,500		-	-	-	-	
170		Senior Meal Rate Increase			12,854,294		12,854,294				-	12,854,294	-	12,854,294		-	-	-	-	
171		Shifting Costs from 457 to HHS Aging		67.00	13,779,234	984,705	14,763,939				-	-	-	-		(67.00)	(13,779,234)	(984,705)	(14,763,939)	
172		Increase funding for dementia care service grant									-	305,000	-	305,000		-	305,000	-	305,000	
173		Agree to Engrossed SB 2012									-	-	697,009	697,009		-	-	697,009	697,009	
174		Section 23 - Carryover authority for vulnerable adult protection services appropriation from 2021 Special Session									-	-	-	-		-	-	-	-	
175		Section 25 - Carryover authority for money follows the person capacity program appropriation from 2021 Special Session									-	-	-	-		-	-	-	-	
176		Section 32 - Carryover exemption for Medicaid HCBS 10% plan									-	-	-	-		-	-	-	-	
177							-				-	-	-	-		-	-	-	-	
178		Subtotal of Aging Amendments to Consider		82.00	27,077,405	3,637,639	30,715,044				5.00	13,600,223	990,091	14,590,314		(77.00)	(13,477,182)	(2,647,548)	(16,124,730)	
179																				
180	**Children and Family Services**																			
181		Continued program changes			6,135,387	(2,874,953)	3,260,434				-	2,979,468	416,500	3,395,968		-	(3,155,919)	3,291,453	135,534	
182		Grant cost and caseload changes			1,402,952	5,745,866	7,148,818				-	4,756,382	2,321,276	7,077,658		-	3,353,430	(3,424,590)	(71,160)	
183		FMAP Changes			(18,029)	18,029	-				-	(18,029)	18,029	-		-	-	-	-	
184							-				-	-	-	-		-	-	-	-	
185		Subtotal Children and Family Services		-	7,520,310	2,888,942	10,409,252				-	7,717,821	2,755,805	10,473,626		-	197,511	(133,137)	64,374	
186																				
187	**Amendments to consider**																			
188		Section 36 - Provider Inflation (4% / 4%)			4,430,167	3,425,283	7,855,450				-	4,776,326	3,663,887	8,440,213		-	346,159	238,604	584,763	
189		TANF Revitalization			7,496,368	(7,496,368)	-				-	7,496,368	(7,496,368)	-		-	-	-	-	
190		CAC Child Advocacy Center of ND			1,600,000		1,600,000				-	2,500,000	-	2,500,000		-	900,000	-	900,000	
191		Unlicensed Relative Caregiver assistance			960,000		960,000				-	960,000	-	960,000		-	-	-	-	
192		Child Protection and Response Team		4.00	1,003,280		1,003,280				-	-	-	-		(4.00)	(1,003,280)	-	(1,003,280)	
193		Family Voices - grants to organizations to provide family to family support services					-				-	175,000	-	175,000		-	175,000	-	175,000	
194		Section 24 - Carryover authority for children and family services transition program appropriation from 2021 Special Session									-	-	-	-		-	-	-	-	
195							-				-	-	-	-		-	-	-	-	
196		Subtotal of CFS Amendments to Consider		4.00	15,489,815	(4,071,085)	11,418,730				-	15,907,694	(3,832,481)	12,075,213		(4.00)	417,879	238,604	656,483	

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
198	**Behavioral Health Division**												
199	Continued program changes		191,745	(2,479,500)	(2,287,755)	-	220,705	(2,496,747)	(2,276,042)	-	28,960	(17,247)	11,713
200					-	-	-	-	-	-	-	-	-
201	Subtotal Behavioral Health Division	-	191,745	(2,479,500)	(2,287,755)	-	220,705	(2,496,747)	(2,276,042)	-	28,960	(17,247)	11,713
202													
203	**Amendments to consider**												
204	Section 36 - Provider Inflation (4% / 4%)		1,366,916	338,976	1,705,892	-	1,494,757	370,679	1,865,436	-	127,841	31,703	159,544
205	BHD Service Navigator - New FTE	1.00	201,743		201,743	1.00	189,272	-	189,272	-	(12,471)	-	(12,471)
206	SUD Voucher Processor - Temp to FTE	1.00	34,674		34,674	1.00	34,674	-	34,674	-	-	-	-
207	Pregnant Parenting Women Residential		600,000		600,000	-	600,000	-	600,000	-	-	-	-
208	Community Connect		7,019,514		7,019,514	-	7,019,514	-	7,019,514	-	-	-	-
209	Free Through Recovery			8,326,380	8,326,380	-	-	8,326,380	8,326,380	-	-	-	-
210	Opioid Settlement			2,000,000	2,000,000	-	-	2,000,000	2,000,000	-	-	-	-
211	School Grants					-	3,500,000	-	3,500,000	-	3,500,000	-	3,500,000
212	Recovery Housing additional funding				-	-	1,300,000	-	1,300,000	-	1,300,000	-	1,300,000
213	B-HERO spending authority (Funded with GEER funds)				-	-	-	400,000	400,000	-	-	400,000	400,000
214	Section 12 - Supportive housing Grants for behavioral health division					-	-	-	-	-	-	-	-
215	Section 19 - Provider process and outcomes measures for providers who receive funding from Department				-	-	-	-	-	-	-	-	-
216	Section 20 - Transfer authority of appropriation for community behavioral health program				-	-	-	-	-	-	-	-	-
217	Section 22 - Carryover suicide prevention grants					-	-	-	-	-	-	-	-
218	Section 26 - Carryover authority for free through recovery program appropriation from 2021 Special Session					-	-	-	-	-	-	-	-
219	New section amendment - to carryover SUD Voucher funding from HB1012					-	-	-	-	-	-	-	-
220						-	-	-	-	-	-	-	-
221						-	-	-	-	-	-	-	-
222						-	-	-	-	-	-	-	-
223	Subtotal of Behavioral Health Division Amendments to Consider	2.00	9,222,847	10,665,356	19,888,203	2.00	14,138,217	11,097,059	25,235,276	-	4,915,370	431,703	5,347,073
224													
225	**One-time funding items**												
226	Pregnant Parenting Women Residential - SIIF			1,000,000	1,000,000	-	-	1,000,000	1,000,000	-	-	-	-
227	Subtotal of Behavioral Health Division One-time Funding items					-	-	1,000,000	1,000,000	-	-	-	-
228													
229	**Vocational Rehabilitation**												
230	Continued program changes		361,265	1,822,770	2,184,035	-	425,752	1,757,792	2,183,544	-	64,487	(64,978)	(491)
231					-	-	-	-	-	-	-	-	-
232	Subtotal Vocational Rehabilitation	-	361,265	1,822,770	2,184,035	-	425,752	1,757,792	2,183,544	-	64,487	(64,978)	(491)

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

	23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Developmental Disabilities												
Continued program changes		373,528	2,141,760	2,515,288	-	335,097	2,004,834	2,339,931	-	(38,431)	(136,926)	(175,357)
Grant cost and caseload changes		(4,506,432)	(7,804,980)	(12,311,412)	-	(4,381,435)	(7,804,977)	(12,186,412)	-	124,997	3	125,000
FMAP Changes		6,895,538	(6,895,538)	-	-	6,895,538	(6,895,538)	-	-	-	-	-
Underfunding		(4,615,012)	(5,121,300)	(9,736,312)	-	(4,615,012)	(5,121,300)	(9,736,312)	-	-	-	-
				-	-	-	-	-	-	-	-	-
Subtotal Developmental Disabilities	-	(1,852,378)	(17,680,058)	(19,532,436)	-	(1,765,812)	(17,816,981)	(19,582,793)	-	86,566	(136,923)	(50,357)
Amendments to consider												
Section 36 - Provider Inflation (4% / 4%)		18,647,220	20,831,720	39,478,940	-	20,416,563	22,808,856	43,225,419	-	1,769,343	1,977,136	3,746,479
Additional 3% Provider Increase for Year 1				-	-	10,223,681	11,403,366	21,627,047	-	10,223,681	11,403,366	21,627,047
Early Intervention Team - New FTE	1.00	92,210	92,210	184,420	1.00	86,602	86,602	173,204	-	(5,608)	(5,608)	(11,216)
Quality Assurance/Compliance for DD - New FTE	1.00	110,878	110,878	221,756	1.00	103,868	103,868	207,736	-	(7,010)	(7,010)	(14,020)
Guardianship Establishment for DD Families		300,000		300,000	-	300,000	-	300,000	-	-	-	-
Guardianship Addition during Committee work				-	-	808,748	-	808,748	-	808,748	-	808,748
Agree to Engrossed SB 2012					-	-	697,009	697,009	-	-	697,009	697,009
DDPM (case management) capacity - New FTE	2.00	172,370	179,406	351,776	-	-	-	-	(2.00)	(172,370)	(179,406)	(351,776)
				-	-	-	-	-	-	-	-	-
Subtotal of Developmental Disabilities Amendments to consider	4.00	19,322,678	21,214,214	40,536,892	2.00	31,939,462	35,099,701	67,039,163	(2.00)	12,616,784	13,885,487	26,502,271
Disability Determination Services												
Continued program changes			284,045	284,045	-	-	236,892	236,892	-	-	(47,153)	(47,153)
Subtotal Disability Determination Services	-	-	284,045	284,045	-	-	236,892	236,892	-	-	(47,153)	(47,153)
Refugee Services												
Continued program changes			4,097,492	4,097,492	-	-	4,097,463	4,097,463	-	-	(29)	(29)
Subtotal Refugee Services	-	-	4,097,492	4,097,492	-	-	4,097,463	4,097,463	-	-	(29)	(29)

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget			Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Early Childhood Division													
	Continued program changes		21,938	(828,886)	(806,948)	-	132,436	(810,984)	(678,548)	-	110,498	17,902	128,400
					-	-	-	-	-	-	-	-	-
	Subtotal Early Childhood Services	-	21,938	(828,886)	(806,948)	-	132,436	(810,984)	(678,548)	-	110,498	17,902	128,400
Amendments to consider										-	-	-	-
	Expand Child Care & Grants - New FTE	1.00	251,226		251,226	1.00	236,905	-	236,905	-	(14,321)	-	(14,321)
	Expand Best in Class - New FTE	1.00	251,226		251,226	-	-	-	-	(1.00)	(251,226)	-	(251,226)
	Expand Best in Class		16,000,000		16,000,000	-	12,000,000	-	12,000,000	-	(4,000,000)	-	(4,000,000)
	Early Childhood Career Grants and Career Pathways		2,000,000		2,000,000	-	2,000,000	-	2,000,000	-	-	-	-
	Waterford Program (4yr old/ fam eng)		2,400,000		2,400,000	-	-	-	-	-	(2,400,000)	-	(2,400,000)
	Shifting Costs from 457 to HHS Early Childhood	26.00	4,869,909	422,954	5,292,863	-	-	-	-	(26.00)	(4,869,909)	(422,954)	(5,292,863)
	Section 9 - Legacy Fund earnings for defraying expenses for the child care assistance program					-	-	-	-	-	-	-	-
	Section 13 - $5,000,000 for the use financial assistance and direct payments for child care services					-	-	-	-	-	-	-	-
	Section 21 - Exemption to procurement for early childhood workforce/professional development info system or early childhood referral system					-	-	-	-	-	-	-	-
	Section 39 - Legislative management report for Waterford (four-year old) program					-	-	-	-	-	-	-	-
	ECD Award 12/2022 $6.7M PDG grant (discuss how to share)				-	-	-	-	-	-	-	-	-
					-	-	-	-	-	-	-	-	-
	Subtotal of Early Childhood Division Amendments to consider	28.00	25,772,361	422,954	26,195,315	1.00	14,236,905	-	14,236,905	(27.00)	(11,535,456)	(422,954)	(11,958,410)
One-time funding items													
	Expand public-private child care benefit			5,000,000	5,000,000	-	-	1,000,000	1,000,000	-	-	(4,000,000)	(4,000,000)
	Child Care Business Operating grants and services			7,000,000	7,000,000	-	-	5,000,000	5,000,000	-	-	(2,000,000)	(2,000,000)
	Child Care pilot for care during non-traditional hours			1,000,000	1,000,000	-	-	1,000,000	1,000,000	-	-	-	-
	Add capacity to Early Childhood quality infrastructure		3,000,000		3,000,000	-	3,000,000	-	3,000,000	-	-	-	-
					-	-	-	-	-	-	-	-	-
	Subtotal of Early Childhood Division One-time funding changes	-	3,000,000	13,000,000	16,000,000	-	3,000,000	7,000,000	10,000,000	-	-	(6,000,000)	(6,000,000)
										-	-	-	-
	Subtotal all ongoing funding changes	123.00	343,654,812	466,574,949	810,229,761	12.00	334,659,311	487,618,060	822,277,371	(111.00)	(8,995,501)	21,043,111	12,047,610
	Total Changes to Base Level Funding	123.00	343,654,812	466,574,949	810,229,761	12.00	334,659,311	487,618,060	822,277,371	(111.00)	(8,995,501)	21,043,111	12,047,610
2023-25 Total Funding - Program and Policy		799.32	$ 1,638,183,057	$ 2,967,693,507	$ 4,605,876,564	688.32	$ 1,629,187,556	$ 2,988,736,618	$ 4,617,924,174	(111.00)	$ (8,995,501)	$ 21,043,111	$ 12,047,610

SB 2012 Review Approval Worksheet

Legislative Base budget | Partially funded requests in EBR
Fully funded requests in EBR | Total additional request to EBR
Additional requests by Governor | Additional section amendments requested in SB2012
Additional Amendments added during Committee Work

		23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
296	**2023-25 Base Level - Field Services**	1,320.61	$ 179,323,957	$ 114,273,295	$ 293,597,252	1,320.61	$ 179,323,957	$ 114,273,295	$ 293,597,252	0.00	$ -	$ -	$ -
297													
298	**2023-25 Ongoing Funding Changes**												
299	State employee salary and benefit increases		16,019,179	5,196,445	21,215,624	-	13,087,608	4,279,883	17,367,491	-	(2,931,571)	(916,562)	(3,848,133)
300	Subtotal Ongoing Funding Changes	-	16,019,179	5,196,445	21,215,624	-	13,087,608	4,279,883	17,367,491	-	(2,931,571)	(916,562)	(3,848,133)
301													
302	**Human Service Centers**												
303	Continued program changes		828,956	2,176,151	3,005,107	-	828,956	2,176,151	3,005,107	-	-	-	-
304	Adjustment needed in House for Continued Program Changes						(636,804)	(552,800)	(1,189,604)		(636,804)	(552,800)	(1,189,604)
305	Adjustment needed - switch approp line from Institutions to Human Service Centers						(5,028,541)	-	(5,028,541)		(5,028,541)	-	(5,028,541)
306					-	-	-	-	-	-	-	-	-
307	Subtotal Human Service Centers	-	828,956	2,176,151	3,005,107	-	(4,836,389)	1,623,351	(3,213,038)	-	(5,665,345)	(552,800)	(6,218,145)
308													
309	**State Hospital**												
310	Continued program changes		1,164,508	211,800	1,376,308	-	2,586,292	764,602	3,350,894	-	1,421,784	552,802	1,974,586
311	Adjustment needed - switch approp line from Institutions to Human Service Centers						5,028,541	-	5,028,541		5,028,541	-	5,028,541
312					-	-	-	-	-	-	-	-	-
313	Subtotal State Hospital	-	1,164,508	211,800	1,376,308	-	7,614,833	764,602	8,379,435	-	6,450,325	552,802	7,003,127
314													
315	**Life Skills and Transition Center**												
316	Continued program changes		2,586,559	5,050,437	7,636,996	-	2,586,559	5,050,437	7,636,996	-	-	-	-
317					-	-	-	-	-	-	-	-	-
318	Subtotal Life Skills and Transition Center	-	2,586,559	5,050,437	7,636,996	-	2,586,559	5,050,437	7,636,996	-	-	-	-
319													
320	Subtotal Institutions					-	5,365,003	7,438,390	12,803,393	-	784,980	2	784,982
321													
322	**Amendments to consider**												
323	Section 36 - Provider Inflation (4% / 4%)		1,296,258		1,296,258	-	1,417,491	-	1,417,491	-	121,233	-	121,233
324	Contract for Gen. Physician Position 24x7 Crisis Services		132,000		132,000	-	132,000	-	132,000	-	-	-	-
325	Contract for nursing for CRU 24x7 Crisis Services		2,080,000		2,080,000	-	2,080,000	-	2,080,000	-	-	-	-
326	Contract for On-call psychiatry 24x7 Crisis Services		3,874,500		3,874,500	-	3,874,500	-	3,874,500	-	-	-	-
327	Expand Mobile Crisis Services - New FTE	4.00	1,115,695		1,115,695	4.00	1,061,781	-	1,061,781	-	(53,914)	-	(53,914)
328	NW RN for Crisis Residential - New FTE	1.00	194,560		194,560	1.00	185,158	-	185,158	-	(9,402)	-	(9,402)
329	Peer Support Specialists - Temp to FTE	16.00	1,646,475		1,646,475	16.00	1,566,897	-	1,566,897	-	(79,578)	-	(79,578)
330	NC Behavioral Health - Temp to FTE	1.50	118,200		118,200	1.50	115,515	-	115,515	-	(2,685)	-	(2,685)
331	NE Behavioral Health - Temp to FTE	4.00	101,270		101,270	4.00	100,323	-	100,323	-	(947)	-	(947)
332	SC Behavioral Health - Temp to FTE	2.00	85,576		85,576	2.00	84,176	-	84,176	-	(1,400)	-	(1,400)
333	SE - Temp to FTE	16.00	393,611		393,611	16.00	391,212	-	391,212	-	(2,399)	-	(2,399)
334	WC Direct Care Associates - Temp to FTE	5.00	264,720		264,720	5.00	259,680	-	259,680	-	(5,040)	-	(5,040)
335	Funding for base community behavioral services thru HSCs		34,200,815	(34,200,815)	-	-	-	-	-	-	(34,200,815)	34,200,815	-
336	3 HSCs to become CCBHCs - New FTE					24.00	9,650,000	-	9,650,000	24.00	9,650,000	-	9,650,000
337	Locumtenens contract cost changes - SH		2,475,200		2,475,200	-	2,475,200	-	2,475,200	-	-	-	-
338	Funding for base community behavioral services thru State Hospital		1,827,326	(1,827,326)	-	-	-	-	-	-	(1,827,326)	1,827,326	-

SB 2012 Review Approval Worksheet

	G	H	I	J	K	L	M	N	S	V	W	X	Y	Z	AA	AB	AC	AD	AE
1	**SB 2012 Review Approval Worksheet**																			
2																				
3				Legislative Base budget			Partially funded requests in EBR													
4				Fully funded requests in EBR			Total additional request to EBR													
5				Additional requests by Governor			Additional section amendments requested in SB2012													
6				Additional Amendments added during Committee Work																
7				**23 -25 Executive Budget Recommendation (EBR)**							**23 - 25 Senate Budget**					**Difference 23-25 Senate to EBR**				
8				**FTE Positions**	**General Fund**	**Other Funds**	**Total**				**FTE Positions**	**General Fund**	**Other Funds**	**Total**		**FTE Positions**	**General Fund**	**Other Funds**	**Total**	
339		Section 6 - Adjust or increase up to 50 FTE positions for field services to provide direct services					-				-	-	-	-		-	-	-	-	
340		Section 17 - Authorize lease agreements with vendors for office suites at LRHSC and NWHSC					-				-	-	-	-		-	-	-	-	
341		New section - language for exemption to procurement of consumables at residential units during time of low census					-				-	-	-	-		-	-	-	-	
342		Section 18 - lease of land at SH to national guard					-				-	-	-	-		-	-	-	-	
343		Section 10 - Capital payments relating to special assessments at the SH and LSTC.									-	-	-	-		-	-	-	-	
344		Section 11 - Emergency Commission to authorize demolition of the administrative building and employee building and tunnels at theSH									-	-	-	-		-	-	-	-	
345							-				-	-	-	-		-	-	-	-	
346		Subtotal of Amendments to consider Institutions		49.50	49,806,206	(36,028,141)	13,778,065				73.50	23,393,933	-	23,393,933		24.00	(26,412,273)	36,028,141	9,615,868	
347																				
348	**One-time funding items - Field Services**																			
349		Southeast HSC Mechanical/Safety Systems Upgrade				272,654	272,654				-	-	272,654	272,654		-	-	-	-	
350		Southeast HSC parking lot				462,500	462,500				-	-	462,500	462,500		-	-	-	-	
351		Funding for base community behavioral services thru HSCs					-				-	34,200,815	(34,200,815)	-		-	34,200,815	(34,200,815)	-	
352		Funding for base community behavioral services thru State Hospital					-				-	1,827,326	(1,827,326)	-		-	1,827,326	(1,827,326)	-	
353		State Hospital Design and construction plans				10,000,000	10,000,000				-	-	5,000,000	5,000,000		-	-	(5,000,000)	(5,000,000)	
354		Subtotal One-time funding changes		-	-	10,735,154	10,735,154				-	36,028,141	(30,292,987)	5,735,154		-	36,028,141	(41,028,141)	(5,000,000)	
355																				
356		Total Changes to Base Level Funding		49.50	70,405,408	(12,658,154)	57,747,254				73.50	77,874,685	(18,574,714)	59,299,971		24.00	7,469,277	(5,916,560)	1,552,717	
357																				
358	**2023-25 Total Funding - Field Services**			1,370.11	$ 249,729,365	$ 101,615,141	$ 351,344,506				1,394.11	$ 257,198,642	$ 95,698,581	$ 352,897,223		24.00	$ 7,469,277	$ (5,916,560)	$ 1,552,717	

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
360	**2023-25 Base Level - County Social Service Financing**	156.00	$ 1,240,391	$ 188,676,995	$ 189,917,386	156.00	$ 1,240,391	$ 188,676,995	$ 189,917,386	0.00	$ -	$ -	$ -
362	**2023-25 Ongoing Funding Changes**												
363	State employee salary and benefit increases		112,244	2,692,623	2,804,867	-	92,247	2,208,545	2,300,792	-	(19,997)	(484,078)	(504,075)
364	Continued program changes		21,446	446,522	467,968	-	18,434	1,240,493	1,258,927	-	(3,012)	793,971	790,959
365					-	-	-	-	-	-	-	-	-
366	Subtotal Ongoing Funding Changes	-	133,690	3,139,145	3,272,835	-	110,681	3,449,038	3,559,719	-	(23,009)	309,893	286,884
368	**One Time Funding**												
369	No one-time funding items		-	-	-	-	-	-	-	-	-	-	-
370	Subtotal one-time funding changes	-	-	-	-	-	-	-	-	-	-	-	-
372	**Amendments to consider**												
373	Shifting Costs from 457 to HHS Admin	(5.00)	(2,541,661)		(2,541,661)	-	-	-	-	5.00	2,541,661	-	2,541,661
374	Shifting Costs from 457 to HHS Aging	(67.00)	(13,779,234)	(984,705)	(14,763,939)	-	-	-	-	67.00	13,779,234	984,705	14,763,939
375	Shifting Costs from 457 to HHS Early Childhood	(26.00)	(4,869,909)	(422,954)	(5,292,863)	-	-	-	-	26.00	4,869,909	422,954	5,292,863
376	Funding shared delivery of human services with human service zones		19,816,723	3,476,783	23,293,506	-	-	-	-	-	(19,816,723)	(3,476,783)	(23,293,506)
377	HCBS case management increased volume - New FTE				-	7.00	-	1,102,031	1,102,031	7.00	-	1,102,031	1,102,031
378	Funding for human service zone employee increases 4/4 percent			8,337,993	8,337,993	-	-	6,240,680	6,240,680	-	-	(2,097,313)	(2,097,313)
379	Human service zone equity adjustments					-	-	1,000,000	1,000,000	-	-	1,000,000	1,000,000
380	Adjust spending authority including $20 million for zone operations and $600,000 for indigent burials					-	-	23,541,770	23,541,770	-	-	23,541,770	23,541,770
381	Section 8 - Human Service Finance fund of $200,000,000 for state-paid economic assistance and social and human services.					-	-	-	-	-	-	-	-
382					-	-	-	-	-	-	-	-	-
383	Subtotal of Amendments to consider - Zones	(98.00)	(1,374,081)	10,407,117	9,033,036	7.00	-	31,884,481	31,884,481	105.00	1,374,081	21,477,364	22,851,445
385	Total Changes to Base Level Funding - County Social Service Zones	(98.00)	(1,240,391)	13,546,262	12,305,871	7.00	110,681	35,333,519	35,444,200	105.00	1,351,072	21,787,257	23,138,329
387	**2023-25 Total Funding - County Social Service Financing**	58.00	$ 0	$ 202,223,257	$ 202,223,257	163.00	1,351,072	224,010,514	225,361,586	105.00	1,351,072	21,787,257	23,138,329
389	**2023-25 SB 2012 Budget Total**	**2,346.33**	**$ 1,990,026,154**	**$ 3,458,144,154**	**$ 5,448,170,308**	**2,359.33**	**$ 1,967,126,807**	**$ 3,494,606,556**	**$ 5,461,733,363**	**13.00**	**$ (22,899,347)**	**$ 36,462,402**	**$ 13,563,055**

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

	23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget			Difference 23-25 Senate to EBR			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Additional amendments presented by Legislators during budget testimony												
Senator Rummel - Establish a school behavioral health prevention and early intervention grant program		31,000,000	-	31,000,000								
Senator Lee - Forensic examinations and interviews		1,059,000	-	1,059,000								
Senator Lee - Increasing grant funding for advocacy services for children		2,500,000	-	2,500,000								
Total Funding of Additional Amendments	-	$ 34,559,000	$ -	$ 34,559,000								
Itemized listing of the changes agency is requesting to the committee												
Economic Assistance												
Increase in CCDF funding (total award $3,114,294 - 80% to EA)		-	2,491,435	2,491,435								
Increase in LIHEAP funding		-	12,700,000	12,700,000								
Medical Services												
Operating Increase		1,273,656	1,776,696	3,050,352								
Long Term Care												
Nursing Facility Value-Based Payment Program		6,000,000	6,000,000	12,000,000								
Personal Care with Supervision service in Waiver		-	-	-								
Higher Acuity Rate for individuals with complex needs		1,614,478	385,522	2,000,000								
Base Rate for Personal Care with Individuals with lower needs		2,277,228	1,676,292	3,953,520								
Aging Services												
Increase the number of slots available for guardianship support from 141 to 200		177,000	-	177,000								
Rental assistance to meet housing requirements - DOJ Settlement		300,000	-	300,000								

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

	23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget			Difference 23-25 Senate to EBR			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Behavioral Health												
1.0 FTE for 1915i Navigator	1.00	98,173	98,172	196,345								
Recovery Housing additional funding		1,304,456	-	1,304,456								
B-HERO spending authority (Funded with GEER funds)		-	400,000	400,000								
Additional Opioid settlement authority												
Brain Injury funding flexibility		-	-	-								
Move FTR appropriation from DOCR to HHS		-	-	-								
SUD provider expansion (NDCC 50-06-42)		-	-	-								
Early Childhood												
Increase in CCDF funding (total award $3,114,294 - 20% to ECD)		-	622,859	622,859								
Increase in Preschool Development Grant			20,891,168	20,891,168								
Human Service Centers												
Add new section for language for exemption to procurement of consumables at residential units during time of low census		-	-	-								
Operating shortfall unfunded part of DP #3 of 13,118,475 for HSC's		976,496	-	976,496								
Salary underfunding and increase, unfunded part of DP #3 of 13,118,475 for HSC's		6,876,462	-	6,876,462								
Temp salaries, unfunded part of DP #3 of 13,118,475 for HSC's		5,265,517	-	5,265,517								
Institutions												
SH Salary Underfunding		1,577,436	-	1,577,436								
Continuing Current biennium salary cost to retain employees		3,735,992	-	3,735,992								
Continuing Worldwide Contract		2,162,589	-	2,162,589								
Replacement Patient Beds		98,264	-	98,264								
Replacement Patient Dishware		12,000	-	12,000								
Human Service Zones												
Amendment needed to increase 57-11 (457) to a minimum of 230M (SB2367 or SB2275)		-	-	-								

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
445	**Unfunded decision package items**												
446	BL Crisis Services - Behavioral Modification Specialist	1.00	179,240	-	179,240								
447	Increased access to HCBS services thru addition of QSPs (using HSZ FTE pool)	9.00	-	1,129,176	1,129,176								
448	Strategic Comms partner to strategic agency initiatives (HCBS/DOJ/Youth)	1.00	255,454	-	255,454								
449	Family Peer Support (First Episode Psychosis program)	4.00	389,584	-	389,584								
450	LR Behavioral Health FTE Temp to FTE	2.00	117,458	-	117,458								
451	Mental Health Specialist	1.00	-	182,642	182,642								
452	NW Medication Aide - Temp convert to FTE	1.00	44,618		44,618								
453	Professional Recruiter Contract; focus on BH needs		200,000		200,000								
454	SUD Team FTE	1.00	173,402		173,402								
455	Medicaid-related service infrastructure for maternal/infant health	3.00	278,512	278,512	557,024								
456	Increase Community Spousal Limit for Medicaid		4,212,000	4,212,000	8,424,000								
457	Assisted Living Changes				-								
458	LTC Ombudsman staff	0.70	128,588		128,588								
459	Resident Liaison FTEs	2.00	207,736	207,736	415,472								
460	VAPS staff to meet increased demand	2.50		95,820	95,820								
461	FFT to Rural Areas	4.00	895,968		895,968								
462	MST Expand to Bismarck WC	5.00	1,119,960		1,119,960								
463	SE Drug Court demand	2.00	447,984		447,984								
464	Strategic Comms partner to strategic agency initiatives (early childhood/workforce)	1.00	255,452		255,452								
465	Senior Meals Rate Increase (pre-pkg)		3,000,000	-	3,000,000								
466	WCHSC and Bismarck Public Sch partnership	4.00	895,968		895,968								
467	Add camps/clubs/social skills to Autism Waiver		93,955	103,845	197,800								
468	Transformation Managers (support 2256 et al)	2.00	358,296	78,656	436,952								
469	Community Engagement Specialist	1.00		182,642	182,642								
470	DD Admin temp to FTE	1.00	20,002	20,528	40,530								
471	DDPM temps to FTE	8.00	165,001	171,735	336,736								
472	Fiscal (AP Mgr / Data Analyst)	2.50	481,193	105,799	586,992								
473	SNAP Program Specialist	1.00	98,920	98,920	197,840								
474	Special Lawsuit Funding		250,000		250,000								
475	VR temp to FTE (Williston)	1.00	20,633	76,237	96,870								
476	Tribal Health Initiative staff	2.00	407,130	-	407,130								
477	Culture/engagement resource	1.00	209,467	45,991	255,458								
478	Employee Health/Safety/Wellness/Risk Mgmt	1.00	179,150	39,326	218,476								
479	HSC business partner HR support	1.00	179,150	39,326	218,476								
480	Internal-focused Comms	1.00	209,476	45,982	255,458								
481	Team Engagement / Mgr Support	1.00	218,472	-	218,472								
482	Total Rewards resource/comp resource	1.00	209,476	45,982	255,458								
483	MMIS / SPACES liaison	1.00	127,726	127,726	255,452								
484	myAvatar System Recovery		25,000		25,000								
485	Planning necessary to sunset legacy systems (used for elig pre-SPACES)		3,200,000	4,800,000	8,000,000								
486	Process Automation for SIS Assessment		50,000		50,000								
487	Retire Legacy Inpatient EHR System (AIMS)		1,000,000		1,000,000								
488	Retire Legacy Outpatient EHR System (ROAP)		1,000,000		1,000,000								
489	SIS Assessment - 2nd addition		200,000		200,000								
490	System analysts to support Therap and interfaces (Aging and DD)	2.00	236,516	236,516	473,032								

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget			Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
491	Child Care R&R database (SPO-required re-procurement | WLS)		15,000	-	15,000								
492	Early Childhood QRIS / Workforce Registry (SPO required re-procurement | Insight)		15,000,000	-	15,000,000								
493	HR Payouts		953,418	492,895	1,446,313								
494													
495	**Total Funding of Additional Budget Requests**	72.70	71,459,652	59,860,136	131,319,788								
496													
497													
498	**Total Funding of Amendments and Additional Requests**	72.70	$ 106,018,652	$ 59,860,136	$ 165,878,788								
499													
500													
501	**2023-2025 SB 2012 Budget including other Requests**	**2,419.03**	**$ 2,096,044,806**	**$ 3,518,004,290**	**$ 5,614,049,096**								
502													

NORTH Dakota | Health & Human Services
Be Legendary.

IMPACT of INCREASE to PROVIDER INFLATION

2023 - 2025 Biennium

1% and 1% Provider Rate Increase

DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 4,226,015	$ 5,085,088	$ 9,311,103
LONG TERM CARE	1,671,676	1,173,447	2,845,123
DEVELOPMENTAL DISABILITIES DIVISION	5,053,255	5,645,181	10,698,436
REMAINING SERVICES	1,736,420	785,400	2,521,820
TOTAL	**$ 12,687,366**	**$ 12,689,116**	**$ 25,376,482**

Difference from the Executive Budget Request

GENERAL	OTHER	TOTAL
$ (11,428,619)	$ (13,743,595)	$ (25,172,214)
(4,501,837)	(3,159,224)	(7,661,061)
(13,599,212)	(15,186,539)	(28,785,751)
(4,676,085)	(2,113,653)	(6,789,738)
$ (34,205,753)	**$ (34,203,011)**	**$ (68,408,764)**

2% and 2% Provider Rate Increase

DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 8,479,190	$ 10,203,038	$ 18,682,228
LONG TERM CARE	3,354,508	2,354,745	5,709,253
DEVELOPMENTAL DISABILITIES DIVISION	10,140,433	11,328,384	21,468,817
REMAINING SERVICES	3,484,433	1,576,072	5,060,505
TOTAL	**$ 25,458,564**	**$ 25,462,239**	**$ 50,920,803**

Difference from the Executive Budget Request

GENERAL	OTHER	TOTAL
$ (7,175,444)	$ (8,625,645)	$ (15,801,089)
(2,819,005)	(1,977,926)	(4,796,931)
(8,512,034)	(9,503,336)	(18,015,370)
(2,928,072)	(1,322,981)	(4,251,053)
$ (21,434,555)	**$ (21,429,888)**	**$ (42,864,443)**

3% and 3% Provider Rate Increase

DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 12,759,528	$ 15,353,851	$ 28,113,379
LONG TERM CARE	5,048,497	3,543,893	8,592,390
DEVELOPMENTAL DISABILITIES DIVISION	15,261,536	17,049,609	32,311,145
REMAINING SERVICES	5,244,034	2,372,017	7,616,051
TOTAL	**$ 38,313,595**	**$ 38,319,370**	**$ 76,632,965**

Difference from the Executive Budget Request

GENERAL	OTHER	TOTAL
$ (2,895,106)	$ (3,474,832)	$ (6,369,938)
(1,125,016)	(788,778)	(1,913,794)
(3,390,931)	(3,782,111)	(7,173,042)
(1,168,471)	(527,036)	(1,695,507)
$ (8,579,524)	**$ (8,572,757)**	**$ (17,152,281)**

4% and 3% Provider Rate Increase

DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 15,654,634	$ 18,828,683	$ 34,483,317
LONG TERM CARE	6,173,513	4,332,671	10,506,184
DEVELOPMENTAL DISABILITIES DIVISION	18,652,467	20,831,720	39,484,187
REMAINING SERVICES	6,412,505	2,899,053	9,311,558
TOTAL	**$ 46,893,119**	**$ 46,892,127**	**$ 93,785,246**

Difference from the Executive Budget Request

GENERAL	OTHER	TOTAL
$ -	$ -	$ -
-	-	-
-	-	-
-	-	-
$ -	**$ -**	**$ -**

4% and 4% Provider Rate Increase

DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 17,067,027	$ 20,537,526	$ 37,604,553
LONG TERM CARE	6,753,642	4,740,891	11,494,533
DEVELOPMENTAL DISABILITIES DIVISION	20,416,563	22,808,856	43,225,419
REMAINING SERVICES	7,015,228	3,173,235	10,188,463
TOTAL	**$ 51,252,460**	**$ 51,260,508**	**$ 102,512,968**

Difference from the Executive Budget Request

GENERAL	OTHER	TOTAL
$ 1,412,393	$ 1,708,843	$ 3,121,236
580,129	408,220	988,349
1,764,096	1,977,136	3,741,232
602,723	274,182	876,905
$ 4,359,341	**$ 4,368,381**	**$ 8,727,722**

6% and 4% Provider Rate Increase

DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 22,884,400	$ 27,520,052	$ 50,404,452
LONG TERM CARE	9,014,831	6,326,298	15,341,129
DEVELOPMENTAL DISABILITIES DIVISION	27,232,351	30,411,100	57,643,451
REMAINING SERVICES	9,363,760	4,232,580	13,596,340
TOTAL	**$ 68,495,342**	**$ 68,490,030**	**$ 136,985,372**

Difference from the Executive Budget Request

GENERAL	OTHER	TOTAL
$ 7,229,766	$ 8,691,369	$ 15,921,135
2,841,318	1,993,627	4,834,945
8,579,884	9,579,380	18,159,264
2,951,255	1,333,527	4,284,782
$ 21,602,223	**$ 21,597,903**	**$ 43,200,126**



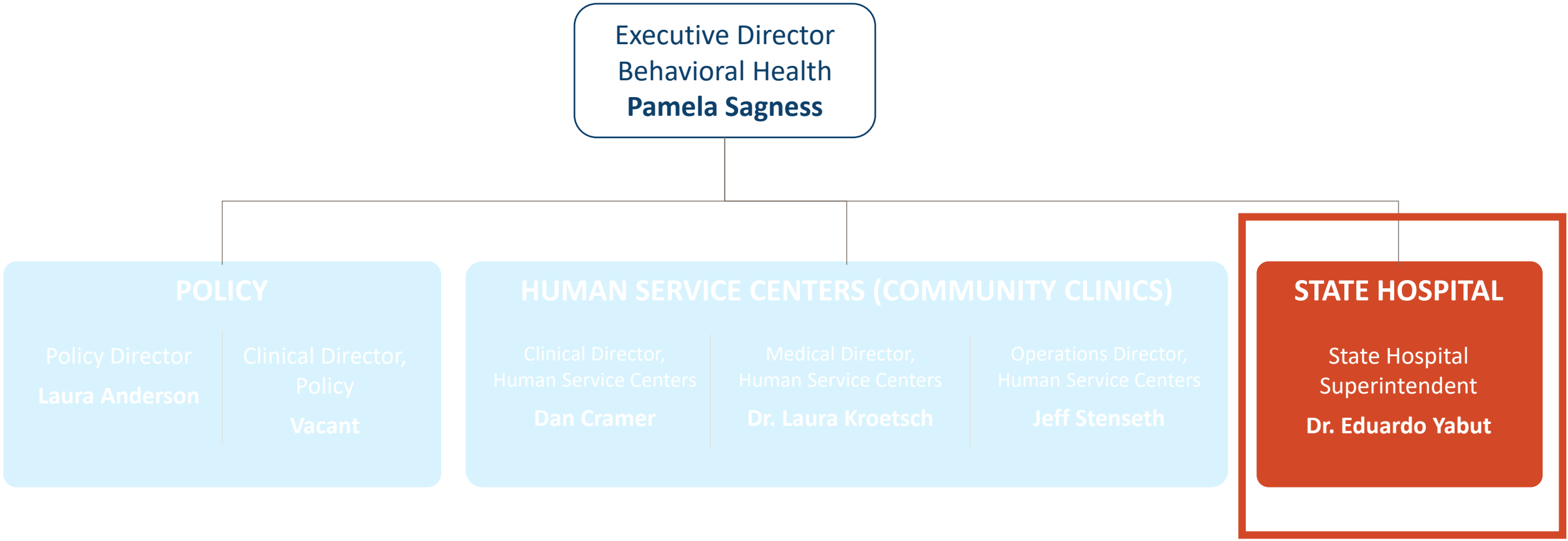
Engrossed Senate Bill 2012

House Appropriations – Human Resources Division Committee
Representative Jon Nelson, Chairman

North Dakota State Hospital March 14, 2023

NORTH Dakota | Health & Human Services
Be Legendary.

Behavioral Health Organizational Chart



NORTH Dakota Be Legendary. | Health & Human Services

Programs and Services



Acute Psychiatric Services



Geriatric Psychiatric Services



Psychiatric Rehabilitation Services



SUD Residential Treatment



Sex Offender Residential Treatment



Forensic Services

NORTH Dakota Be Legendary. | Health & Human Services

Acute Psychiatric & Forensic Services
(2021 – 2022)

- **Total Admissions**: 859
- **Occupancy**: 27 Beds; Two Units
- **Average Length of Stay**: 20 Days
- **Occupancy Rate**: 86%



Acute Psychiatric Services, traditional service having 125 Medicare certified beds, in the LaHaug Building, 81 of them currently staffed related to workforce.

- These units serve individuals needing short term acute psychiatric treatment, acute psychosis with agitation / aggression, forensic admissions.
- All diagnostic groups are treated including many clients with dual or multiple diagnoses causing significant disruption in their daily lives due to severity or longevity of their illness.

Forensic Services
(2021 – 2022)



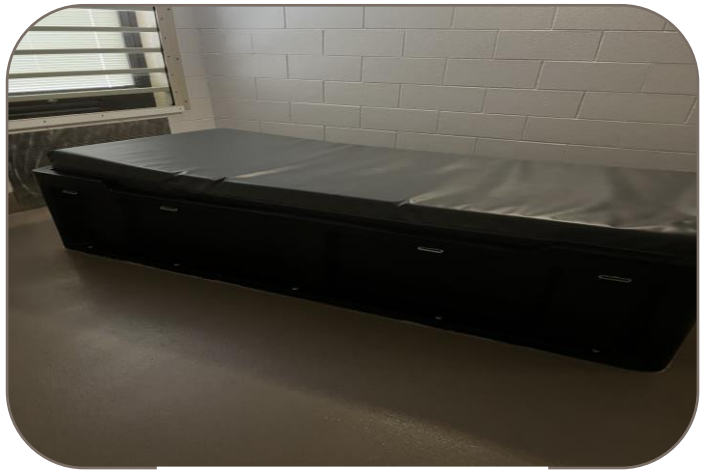
Forensic Admissions accounted for 14% of the hospitals Admissions

Forensic Services-individuals are admitted to either of the acute psychiatric service units. These individuals are admitted under order for evaluation of competency, criminal responsibility, or both, as well as restore to competency/fit to proceed, or NGRI.

Acute Psychiatric & Forensic Services



Outback Area



Restraint Bed



Dining Area

NORTH Dakota Be Legendary. | Health & Human Services

Geriatric Psychiatric Services
(2021 – 2022)



Occupancy	Average Length of Stay	Occupancy Rate
30 Beds	129 Days	91%

- ***Geriatric Psychiatric Services*** 24- bed unit that serves unique individuals with psychiatric and medical disorders that are of a higher acuity than community settings are able to serve.
- Most common diagnosis of neuropsychiatric d/o to include sundowning, wandering, and agitation/aggression some being violent causing nursing homes concern.

Geriatric Psychiatric Services



Patient Lift



Core Area



Mey Walker



Whirlpool

NORTH Dakota Be Legendary. | Health & Human Services

Psychiatric Rehabilitation Services
(2021 – 2022)

Occupancy	Average Length of Stay	Occupancy Rate
30 Beds	133 Days	96%



Psychiatric Rehabilitation Services

- 2 units with a total of 30 beds
- Serves young individuals with chronic severe persistent mental illness. These individuals need intensive rehabilitative, vocational, and therapeutic services, including financial and housing.

Psychiatric Rehabilitation Services

Vocational Rehabilitation Shop and Print Shop









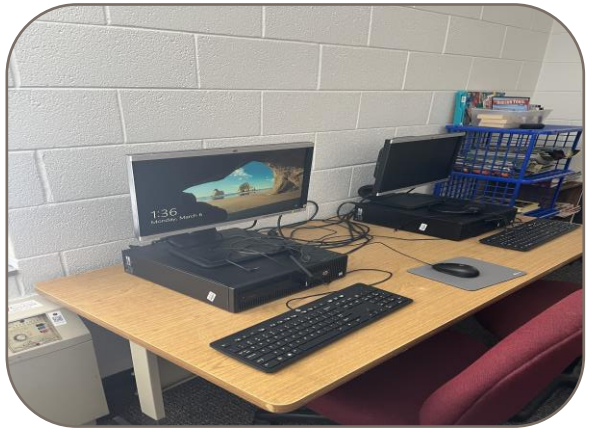




NORTH Dakota Be Legendary. | Health & Human Services

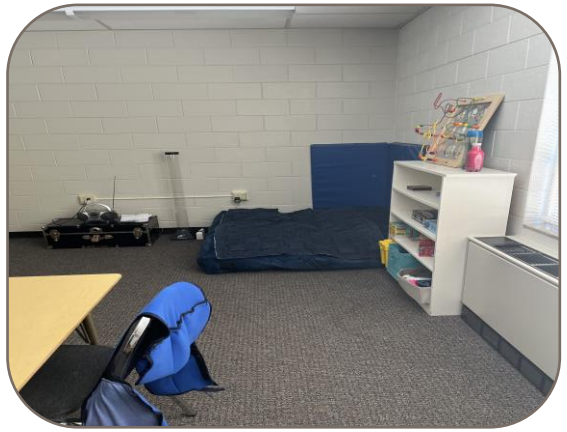
Psychiatric Rehabilitation Services

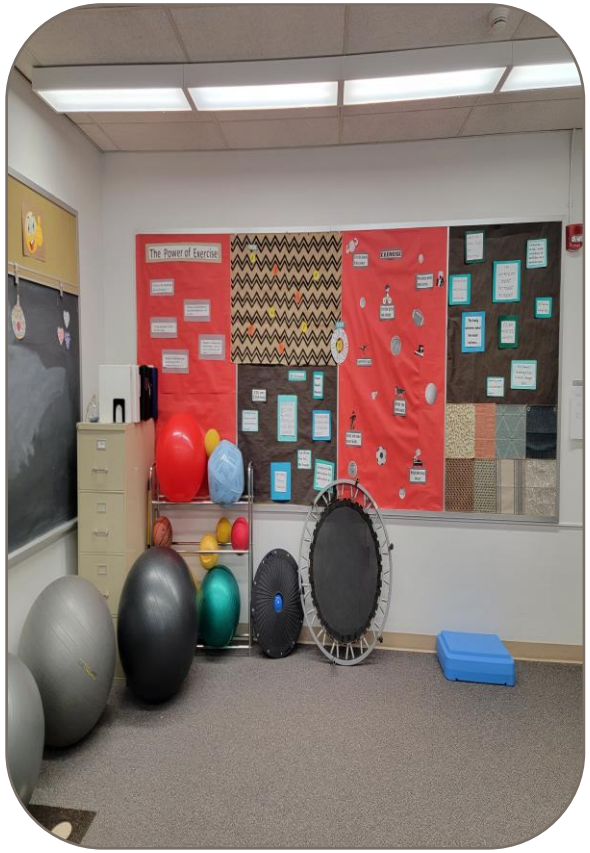






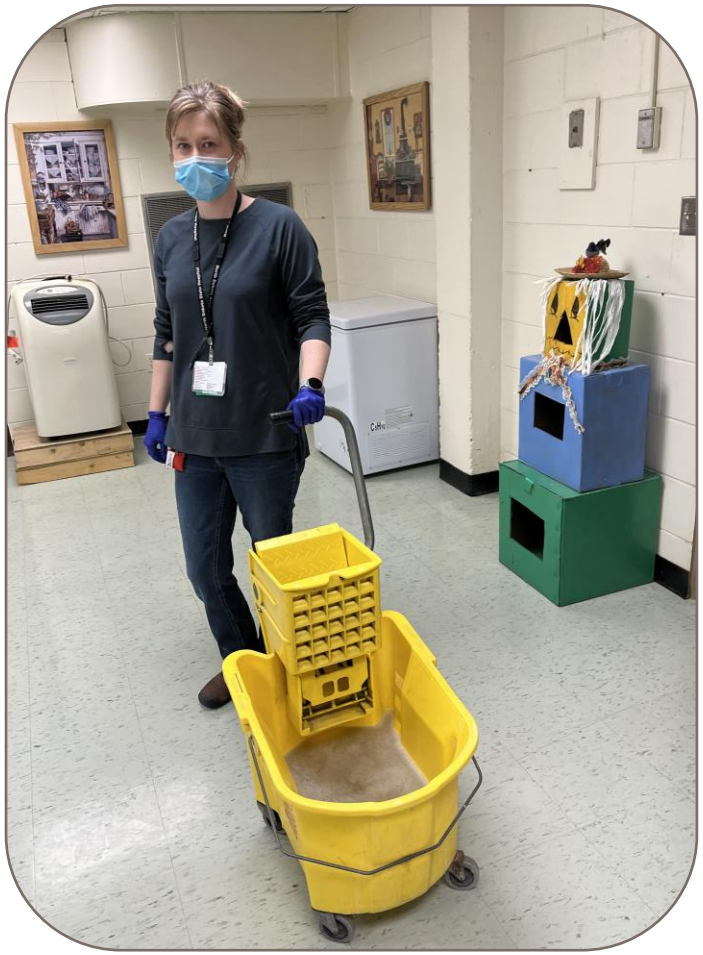






NORTH Dakota | Health & Human Services
Be Legendary.

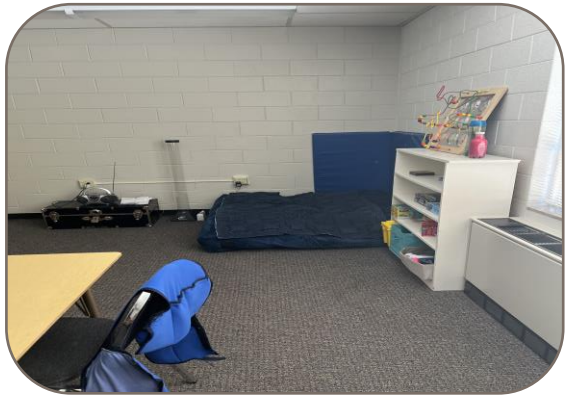
Psychiatric Rehabilitation Services









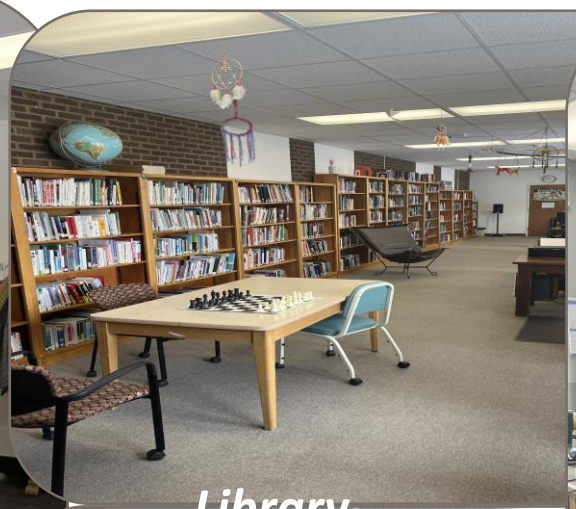




NORTH Dakota | Health & Human Services
Be Legendary.

Other Services





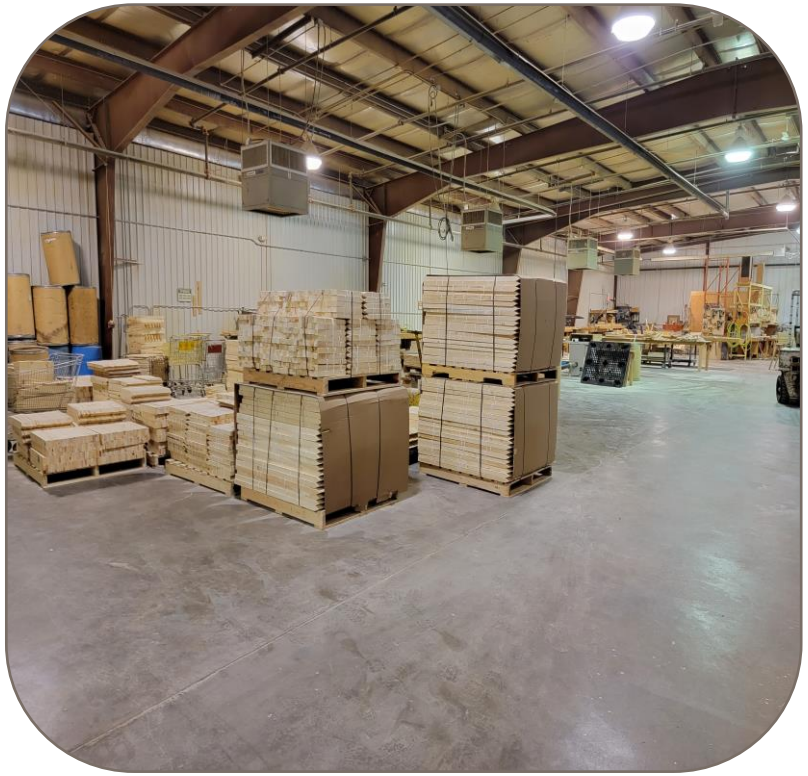


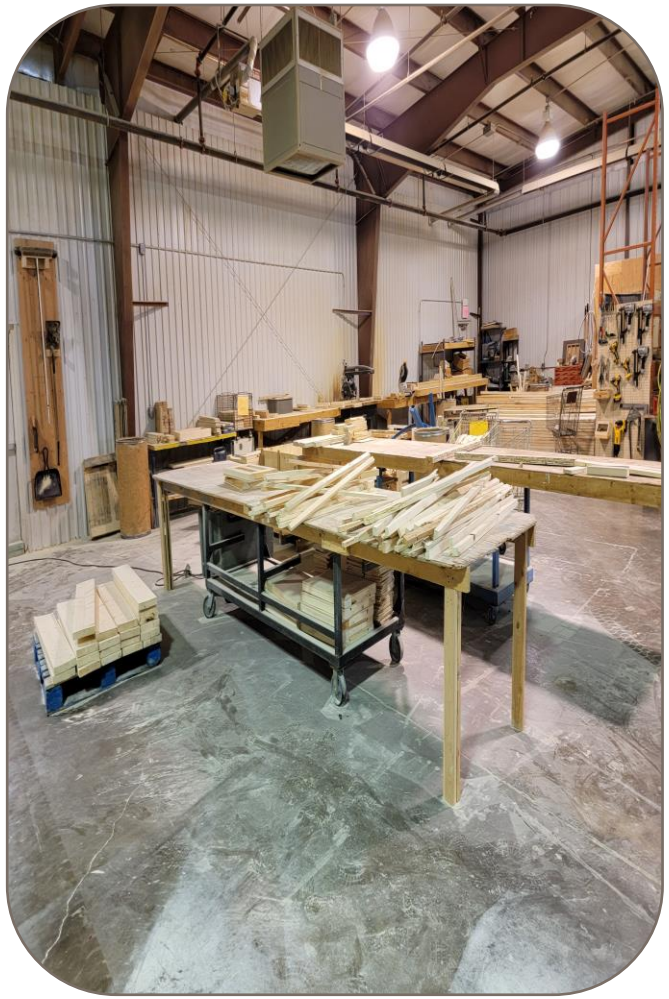




NORTH Dakota | Health & Human Services
Be Legendary.

Other Services

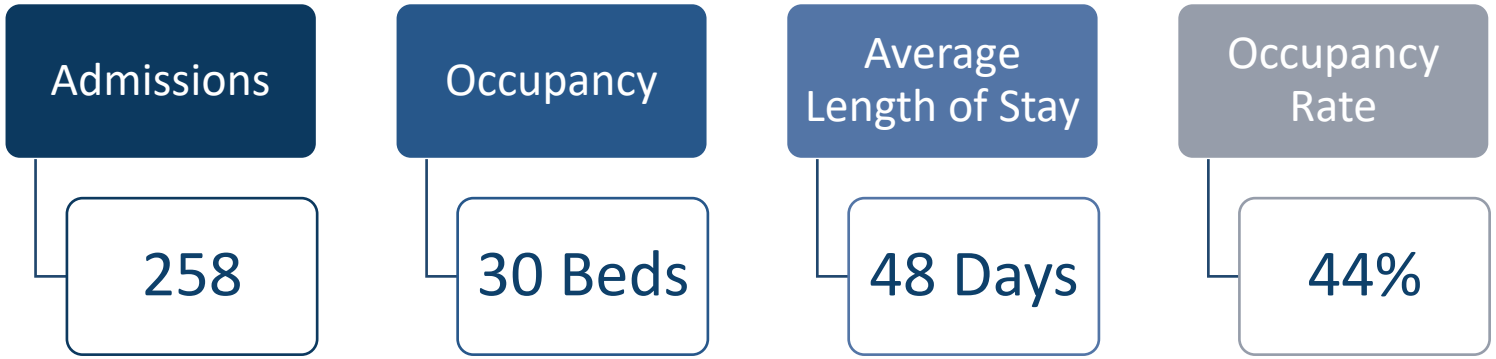






NORTH Dakota | Health & Human Services
Be Legendary.

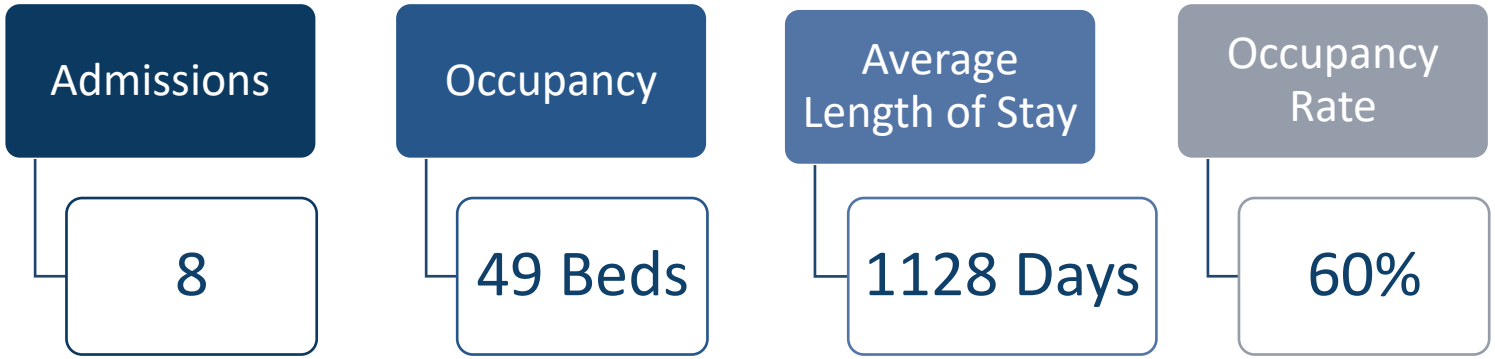
Residential Services Substance Use Disorder (SUD) (2021 – 2022)



Residential Services Substance Use Discorder

- Serves individuals at a residential level of care
  - Primary Substance Use
  - Dual diagnosed with Substance Use and Mental Illness

Sex Offender Residential Treatment (SOTEP)
(2021 – 2022)



Sex Offender Residential Treatment (SOTEP)

- 2 units and a community transition house for a total of 49 beds
- Serves individuals who are civilly committed sexual offenders

Client Discharged – Living Arrangements
(2021 – 2022)



Private Residence / Household	• 53.3%
Other Residential Care and Supported Care	• 21.1%
Jail or Correctional Facility	• 19.5%
Institutional Setting	• 2.6%
Not Collected / Not Available	• 2.0%
Group Home	• 1.0%
Other Dependent Living	• 0.3%
Homeless Shelter	• 0.3%

NORTH Dakota Be Legendary. | Health & Human Services

COVID-19 Response

Total Clients Served During Pandemic

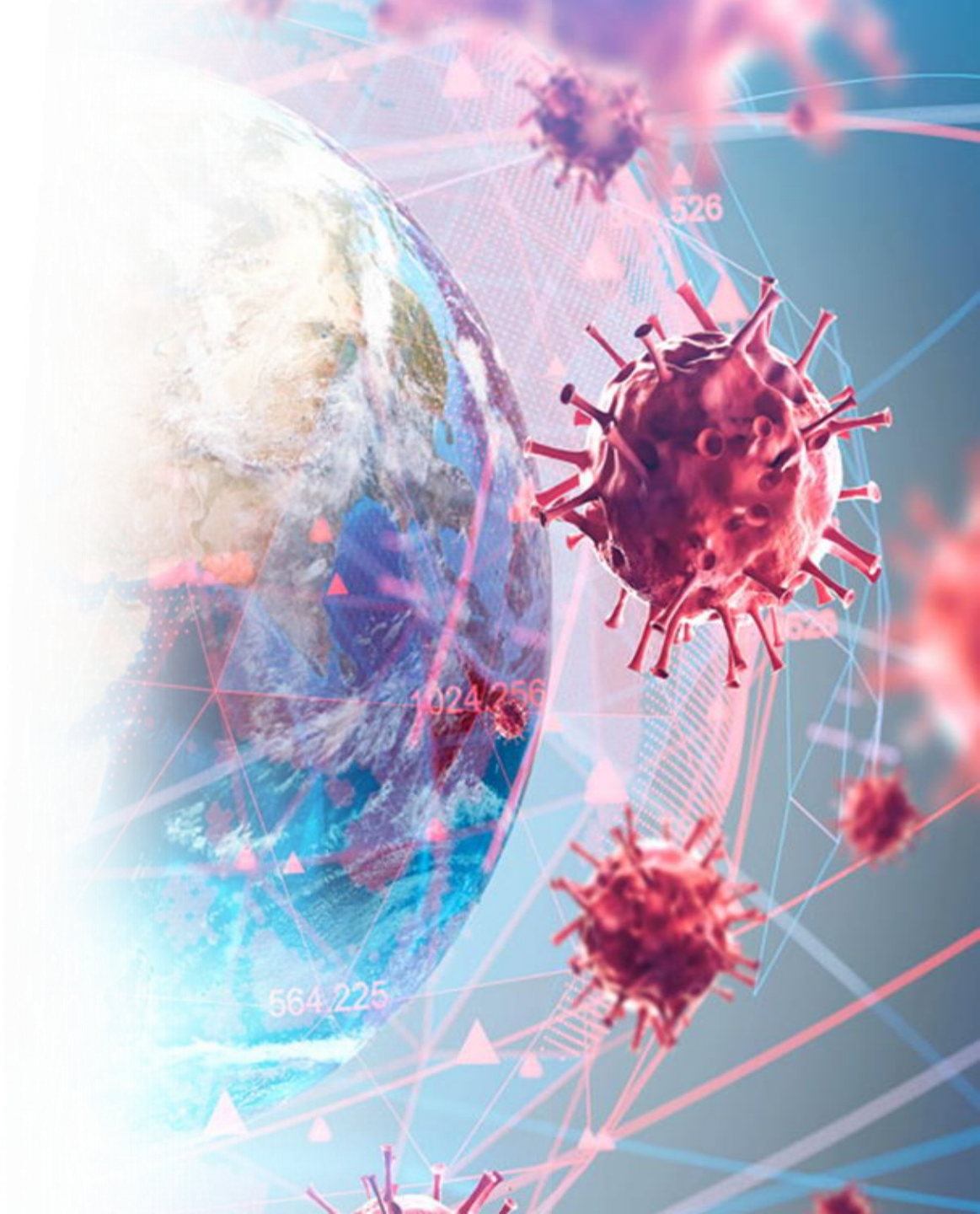
- **1,332**

Positive COVID-19 Clients Served

- **85 Clients**

Days COVID Unit Open

- **139**



NORTH Dakota | Health & Human Services
Be Legendary.

Hepatitis C
2021 - 2022

Total Clients Tested

- **487**

Total Positive Cases

- **59 (12%) Clients**



ADMISSION WAITLIST

NEW STATE HOSPITAL



SCHULTE REPORT

NORTH Dakota | Health & Human Services
Be Legendary.





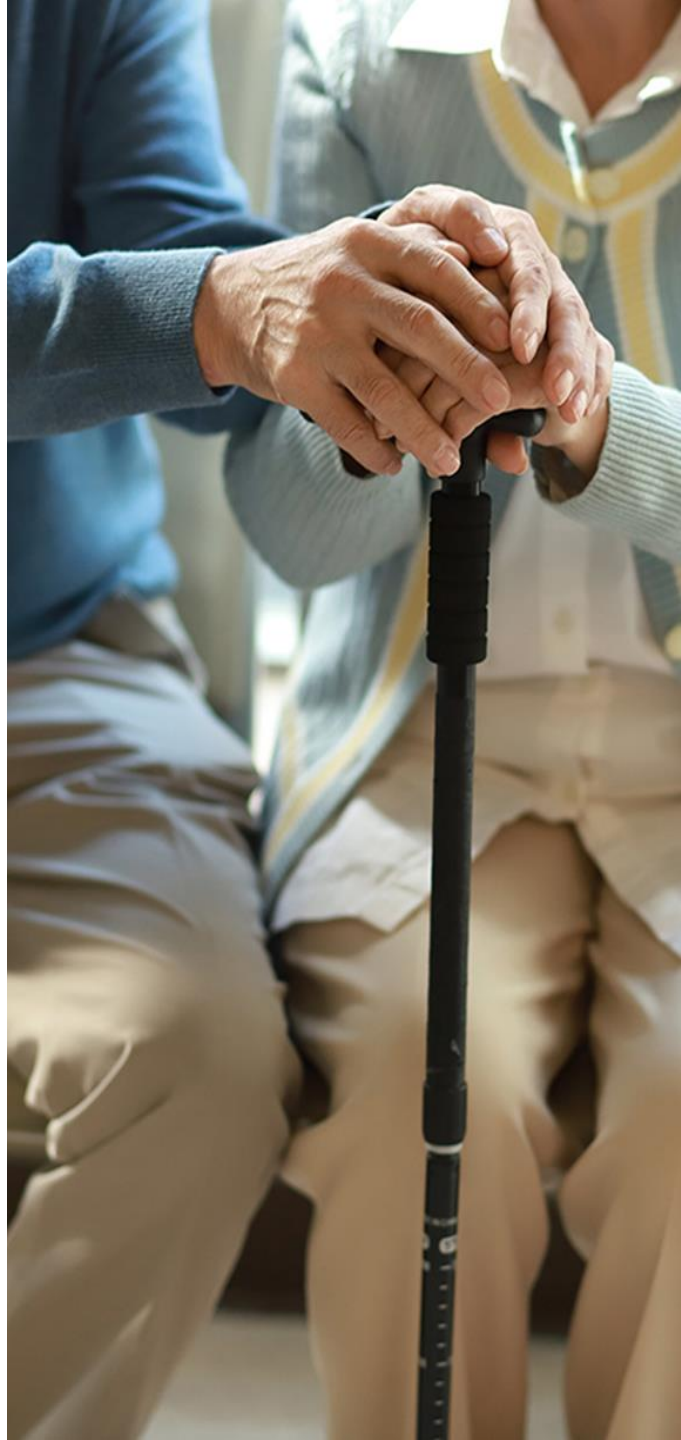


Accomplishments

- ***The Joint Commission Accredited with Deemed Status***
- ***Pharmacy Compliant with annual report***
- ***Blizzard***
- ***Providers of Clinical Experiences***
- ***Dental Provider***

Client / Family Comments

- Wonderful Caring People. Staff are professional and Kind. Thank you
- I enjoyed the sense of community I felt here. I learned a lot during my stay and positive things to say about staff. Thank you
- I am very grateful for the time and attention State Hospital staff have given to my family member in their care and to the rest of us!
- Staff were sincere in their regard for the patient's and family's wellbeing and had trustworthy expertise and ability to arrange guardianship and other formal matters.
- Staff were consistently communicative in an open and direct way.
- I would like to thank all the Doctors and Treatment Teams for helping me change my future for the better.
- This place was helpful with my meds, they worked fast with other agencies.
- My Stay at the hospital was very fulfilling.
- The staff are amazing people, Incredible people.
- My experience here has been positive and Helpful.





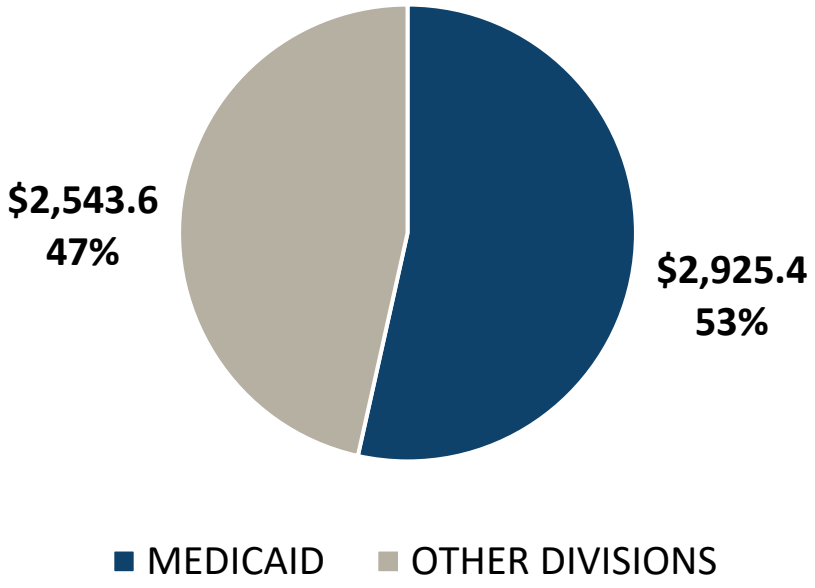
State Hospital 2023-2025 Budget request

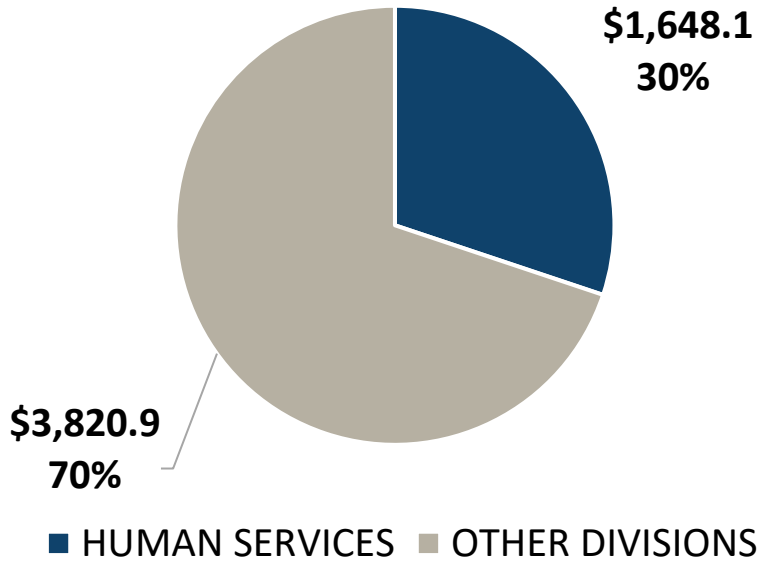
The **program, systems and workforce support** necessary to continue to serve North Dakotans

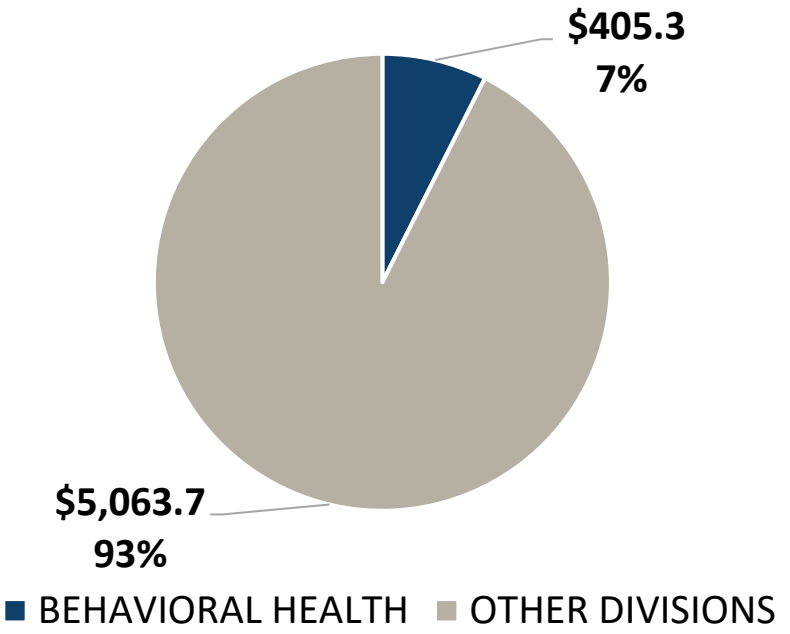
NORTH Dakota Be Legendary. | Health & Human Services

Division budgets compared to Engrossed SB 2012

2023-2025 Engrossed SB 2012 in millions



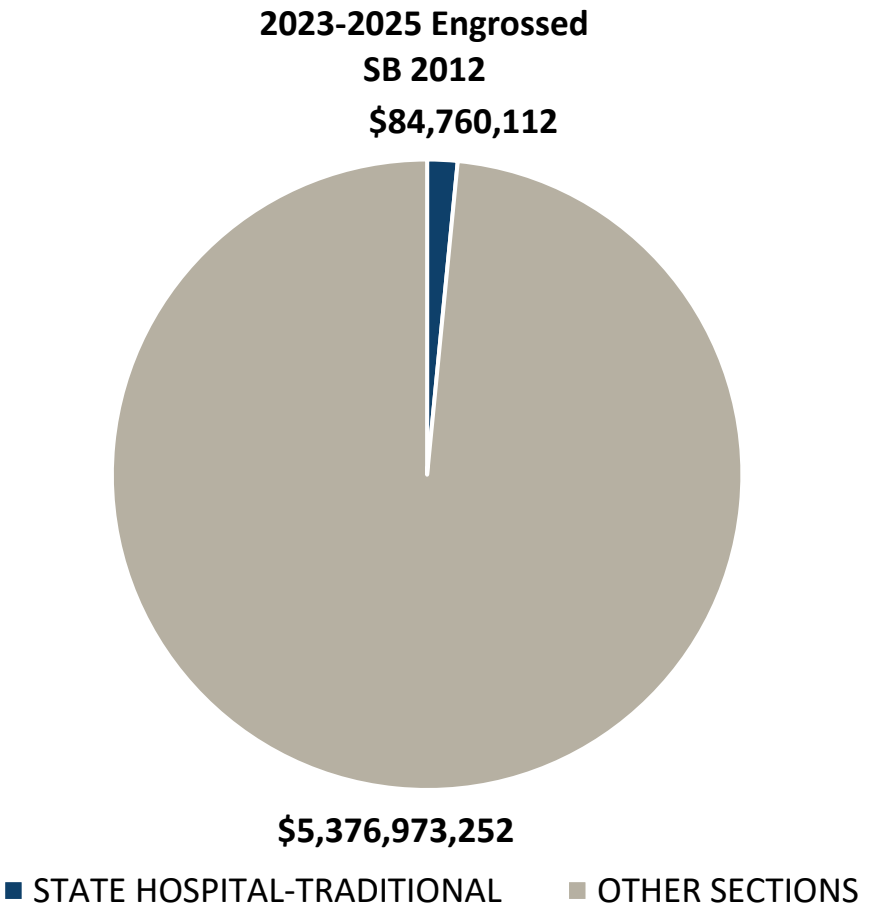




NORTH Dakota Be Legendary. | Health & Human Services

NDSH budget compared to Engrossed SB 2012

Represents 1% of SB 2012, 84.7 million



NORTH Dakota Be Legendary. | Health & Human Services

State Hospital
Comparison of 2023-2025 budgets

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
Salaries and Benefits	$ 56,179,732	$ 2,479,420	$ 58,659,152	$ 5,829,689	$ 64,488,841
Operating	10,921,271	2,746,196	13,667,467	-	13,667,467
IT Services	250,505	-	250,505	-	250,505
Capital Asset Expense	1,292,499	-	1,292,499	-	1,292,499
Capital Assets	60,800	10,000,000	10,060,800	(5,000,000)	5,060,800
Grants	-	-	-	-	-
Total	$ 68,704,807	$ 15,225,616	$ 83,930,423	$ 829,689	$ 84,760,112

General Fund	**$ 52,821,030**	**$ 7,051,222**	**$ 59,872,252**	**$ 5,829,998**	**$ 65,702,250**
Federal Funds	**1,215,507**	**2,126,351**	**3,341,858**	**(309)**	**3,341,549**
Other Funds	**14,668,270**	**6,048,043**	**20,716,313**	**(5,000,000)**	**15,716,313**
Total Funds	**$ 68,704,807**	**$ 15,225,616**	**$ 83,930,423**	**$ 829,689**	**$ 84,760,112**

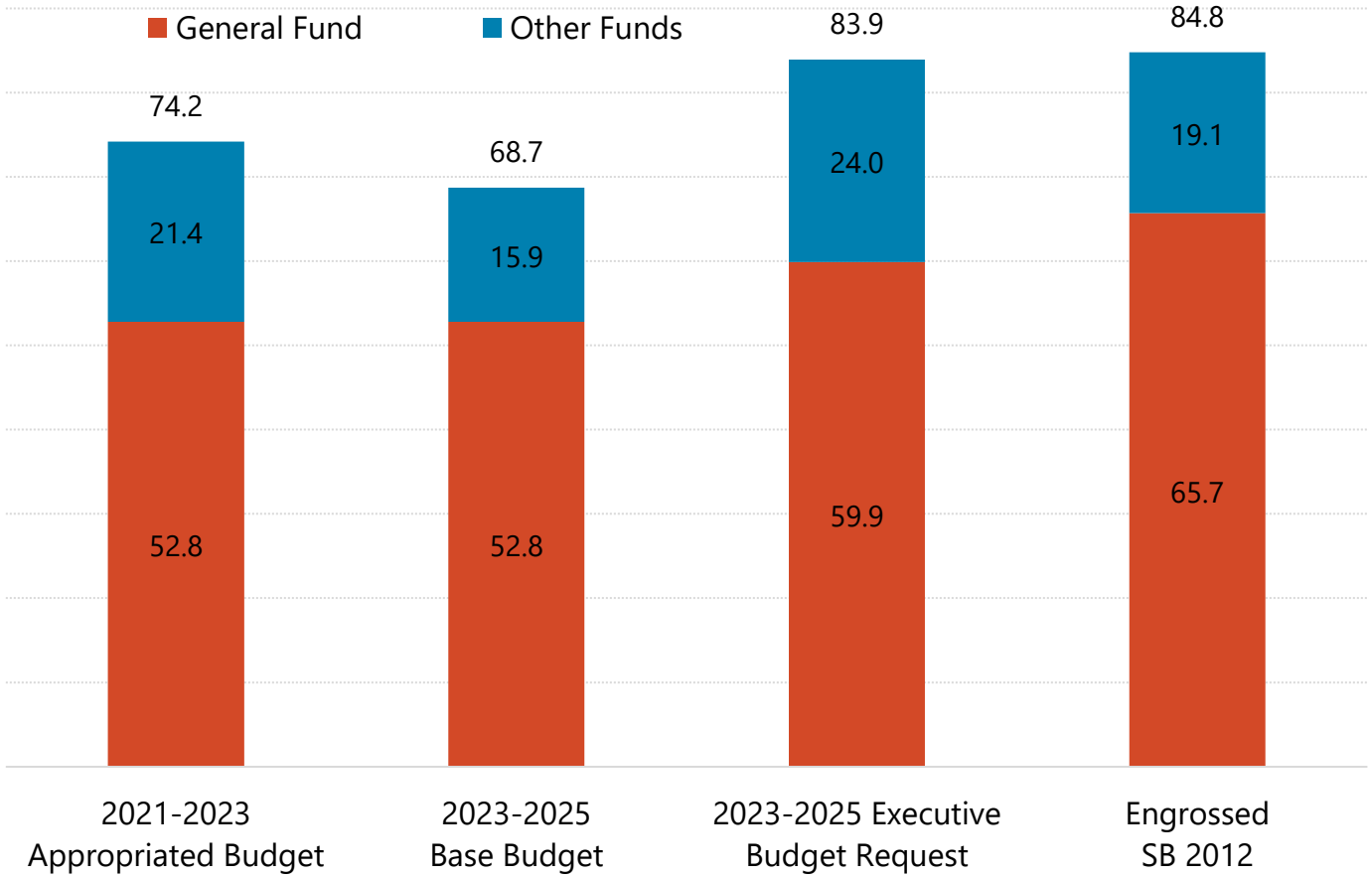
Full Time Equivalent (FTE)	319.52	-	319.52	-	319.52

State Hospital
Comparison of total budgets (in millions)

INCREASE FROM BASE TO ENGROSSED SB 2012 IS $16.1 MILLION

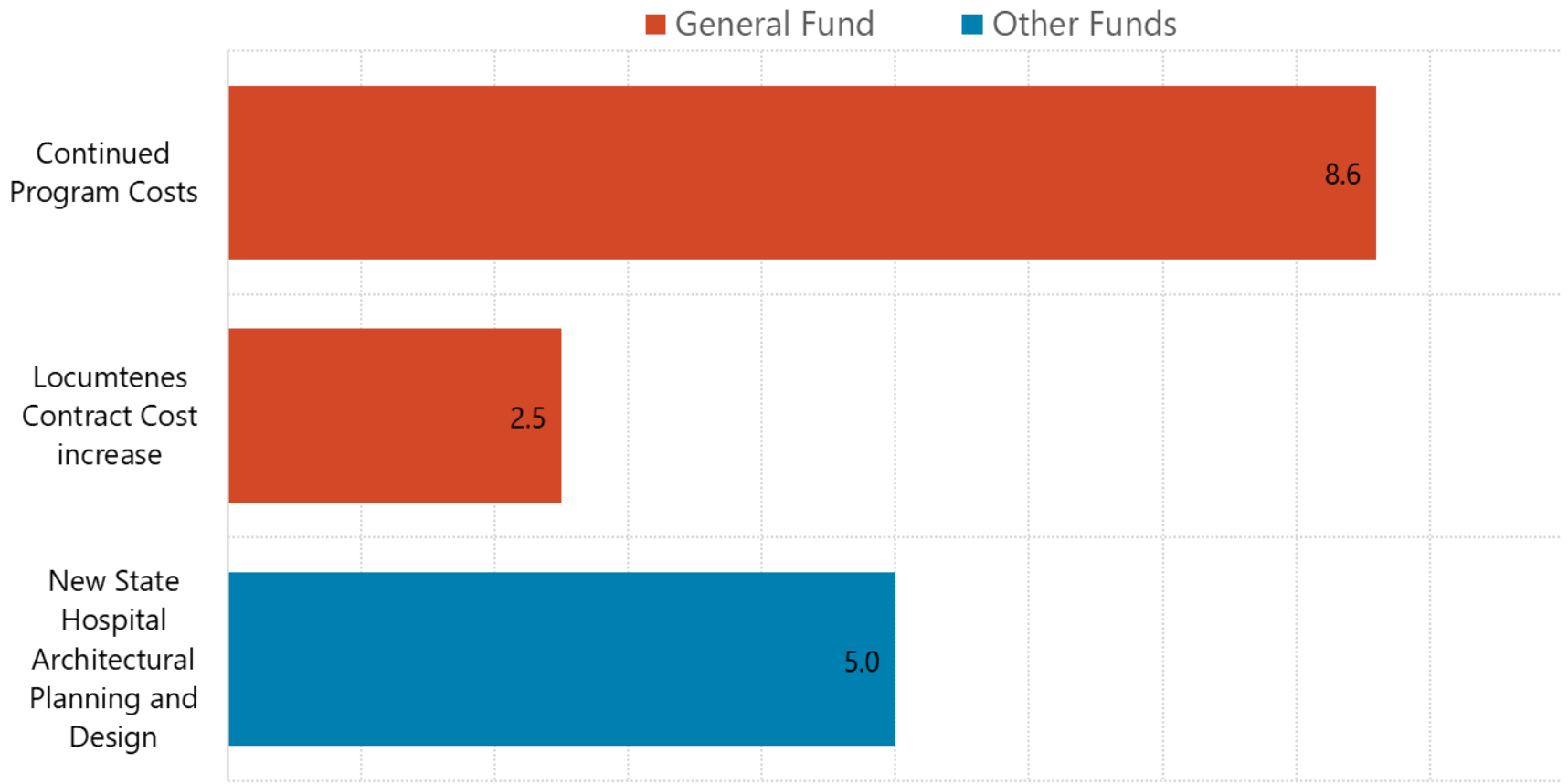
Key Expenses

- New Hospital Assessment and Design ($5 million)
- Locumtenens Contract ($2.4 million)
- Salary and Benefits ($8.3 million)



NORTH Dakota Be Legendary. | Health & Human Services

State Hospital
Comparison of Base budget to engrossed SB 2012
(in millions)



NORTH Dakota Be Legendary. | Health & Human Services

State Hospital
Detailed overview of budget changes

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
511x Salaries - Regular	$ 35,793,437	$ 1,652,947	$ 37,446,384	$ (330,589)	$ 37,115,795
512x Salaries - Other	479,194	-	479,194	-	479,194
513x Salaries Temp	711,743	-	711,743	$ -	711,743
514x Salaries Overtime	1,150,900	-	1,150,900	$ -	1,150,900
516x Salaries Benefits	18,044,457	826,473	18,870,931	$ 6,160,279	25,031,209
Total Salaries & Benefits	$ 56,179,732	$ 2,479,420	$ 58,659,152	$ 5,829,689	$ 64,488,841
52x Travel	369,289	(39,062)	330,227	-	330,227
53x Supply	2,467,555	134,824	2,602,379	-	2,602,379
54x Postage & Printing	38,715	0	38,715	-	38,715
55x Equipment under $5,000	92,467	52,800	145,267	-	145,267
56x Utilities	1,374,076	-	1,374,076	-	1,374,076
57x Insurance	138,453	-	138,453	-	138,453
58x Rent/Leases - Bldg/Equip	49,996	5,000	54,996	-	54,996
59x Repairs	385,961	71,460	457,421	-	457,421
61x Professional Development	311,184	40,974	352,158	-	352,158
62x Fees - Operating & Professional	5,693,575	2,480,200	8,173,775	-	8,173,775
67x Expenses	-	-	-	-	-
53x Supplies	17,977	-	17,977	-	17,977
60x IT Expenses	232,528	-	232,528	-	232,528
68x Land, Building, Other Capital	1,292,499	10,000,000	11,292,499	(5,000,000)	6,292,499
69x Over	60,800	-	60,800	-	60,800
69x Equipment Over $5,000	-	-	-	-	-
71x Grants, Benefits, & Claims	-	-	-	-	-
72x Transfers	-	-	-	-	-
Total Operating	$ 12,525,075	$ 12,746,196	$ 25,271,271	$ (5,000,000)	$ 20,271,271
Total	$ 68,704,807	$ 15,225,616	$ 83,930,423	$ 829,689	$ 84,760,112

NORTH Dakota Be Legendary. | Health & Human Services

Department of Health and Human Services
State Hospital
Operating / Professional Fees and Services

Description	2021-23 Biennium Amount	2023-25 Base Budget	Increase/ (Decrease)	Executive Budget Recommendation	Increase/ (Decrease)	Engrossed SB 2012
Locumtenens	1,165,104	1,165,104	2,475,200	3,640,304	-	3,640,304
Patient Medication	1,593,069	1,593,069	-	1,593,069	-	1,593,069
Patient Medical Services External Providers	1,072,247	1,072,247	5,000	1,077,247	-	1,077,247
WorldWide Travel Staffing	520,727	520,727	-	520,727	-	520,727
Progress Enterprises	300,000	300,000	-	300,000	-	300,000
Stutsman County	260,966	260,966	-	260,966	-	260,966
Guardian Pest Solutions/Otis Elevator/Trane	210,082	210,082	-	210,082	-	210,082
Guardianships	118,641	118,641	-	118,641	-	118,641
Legal Services For patient hearings	111,982	111,982	-	111,982	-	111,982
UND Residency Contract	100,000	100,000	-	100,000	-	100,000
Service Award, Background Checks, License and Certification Fees	82,202	82,202	-	82,202	-	82,202
Northern Plains Lab Services Contract	72,000	72,000	-	72,000	-	72,000
Basilica of St James	31,480	31,480	-	31,480	-	31,480
Waste Healthcare Environmental Services	29,011	29,011	-	29,011	-	29,011
Various-Delivery of Supplies And Materials	26,064	26,064	-	26,064	-	26,064

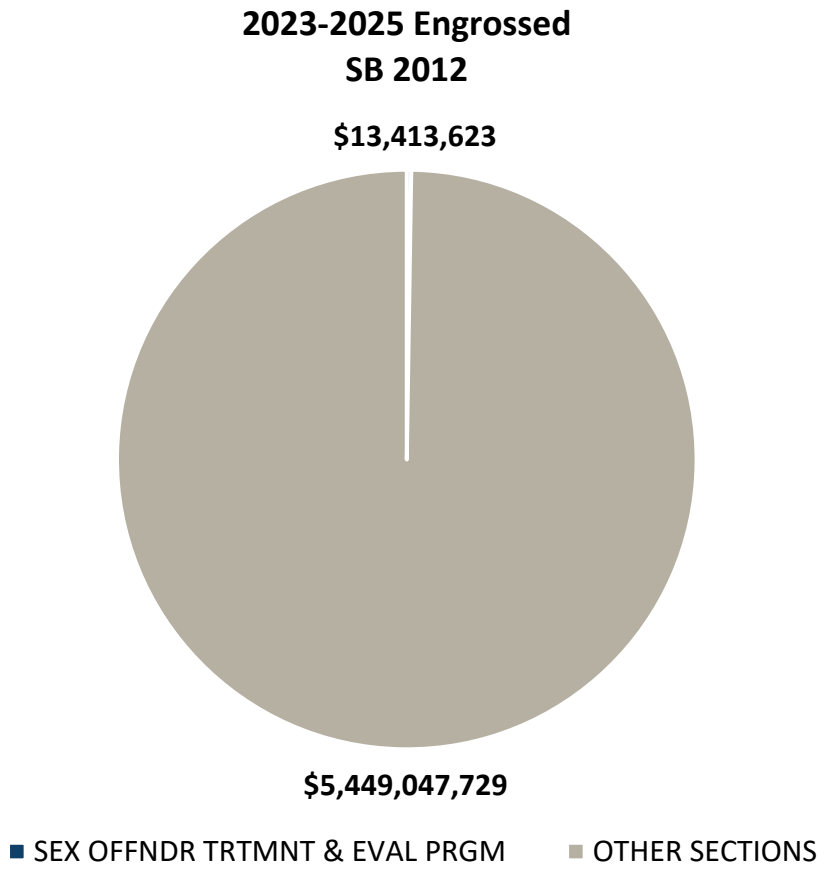
General Fund	**5,693,575**	**5,693,575**	**2,480,200**	**8,173,775**	**-**	**8,173,775**
Federal Funds			**-**		**-**	
Other Funds		**-**	**-**	**-**	**-**	**-**
Total Funds	**5,693,575**	**5,693,575**	**2,480,200**	**8,173,775**	**-**	**8,173,775**

State Hospital
Overview of funding changes

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
General Fund	$ 52,821,030	$ 7,051,222	$ 59,872,252	$ 5,829,998	$ 65,702,250
Federal Funds	1,215,507	2,126,351	3,341,858	(309)	3,341,549
Other Funds	14,668,270	6,048,043	20,716,313	(5,000,000)	15,716,313
Total Funds	$ 68,704,807	$ 15,225,616	$ 83,930,423	$ 829,689	$ 84,760,112

SOTEP budget compared to Engrossed SB 2012

Represents <1% of SB 2012, 13.4 million



NDSH Sex Offender Residential Treatment (SOTEP)
Comparison of 2023-2025 budgets

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
Salaries and Benefits	$ 10,662,432	$ 1,235,330	$ 11,897,762	$ (62,594)	$ 11,835,168
Operating	1,528,871	9,270	1,538,141	-	1,538,141
IT Services	40,314	-	40,314	-	40,314
Capital Asset Expense	-	-	-	-	-
Capital Assets	-	-	-	-	-
Grants	-	-	-	-	-
Total	$ 12,231,617	$ 1,244,600	$ 13,476,217	$ (62,594)	$ 13,413,623

General Fund	**$ 12,231,617**	**$ 1,244,600**	**$ 13,476,217**	**$ (62,594)**	**$ 13,413,623**
Federal Funds	**-**	**-**	**-**	**-**	**-**
Other Funds	**-**	**-**	**-**	**-**	**-**
Total Funds	**$ 12,231,617**	**$ 1,244,600**	**$ 13,476,217**	**$ (62,594)**	**$ 13,413,623**

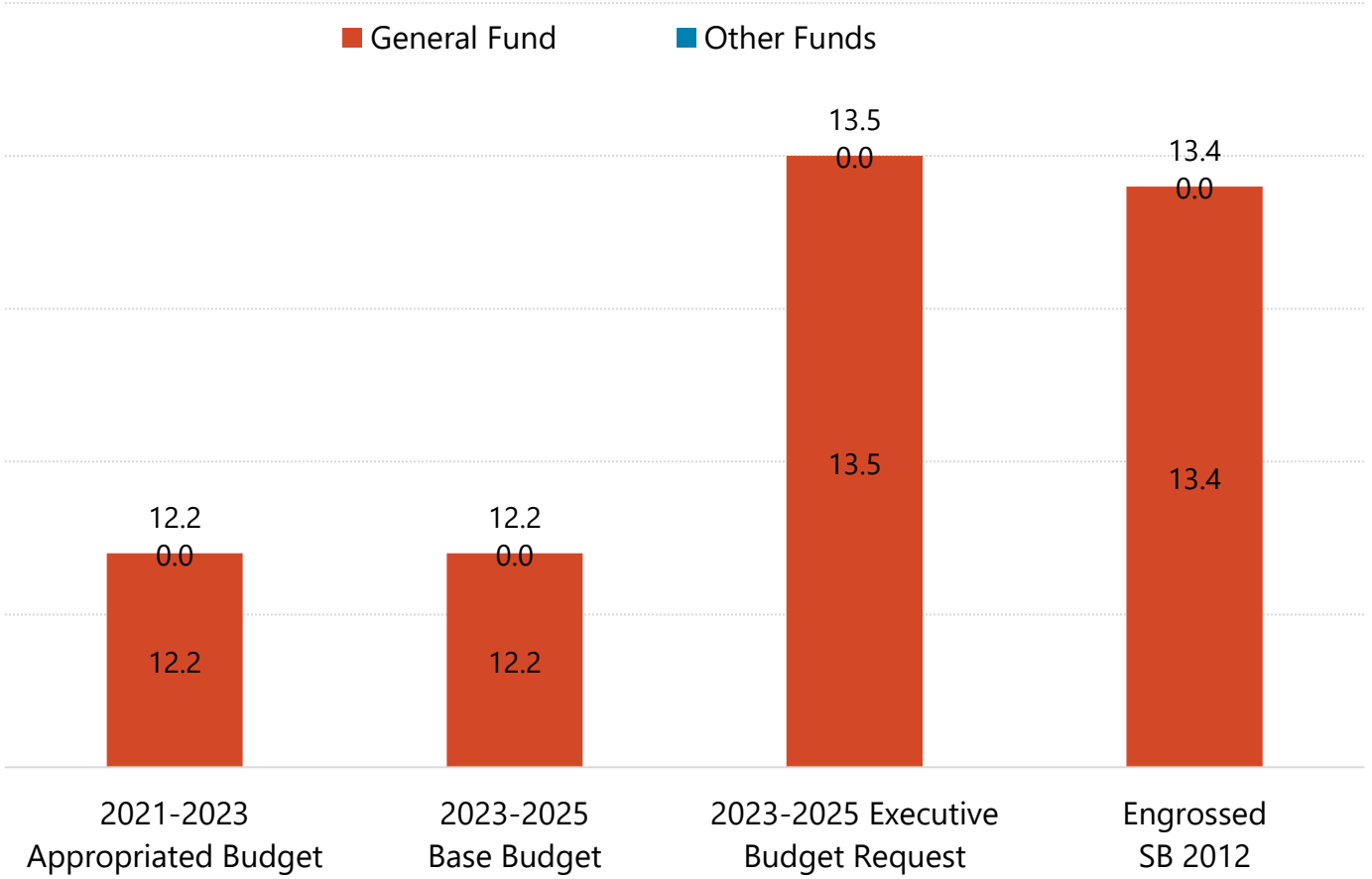
Full Time Equivalent (FTE)	67.50	-	67.50	-	67.50

NORTH Dakota Be Legendary. | Health & Human Services

NDSH Sex Offender Residential Treatment (SOTEP)
Comparison of total budget (in millions)

INCREASE FROM BASE TO ENGROSSED SB 2012 $ 1.2 MILLION

Key Expense
- Governor's Compensation Package



NORTH Dakota Be Legendary. | Health & Human Services

NDSH Sex Offender Residential Treatment (SOTEP)
Detailed Overview of Budget Changes

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
511x Salaries - Regular	$ 6,597,881	$ 823,553	$ 7,421,434	$ (62,593)	$ 7,358,840
512x Salaries - Other	106,678	-	106,678	-	106,678
513x Salaries Temp	200,592	-	200,592	-	200,592
514x Salaries Overtime	75,904	-	75,904	-	75,904
516x Salaries Benefits	3,681,377	411,777	4,093,154	-	4,093,154
Total Salaries & Benefits	$ 10,662,432	$ 1,235,330	$ 11,897,762	$ (62,593)	$ 11,835,168
52x Travel	52,270	-	52,270	-	52,270
53x Supply	178,379	-	178,379	-	178,379
54x Postage & Printing	7,725	-	7,725	-	7,725
55x Equipment under $5,000	13,250	-	13,250	-	13,250
56x Utilities	95,926	-	95,926	-	95,926
57x Insurance	16,829	-	16,829	-	16,829
58x Rent/Leases - Bldg/Equip	6,386	7,200	13,586	-	13,586
59x Repairs	2,669	-	2,669	-	2,669
61x Professional Development	14,450	-	14,450	-	14,450
62x Fees - Operating & Professional	1,140,987	2,070	1,143,057	-	1,143,057
67x Expenses	-	-	-	-	-
53x Supplies	500	-	500	-	500
60x IT Expenses	39,814	-	39,814	-	39,814
68x Land, Building, Other Capital	-	-	-	-	-
69x Over	-	-	-	-	-
69x Equipment Over $5,000	-	-	-	-	-
71x Grants, Benefits, & Claims	-	-	-	-	-
72x Transfers	-	-	-	-	-
Total Operating	$ 1,569,185	$ 9,270	$ 1,578,455	$ -	$ 1,578,455
Total	$ 12,231,617	$ 1,244,600	$ 13,476,217	$ (62,593)	$ 13,413,623

NORTH Dakota Be Legendary. | Health & Human Services

Department of Health and Human Services
SOTEP
Operating / Professional Fees and Services

Description	2021-23 Biennium Amount	2023-25 Base Budget	Increase/ (Decrease)	Executive Budget Recommendation	Increase/ (Decrease)	Engrossed SB 2012
Psychological Evaluations	447,598	447,958	-	447,958	-	447,958
Forensic Evaluations	415,976	415,976	-	415,976	-	415,976
Client Medications	220,463	220,463	-	220,463	-	220,463
Other Medical Dental and Optical	38,905	38,905	-	38,905	-	38,905
Other Professional Fees and Services	18,045	18,045	2,070	20,115	-	20,115
General Fund	**1,140,987**	**1,140,987**	**2,070**	**1,143,057**	**-**	**1,143,057**
Federal Funds			**-**		**-**	
Other Funds		**-**	**-**	**-**	**-**	**-**
Total Funds	**1,140,987**	**1,140,987**	**2,070**	**1,143,057**	**-**	**1,143,057**

NORTH Dakota Be Legendary. | Health & Human Services

NDSH Sex Offender Residential Treatment (SOTEP)
Overview of budget changes

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
General Fund	$ 12,231,617	$ 1,244,600	$ 13,476,217	$ (62,594)	$ 13,413,623
Federal Funds	-	-	-	-	-
Other Funds	-	-	-	-	-
Total Funds	$ 12,231,617	$ 1,244,600	$ 13,476,217	$ (62,594)	$ 13,413,623

NORTH Dakota Be Legendary. | Health & Human Services

State Hospital Unmet Needs
2023 – 2025 biennium



$1,577,436 Salary Underfunding

$3,735,992 Continuing current biennium salary cost to retain employees

$2,162,589 Continuing Travel Nurse contract

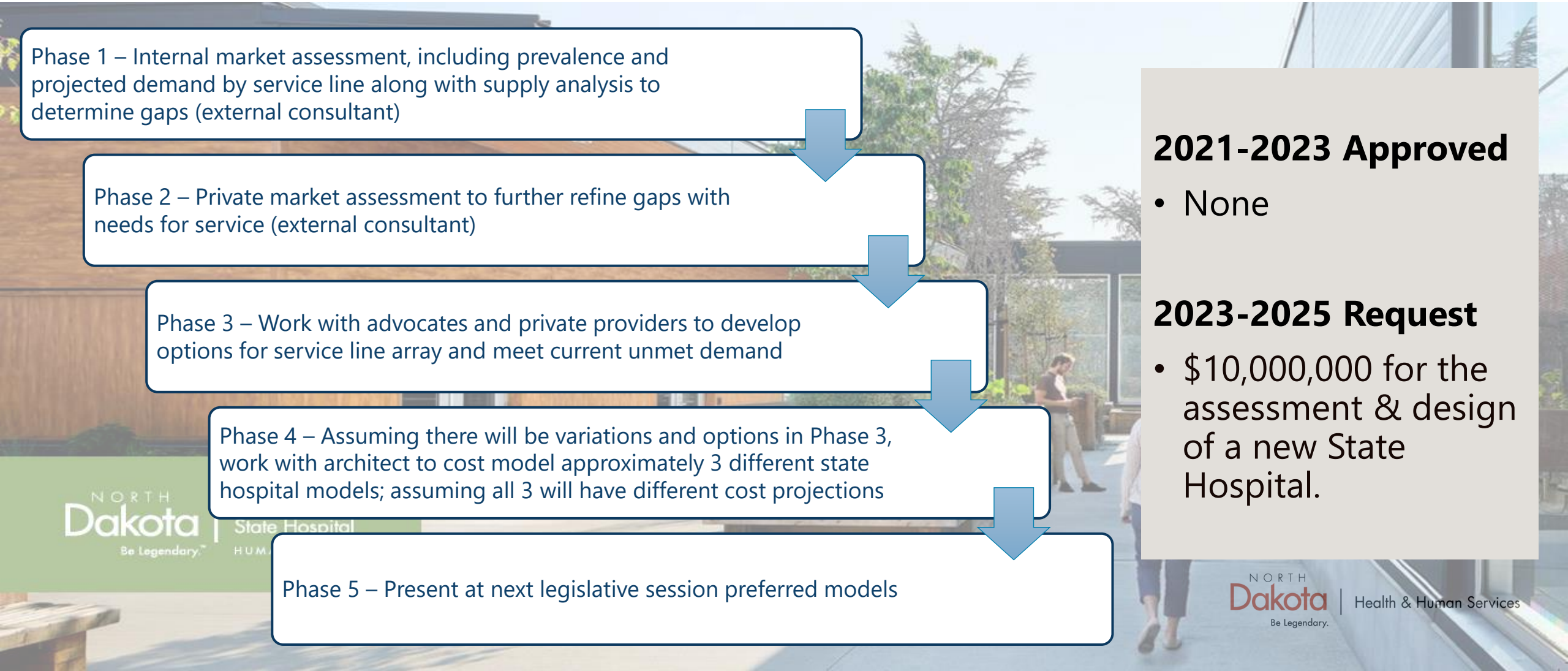
$98,264 Patient Beds

$12,000 Replacement Dishware

$7,586,281 Total

NORTH Dakota Be Legendary. | Health & Human Services

State Hospital
One Time Funding Request



Phase 1 – Internal market assessment, including prevalence and projected demand by service line along with supply analysis to determine gaps (external consultant)

Phase 2 – Private market assessment to further refine gaps with needs for service (external consultant)

Phase 3 – Work with advocates and private providers to develop options for service line array and meet current unmet demand

Phase 4 – Assuming there will be variations and options in Phase 3, work with architect to cost model approximately 3 different state hospital models; assuming all 3 will have different cost projections

Phase 5 – Present at next legislative session preferred models

2021-2023 Approved

- None

2023-2025 Request

- $10,000,000 for the assessment & design of a new State Hospital.

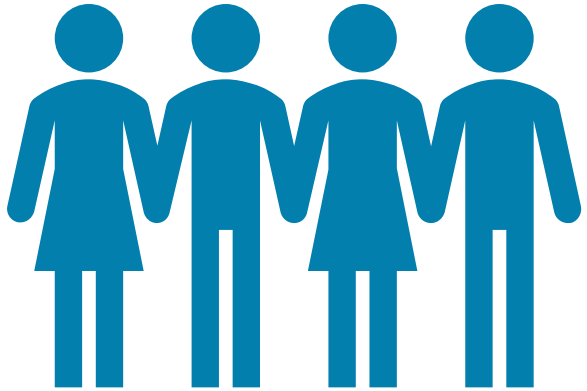
NORTH Dakota | Health & Human Services
Be Legendary.

State Hospital
Vacancies

(As of December 31, 2022 = 67.9)

- Direct Care and Nursing
  - Account for majority of vacancies

Current FTE Comparisons			
23-25 Engrossed SB 2012 FTE (NDSH)	**Vacancies (NDSH)**	**23-25 Engrossed SB 2012 FTE (SOTEP)**	**Vacancies (SOTEP)**
319.52	67.90	67.5	0.0



State Hospital Employees

Average Age	Average Years of Service
46 years	10 years

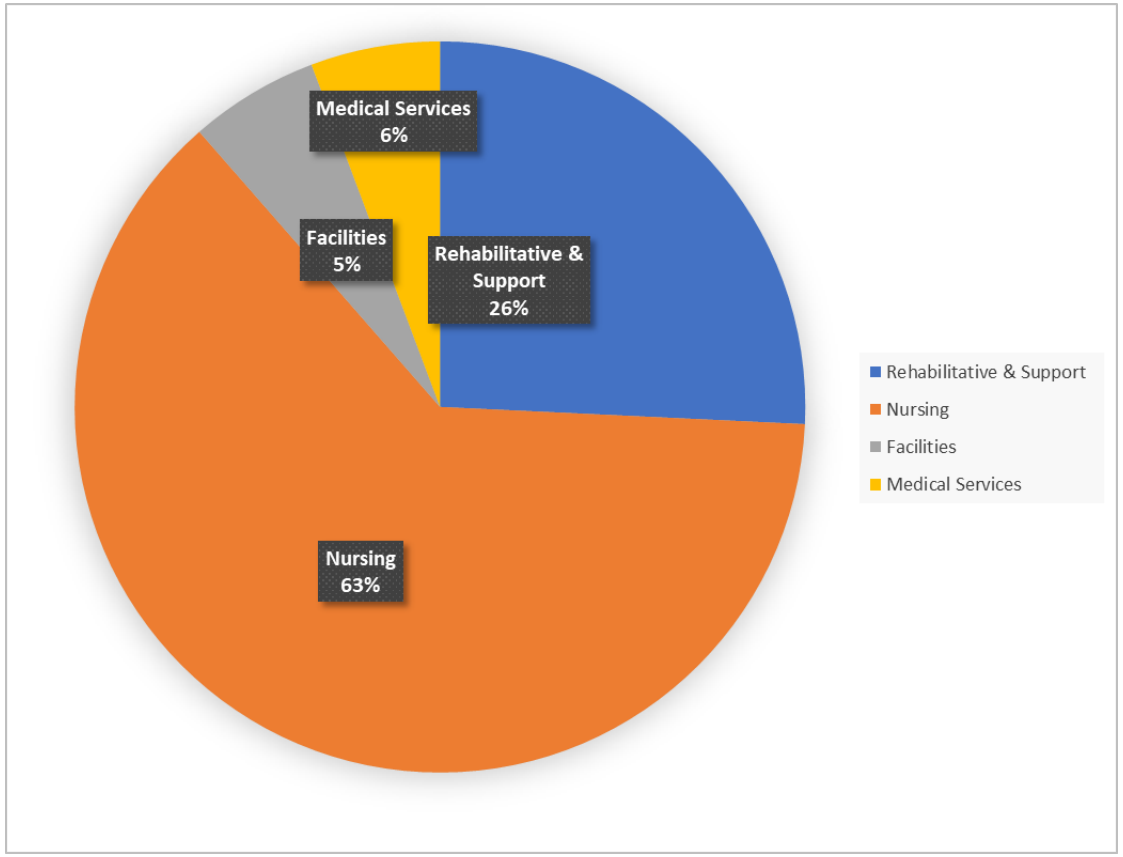
NORTH Dakota Be Legendary. | Health & Human Services

State Hospital

Vacancies

69.9 FTEs Vacant (Jan 2023):

- 9.0 filled
- 8.0 offer extended
- 7.0 interviewing
- 41.9 recruiting
- 4.0 updating JD to re-post



Job-Specific Vacancy Rates:

- Direct Care Associate – 33% (of 155.75)
- Licensed Practical Nurse– 50% (of 14 total FTE)
- Registered Nurse – 55% (of 40.25 total FTE)

State Hospital
Recruitment

- Talent Acquisition, Retention, and Engagement
  - Recruitment bonuses for hard to fill positions
  - Retention bonuses for current employees
  - Equity study
  - Contracted staffing
  - Outreach events (Career fairs, School visits)
  - Sourcing data
  - Employee referral program
  - Advertising campaigns

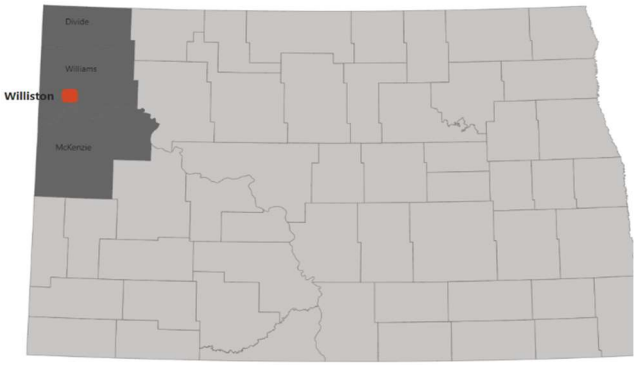


NORTH Dakota Be Legendary. | Health & Human Services

Regional Overview for House Appropriations

Northwest Human Service Center

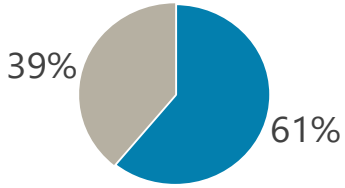
Data: July 2021 – December 2022



Northwest Human Service Center (NWHSC) provides services to individuals who live in Divide, Williams, and McKenzie counties. This region is comprised of 54,491 residents (7% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

15,915 Services Provided to **864** Adult Clients

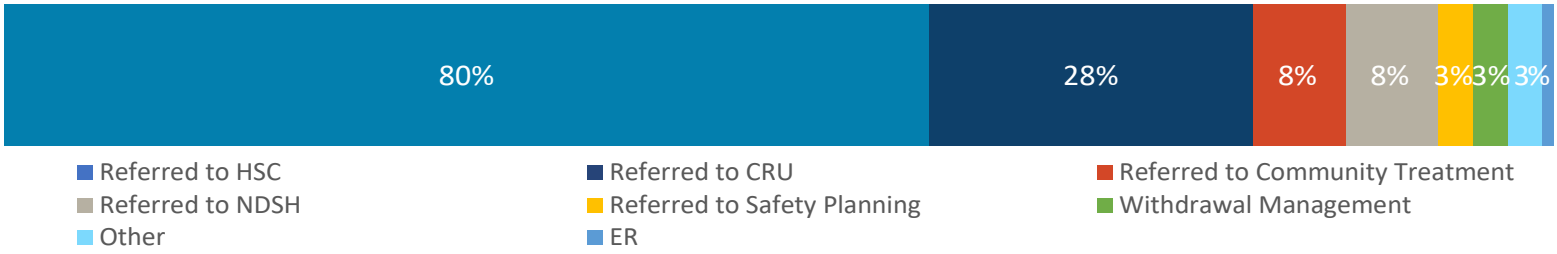
39% of adult clients have dual disorder or mental health & substance abuse. 61% have mental health diagnosis only.



93% Youth served have Serious Emotional Disturbance Disorder.
NWHSC served **180** youth & families.

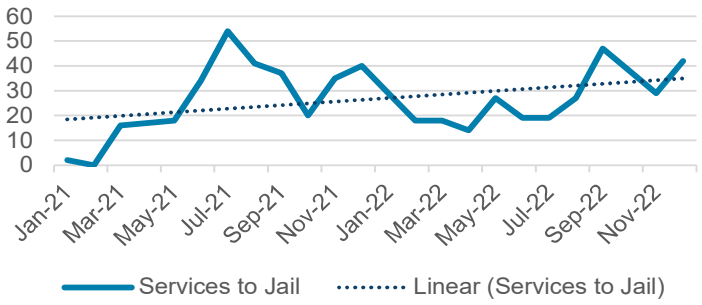
Assessment Services

741 individuals were triaged and screened. **346** met need for full assessment



80% of individuals were referred to receive services at NWHSC following triage & assessment.

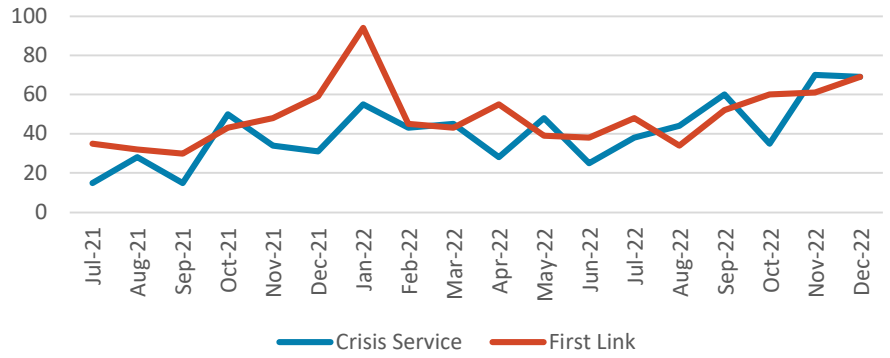
Increasing Service Needs



Services to jails & crisis services have been increasing.

Crisis Services

885 crisis calls to call center
149 mobile crisis response
733 crisis services provided by NWHSC
53 admissions to Northwest Crisis Residential facility

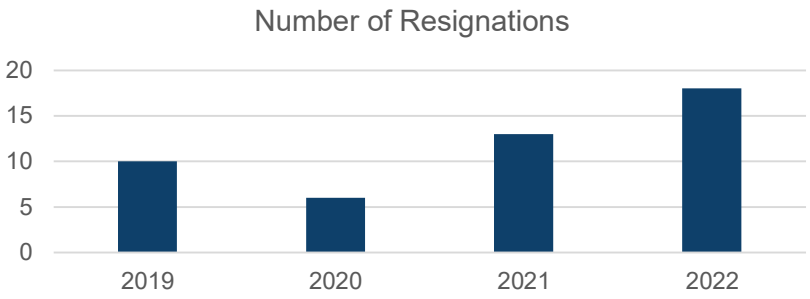


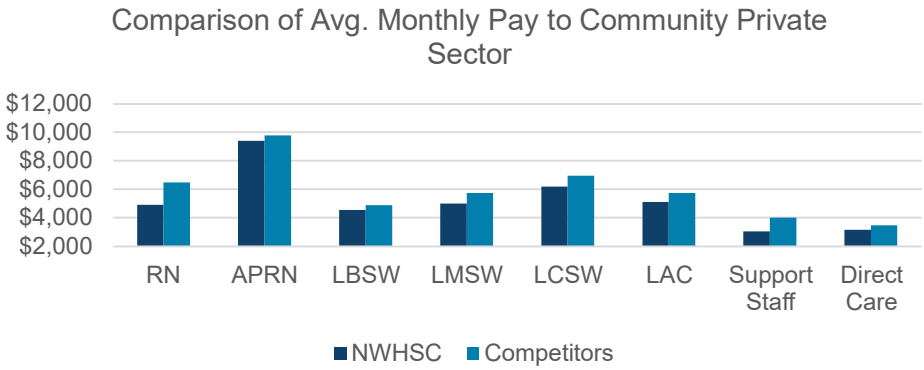
Workforce

21-23 Authorized FTE Base	21-23 Requested Additional FTE	21-23 Requested Based FTE	# Vacancies from base (3/1/2023)
35.05	4.0	39.05	10.75

The number of resignations has drastically increased in the last few years. There were 18 resignations alone in 2022, resulting in 51% of the FTE workforce. Of the 53 exit interview surveys collected between 2018-2022, 51% left for the private sector.

There have been improved recruitment efforts, but retention remains problematic due to lower salaries. Multiple oil companies in the region provide housing stipend in addition to salaries, from $500 to $2,000 a month.





NWHSC Successes & Challenges

Near fully staffed crisis team to provide 24 hour crisis responsive service

- Working on RFP for crisis residential unit. Utilizing NCHSC or BLHSC in the meantime
- Ride-alongs with law enforcement building trust in staff
- Ongoing collaboration with hospital emergency department

Strong Private Sector

- Williams County Behavioral Health grant has afforded many of our former staff to move to the private sector to continue providing service
- Healthy working relationships among private and public providers to minimize duplication of services
- Clients do not leave triage without an appointment in the community

Staffing Challenges

- Imminent risk and crisis services are a priority
- Unable to provide full realm of team-based care until fully staffed
- Building culture from bottom up
  - Unified staff working as a team to assure all clients have needs met

NORTH Dakota | Health & Human Services
Be Legendary.

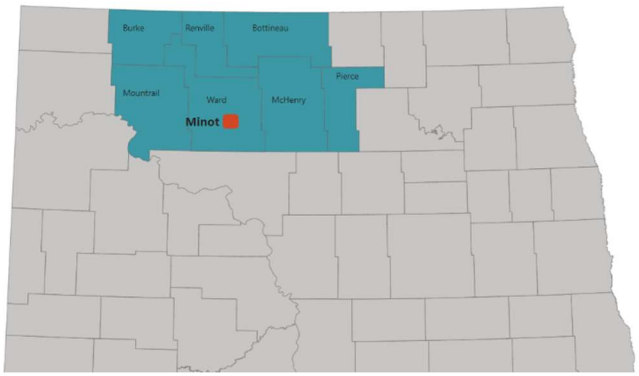
Regional Overview for House Appropriations

North Central Human Service Center

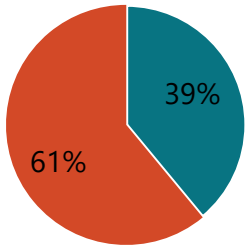
Data: July 2021 – December 2022

North Central Human Service Center (NCHSC) provides services to individuals who live in Bottineau, Burke, McHenry, Mountrail, Pierce, Renville & Ward counties. This region is comprised of 98,663 residents (13% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

47,768 Services Provided to **1,898** Adult Clients



61% of adult clients have dual disorder or mental health & substance abuse. **39%** have mental health diagnosis only.

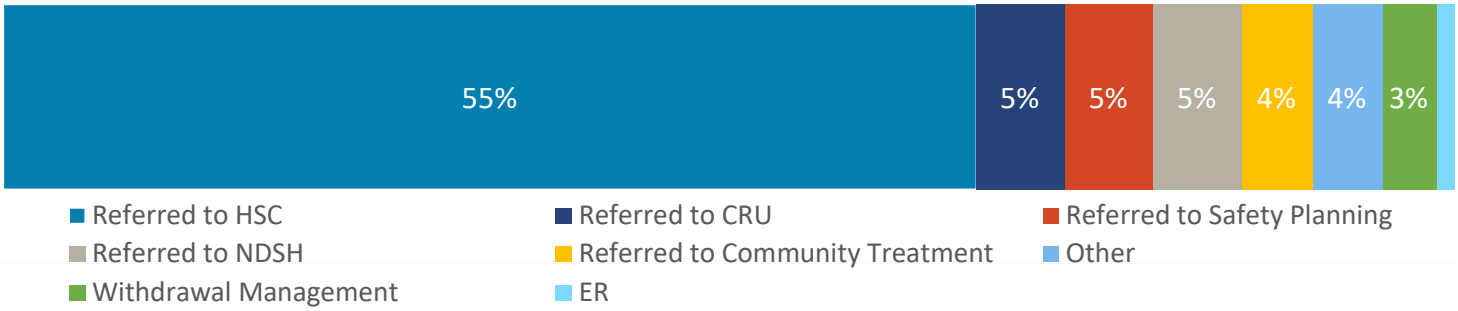


91% Youth served have Serious Emotional Disturbance Disorder.

NCHSC served **305** youth & families.

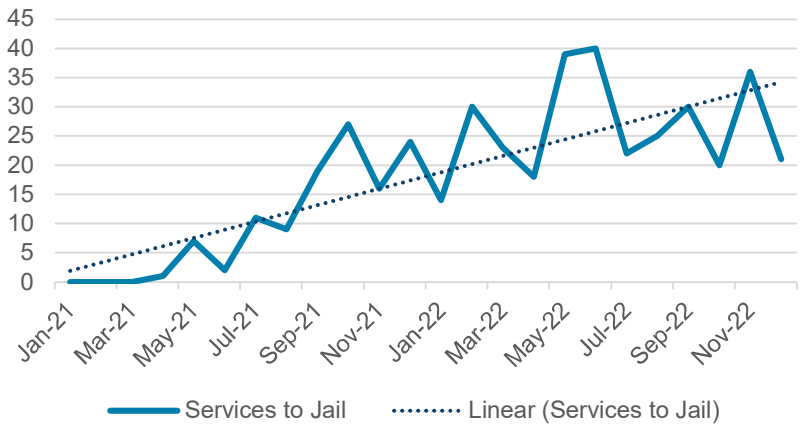
Assessment Services

1,649 individuals were triaged and screened. **838** met need for full assessment.



55% of individuals were referred to receive services at NCHSC following triage & assessment.

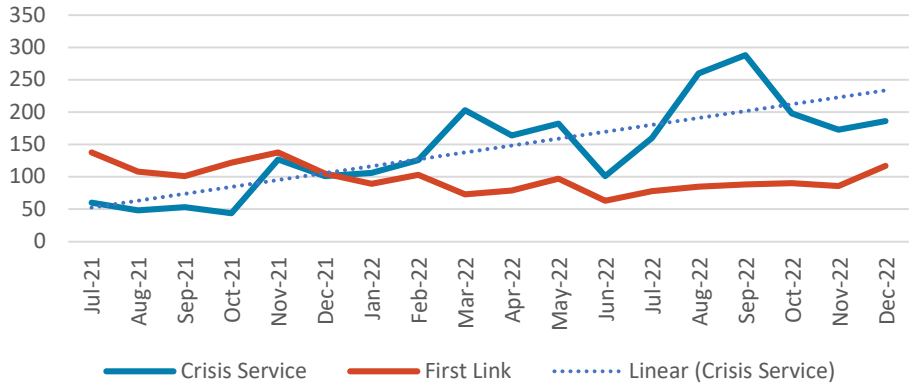
Increasing Service Needs



Services to jails & crisis services have been increasing

Crisis Services

1,760 crisis calls to call center
1,032 mobile crisis response
2,580 crisis services provided by NCHSC
111 admissions to North Central Crisis Residential facility



Workforce

21-23 Authorized FTE Base	21-23 Requested Additional FTE	21-23 Requested Based FTE	# Vacancies from base (3/1/2023)
93.7	3.5	97.2	14

NCHSC had a 44% turnover rate over the 21-23 biennium.
-Large discrepancy between private industry pay and state wages
-Shift to consumers with higher level of need and higher risk
-Shift from traditional office-based services to community-based services

Over the biennium, 8 students have been in internships/practicums with NCHSC. Four current staff are in school for licensed disciplines as a “grow our own” efforts for recruitment.

Retained 3 highly qualified Psychologists throughout biennium despite shortages in other regions
-Specialized Training in assessment of Autism Spectrum Disorder

NCHSC Successes & Challenges

Dedicated Staff

- Staff are flexible and resilient
- Committed to meeting client needs, often putting themselves at risk
- Have seen a recent increase in staffing & applications

Community Supports

- Key partnerships with Minot Police Department, Trinity Health, Minot Public School
- Community Coordinating Meeting held monthly to increase communication and collaboration across the region
- Prevention Meeting with Community Youth Agencies to increase collaboration for high-risk youth and families

Staff Safety

- Staff encounter ongoing verbal threats, harassment, physical harm and death threats during outreach.
- Staff are sent in pairs to locations with known safety concerns
- Staff encounter consumers with active self-harm, substance use, and aggressive behaviors

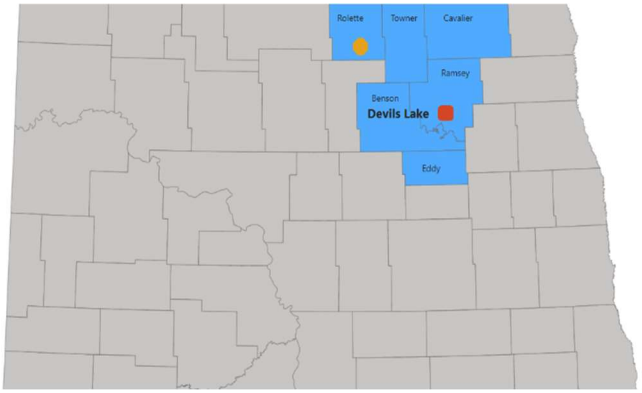
NORTH Dakota | Health & Human Services
Be Legendary.

Regional Overview for House Appropriations

Lake Region Human Service Center

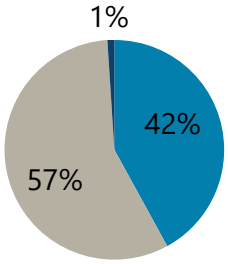
Data: July 2021 – December 2022

Lake Region Human Service Center (LRHSC) provides services to individuals who live in Benson, Cavalier, Eddy, Ramsey, Rolette, and Towner counties, including Spirit Lake Nation and Turtle Mountain Band of Chippewa. This region is comprised of 37,568 residents (5% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.



21,021 Services Provided to 1,419 Adult Clients

57% of adult clients have dual disorder or mental health and substance abuse. 42% have mental health diagnosis only and 1% have substance use disorder only.

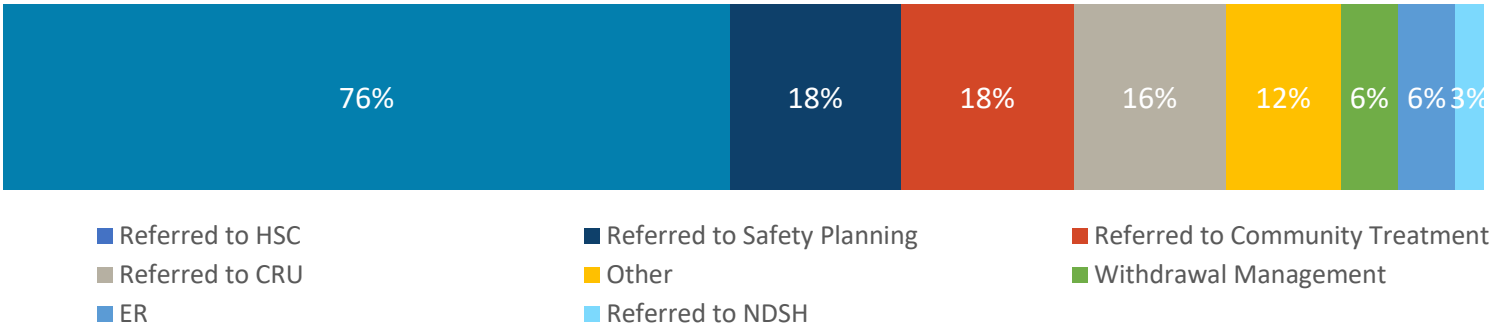


84% Youth served have Serious Emotional Disturbance Disorder.

LRHSC served 260 youth and families.

Assessment Services

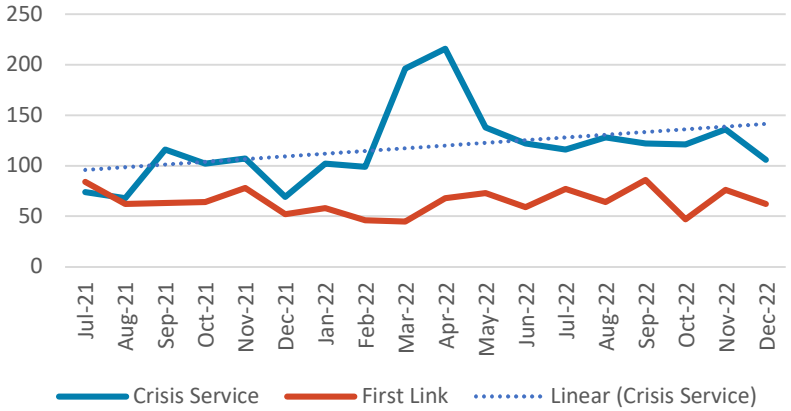
2,116 individuals were triaged and screened. 687 met need for full assessment.



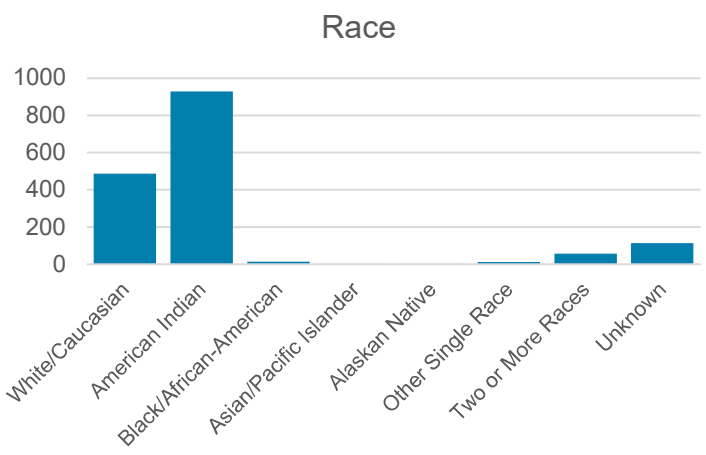
76% of individuals were referred to receive services at LRHSC following triage and assessment.

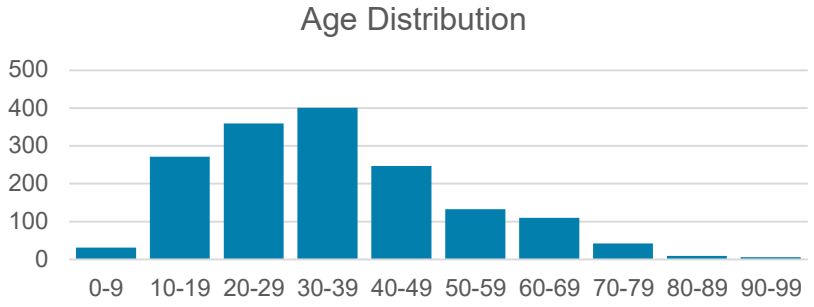
Crisis Services

1,164 crisis calls to call center
858 mobile crisis response
2,138 crisis services provided by LRHSC
247 admissions to Lake Region Crisis Residential facility



Demographics of Who We Serve





Workforce

21-23 Authorized FTE Base	23-25 Requested Additional FTE	23-25 Requested Base FTE	# Vacancies from base (3/1/2023)
44.5	2	46.5	6

System of Care

ND was one of 6 states awarded $3 million per year for up to 4 years for System of Care (SOC) Grant through SAMSHA. LRHSC was one of two regions in ND selected to utilize the funding to build and expand behavioral health services and supports for youth with serious emotional disturbances and their families.

SOC is a spectrum of effective, community-based services and supports for children and youth with serious emotional disturbances that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them function better at home, school, in the community and throughout life.

The implementation of SOC requires interagency partnerships with publicly funded services, private agencies, tribal services, school and educational services, social and child welfare agencies, juvenile justice services, health services, youth and family advocacy organizations, and the youth and families most impacted.

LRHSC Successes & Challenges

Successes

- Outreach to multiple schools in the region and creativity about how to access resources with limited availability.
- Longevity in leadership, availability of an active Outreach Office in Rolette County, and fully staffed Crisis Services Team.

Staffing Challenges

- Vacancies/turnover/burnout due to very difficult work
- No addiction counselors on site in the Devils Lake office, limited services are covered by Rolla staff.
- No clinicians on site in the Rolla office, limited services are covered by Devils Lake staff.
- A significant amount of time is spent on travel due to extremely rural region, leaving staff unavailable to provide services during those travel times.

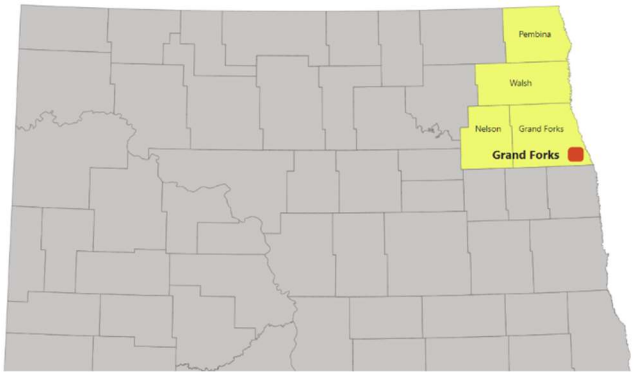
NORTH Dakota | Health & Human Services
Be Legendary.

Regional Overview for House Appropriations

Northeast Human Service Center

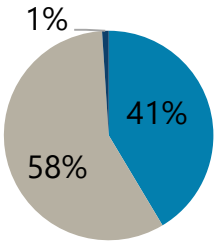
Data: July 2021 – December 2022

Northeast Human Service Center (NEHSC) provides services to individuals who live in Grand Forks, Walsh, Pembina & Nelson counties. This region is comprised of 92,995 residents (12% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.



34,441 Services Provided to **1,561** Adult Clients

58% of adult clients have dual disorder or mental health & substance abuse. **41%** have mental health diagnosis only and **1%** have substance use disorder only.

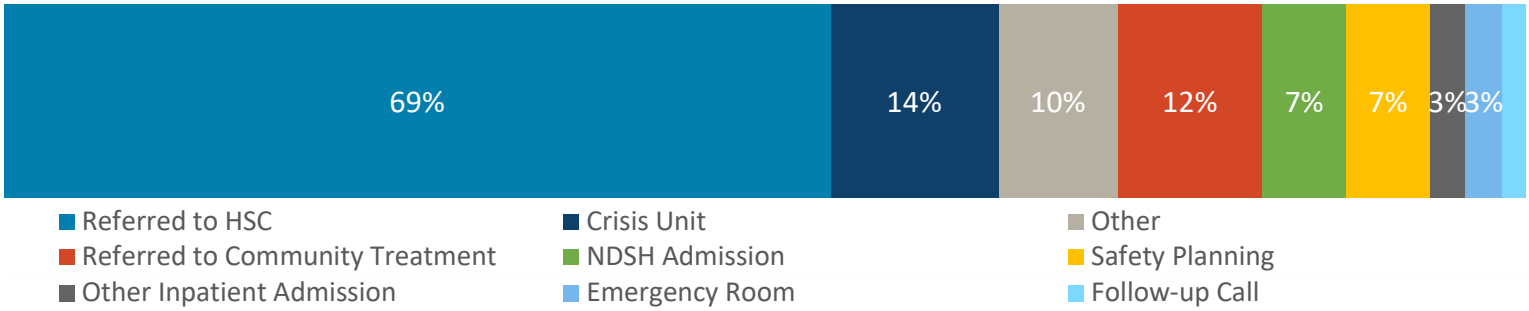


96% Youth served have Serious Emotional Disturbance Disorder.

NEHSC served **221** youth & families.

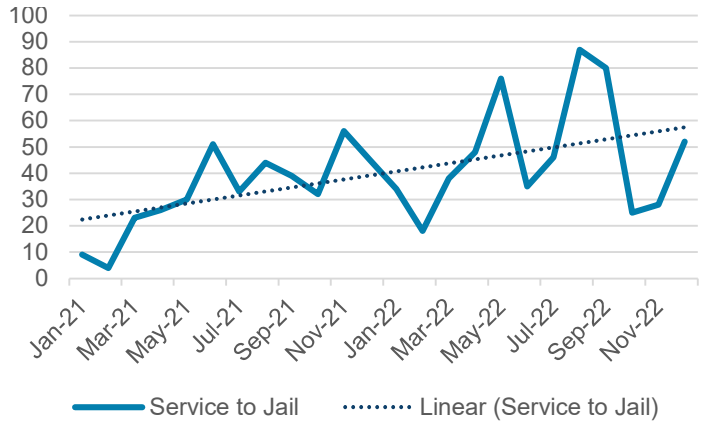
Assessment Services

1,649 individuals were triaged and screened. **838** met need for full assessment.



69% of individuals were referred to receive services at NEHSC following triage & assessment.

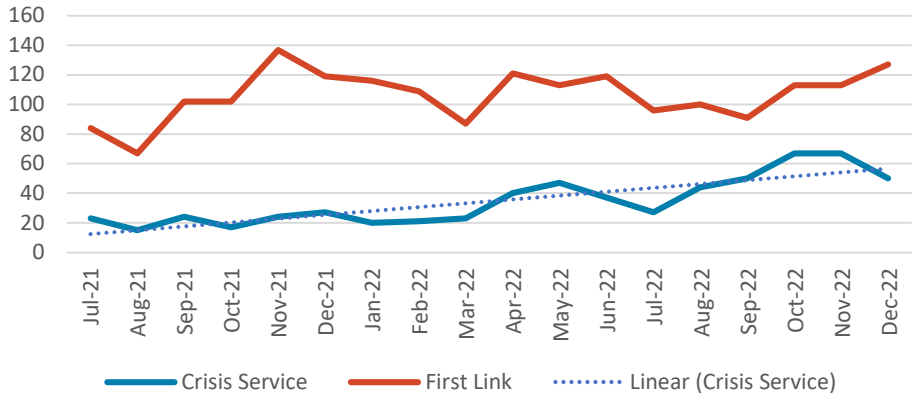
Increasing Service Needs



Services to jails & crisis services have been increasing

Crisis Services

1,916 crisis calls to call center
158 mobile crisis response
623 crisis services provided by NEHSC
166 admissions to Northeast Crisis Residential facility



Workforce

21-23 Authorized FTE Base	21-23 Requested Additional FTE	21-23 Requested Based FTE	# Vacancies from base (3/1/2023)
105.1	6.0	111.1	24.1

Ruther Meier Adolescent Center (RMAC)

The Ruth Meier Adolescent Center (RMAC) is a Psychiatric Residential Treatment Facility (PRTF) that provides residential services to youths aged 12-18.

The program can have up to 10 youth, but due to workforce issues, it has been operating at only 20-30% capacity. Workforce issues have resulted in RMAC reducing youth admits, negatively impacting NEHSC revenue over the past biennium.

In 2021, the hourly rate for Direct Care Associates was increased from $18 to $20 per hour, yet still have workforce challenges. NEHSC is working with the Department of Human Service Talent Acquisition team to recruit both clinical & direct care staff. Youth clinicians are a small pool and RMAC has lost 2 mental health clinicians to the private sector for higher pay. RMAC is contracting with a private provider who comes to provide therapy for youth.

RMAC has been operating at the bare minimum of direct care staffing while continuing to adhere to both ND Administrative code & Accreditation standards. As of 3/10 RMAC has open full-time Direct Care Associate Supervisor & Direct Care Associated (DCA) positions, an open 0.8 FTE DCA position, and 6 unfilled temporary DCA positions.

NEHSC Successes & Challenges

Rural Services	• Grafton satellite office providing outreach to rural areas • Park River established telehealth areas to connect with NEHSC Crisis Services
Coordinating Criminal Justice, Mental Health Care & Courts	• Dr. Rose Julius, medical director at NEHSC, & Judge Brad Cruff, Richland County Judge, represented ND for national train-the-trainer event on addressing individuals with behavioral health needs in the justice system. • Will use their training to train other district judges in ND.
Crisis Services	• NEHSC has one on-call staff for the entire region for weekday nights and weekends. • Rural providers have expressed frustration about lack of options for inpatient psychiatric care & access to timely emergency behavioral health services. • Crisis Residential Unit is understaffed and can only access 5 of the 15 beds at this time. • St, Stand, Stay is not fully developed, limiting rural providers options to decrease ER visits & time in the ER.

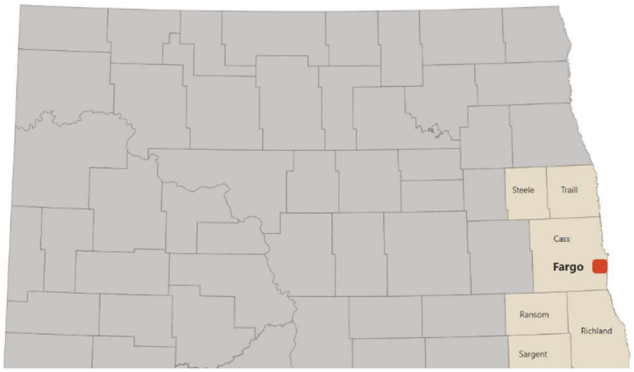
NORTH Dakota Be Legendary. | Health & Human Services

Regional Overview for House Appropriations

Southeast Human Service Center

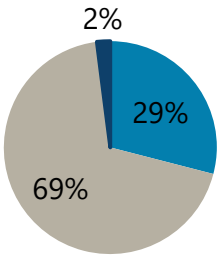
Data: July 2021 – December 2022

Southeast Human Service Center (SEHSC) provides services to individuals who live in Traill, Cass, Ransom, Sargent, Steele & Richland counties. This region is comprised of 222,439 residents (29% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.



86,127 Services Provided to **2,890** Adult Clients

69% of adult clients have dual disorder or mental health & substance abuse. **29%** have mental health diagnosis only and **2%** have substance use disorder only.

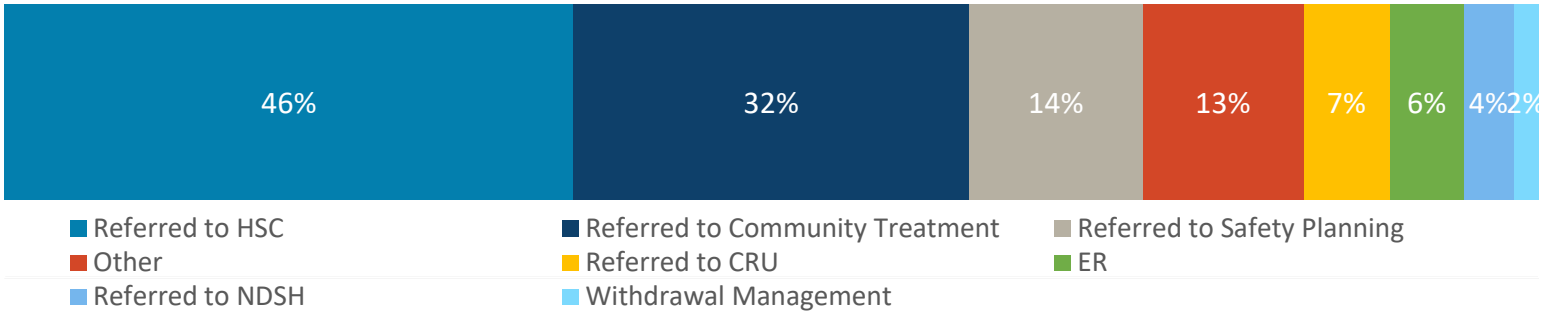


93% Youth served have Serious Emotional Disturbance Disorder.

SEHSC served **297** youth & families.

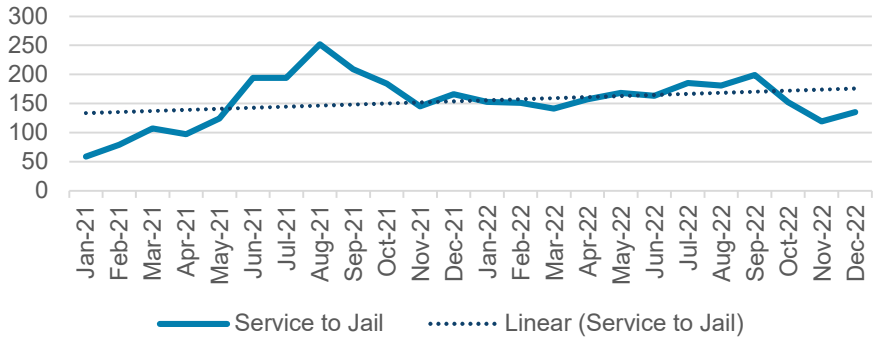
Assessment Services

3,314 individuals were triaged and screened. **586** met need for full assessment.



46% of individuals were referred to receive services at SEHSC following triage & assessment.

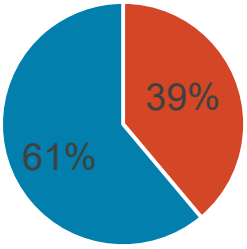
Increasing Service Needs

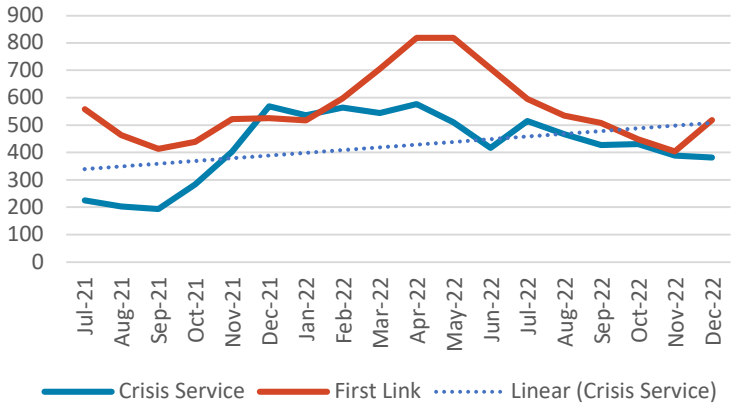


Services to jails & crisis services have been increasing

Crisis Services

10,091 crisis calls to call center
1,238 mobile crisis response
7,633 crisis services provided by SEHSC
581 admissions to Southeast Crisis Residential facility





SEHSC provides the largest proportion of crisis service than any other HSC. 39% of all crisis services provided statewide is by SEHSC compared to 61% by the combined other 7 centers.

Workforce

21-23 Authorized FTE Base	21-23 Requested Additional FTE	21-23 Requested Based FTE	# Vacancies from base (3/1/2023)
133.9	18.0	151.9	13.0

As the population in our region grows, the number of staff to serve the population has not. Past efforts to help mitigate the need for staff was the ability to hire temporary positions. SEHSC has a large temporary staff pool used to supplement need; however, there has been an inability to hire these non-benefited positions. These positions have a high turnover & low recruitment and retention rate.

Youth Programs

SEHSC is one of two regions that received Mental Health Block grant dollars to implement First Episode Psychosis (FEP) programming, with the goal to assist young people experiencing early episodes of psychosis & their families providing early intervention services. The program commenced in April 2022 & the team currently has 18 cases.

SEHSC is the only region that provides Multisystemic Therapy (MST) which targets youth at risk of out-of-home placement due to serious behavioral problems & co-occurring mental health systems. SEHSC team was recognized in 2022 & nationally awarded with the “Whatever It Takes” award. They also are receiving the Program of the Year award at the Family Based Conference in March 2023 for filling gaps in services in ND.

SEHSC Successes & Challenges

Contract Utilization

- 1196 admissions for medical detox provided through Clay County Receiving Center
- 779 psychiatric inpatient admissions at Prairie St. Johns & Sanford-Fargo

Peer Supports

- To better support best practice principles outlined by SAMSHA, 7 peer supports, which are currently temporary employees, are being integrated into front door services with plans to expand into treatment teams

Staff Safety

- Noticeable increase of intense and dangerous situations causing mitigation efforts including but not limited to sending multiple staff out to engage the individual.
- This leads to revenue impacts because both roles cannot bill the services.
- These intense situations lead to a high rate of burnout and increased turnover rates.

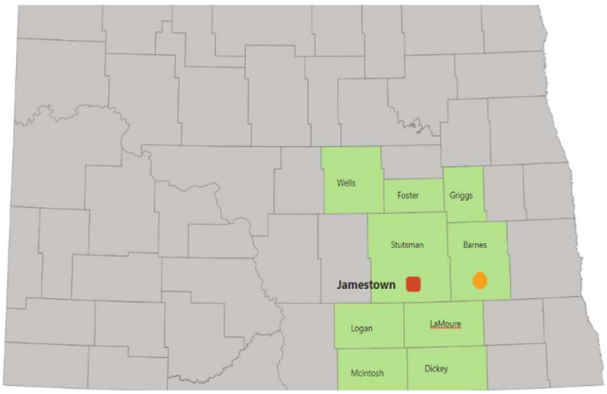
NORTH Dakota | Health & Human Services
Be Legendary.

Regional Overview for House Appropriations

South Central Human Service Center

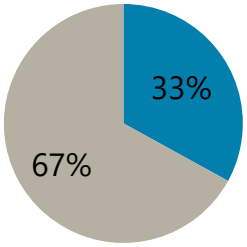
Data: July 2021 – December 2022

South Central Human Service Center (SCHSC) provides services to individuals who live in Barnes, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Stutsman & Wells counties. This region is comprised of 55,291 residents (7% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.



30,353 Services Provided to **1,139** Adult Clients

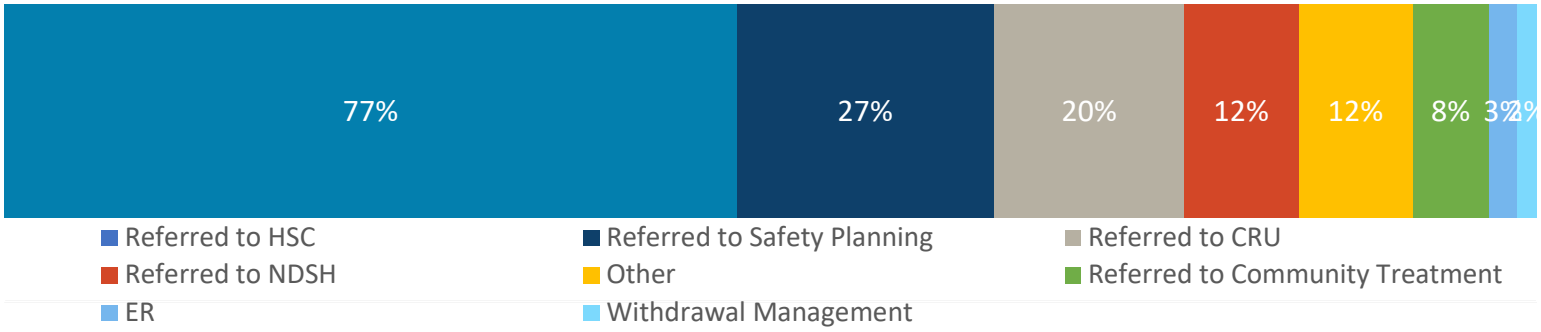
67% of adult clients have dual disorder or mental health & substance abuse. 33% have mental health diagnosis only.



96% Youth served have Serious Emotional Disturbance Disorder.
SCHSC served **218** youth & families.

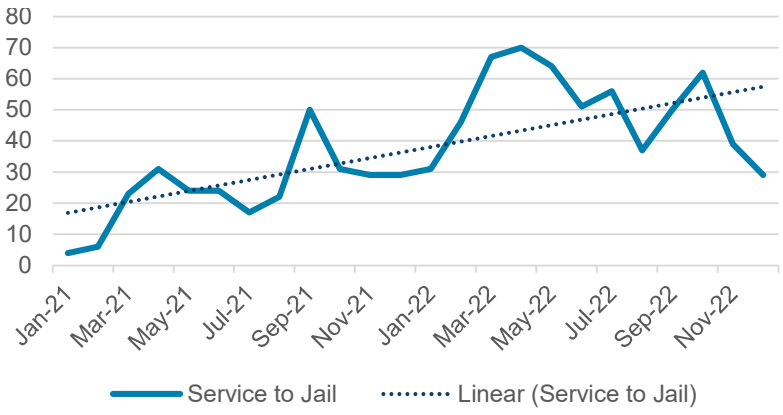
Assessment Services

1,766 individuals were triaged and screened. 593 met need for full assessment.



77% of individuals were referred to receive services at SCHSC following triage & assessment.

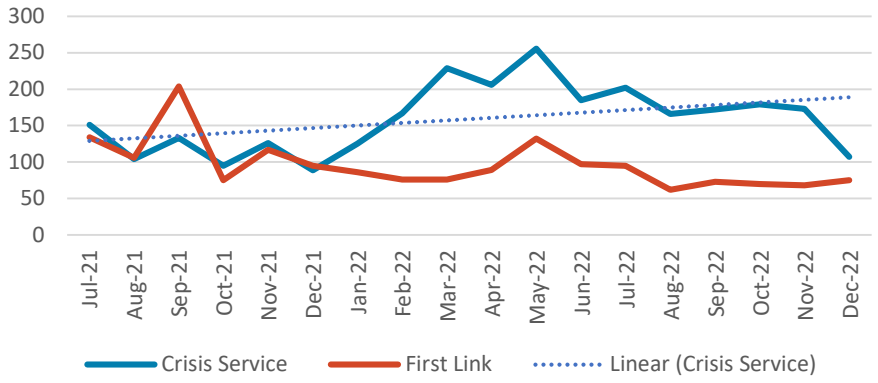
Increasing Service Needs



Services to jails & crisis services have been increasing

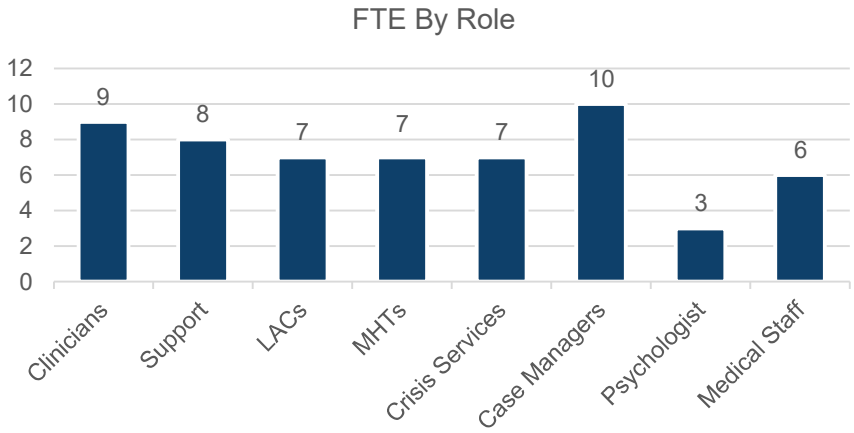
Crisis Services

1,730 crisis calls to call center
535 mobile crisis response
2,865 crisis services provided by SCHSC
201 admissions to South Central Crisis Residential facility



Workforce

21-23 Authorized FTE Base	21-23 Requested Additional FTE	21-23 Requested Based FTE	# Vacancies from base (3/1/2023)
56.0	4.0	60.0	3.0





Currently SCHSC has 8 staff in behavioral health that are underfilled. Underfill positions require a terminally licensed therapist to provide supervision on a weekly basis, which results in a decrease in revenue.

SCHSC Successes & Challenges

Drug Court

- Upon acceptance into drug court, 54% had a positive drug screen. After successful completion of the program, only 3% were positive
- At the end of the program, 93% were competitively employed in the community

Grow Your Own

- Currenlty, SCHSC has 12 behavioral health staff of 48 (25%) employed that completed their internship at one time through SCHSC.
- SCHSC employs 19 staff that started with DHHS in a lower classification and were reclassified after obtaining licensure; 10 of those doing it through supervision at SCHSC.

Challenges

- Lack of staff available to provide the level of care that is needed to effectively provide treatment in rural areas.
- People who have mental illness and co-occurring disorders are vulnerable to homelessness. There is no homeless center located in the region served by SCHSC.

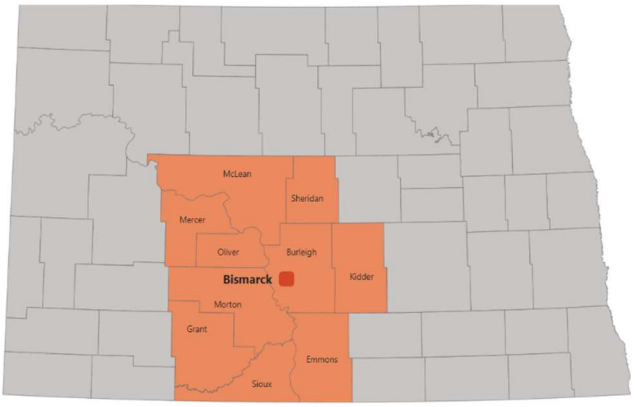
NORTH Dakota | Health & Human Services
Be Legendary.

Regional Overview for House Appropriations

West Central Human Service Center

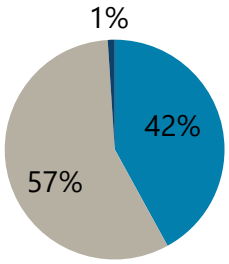
Data: July 2021 – December 2022

West Central Human Service Center (WCHSC) provides services to individuals who live in Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, & Sioux counties. This region is comprised of 165,505 residents (21% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.



57,221 Services Provided to **2,341** Adult Clients

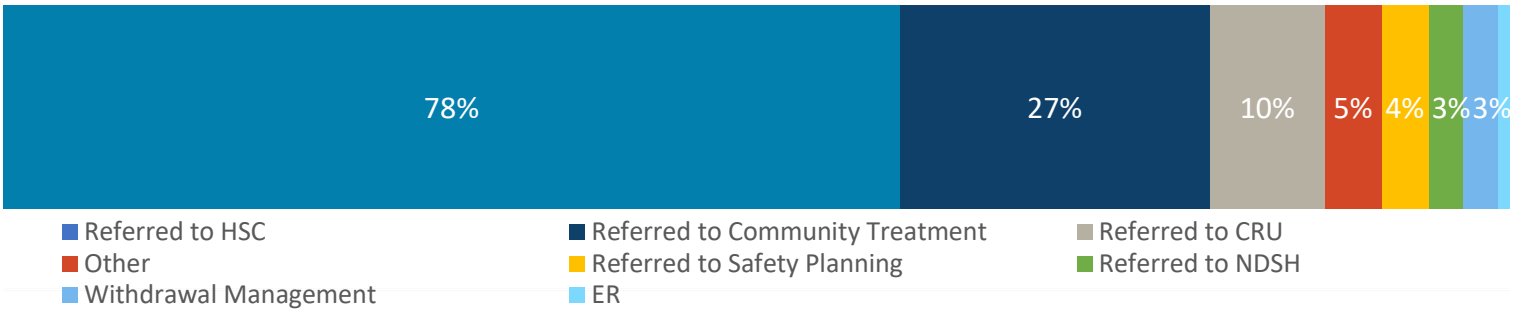
57% of adult clients have dual disorder or mental health & substance abuse. **42%** have mental health diagnosis only and **1%** have substance use disorder only.



93% Youth served have Serious Emotional Disturbance Disorder.
WCHSC served **419** youth & families.

Assessment Services

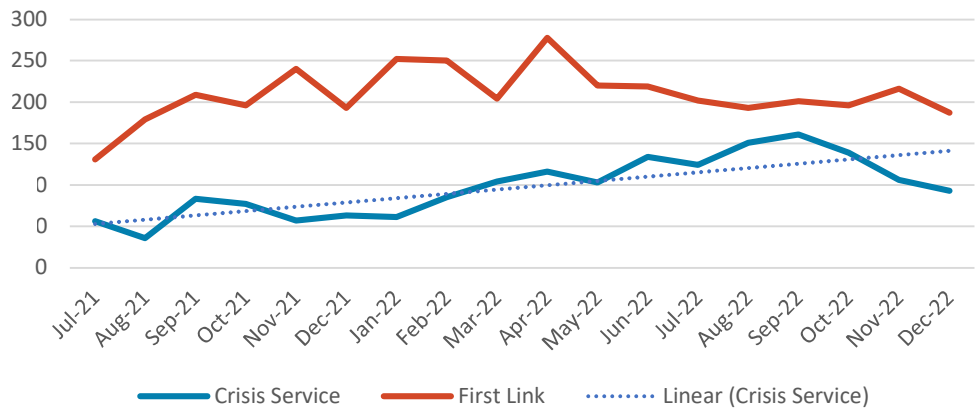
1,987 individuals were triaged and screened. **1,034** met need for full assessment.



78% of individuals were referred to receive services at WCHSC following triage & assessment.

Crisis Services

3,766 crisis calls to call center
489 mobile crisis response
1,749 crisis services provided by WCHSC
679 admissions to West Central Crisis Residential facility



Workforce

21-23 Authorized FTE Base	23-25 Requested Additional FTE	23-25 Requested Base FTE	# Vacancies from base (3/1/2023)
92.0	7.0	99.0	11

WCHSC has supplemented the full-time team member positions with temp positions consisting of 5 Skills Integrators and 2 Peer Support Specialists. With lack of competitive pay and no benefits these positions experience high turnover and extended periods of remaining open/unfilled.

Youth Programs

ND was one of 6 states awarded $3 million per year for up to 4 years for System of Care (SOC) Grant through SAMSHA. WCHSC was one of two regions in ND selected to utilize the funding to build and expand behavioral health services & supports for youth with serious emotional disturbances & their families.

SOC is a spectrum of effective, community-based services & supports for children & youth with serious emotional disturbances that is organized into a coordinated network, builds meaningful partnerships with families & youth and addresses their cultural & linguistic needs, in order to help them function better at home, school, in the community & throughout life.

WCHSC is also another one of two regions that received Mental Health Block grant dollars to implement First Episode Psychosis (FEP) programming, with the goal to assist young people experiencing early episodes of psychosis & their families providing early intervention services.

FEP affects many people and occurs worldwide with an annual incidence of 15.2 per 100,000. It usually develops between ages 16-25, with men developing FEP at a younger age than women. It accounts for 25% of all hospital bed days, 40% of all long-term care days, 20% of all Social Security Benefit days, and costs the nation up to $65 Billion per year.

Research indicates that early intervention can reduce duration and severity of later episodes and increase functionality (Albert & Weibell, 2019).

WCHSC Successes & Challenges

Youth

- Bismarck Public Schools collaboration positively impacts youth and families
- SOC Grant introduction and overview of National Outcome Measures tool, SAMSHA requirements, best practices, and strategies from TriWest Group completed.

Crisis Services

- Mobile Crisis fully implemented within the region
- Crisis Residential Unit (CRU) fully implement with Sit, Stand, Stay model
- CRU capacity reduced due to contractor workforce issues

Workforce

- Turnover rate at 23.17% for 2022
- Key clinical positions open for a several months to over one year
- Lost revenue due to workforce shortages and inability to hire

NORTH Dakota | Health & Human Services
Be Legendary.

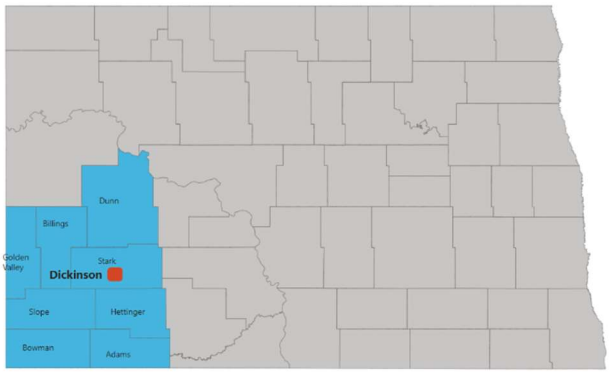
Regional Overview for House Appropriations

Badlands Human Service Center

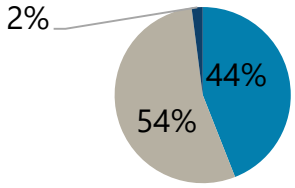
Data: July 2021 – December 2022

Badlands Human Service Center (BLHSC) provides services to individuals who live in Adams, Billings, Bowman, Dunn, Hettinger, Golden Valley, Slope, & Stark counties. This region is comprised of 47,996 residents (6% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

13,698 Services Provided to **1,037** Adult Clients



54% of adult clients have dual disorder or mental health & substance abuse. **44%** have mental health diagnosis only and **2%** have substance use disorder only.



93% Youth served have Serious Emotional Disturbance Disorder.

BLHSC served **262** youth & families.

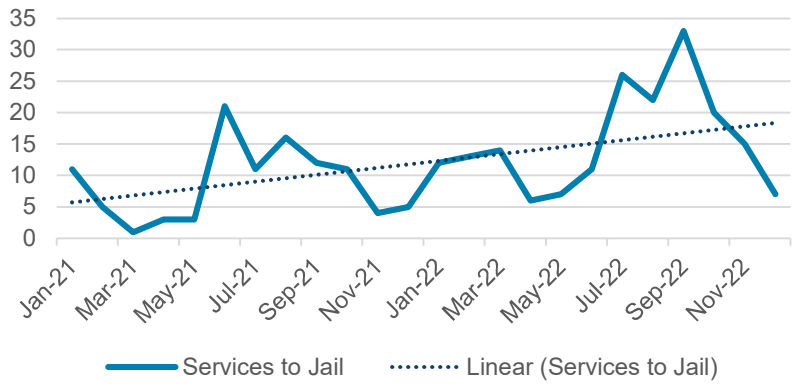
Assessment Services

909 individuals were triaged and screened. **455** met need for full assessment.



51% of individuals were referred to receive services at BLHSC following triage & assessment.

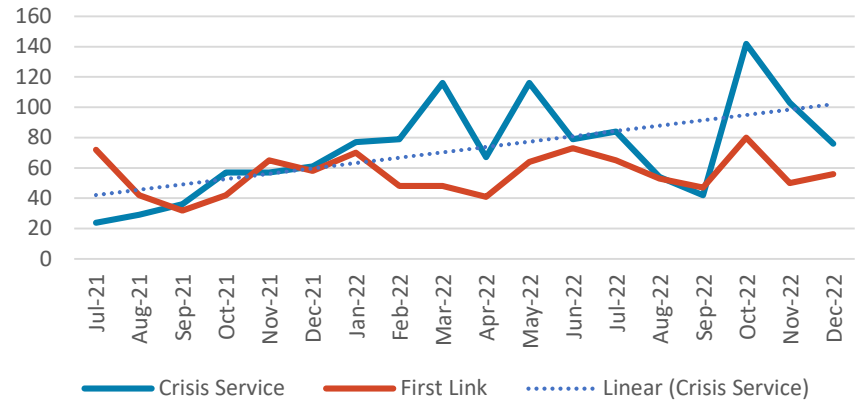
Increasing Service Needs



Services to jails & crisis services have been increasing

Crisis Services

1,006 crisis calls to call center
523 mobile crisis response
1,299 crisis services provided by BLHSC
199 admissions to Badlands Crisis Residential facility



Workforce

21-23 Authorized FTE Base	21-23 Requested Additional FTE	21-23 Requested Base FTE	# Vacancies from base (3/1/2023)
59	3	62	5

Recruitment challenges for professional disciplines. It is difficult to recruit individuals willing to relocate to Southwest North Dakota who also hold the appropriate licensure (e.g., nursing, psychiatry, psychology, addiction counseling, mental health counseling, social work). When BLHSC does get promising candidates, job offers are often declined because the position is not telehealth/office-based, or the wage is non-competitive for the intensity of community-based services BLHSC offers.

Underfill staff and the revolving door. To meet demand for services, BLHSC has underfilled therapist positions by recruiting new graduates in need of clinical supervision or by promoting staff within the center who are pursuing their master's degrees. This strategy is an upstream approach to growing from within, but also takes upwards of two years to earn the highest possible revenue from these staff if they are retained long term. While this strategy has helped fill positions, it has led to a revolving door of open positions in the center requiring ongoing staff training and increased clinical supervision time that also reduces revenue generating opportunities. Underfill employees are typically unable to bill services at the highest rate or to all insurances but have been invaluable in providing necessary client care.

Interim leadership. BLHSC has had interim leadership with both the clinical director and medical director positions for several months. The work as one culture of the human service centers has provided the center with great support; however, the center staff and supervisors have limited access to the expertise of these positions due to their limited availability from the expectations and workload of the two leaders in their other full-time roles.

BLHSC Successes & Challenges

Strengthened Community Partnerships

- BLHSC has worked closely with the Dickinson Police Department and Stark County Sheriff to ensure crisis services are safe and effective. BLHSC provided training during the police department crisis intervention team training and services in 2022.
- BLHSC has increased services in the jail for crisis services, triage and assessments, psychiatry, and therapy. This has improved our partnerships and continuity of care.

Limited Resources

- Southwest North Dakota has no acute psychiatric hospital which results in increased burden on crisis workers and other first responders to find adequate transportation to a bed outside of the region, often at the ND State Hospital. This barrier has also resulted in unnecessary holds in the jail until beds become available.
- Individuals served have limited access to transportation, no internet access, phone, internet, computer, or housing, making the need for in person services vital, yet difficult for recruitment in the region.
- Southwest North Dakota has no short-term homeless shelter or transitional housing that follows the housing first approach. This is results in demands on community resources for hotel stays or bus tickets out of the region, which often forces clients away from their natural supports or home community to simply have their most basic needs met.
- BLHSC needs a new location for the crisis stabilization facility to meet safety standards but has been unable to secure a location that would allow for ease of transition and minimal construction costs. This has led to the inability to fully implement walk-in/drop-off services.



YOUTH AND FAMILY SERVICES ENHANCEMENTS

DHS KEY PRIORITIES: Strong, Stable Families and Services Closer to Home

The North Dakota Department of Human Services' regional human service centers have enhanced community-based treatment services to support youth with behavioral health needs and their families.

Key Benefits:

Provides short-term, high intensity treatment that is individually tailored to meet the needs of each youth and his or her family.

Keeps families together by avoiding out-of-home placement of at-risk youth.

Provides in-home and community-based services including skills training and skills integration for youth and families.

Who Qualifies?

Services are designed for youth with behavioral health needs that put them at high risk of being removed from their homes.

The risk may be from a mental health condition, severe emotional disturbance and/or substance use issues. These impairments may also be causing issues with their safety and daily living activities in their school and community.

Treatment is intense and may not be appropriate for youth with mild impairments.

How Does it Work?

A specialized team of therapists, licensed addiction counselors, care coordinators, skills trainers and skill integrators work with each youth and family to create an individualized treatment plan. Services are provided in the youth's home or community setting with participation from family members.

All services are led by a therapist with different levels of services based on each family's specific situation.

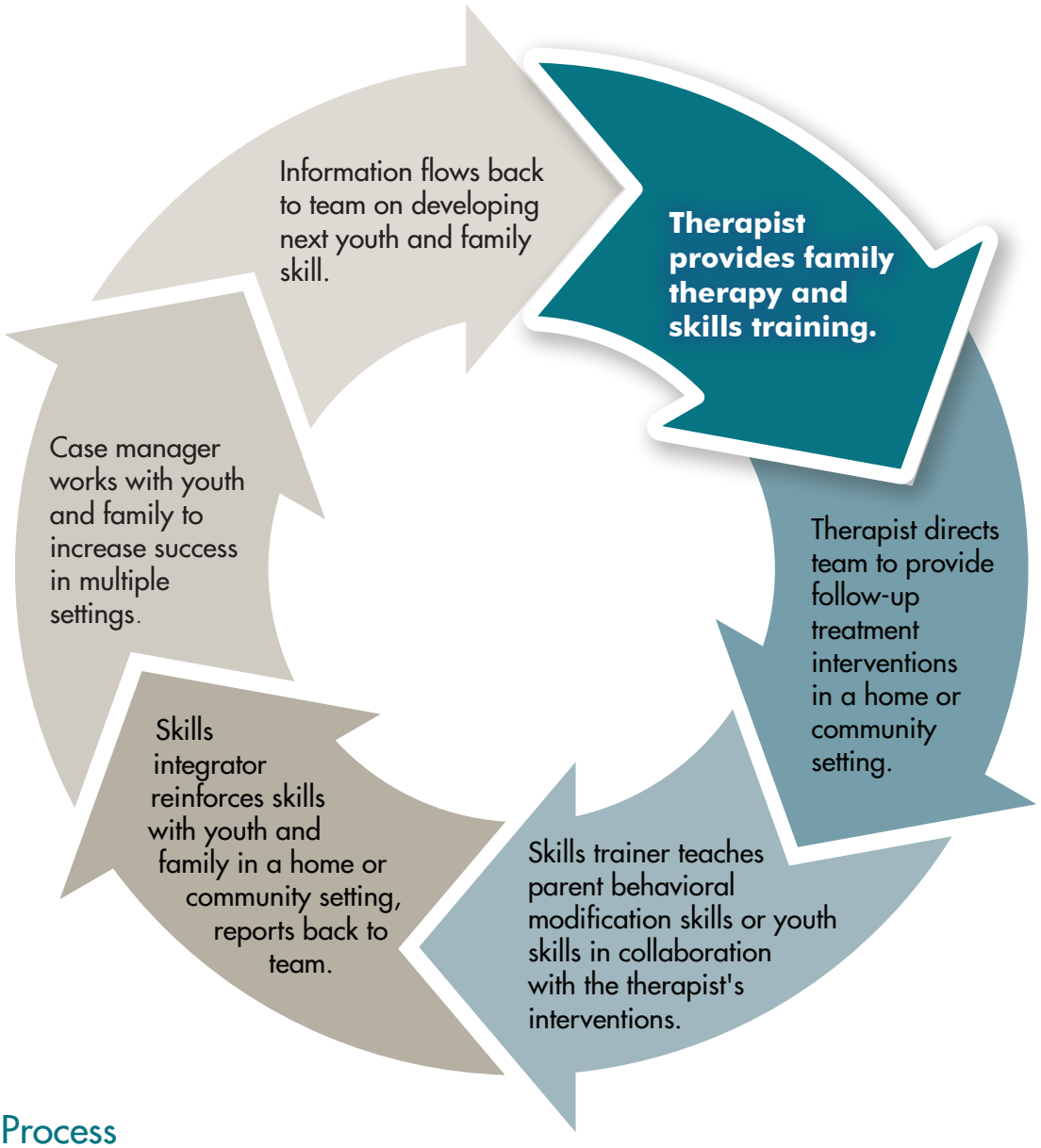
Services begin with higher intensity and gradually decrease after the youth shows improvement and there is less risk of an out-of-home placement. At any time the services can be increased again to support the youth and family.

NORTH Dakota Be Legendary.™ | Human Service Centers

Types of Service Interventions

Services may include:

- Care coordination
- In-home family therapy
- Individual therapy
- In-home and community-based skills training
- Individual or group parent behavioral modification training
- Substance use disorder treatment
- Telehealth for rural families



Referral Process

Youth and their families can walk in to a human service center during regular business hours for a screening to see if they qualify for a full assessment and follow-up services. Youth and families who do not qualify for these services will be referred to local community providers. There is no application process.

Professionals from human service zone offices, juvenile court, school districts, tribal entities and other community agencies can also refer youth and their families for these high-intensity treatment services.

A sliding fee schedule is available based on a family's ability to pay and insurance is accepted, if available.

Department of Health and Human Services
Human Service Centers
Grants, Benefits and Claims

Description	2021-23 Biennium Amount	2023-25 Base Budget	Increase/ (Decrease)	Executive Budget Recommendation	Increase/ (Decrease)	Engrossed SB 2012
NW CRU TBD (RFP)	1,874,140	1,874,140	-	1,874,140	-	1,874,140
LR Progress CRU	1,635,567	1,591,602	-	1,591,602	-	1,591,602
NE Centre CRU	1,611,721	1,799,624	-	1,799,624	-	1,799,624
SE Dacotah Foundation CRU	1,854,797	2,124,618	-	2,124,618	-	2,124,618
SC Progress CRU	1,924,152	1,924,152	-	1,924,152	-	1,924,152
WC Dacotah Foundation CRU	1,460,434	2,051,000	-	2,051,000	-	2,051,000
LR Progress Transitional Living	912,260	912,260	-	912,260	-	912,260
SE Dacotah Foundation Hope Haven Transitional Living	813,189	813,189	-	813,189	-	813,189
SC Progress Transitional Living	1,200,113	1,200,113	-	1,200,113	-	1,200,113
WC Dacotah Foundation Arbor House Transitional Living	848,655	848,655	-	848,655	-	848,655
WC Dacotah Foundation Sahnish Transitional Living	775,713	775,713	-	775,713	-	775,713
NC Rehab Services SUD Residential (SABG funded)	638,299	-	-	-	-	-
NE Centre SUD Residential (SABG funded)	257,808	-	-	-	-	-
SE Dacotah Foundation SUD Residential Next Step (SABG funded)	131,402	-	-	-	-	-
SE Dacotah Foundation SUD Residential Serenity	544,639	677,389	-	677,389	-	677,389
SE Sharehouse Drug Court	384,375	384,375	-	384,375	-	384,375
SE Dacotah Foundation Medication Delivery	204,255	204,255	-	204,255	-	204,255
WC Dacotah Foundation Medication Delivery	215,076	215,076	-	215,076	-	215,076
NC Trinity Health Recovery Center	274,728	274,728	-	274,728	-	274,728
LR Progress Recovery Center	281,235	281,235	-	281,235	-	281,235
NE Mental Health of America Recovery Center (Mountainbrooke)	367,046	367,046	-	367,046	-	367,046
SE Mental Health of America Recovery Center	347,680	347,680	-	347,680	-	347,680
SC Progress Recovery Center	359,521	359,521	-	359,521	-	359,521
WC Dacotah Foundation Recovery Center	328,104	328,104	-	328,104	-	328,104
BL Community Action Recovery Center	291,829	291,829	-	291,829	-	291,829
SC Transitional Employment	232,042	232,042	-	232,042	-	232,042
SW STAND Sex Offender Treatment	979,938	1,147,672	-	1,147,672	-	1,147,672
NC Gorder Low Intensity Sex Offender (contract terminated)	167,743	-	-	-	-	-
SW Inpatient Care Contracts	3,757,585	3,757,585	-	3,757,585	-	3,757,585

Description	2021-23 Biennium Amount	2023-25 Base Budget	Increase/ (Decrease)	Executive Budget Recommendation	Increase/ (Decrease)	Engrossed SB 2012
SW Mobile Crisis Solutions	409,379	409,379	-	409,379	-	409,379
NC Youthworks Respite Care	47,129	28,245	-	28,245	-	28,245
WC Pride Inc Respite Care	12,000	12,000	-	12,000	-	12,000
SE Community Options Supportive Employment (Contract termed)	291,613	-	-	-	-	-
WC Dacotah Foundation Client Transportation	202,500	202,500	-	202,500	-	202,500
WC Dacotah Foundation Youth Flexible Funds	60,000	60,000	-	60,000	-	60,000
SE University of ND Psych Residents	57,508	57,508	-	57,508	-	57,508
SE Wrap Around Services (various vendors) moved to operating	22,329	-	-	-	-	-
SE Partnership Flex Funds (Various Vendors) moved to operating	30,000	-	-	-	-	-
SE MST Flex Funds (Various Vendors) moved to operating	18,474	-	-	-	-	-
SE Supported Apartments (Various Vendors) moved to operating	55,227	-	-	-	-	-
NW NDAD Medication Monitoring (Contract Terminated)	125,196		-			-
NE Grand Forks Homes LaGrave on first (Budget Transferred to BHD Policy)	37,414	-	-	-	-	-
NE Prairie Harvest (Budget Transferred to BHD Policy)	(58,275)	-	-	-		-
NE Medical Director for Ruth Meiers - Dr Feldman (Contract Termed)	88,740	-		-		-
Provider Inflation	-	-	1,243,204	1,243,204	116,271	1,359,475
General Fund	**26,073,280**	**25,553,235**	**1,243,204**	**26,796,439**	**116,271**	**26,912,710**
Federal Funds	**-**	**-**	**-**	**-**	**-**	**-**
Other Funds	**-**	**-**	**-**	**-**	**-**	**-**
Total Funds	**26,073,280**	**25,553,235**	**1,243,204**	**26,796,439**	**116,271**	**26,912,710**

Department of Health and Human Services
Human Service Centers
Nelson Report
Operating / Professional Fees and Services

Description	2021-23 Biennium Amount	2023-25 Base Budget	Increase/ (Decrease)	Executive Budget Recommendation	Increase/ (Decrease)	Engrossed SB 2012
Nictonene Replacement Therapy (NRT) Supplies	41,720	104,976	-	104,976	-	104,976
Client Medications, Pharmacy and Med Supplies	45,085	43,710	-	43,710	-	43,710
Staff TB Testing	4,650	8,400	-	8,400	-	8,400
Interpreter Fees	77,178	76,352	-	76,352	-	76,352
Pharmacy Inspections	12,460	6,700	-	6,700	-	6,700
Accreditation Fees	250,365	207,500	-	207,500	-	207,500
SE Security Services	21,179	27,000	-	27,000	-	27,000
SE MST Consultants	266,900	282,100	-	282,100	-	282,100
NE Employee Physicals for RMAC employees	2,252	2,252	-	2,252	-	2,252
Contract for General Physician Position 24x7 Crisis Services SW	-	-	132,000	132,000	-	132,000
Contract for nursing for CRUs 24x7 Crisis Services SW	-	-	2,080,000	2,080,000	-	2,080,000
Contract for On-Call Psychiatry 24x7 Crisis Services SW	-	-	3,874,500	3,874,500	-	3,874,500
Years of Service Awards	12,605	12,605	-	12,605	-	12,605
Wrap Around Services ($22k moved from grants)	73,340	101,022	-	101,022	-	101,022
Rent Assistance for Homeless clients ($55k moved from grants)	58,255	113,452	-	113,452	-	113,452
Flexible Funding for Children & Client Assistance ($18k moved from grants)	33,669	52,143	-	52,143	-	52,143
Staff Licenses	86,069	91,043	-	91,043	-	91,043
SEHSC Special Assessments - Property Drain Taxes	3,218	30,878	-	30,878	-	30,878
NEHSC Social Detox funding	170,657	170,657	-	170,657	-	170,657
Snow Removal - moved to different acct code	30,000	-	-	-	-	-
Service Awards/Storage/Shredding	115,752	103,189	-	103,189	-	103,189
NC Respite Services	26,793	89,793	-	89,793	-	89,793
Janitorial services (moved to different account code for 23-25)	173,880	3,480	-	3,480	-	3,480
First Link	654,338	2,043,330	-	2,043,330	-	2,043,330
Extended Services	1,386,201	1,386,201	-	1,386,201	-	1,386,201

Description	2021-23 Biennium Amount	2023-25 Base Budget	Increase/ (Decrease)	Executive Budget Recommendation	Increase/ (Decrease)	Engrossed SB 2012
Essential Learning Training Service for staff of the Ruth Meiers PRTF	6,116	6,116	-	6,116	-	6,116
DDCAT/Training/Technical support	96,000	60,000	-	60,000	-	60,000
Bus Transportation and Gas Vouchers for clients (moved to different acct code)	8,400	-	-	-	-	-
Allowances/Behavioral Rewards for residents of Ruth Meiers PRTF	9,353	9,353	-	9,353	-	9,353
Other Operating fees and Services (Continued Program Changes)	60,186	60,871	-	60,871	-	60,871
CCBHCs consultation services of implementation	-	-	-	-	175,000	175,000
CCBHCs EHR systems changes	-	-	-	-	1,750,000	1,750,000
CCBHCs Data/Reporting and evaluation	-	-	-	-	875,000	875,000
CCBHCs Primary Care Contract, Medical support, uncovered service support, housing services, delivery costs, transportation vouchers for clients, training and travel for planning, coordinating and implementation meetings	-	-	-	-	2,900,000	2,900,000
Provider inflation 4%/4%	-	-	53,054	53,054	4,961	58,015
Reduction to Base	-	(1,366,502)	348,112	(1,018,390)	-	(1,018,390)
General Fund	**3,726,621**	**3,726,621**	**6,487,666**	**10,214,287**	**5,704,961**	**15,919,248**
Federal Funds	**-**	**-**	**-**	**-**	**-**	**-**
Other Funds	**-**	**-**	**-**	**-**	**-**	**-**
Total Funds	**3,726,621**	**3,726,621**	**6,487,666**	**10,214,287**	**5,704,961**	**15,919,248**

Virtual Crisis Care

An opportunity to bring virtual behavioral health services to law enforcement and citizens in the "Peace Garden State"



Introductions

Background

Avel eCare's Virtual Hospital

AVEL eCare

AVEL eCare | HOSPITALIST

AVEL eCare | BEHAVIORAL HEALTH



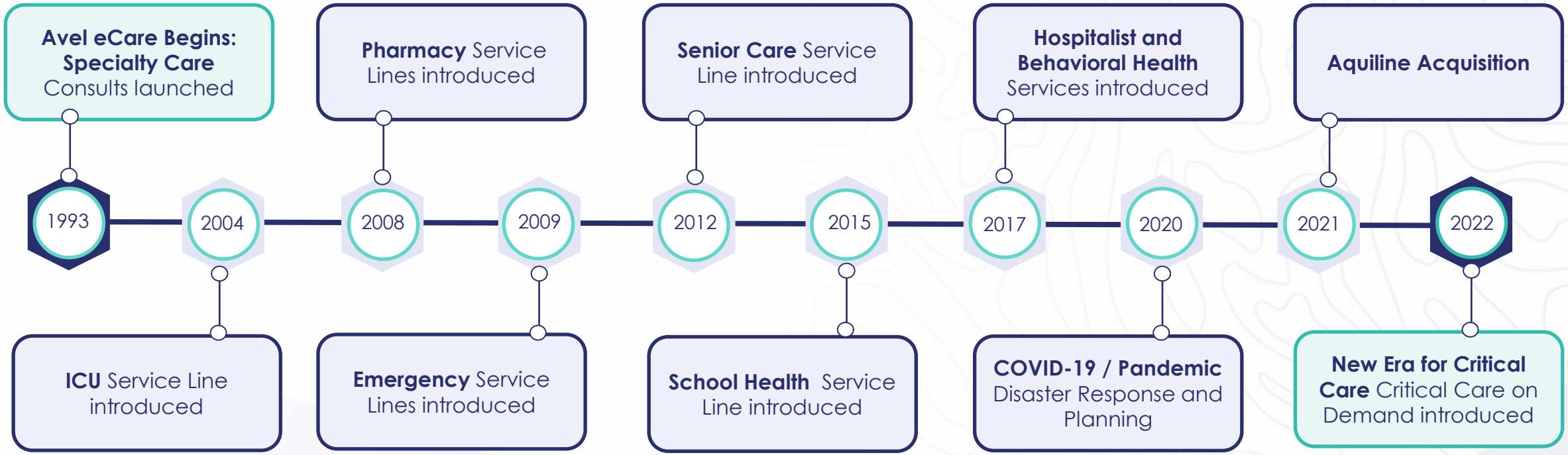
AVEL eCare | PHARMACY

AVEL eCare | EMERGENCY

AVEL eCare | CRITICAL CARE

CONFIDENTIAL - Avel eCare 2022

Avel eCare: Three Decades as a Telemedicine Leader

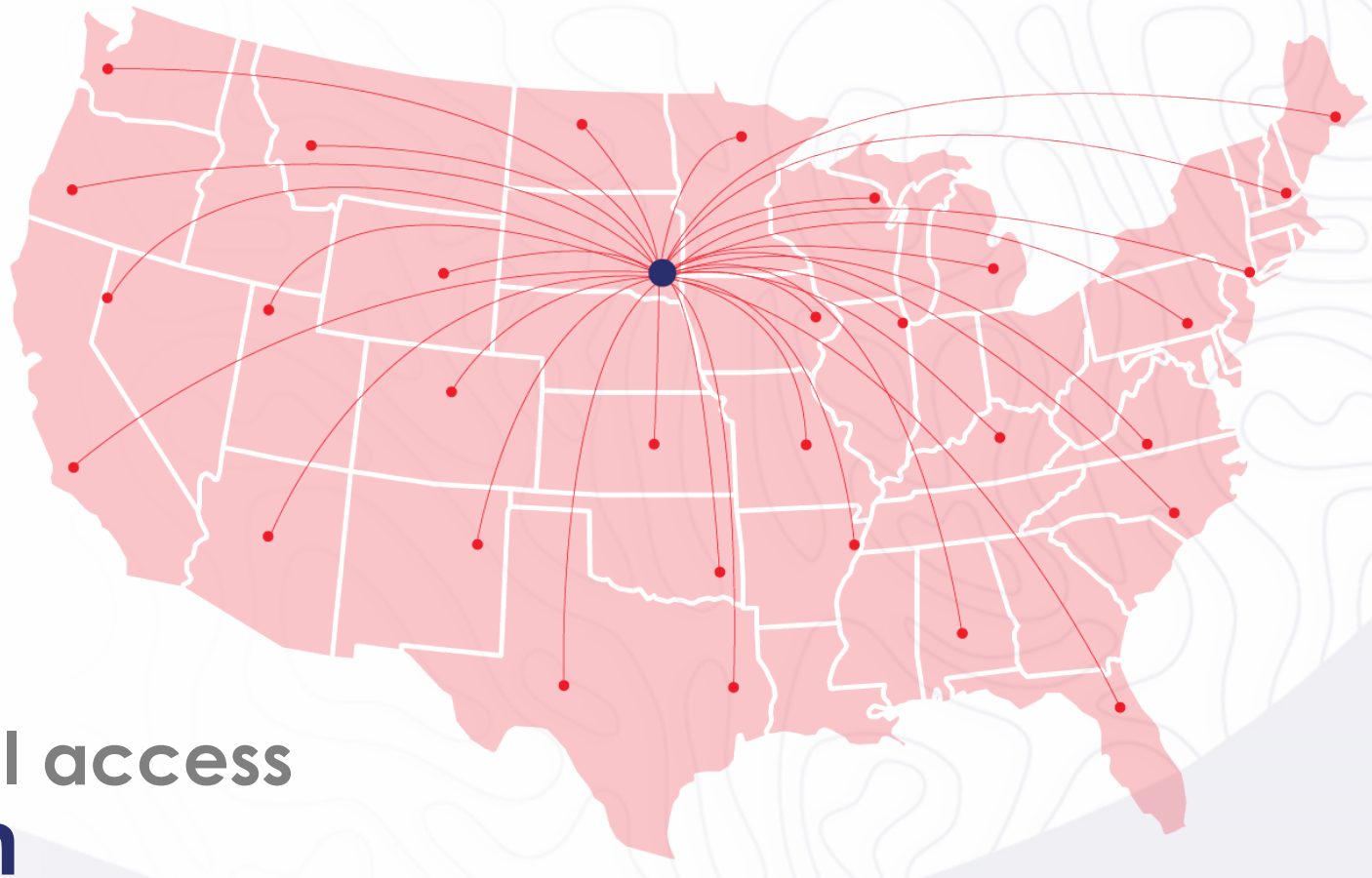


NEW

- Disaster Response
- Emergency Medical Services
- Respiratory Therapy
- eCare BHS Mobile Crisis

Avel eCare has more than 29+ years of experience building virtual care service lines with a continued pipeline of new developments and innovations

29+ years
of Delivering
Telehealth Services



Over **688 sites**
in **32 states**

Serves **17%** of all critical access
hospitals **in the nation**

Avel Support in North Dakota

32 - Emergency Departments
50 - Schools
6 - Hospital Pharmacies
2 - Specialty Clinics
2 - Intensive Care Units
1 – Hospitalist

*updated 01/31/2023

Virtual Crisis Care

Virtual Crisis Care

Virtual Co-responder model eases burdens on those in crisis and saves costs

- Delivered through a connected tablet, allowing law enforcement officers to access skilled behavioral health professionals 24/7.
- Avel currently provides VCC services to 40 counties across South Dakota and 13 counties in Nevada
- **80% of individuals in crisis** who receive telehealth-based crisis intervention **do not require transport** and can be **stabilized in their local community.**



24/7 access

Interdisciplinary Behavioral Health team

Significant reduction in IVC, thus savings in law enforcement, community and state resources

Expert evaluation via two-way audio and video technology

De-escalation, Collaboration, Safety Plans and Documentation

"When I started in law enforcement, we were still wearing our gloves and our mirrored sunglasses. We were out to fight crime. We've evolved as a profession.
We transitioned from being at war with criminals, which sometimes translates to like almost war with the community, to really being servants of our community. And [VCC] is just another way we can serve them and give them what they deserve and what they need rather than trying to force them into one of our plans. And so, yeah, it's hugely beneficial to have [VCC], and to our community that our deputies out on the road have this resource." – Officer feedback

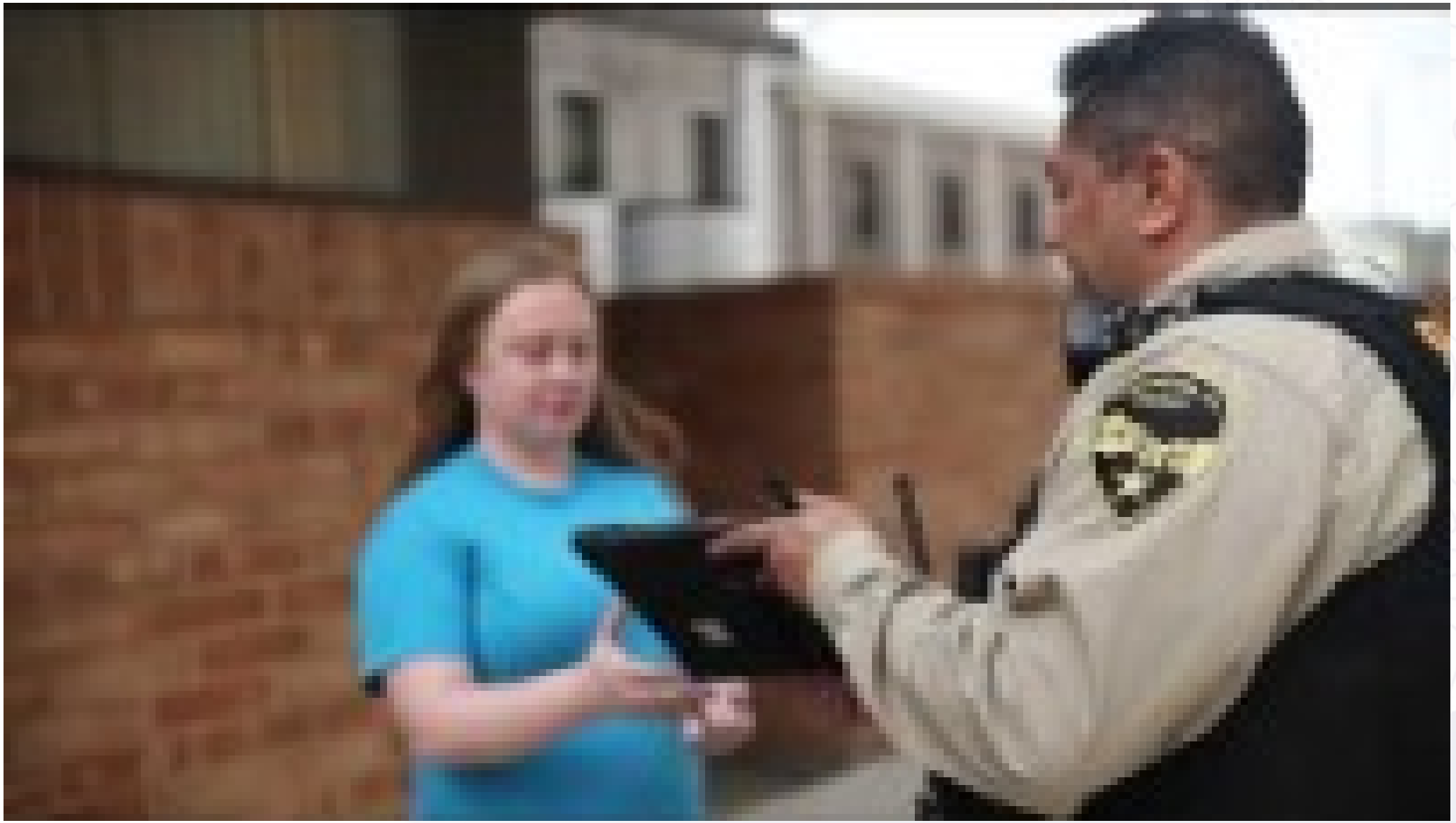
Virtual Crisis Care in Action

Images courtesy of the Butte County Sheriff's Office









AVEL eCare

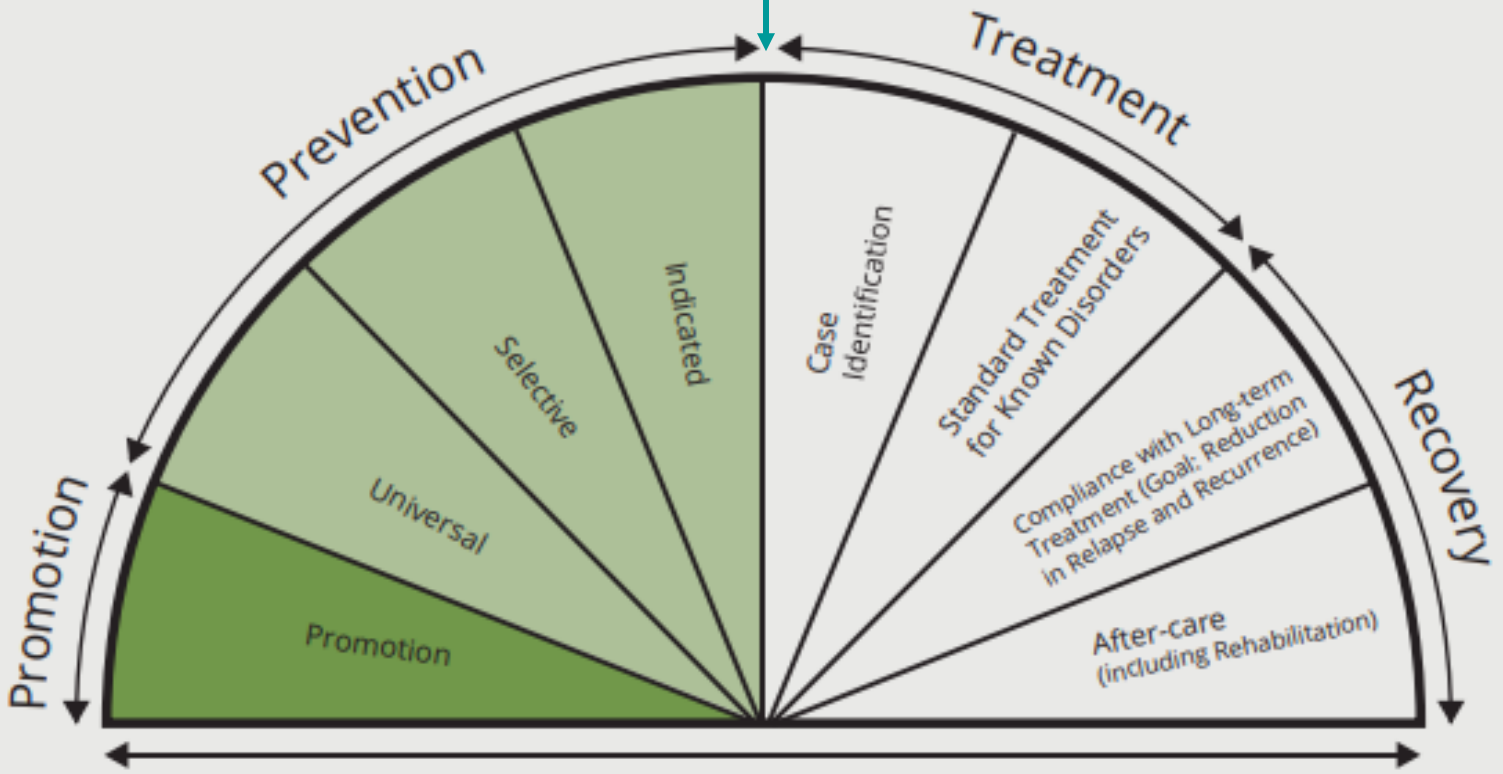
Virtual Crisis Care

Co-responder model

- *Law Enforcement Support*
- *Screening-Triage*
- *Connection/Treatment Options*

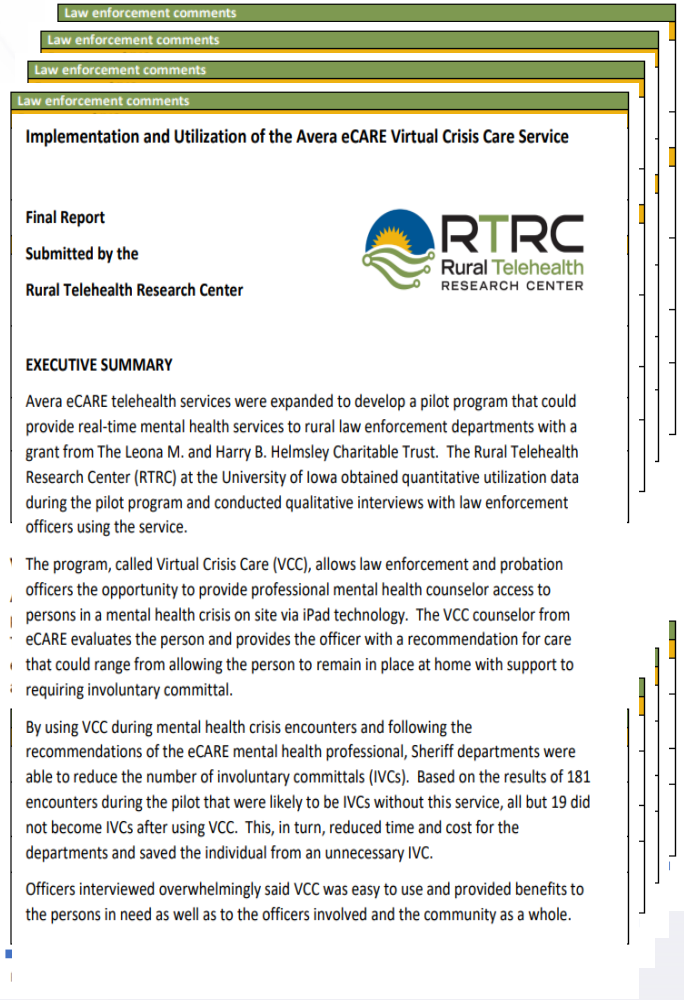
NORTH Dakota | Behavioral Health
Be Legendary.™ HUMAN SERVICES

Services provided by the division are grounded in the Institute of Medicine's Continuum of Care model. The model recognizes the need for a full range of high-quality services including promotion, prevention, treatment, and recovery [SAMHSA].



CONCLUSION

Per the VCC pilot program operating in South Dakota, it is clear from both quantitative and qualitative data that using telehealth to bring a mental health professional to a crisis encounter helps law enforcement officers in numerous ways to assist people in rural and underserved communities by offering timely behavioral health services.


Law enforcement comments

Law enforcement comments

Law enforcement comments

Law enforcement comments

Implementation and Utilization of the Avera eCARE Virtual Crisis Care Service

Final Report

Submitted by the

Rural Telehealth Research Center

RTRC Rural Telehealth RESEARCH CENTER

EXECUTIVE SUMMARY

Avera eCARE telehealth services were expanded to develop a pilot program that could provide real-time mental health services to rural law enforcement departments with a grant from The Leona M. and Harry B. Helmsley Charitable Trust. The Rural Telehealth Research Center (RTRC) at the University of Iowa obtained quantitative utilization data during the pilot program and conducted qualitative interviews with law enforcement officers using the service.

The program, called Virtual Crisis Care (VCC), allows law enforcement and probation officers the opportunity to provide professional mental health counselor access to persons in a mental health crisis on site via iPad technology. The VCC counselor from eCARE evaluates the person and provides the officer with a recommendation for care that could range from allowing the person to remain in place at home with support to requiring involuntary committal.

By using VCC during mental health crisis encounters and following the recommendations of the eCARE mental health professional, Sheriff departments were able to reduce the number of involuntary committals (IVCs). Based on the results of 181 encounters during the pilot that were likely to be IVCs without this service, all but 19 did not become IVCs after using VCC. This, in turn, reduced time and cost for the departments and saved the individual from an unnecessary IVC.

Officers interviewed overwhelmingly said VCC was easy to use and provided benefits to the persons in need as well as to the officers involved and the community as a whole.

Q&A

Thank You

We look forward to working together to help serve those in need!

House Appropriations – Human Resources Division

Representative Nelson, Chairman

March 15, 2023

Testimony of Luke Klefstad, Division Director | The Village Family Service Center

lklefstad@thevillagefamily.org | Mobile: (218) 779-2751

Responding to the Children's Behavioral Health Crisis: Request for Increased Reimbursement for Tier 2 & Tier 3 Mental Health Professionals

---

Chairman Nelson and members of the House Appropriations Committee – Human Resources Division. My name is Luke Klefstad, Division Director, The Village Family Service Center. SB 2012 passed the Senate with an increase in Medicaid reimbursement to 100% of the professional rate for Tier 2 behavioral health professionals (Licensed Independent Clinical Social Workers, Licensed Professional Clinical Counselors, Licensed Marriage and Family Therapists). Currently Tier 2 and Tier 3 professionals only receive 75% of the full rate.

An increase in these rates will drastically improve three key areas critical in providing services to some of our most vulnerable children. First, it will improve **accessibility**. Currently, wait times for services are at an all-time high. An increase in reimbursement rates will help all providers including those in private practice and community mental health agencies by giving them an opportunity for financial sustainability and likely change business practices through expansion of services. Secondly, it will help increase the **quality** of services. Many private practices limit or don't accept ND Medicaid clients due to poor reimbursement rates. Increasing rates could increase the number of skilled professionals exponentially. Lastly, an increase to the Medicaid reimbursement will help address the **workforce** shortage by allowing agencies to offer more competitive salaries and to increase the number of professionals in private practice who are currently not taking ND Medicaid clients.

I am writing in support of SB 2012. However, as it was passed in the Senate, the increase in reimbursement would not take effect until July 1, 2024. I am asking this committee to please consider the increase in funding to start July 1, 2023. The need for a more comprehensive continuum of outpatient services for children is at an all-time high. We are at a critical time for improved children's behavioral health, and they deserve timely and accessible services. Waiting until the second year of the biennium will mean a critical delay in medically necessary services to many children and families. The longer we wait the more they suffer.

NORTH DAKOTA BEHAVIORAL HEALTH PROFESSIONAL TIERS (NDCC 25-01-01)

The tiered system for behavioral health professionals in North Dakota was established in 2017 by the 65th Legislative Assembly and is found in Chapter 25-01 -01 of the ND Century Code. The intent of the tiered system was to establish a basic ranking of behavioral health professionals (both licensed and unlicensed) based on education and scope of practice.

Tier 1 mental health professional

A **tier 1a** mental health professional is

- psychiatrist licensed under chapter 43-17 (PHYSICIANS AND SURGEONS)
- psychologist licensed under chapter 43-32 (PSYCHOLOGISTS)

A **tier 1b** mental health professional is

- licensed physician or a physician assistant licensed under chapter 43-17 (PHYSICIANS AND SURGEONS)
- advanced practice registered nurse licensed under chapter 43-12 (NURSE PRACTICES ACT)

Tier 2 mental health professional

A **tier 2a** mental health professional is an independent clinician who is

- licensed independent clinical social worker licensed under chapter 43-41 (SOCIAL WORKERS)
- licensed professional clinical counselor licensed under chapter 43-47 (COUNSELORS)
- licensed marriage and family therapist licensed under chapter 43-53 (MARRIAGE AND FAMILY THERAPY PRACTICE)

A **tier 2b** mental health professional is

- addiction counselor licensed under chapter 43-45 (ADDICTION COUNSELORS)
- registered nurse licensed under chapter 43-12 (NURSE PRACTICES ACT

Tier 3 mental health professional

- licensed associate professional counselor licensed under chapter 43-47 (COUNSELORS)
- licensed certified social worker licensed under chapter 43-41 (SOCIAL WORKERS)
- licensed professional counselor licensed under chapter 43-47 (COUNSELORS)
- associate marriage and family therapist licensed under chapter 43-53 (MARRIAGE AND FAMILY THERAPY PRACTICE)
- occupational therapist licensed under chapter 43-40 (OCCUPATIONAL THERAPISTS)
- licensed practical nurse licensed under chapter 43-12 (NURSE PRACTICES ACT)
- behavior analyst licensed or registered under chapter 43-32 (PSYCHOLOGISTS)
- vocational rehabilitation counselor practicing under chapter 50-06.1 (VOCATIONAL REHABILITATION)
- school psychologist
- human relations counselor

Tier 4 mental health professional

- direct care associate or technician

House Appropriations – Human Resources Division

Representative Jon Nelson, Chairman

March 15, 2023

Testimony of: Clete Winkelmann Executive Director | Nexus-PATH Family Healing

cwinkelmann@nexuspath.org | Direct: (701) 551-6341 | Mobile: (701) 850-9089

Responding to the Children's Behavioral Health Crisis: Request for Increased Reimbursement for Tier 2 & Tier 3 Mental Health Professionals

---

Chairman Nelson and members of the House Appropriations Committee – Human Resources Division. My name is Clete Winkelman, Executive Director Nexus Path Family Healing. I am representing a coalition of North Dakota organizations who meet the mental health needs of North Dakotans, **The Village Family Service Center, Anne Carlsen Center, Nexus-PATH, and Essentia Health.**

Our nation's leading pediatric health experts recently declared the children's behavioral health crisis so dire that it warrants a national emergency. In 2021 over 35% of ND high school students, grades 9-12, reported feeling persistent sadness or hopelessness and nearly 1 in 5 reported seriously considering dying by suicide within the past 12-months (Youth Risk Behavior Survey, 2021), equating to approximately 6,818 youth across the state. The pandemic has only increased the need for timely access to high-quality mental health services.

To put this number into perspective, this equates to the entire student enrollment of Bismarck State College, Dickinson State University, University of Jamestown, and Williston State College is experiencing suicidal ideation.

Failure to ensure that mental health services are available when and where people need them has dire consequences for individuals, families and communities throughout North Dakota. In the current system, only four counties have the mental health resources their population requires. Only if you live in one of these more densely populated counties can adequate services be found.

The current payment structure severely restricts access to needed services. Licensed mental health providers who fall into the Tier 2 and Tier 3 categories only receive 75% of the full rate set by the ND Medical Services Professional Fee Scale. This prevents either mental health organizations or private practitioners from providing sufficient services to meet the need in North Dakota.

The fix is to change the reimbursement rate for licensed Tier 2 and Tier 3 mental health professionals to be reimbursed at 100% of the rate. This same kind of reimbursement changes were made by this legislature in 2019 for Occupational and Physical Therapy professionals to ensure access to those services. Expanding the rate change to mental health professionals will increase access in the critical area of mental health.

The Senate chose to implement this additional funding (100% reimbursement rate) for fully clinically licensed Social Workers effective in the second year of the biennium. We respectfully ask this committee to fund the fully clinically licensed professional being paid at 100% of the fee schedule for both years of the 2023-25 budget cycle. The cost of this addition would be an additional $2,867,516 in funding. Please consider making this addition as it would provide additional benefit to the access challenges allowing for more practices to accept NDMA with the increased reimbursement rate. The Senate did not include professionals working on their clinical licensure which are the majority of the workforce in community mental health centers. It also did not include other professionals in Tier 3 as well. While we would like to see these individuals included if this committee so chooses, however we understand the reason for this exclusion as the Appropriations committees must make difficult choices when allocating tax dollars.

Accessibility will increase in both the breadth and depth of mental health. Waitlists for services continue to be long and higher reimbursement rates will help private practice and community mental health agencies big and small maintain financial viability and expand services. Many providers in private practice limit their ND Medicaid caseload due to low reimbursement rates. An increase to the Medicaid reimbursement will also help address the workforce shortage within mental health professions by allowing agencies to offer more competitive salaries.

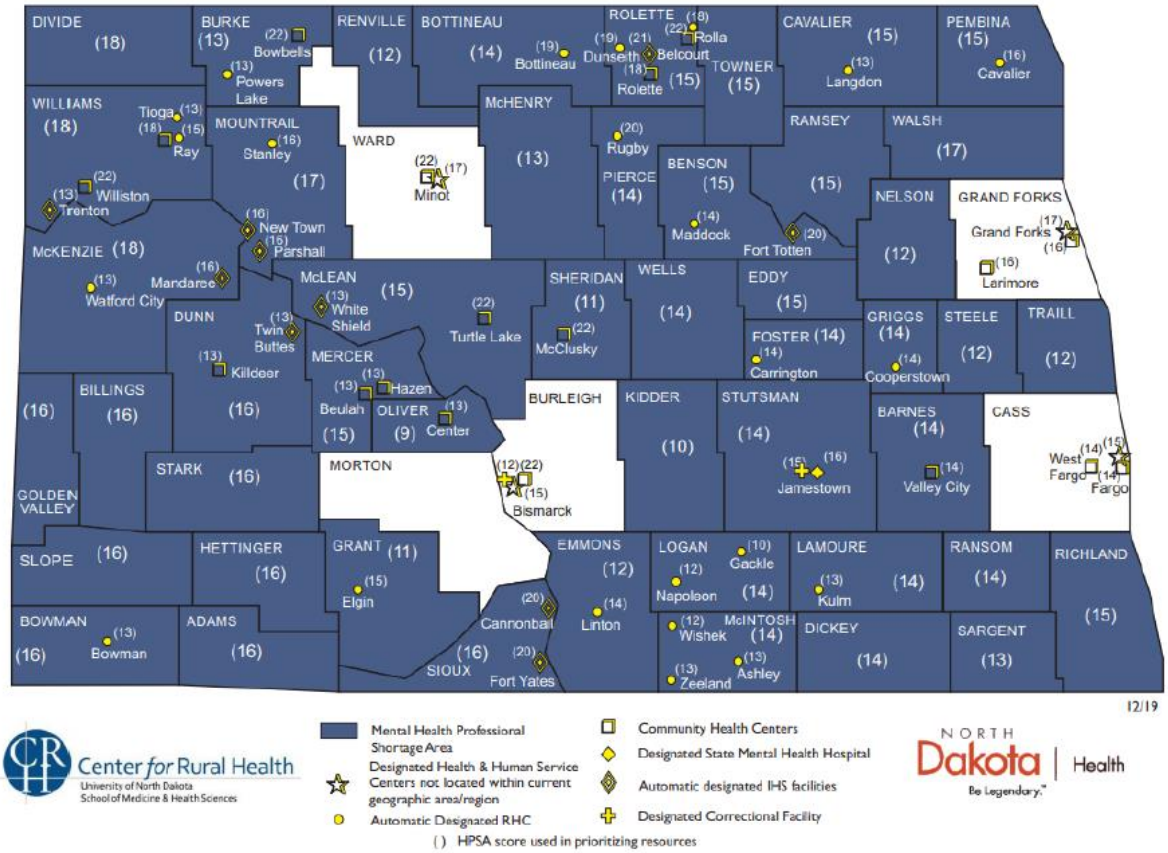
This change will ensure our most vulnerable ND youth and families are able to access high-quality services. The current reimbursement rates for these providers within NDMA is about 50% of the BCBSND reimbursement rate. Further, there is a strong trend for Tier 2 & 3 mental health providers to work in the private practice sector and often these practices are self-pay or limit their NDMA referral due to the poor reimbursement rates. Our communities depend on timely and accessible mental health services for our citizens – the cost of these needs going unaddressed are significant. When mental health needs are unaddressed, the hospital, law enforcement and child protection systems can be unnecessarily over-burdened.

Informing the impact of this kind of change, we can look to the the Washington State Institute for Public Policy (WSIPP), a non-partisan branch of the Washington State Legislature tasked with calculating the cost-benefit ratios of intervention models used in particular sectors of service such as mental health and has examined the public monetary benefits to a number of programs. Cost-benefit estimates are calculated for state of Washington taxpayers but provide data that can inform other states' decisions for similar investments. For example, evidence-based mental health programs aimed at trauma[1] produce an average net present value benefit of $26,789 for children and for adults, $33,596.[2] WSIPP calculates these benefits based on numerous academic studies and evaluations that take into account the positive outcomes of programs that result in savings for publicly-funded programs (e.g., incarceration) and health care.

Most large investments in mental health services have occurred in the last year: impacts on other public expenditures such as reductions in juvenile justice costs, incarceration or hospitalizations will take time to be observed. However, WSIPP research suggests that taxpayer savings could be substantial over the next few years as these services are expanded.

Thank you for the opportunity to address you on this critical issue affecting the state of North Dakota.

North Dakota Mental Health Professional Shortage Areas



Center for Rural Health
University of North Dakota
School of Medicine & Health Sciences

- Mental Health Professional Shortage Area
- Designated Health & Human Service Centers not located within current geographic area/region
- Automatic Designated RHC
- Community Health Centers
- Designated State Mental Health Hospital
- Automatic designated IHS facilities
- Designated Correctional Facility

( ) HPSA score used in prioritizing resources

NORTH Dakota | Health
Be Legendary.

House Appropriations – Human Resources Division

Representative Jon Nelson, Chairman

March 15, 2023

Testimony of:

Jo Ellison, Ph.D., ABPP – Board Certified Clinical Psychologist

Section Chair for Behavioral Health, West Region, Essentia Health

Psychotherapy Training Director, UND School of Medicine and Health Sciences, Psychiatry Residency

Jo.ellison@EssentiaHealth.org | Office: (701) 364-5949 | Mobile: (701) 491-2651

Responding to the Children's Behavioral Health Crisis: Request for Increased Reimbursement for Tier 2 & Tier 3 Mental Health Professionals

---

Chairman Nelson and members of the House Appropriations Committee – Human Resources Division. My name is Jo Ellison and I am a licensed psychologist in the state of North Dakota. I earned my doctorate at the University of North Dakota and have remained in North Dakota since graduating. I have worked in a variety of settings and am currently the section chair for behavioral health at Essentia Health, overseeing the provision of behavioral health care services across ND with offices in Fargo, Wahpeton, Valley City, and Jamestown, as well as hoping to continue to move into the Bismarck area. I actively see patients four days a week and am in a leadership role. I also serve as the psychotherapy training director for psychiatry residents at the UND School of Medicine and Health Science's residency program. I am here today to speak to you as a mental health professional who was trained and has grown up professionally in North Dakota. I am not only a clinician but am also involved in institutional, financial, and educational aspects of mental health provision in the state. ND has become my home and I care deeply for my patients and for the process of providing mental health care in this state.

Today I am here with a coalition of North Dakota organizations who meet the mental health needs of North Dakotans, **The Village Family Service Center, Anne Carlsen Center, Nexus-PATH, and Essentia Health.**

As others in my coalition are presenting, you are aware of the significant mental health crisis affecting youth and adults in our country and that North Dakota has not been insulated from this crisis. The National Alliance on Mental Illness (NAMI) collects national and state-based statistics on mental health and Health Professional Shortage Areas (HPSAs), close to half of North Dakota's citizens live in a community without enough mental health professionals and youth that live in rural areas are at higher risk for suicide.

We spend a lot of time focused on suicide risk, because these are terrifying numbers and very significant increases in risk over the past several years that deserve immediate attention and focus. However, the suicide increase exists alongside many different areas of mental health and functioning are involved when we discuss the people of North Dakota affected by mental health concerns. Mental health covers a variety

of symptoms and areas of difficulty causing impairment in functioning at school, work, socially, and at home. Problems can range from emotional distress following divorce or a death of a loved one, to ADHD impacting school performance, to significant anxiety impacting the ability to attend work, to substance use conditions and overdoses, to more chronic conditions such as schizophrenia or bipolar disorder.

I work in an organization where am professionally credentialed across many payors, including state-based insurances. This is not something that all my colleagues in the state can afford to do. The reimbursement rates for the largest number of mental health providers (tier 2 and 3) does not allow them to sustain a business if they take an unrestricted number of state-based insurance cases. When professionals place limits on or do not take state-based insurance, wait times for this population increase, limiting not only the number of individuals who can provide care, but also limiting locations, hours, and methods of access (in-person vs. telehealth).

In North Dakota do not have enough mental health professionals, we have a highly rural state, and we are experiencing a mental health crisis. This situation combined with the inability for mental health providers to sustain both private and larger organizational budgets if they do not limit the number of state-based insurers, has created a situation where many children and adults cannot receive the mental health services that they need.

When individuals are struggling with mental health, we would like to have them access psychological therapy services and/or psychiatric medication management and have regular contact with a professional to help ensure stability and support. Without regular support and treatment of their conditions, individuals often lean on emergency services, creating added complexity and difficulty to the cases seen by law enforcement, child protection, ambulances, and emergency rooms. These individuals are also more likely to become unemployed, homeless, and medically ill. When our mental health patients arrive to services from the direction of emergency services, they are also met by long wait times and a lack of access to immediate services due to all the reasons I have already outlined, but now they are in greater distress and are likely to re-utilize emergency services while they wait for services.

I have lived in North Dakota now for 16 years and have stayed in the state largely because of the wonderful mental health providers I have met along the way. I have grown to love and care for this state, I have worked to broaden my impact on patientcare not only through direct services but also through training future mental health providers for the state and thinking from an operational and systemic perspective about these issues. We cannot make an impact on our current mental health crisis without our entire team of mental health providers, at all levels.

Thank you for the opportunity to address you on this critical issue affecting the state of North Dakota.

ITP

Integrated Telehealth Partners

Purpose of Today's Meeting:

Discuss a partnership to ensure access to behavioral health services in North Dakota



Company Overview

Founded in 2012: Increase timely behavioral health access via telehealth

Activity to date:

- Delivered over 200,000 hours of telepsychiatry and teletherapy care.
- Services provided across four areas: Crisis/ED, Outpatient, Inpatient, & Jails.
- Active in 22 states: **North Dakota,** Minnesota, Montana, Alabama, Arizona, Arkansas, California, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Missouri, Nebraska, North Carolina, Ohio, Oklahoma, Tennessee, Texas, West Virginia, and Wisconsin
- Extensive network of customer relationships: 200 + Customers
  (North Dakota: 5 live and 3 onboarding)
- Proven "problem solving" service organization.
- Accredited with The Joint Commission



PMC
Psychiatric Medical Care

PSYCHIATRIC MEDICAL CARE

FOUR DIVISIONS

- **SENIOR LIFE SOLUTIONS**:
  AN INTENSIVE OUTPATIENT PSYCHIATRY PROGRAM.
- **INPATIENT MANAGEMENT DIVISION**:
  PARTNERING WITH HOSPITAL-BASED INPATIENT PSYCHIATRY UNITS.
- **INTEGRATED TELEHEALTH PARTNERS**:
  THE PHYSICIAN AND PROVIDER GROUP.
- **EMBRACE HEALTH:**
  VIRTUAL CLINIC OFFERING TELETHERAPY & TELEPSYCHIATRY.



PROVIDING THE
BEST CLINICAL CARE
POSSIBLE FOR OVER 20 YEARS

Copyright ©2020. All Rights Reserved. Psychiatric Medical Care, LLC

National Health System Partners











































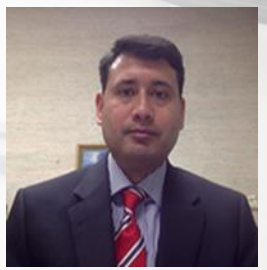
✓ 150+ Hospitals	✓ 29+ States	✓ 750+ Clinical Professionals	✓ 70+ Psychiatrists

Copyright ©2020. All Rights Reserved. Psychiatric Medical Care, LLC

Exceptional Provider Group

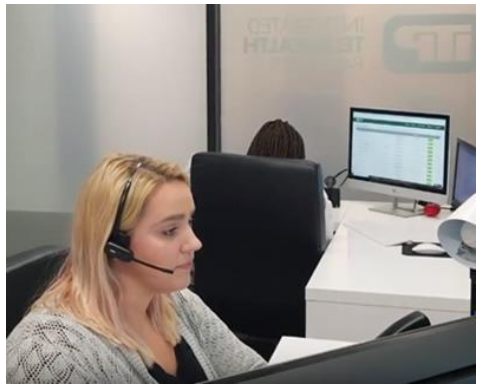
- 70+ psychiatric providers and 100+ therapists across all of PMC
- 91% provider retention rate
- ITP psych providers are licensed in all 50 states, experience with all patient age ranges
- Providers average 10.5 years of psychiatric experience
- Provider specialties include outpatient, inpatient, substance abuse, forensic, emergent, geriatric





ED Crisis Services Team



Crisis Team Office

24/7 Crisis Coordinator Team:

- Coordinate Mental Health & Psychiatrist Consults
- Transfer Medical Records & Documents
- Call Mental Health Facilities Until a Bed is Secured
- Provide Updates to ED Staff



Dr. Megan Embrescia, Medical Director

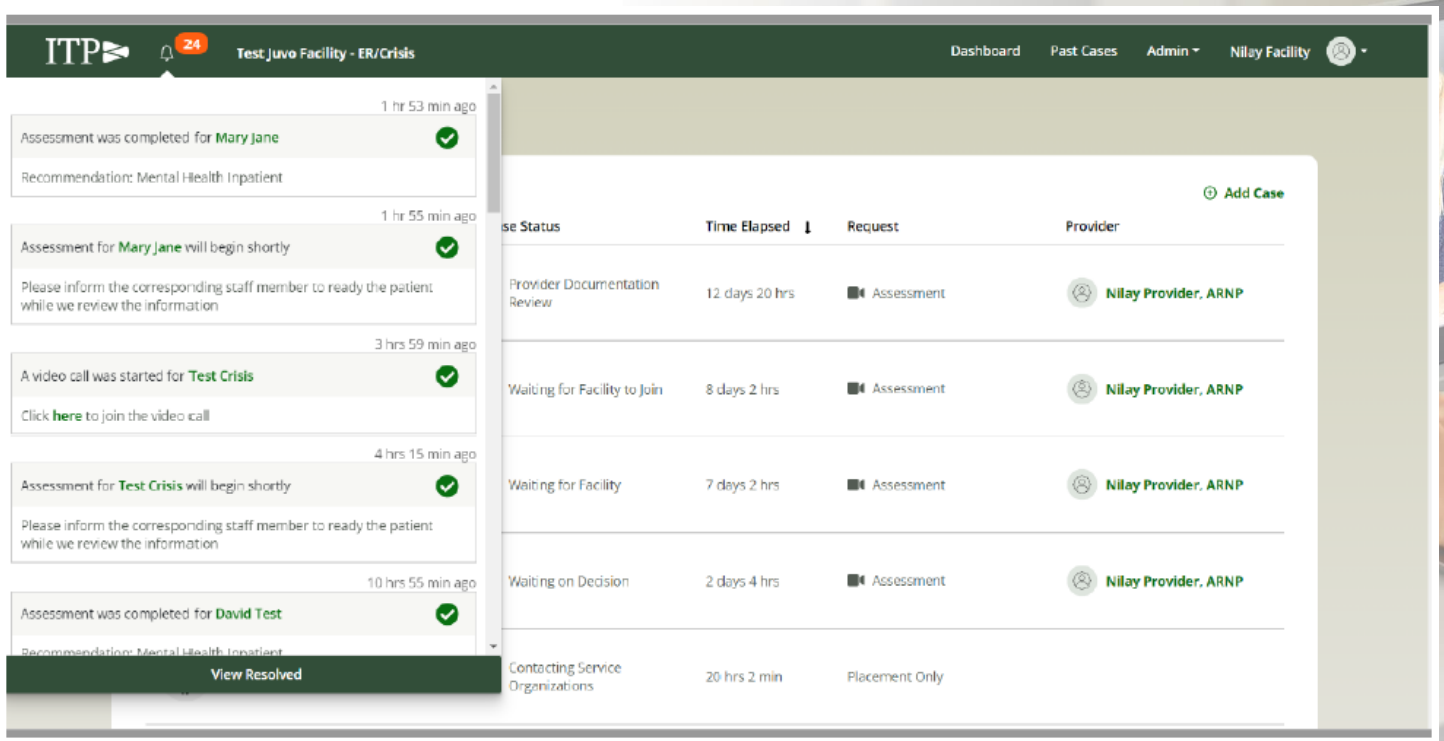
24/7 Psychiatrist Team:

- Complete Full Psychiatric Assessment
- Provide Medication Consultation to ER Physicians
- Collaborate with ED on Placement Options
- Review/Reassess Cases Daily
- Speak with Community Providers, MCOs, Case Managers, DHS, etc. about complex cases

ED Crisis Services Technology

JuvoNow

ITP Integrated Telehealth Partners



Unique web-based software to streamline mental health assessments

ED Crisis Service

65 Hospital EDs – 59 Critical Access Hospital Designation

Integrated Telehealth Partners

Over 12 Months:

6,250 Total Cases

5,464 Distinct Patients

786 Repeat Patients (14.3%)

ICD Code	Diagnosis	# Cases	% of Cases
R45851	Suicidal ideations	822	25%
F332	Major depressive disorder, recurrent severe without psychotic features	604	18%
F4325	Adjustment disorder with mixed disturbance of emotions and conduct	360	11%
F331	Major depressive disorder, recurrent, moderate	268	8%
F39	Unspecified mood [affective] disorder	256	8%
F4321	Adjustment disorder with depressed mood	224	7%
F4323	Adjustment disorder with mixed anxiety and depressed mood	219	7%
F4320	Adjustment disorder, unspecified	206	6%
F319	Bipolar disorder, unspecified	199	6%
F322	Major depressive disorder, single episode, severe without psychotic features	173	5%

Avg. Response Time (Start Evaluation): **68 Minutes**

Avg. Length of Evaluation: **47 Minutes**

Avg. Length to Find an Inpatient Bed: **5 hrs. 6 Min.**

Median Time for Entire Case – Request to Placement/Discharge: **5 hrs. 43 Min.**

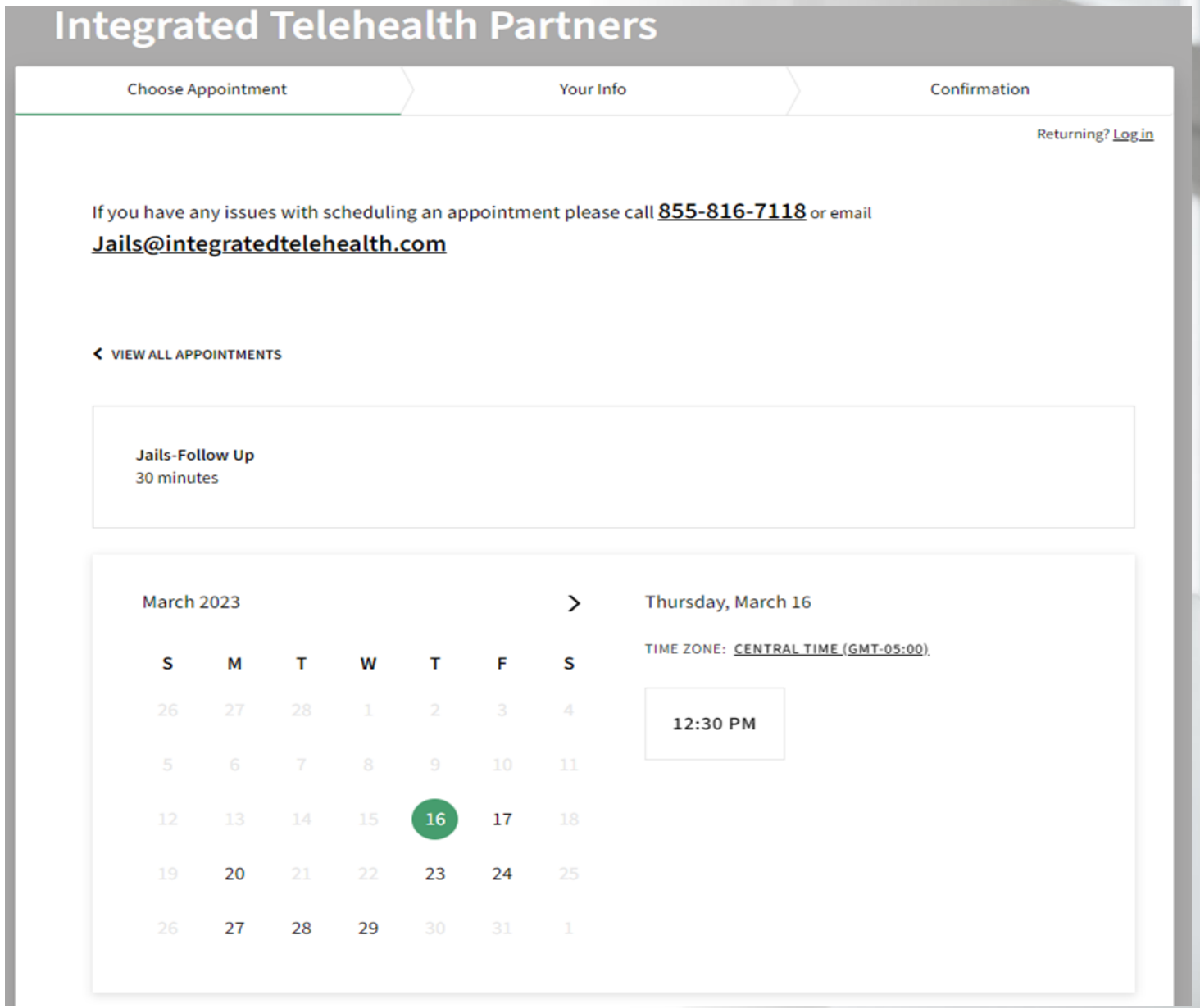


ITP Jail Services

- Easy online scheduling
- Psychiatric Appointments 6 days a week
  (New appointment within 3 days)
- Urgent Appointments within 24 hrs.
- Medications Prescribed as Needed
  (Restricted Formulary)
- Monthly follow-up while incarcerated
- Medication prescribed for 30 days upon release



ITP Jail Services – Easy Scheduling





ITP Jail Services – Confirmation Email

ITP:New Psych Appointment: Jails-First Time Being Seen (Doug WILSON) on Thursday, March 23, 2023 11:30am with...

IT

Integrated Telehealth Partners <scheduling@acuityscheduling.com>

To Doug Wilson

Reply | Reply All | Forward

Wed 3/15/2023 10:29 AM

If there are problems with how this message is displayed, click here to view it in a web browser.
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Appointment1.ics
812 bytes

WARNING: This email's sender is not a PMC employee. Please use discretion.

ITP:New Psych Appointment: Jails-First Time Being Seen (Doug WILSON) on Thursday, March 23, 2023 11:30am with Clint Web

Thank you for scheduling an appointment. Please complete the files linked on this email prior to the inmate's appointment, and then fax to 888-972-5108 or email to jails@integratedtelehealth.com.

Evaluation and Consent Forms

To join for the appointment, please follow the link associated with the provider scheduled to see the inmate.

Clint Webb's Zoom Link: https://integratedtelehealth.zoom.us/j/5742225894

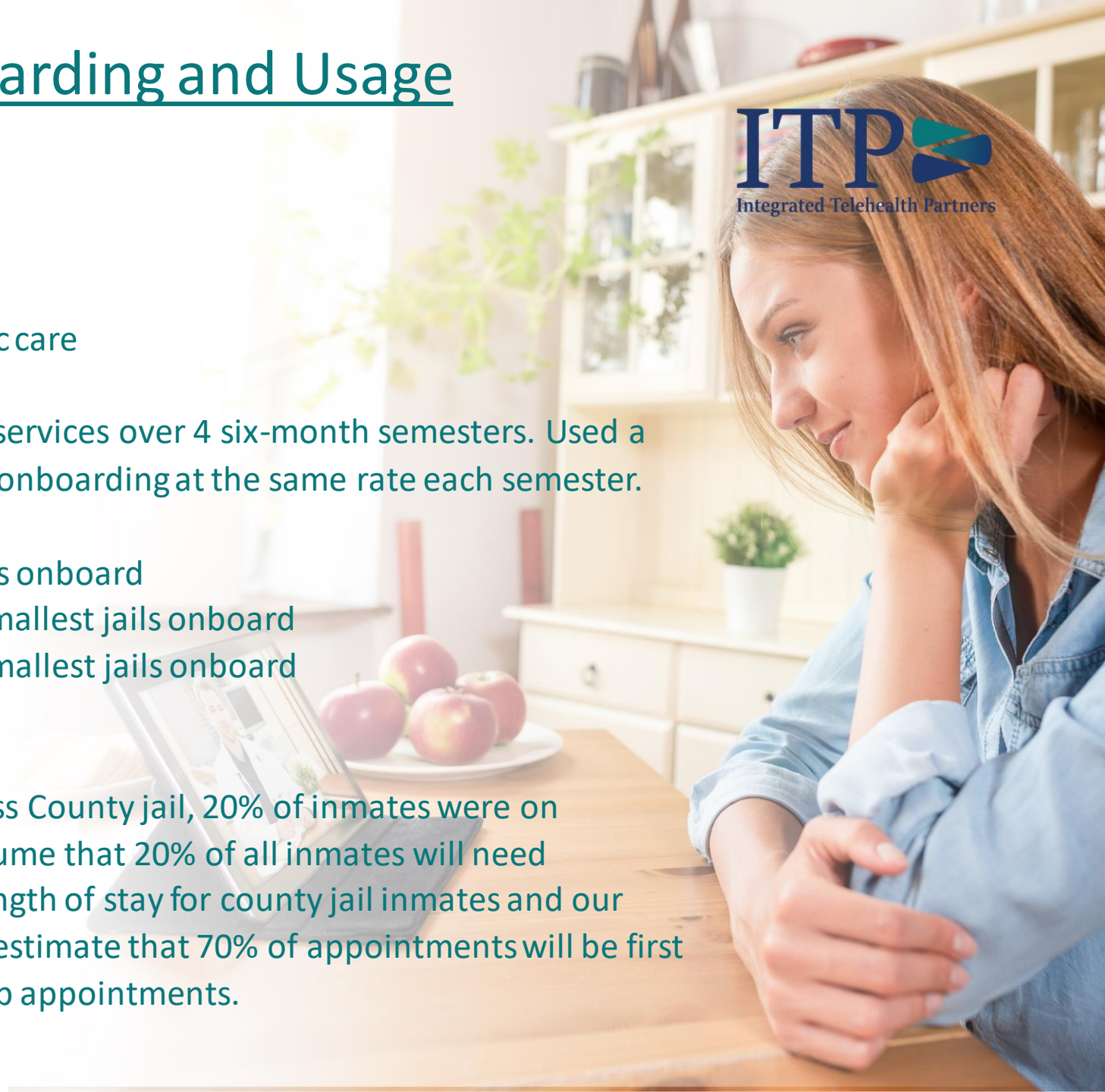
Becky DeVine's Zoom Link: https://integratedtelehealth.zoom.us/j/9335183347

Dr. Antony's Zoom Link: https://integratedtelehealth.zoom.us/j/3123133681

To view your appointment details please visit view appointment details

If you have any issues please call 855-270-3625 ext. 2, or Email jails@integratedtelehealth.com

Jail Services – Onboarding and Usage



Estimate is dependent on:

- Number of county jails
- Average inmate count at those jails
- Percentage of inmates needing psychiatric care

Estimate assumes 21 county jails sign on for services over 4 six-month semesters. Used a combination of the largest and smallest jails onboarding at the same rate each semester.

Semester 1 - 3 largest jails and 2 smallest jails onboard
Semester 2 - Next 3 largest jails and next 3 smallest jails onboard
Semester 3 - Next 3 largest jails and next 3 smallest jails onboard
Semester 4 – Last 4 jails to onboard

Based on a public annual report from the Cass County jail, 20% of inmates were on psychotropic medications in 2019, so we assume that 20% of all inmates will need telepsychiatry services. Given the average length of stay for county jail inmates and our experience working with 67 county jails, we estimate that 70% of appointments will be first time appointments and 30% will be follow-up appointments.

Jail Services - Financial Estimate

Semester 1 total estimated cost: $225,108
Burleigh County, Cass County, Ward County, Adams County and Mountrail County

Estimated combined average inmate count: 780

Semester 2 total estimated cost: $338,528
Grand Forks County, Williams County, Lake Regional, Pembina County, Bottineau County, Traill County

Estimated combined average inmate count: 1173

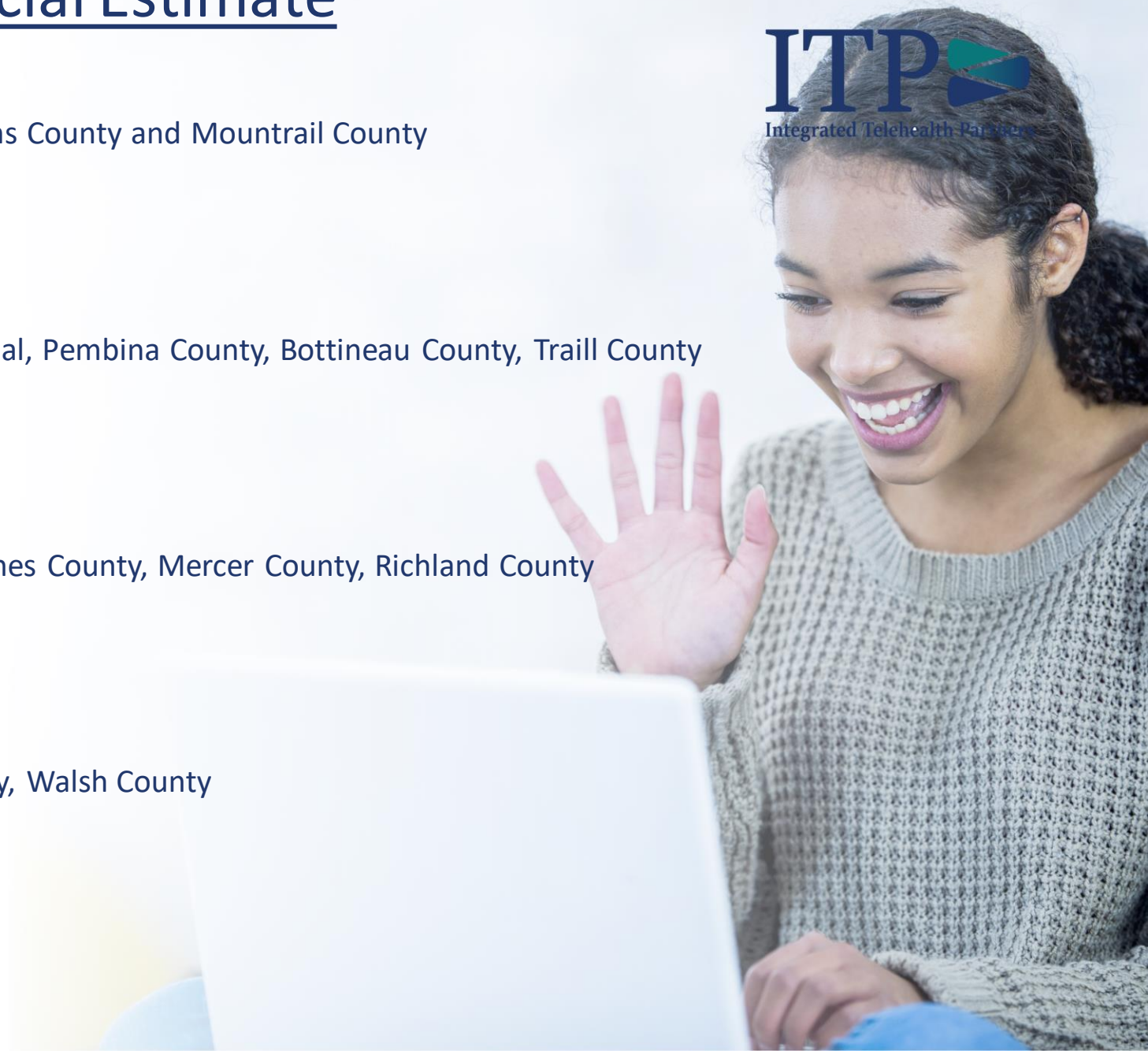
Semester 3 total estimated cost: $410,389
Heart of America, SWMCC, Stutsman County, Barnes County, Mercer County, Richland County

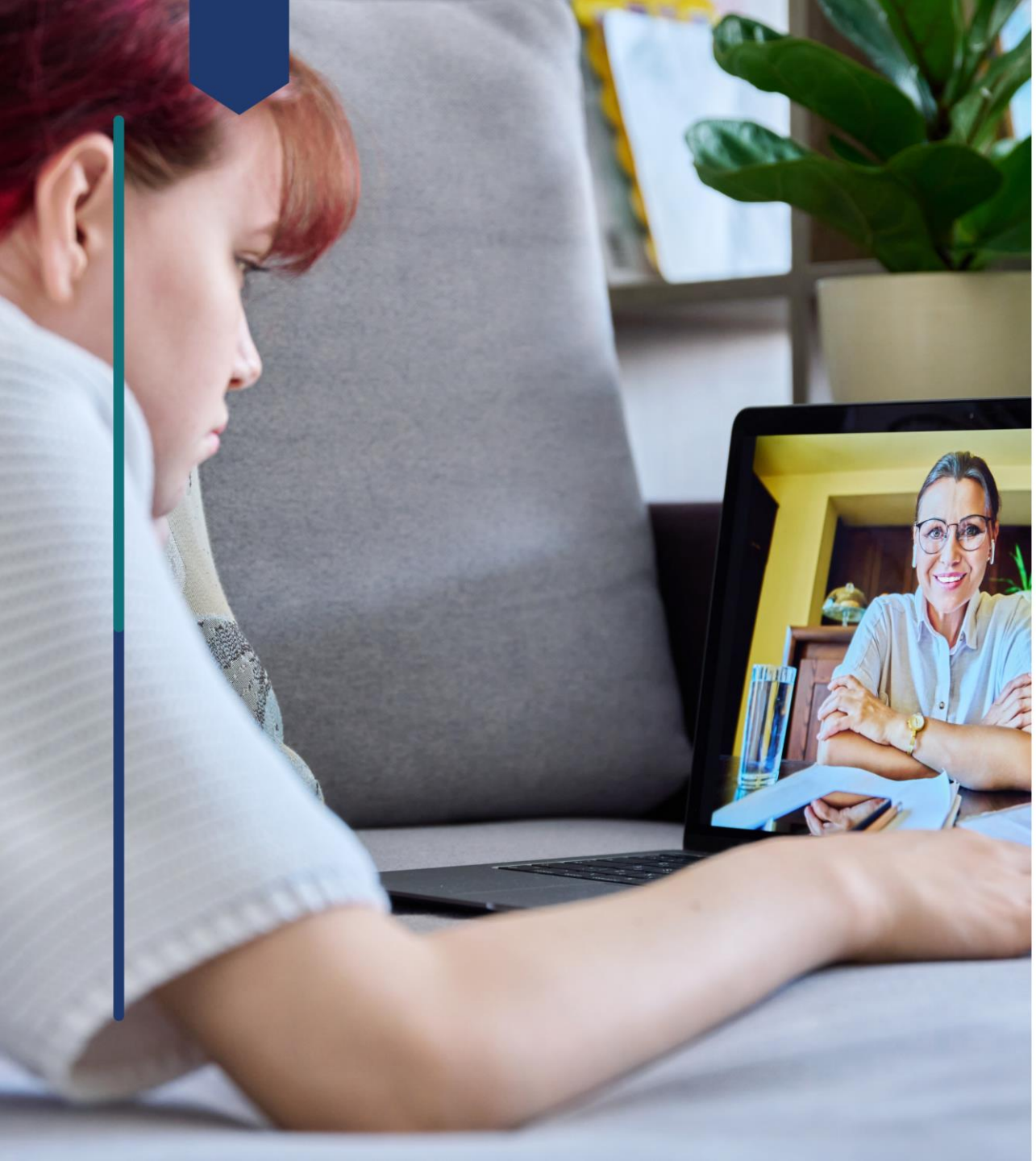
Estimated combined average inmate count: 1422

Semester 4 total estimated cost: $435,497
McKenzie County, McLean County, Rollette County, Walsh County

Estimated combined average inmate count: 1509

Biennium total estimated cost: $1,409,522





Summary

ITP
Integrated Telehealth Partners

- Timely and dependable access to outstanding psychiatric providers to all crisis facilities, all critical access hospitals, & all 21 county jails
- Address the needs of patients in crisis and patients incarcerated with immediate access to care
- Work in collaboration with DHS, local hospitals, law enforcement, community providers, and others
- Proven experience demonstrating successful outcomes!

ITP

Integrated Telehealth Partners

Thank you for your Consideration

Doug Wilson, President

515-979-5460

Dwilson@integratedtelehealth.com



68th Legislative Session

House Appropriations-Human Resources Division

Chairman Nelson and other members of the Committee. I am Rebecca Quinn and serve as an associate director at the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. The Center for Rural Health is contracted by the Department of Health and Human Services to operate the North Dakota Brain Injury Network. My testimony today is on behalf of all the individuals and families impacted by brain injury in North Dakota.

Brain injury impacts every facet of an individual's life and individuals with brain injury are represented across all service system. Depending on the age of the injury, deficits the person may have, and resources available an individual may qualify for various service systems creating a vast array of available options. Throughout the development of North Dakota's brain injury services, there has been identified the need for a centralized brain injury hub to provide information, support, and training. The North Dakota Brain Injury Network meets these needs by providing a centralized, statewide source of information regarding brain injury and delivers resource facilitation services to individuals with brain injury. The importance of NDBIN is to help individuals with brain jury, their families and the professionals working with them to navigate the complex system of care and resources that might be available.

To continue to serve individuals with brain injury in the state I would encourage the committee to conserve all the brain injury funding in the SB2012.

Thank you for your time and I welcome any questions.

My name is Calvin Samek. I live each day with the effects of a TBI. There are moments in our lives where a definitive line can be drawn between what used to be and what is to be. I believed my last injury was one of those. For months after, I felt totally hopeless and defeated by my injury. I was alive but not living. Slowly I saw my world around me disappear. Things kept falling by the wayside. The list is much to long to share in this single page letter.

After several attempts at treatment for diagnosis that didn't work, I was referred to a neuropsychologist. That doctor diagnosed me with a TBI and when I started treatment schedule for that my life had started to find a direction once again. Along the way I was introduced to Rebecca Quinn (NDBIN) and accompanied her to the capitol many years ago. Who would have thought that her mission would become so very important to me? My own story kind of parallels the story of NDBIN.

In the past few years, I went from being homeless to earning my Social Work Degree. And now this year for the first time since my injury I have returned to work full time. I am climbing mountains everyday with the help of folks like the ones at the NDBIN. I know I would not be anywhere close to where I am without them.

Over the past 9 years my life has been enriched by the NDBIN directly and indirectly in so many ways. The website has been an invaluable resource for support, education, information, and general comfort in knowing that there are those out there that are continuing our cause. All the people I have met along the way have been a necessary part of who I am today. I find that my life is enriched by those that have offered support.

Thanks for your consideration,

Calvin

Recent Feedback

"You continue to do amazing work."

"Providing a much-needed service to people."

Thank you so much for doing what you do. You are incredibly appreciated.

Brain Injury Defined

Acquired Brain Injury (ABI)

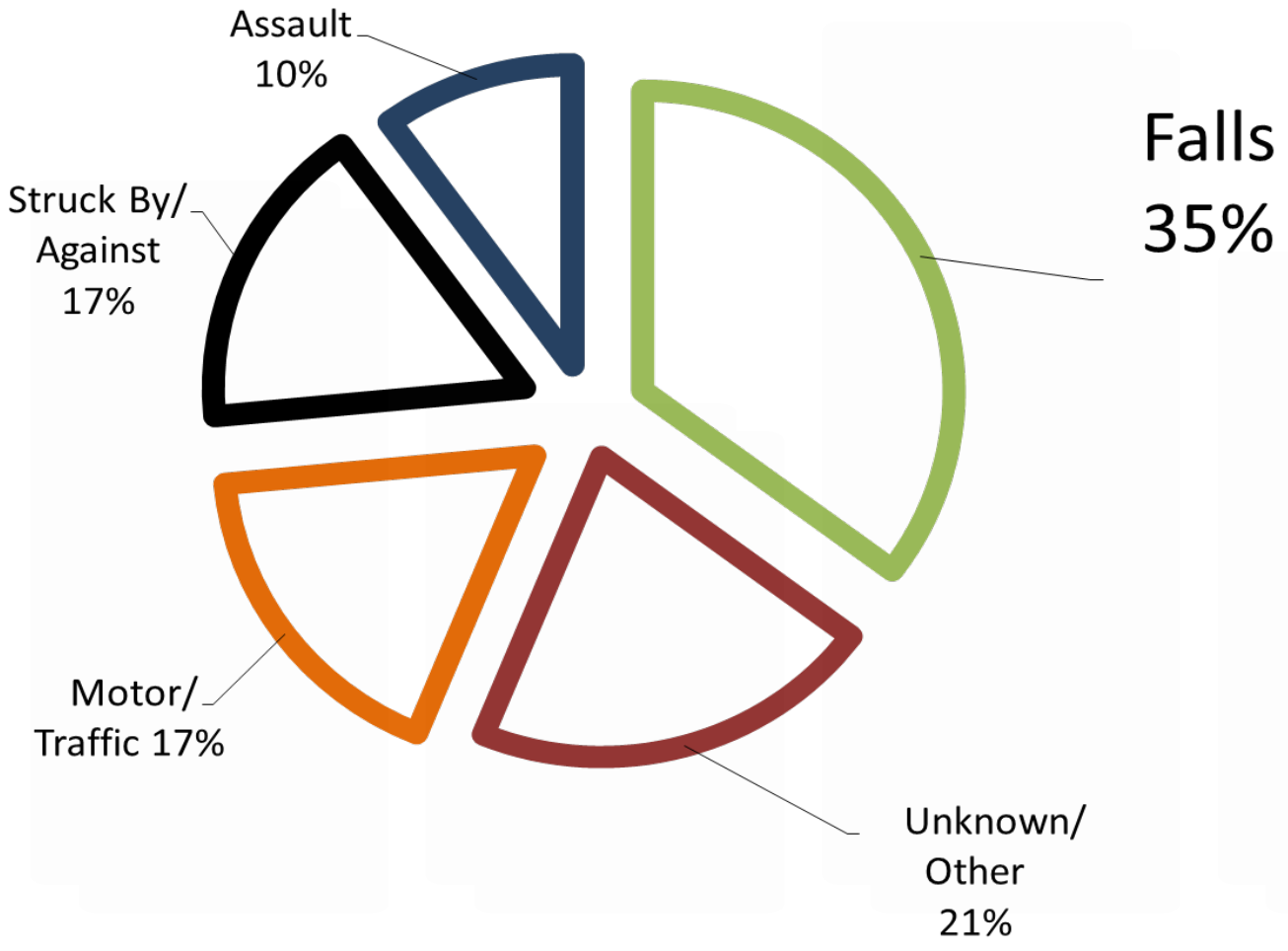
Traumatic Brain Injury (TBI)

External Events: assault, fall, blast injury, motor vehicle crash

Non-Traumatic Brain Injury

Internal Events: stroke, tumor, anoxia, aneurysm, infection

Leading Causes of TBI



Severity Continuum

Mild

- 75-90% cases
  LOC less 30min
  Up to 15% have long term impairments

Moderate

- 10-30% cases
  LOC between 30min-24hrs
  Up to 30-50% have long term impairments

Severe

- 5-10% cases
  LOC greater 24hrs
  Up to 80% have long term impairments

Possible Impairments after a Brain Injury

Physical

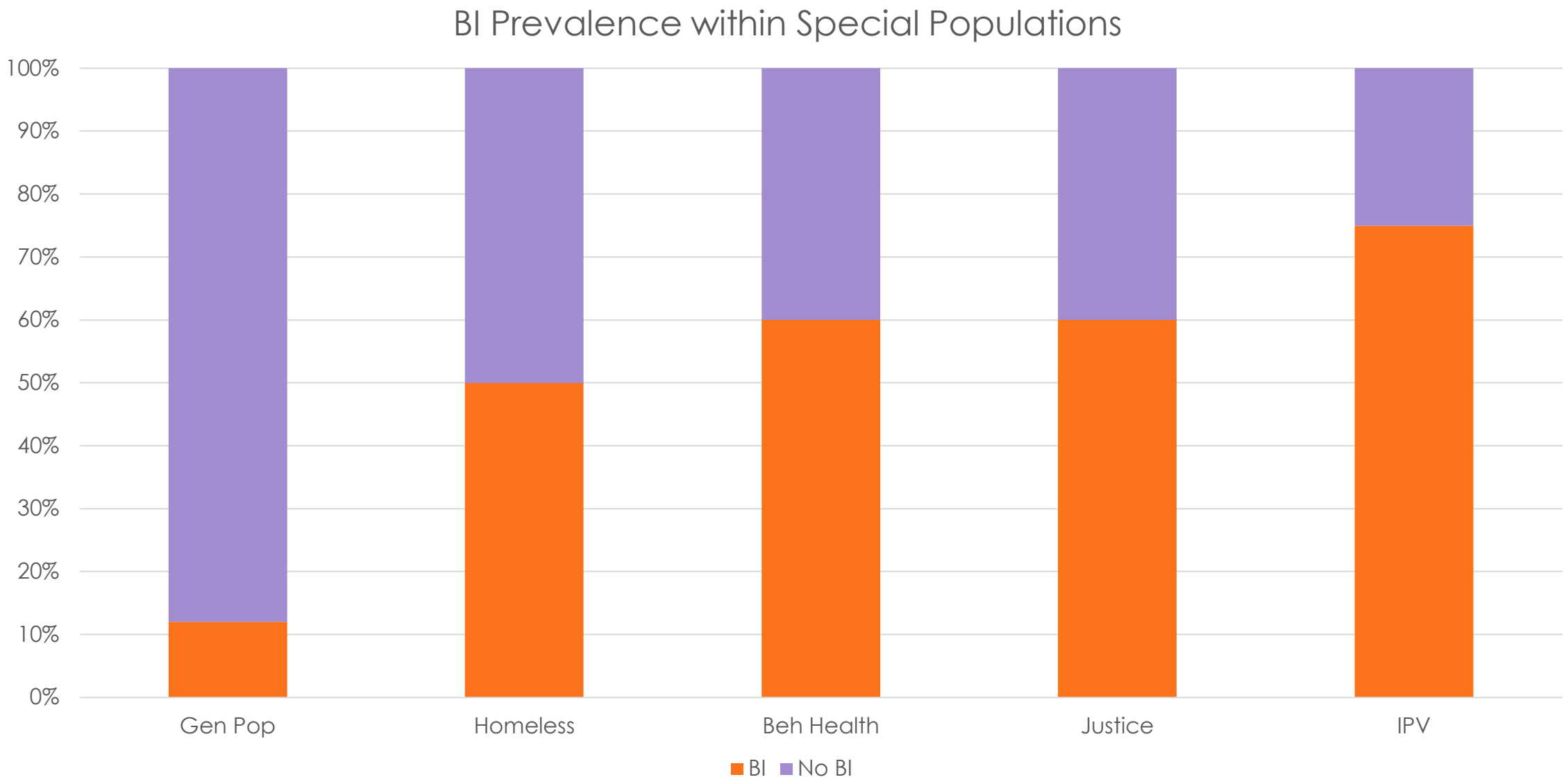
- Motor coordination
- Hearing and visual Loss
- Spasticity and tremors
- Fatigue and/or weakness
- Loss of taste and smell
- Balance
- Mobility
- Speech
- Seizures
- Headaches or migraines
- Pain
- Changes in sleep patterns

Cognitive

- Memory loss
- Difficulty with decision-making, planning, sequencing
- Impaired judgment
- Slowed ability to process
- Problem-solving difficulties
- Organizational problems
- Impaired perception of self, others
- Inability to complete task without reminders
- Trouble concentrating

Emotional/ Behavioral

- Depression
- Mood swings
- Problems with emotional control; impulsive behavior
- Inappropriate behavior
- Inability to inhibit remarks
- Lack of response to social cues
- Problems with initiation
- Reduced self-esteem
- Difficulty relating to others
- Difficulty maintaining or forming relationships
- Increased anxiety and frustration


BI Prevalence within Special Populations
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Gen Pop
Homeless
Beh Health
Justice
IPV
BI
No BI

North Dakota Brain Injury Network Biennial Report

July 2021-December 2022

Submitted to:
North Dakota Department of Health and Human Services
Behavioral Health Division



NORTH DAKOTA BRAIN INJURY NETWORK

Contents

Overview 3

Support Services 3

- Resource Facilitation 3
- Support Groups 3
- Survivor Connections 3

Awareness and Outreach 3

- Website 3
- Adapted the REAP for ND 3
- North Dakota Brain Injury Guide 4
- Unmasking Brain Injury 4

Screening 4

- Screening Protocols 4
- Screening Portal 4
- Screening Numbers 4

Education and Training 4

- Mind Matters Conference 4
- Online Brain Injury Training 5
- Certified Brain Injury Specialist (CBIS) Training 5
- Webinar Wednesdays 5
- Virtual Concussion Symposium 5
- Brain Injury Basics Training 5
- ND Train courses 6
- Living Life Fully After Brain Injury Courses 6

2021-2022 NDBIN Satisfaction Survey 7

Webinar Wednesday Evaluation Data Analysis 9

TBI Course Evaluation Data Analysis 12

Resource Facilitation Data 14

Overview

For the period of July 1, 2021 through Dec 31, 2022 NDBIN provided:

- 727 clients served; 401 new referrals; 391 closed cases; ave cost per client $487.07
- 71,760 NDBIN website views; 182 postings to online calendar
- 55 support groups; 7 Living Life Fully groups
- 35 Webinar Wednesdays; 23 trainings with 394 attendees
- 487 individuals completed online training courses, 3 Certified Brain Injury Specialist Trainings for 50 professionals
- 68 attendees at annual Mind Matters Conference and 205 attendees at 2 annual Concussion Symposiums

Support Services

Resource Facilitation

- Resource facilitation for brain injury is an evidenced based service that assists individuals along the path of recovery and increasing independence. This vital service has been adopted by over 40 states and is seen as a core for state brain injury service development by the Federal TBI grant program.
- This biennium NDBIN has provided resource facilitation to a total of 727 clients served; 401 new referrals; 391 closed cases; average cost per client $487.07.

Support Groups

- Facilitated 55 support groups, both in person and virtually.
- NBDIN facilitates a monthly support groups in Devils Lake, Grand Forks, and virtually.
- NDBIN also provides support and promotion to the other five independently run support groups in the state.

Survivor Connections

- Launched in spring of 2021
- Phone based program for new individuals with brain injury to connect them with trained volunteers to provide support for those new to the injury.
- The program has completed 35 Survivor Connections calls.

Awareness and Outreach

Website

- Maintained a comprehensive website with over 71,760 unique page views
- Searchable online resource guide, maintained events calendar
- Developed new content regarding caregivers, special education, and related services

Adapted the REAP for ND

- This is an evidenced based return to learn guide developed by CO and adapted to over 20 states.
- What is REAP?
    - R = Remove/Reduce physical and cognitive demands

- E = Educate the student athlete families, educators, coaches, and medical teams of the potential symptoms
- A = Adjust/Accommodate for the student athlete academically
- P = Pace the student athlete back to learning, activity, and play

North Dakota Brain Injury Guide

- Partnered with the North Dakota Stroke Association to publish a new North Dakota Brain Injury Guide for new survivors.

Unmasking Brain Injury

- The purpose of this project is to not only create awareness for brain injury, but to also give the survivors a voice. The project allows individuals with brain injury to create an art mask to tell their story as a means to educate others of what it is like to live with a brain injury. It also gives brain injury survivors an outlet to show others that those living with this disability are like anyone else. By combining therapy, art, and advocacy, this project presents an entirely unique perspective on life with brain injury for survivors, care givers, and professionals.
- Currently NDBIN has over 130 masks in our collection
- http://unmaskingbraininjury.org/north-dakota/

Screening

Screening Protocols

- Facilitated a Brain Injury and Criminal Justice Workgroup to assist in selecting a screener.
- Selected and adapted a brain injury screening and supports protocol for implementation within reentry and community-based programs serving individuals with mental health and substance use disorders.

Screening Portal

- Designed and developed a virtual screening toolkit with a HIPAA protected data entry portal for use by community partners to aid in data collection and management.
- Provided seven trainings for community-based providers on the use of the screening toolkit and data entry portal.

Screening Numbers

Screening data for the period of July 1, 2021 – December 31, 2022:

- Number of Short OSU/ABI screenings = 132
  - Number of individuals who screened negative for TBI = 10
  - Number of individuals who screened positive for TBI = 122
    - Number of symptom inventories completed = 121 (one individual screened positive for TBI but did not have a symptom inventory completed for them)

Education and Training

Mind Matters Conference

- March 2022-68 attendees
- Past conference attendee quotes:

- *I like having the information to share with clients that struggle with TBI*
- *Love the Mind Matter conferences*
- *We are fortunate to have such an important conference in ND.*
- *Oh my-all speakers were amazing! Connecting with everyone and sharing what works-what does not.*
- *Well organized-good job and thank you!*
- *I thought the conference was great. I enjoyed all the speakers-nice variety and topics and good information.*

Online Brain Injury Training

- June of 2019 NDBIN launched 5 online training courses
- This biennium 3,589 individuals enrolled and 487 have completed

Certified Brain Injury Specialist (CBIS) Training

- Nationally recognized credential for professionals working in brain injury services. This certification is administered by the Brain Injury Association of America and involves formal coursework and a written examination.
- NDBIN has provided 7 CBIS trainings in ND since July of 2019.
- Total of 79 officially certified CBIS in ND as of December 2022.
- NDBIN hosts a quarterly call for all CBIS to share information and collaborate.

Webinar Wednesdays

- These FREE webinars cover a range of brain injury topics and are designed to meet the needs whether you are a brain injury/stroke survivor, caregiver, or provider. Variety of continuing education credits are offered, and they are archived online.
- Total of 35 Webinar Wednesday's.

Virtual Concussion Symposium

- Have hosted 2 Annual Concussion Symposiums with over 200 attendees altogether

Brain Injury Basics Training

- February of 2021 was the first training
- New training developed to be less intensive than the Certified Brain Injury Specialist, but more engaging than the online courses.
- This training is based on an interactive approach and will provide direct care staff, peer support specialists and caregivers of individuals with brain injury a general knowledge of brain injury and what that means for the individuals they serve, practical techniques for handling difficult behaviors of individuals with brain injury, as well as building rapport for the individuals within their care.
- Provided on a requested basis.

ND Train courses

- Developed in December of 2022
- Three courses designed to complement the online courses but geared specifically towards direct service providers in North Dakota working with clients with brain injury

Living Life Fully After Brain Injury Courses

- This seven-class series provides survivors with tools and techniques to help them understand, cope with, and proactively manage life after brain injury.
- Facilitated by a peer support specialist with lived experience with brain injury and a Certified Brain Injury Specialist
- Since April of 2022 have held 7 courses in person and online. 32 attendees total.

2021-2022 NDBIN Satisfaction Survey

Reporting period: July 1, 2021 – December 31, 2022

- Responses in Qualtrics = 39
- Selected Comments:
  - *"The information available online has been very helpful and useful."*
  - *"NDBI Network provides great information and support."*
  - *"Very informative website and resources available. User friendly"*
  - *"Fabulous program. intellectually and educationally. Thank you to Carly for her unending upbeat personality and for all the staff. Thank you!"*
  - *"The information and education that is offered through North Dakota and with the fantastic help from Carly Endres, Rebecca Quinn, and others is very impressive and appreciated!"*
- Satisfaction Ratings
  - Overall, I was satisfied with my experience with the North Dakota Brain Injury Network (n=38)
    - Completely Agree = 18 (47.4%)
    - Agree = 15 (39.5%)
    - Neutral = 4 (10.5%)
    - Disagree = 1 (2.6%)
    - Completely Disagree = 0 (0.0%)
  - The staff who provided support were polite and respectful toward me (n=38)
    - Completely Agree = 21 (55.3%)
    - Agree = 14 (36.8%)
    - Neutral = 3 (7.9%)
    - Disagree = 0 (0.0%)
    - Completely Disagree = 0 (0.0%)
  - I was comfortable being open and honest with the staff about my needs and concerns (n=38)
    - Completely Agree = 20 (52.6%)
    - Agree = 12 (31.6%)
    - Neutral = 5 (13.2%)
    - Disagree = 1 (2.6%)
    - Completely Disagree = 0 (0.0%)
  - The North Dakota Brain Injury Network provided me with options regarding resources/referrals (n=38)
    - Completely Agree = 15 (39.5%)
    - Agree = 14 (36.8%)
    - Neutral = 8 (21.1%)
    - Disagree = 1 (2.6%)
    - Completely Disagree = 0 (0.0%)

    - The North Dakota Brain Injury Network met my needs (n=38)
        - Completely Agree = 18 (47.4%)
        - Agree = 11 (28.9%)
        - Neutral = 8 (21.1%)
        - Disagree = 1 (2.6%)
        - Completely Disagree = 0 (0.0%)
    - The North Dakota Brain Injury Network provided me with help in a timely manner (n=38)
        - Completely Agree = 18 (47.4%)
        - Agree = 12 (31.6%)
        - Neutral = 7 (18.4%)
        - Disagree = 1 (2.6%)
        - Completely Disagree = 0 (0.0%)
    - I will seek support from the North Dakota Brain Injury Network in the future (n=38)
        - Completely Agree = 17 (44.7%)
        - Agree = 16 (42.1%)
        - Neutral = 5 (13.2%)
        - Disagree = 0 (0.0%)
        - Completely Disagree = 0 (0.0%)
    - I would recommend the North Dakota Brain Injury Network to other people (n=38)
        - Completely Agree = 21 (55.3%)
        - Agree = 12 (31.6%)
        - Neutral = 4 (10.5%)
        - Disagree = 1 (2.6%)
        - Completely Disagree = 0 (0.0%)
- Summary
    - Overall, 87% of individuals who responded were satisfied with their experience with the North Dakota Brain Injury Network (i.e., responded agree or completely agree)
    - 87% of individuals who responded would recommend the North Dakota Brain Injury Network to other people (i.e., responded agree or completely agree)
    - 92% of individuals agreed or completely agreed that the staff who provided support were polite and respectful toward them.

Webinar Wednesday Evaluation Data Analysis

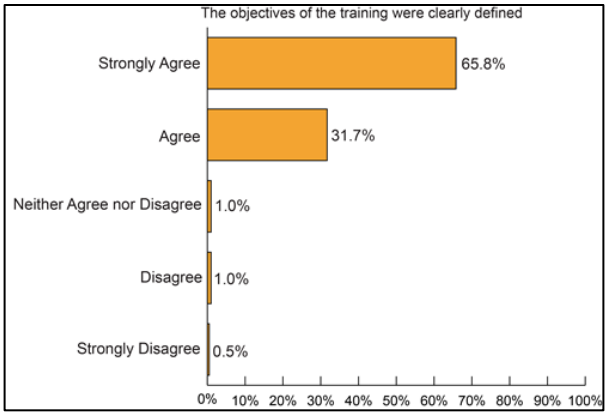
Time Period: July 1, 2021 – December 31, 2022

Total number of webinars = 26

Webinar	Number of Evaluations Completed
50-30-20 Budget	4
ABA Consultants	9
Adult Foster Homes	14
Bumped His Head and Went to Bed	23
LSS MN	3
North Dakota Programs with Heather Brandt	6
PCAND	2
Show Your Doctor Your Symptoms and Manage Your Care	3
Support System for Caregivers	7
Tinnitus with Dr. Fire	2
Post-Concussion Inc (Bella Paige)	6
Chelsey Asiala/PAM (Post-Acute Medical)	7
Community-Based Services	4
Community Options	5
COVID and the Brain (Dr. Ala Lysyk)	18
Emotional Dysregulation Podcast	19
ETIPS Research Study	7
Fair Plains Housing	4
Kara Welke	6
Lit up my Mind	6
Neuroplasticity, Setting Goals, and Creating Hope After Brain Injury and Stroke with Craig Philips	12
Podcast-Learning Accommodations	9
Saving Shannon	13
Synapse	4
Vocational Rehabilitation	8
Will I ever be able to drive again?	6
TOTAL	**207**

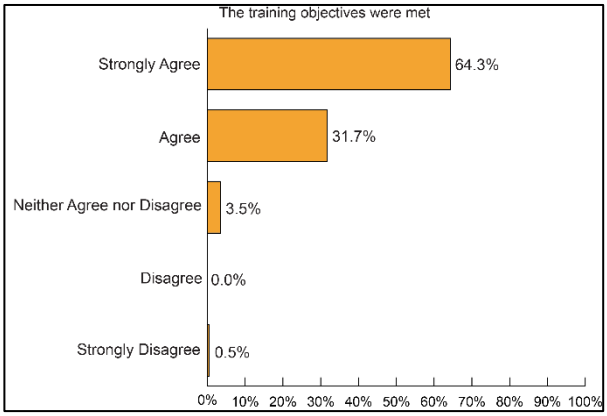
Q1. The objectives of the training were clearly defined

Strongly Agree = 133 (65.8%)
Agree = 64 (31.7%)
Neither Agree nor Disagree = 2 (1.0%)
Disagree = 2 (1.0%)
Strongly Disagree = 1 (0.5%)
TOTAL = 202
*Missing = 5



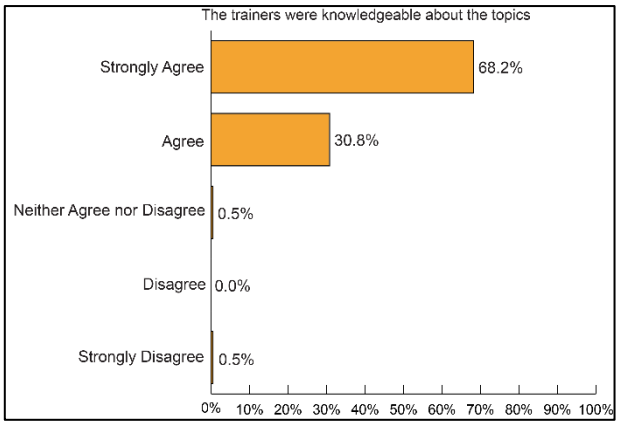
Q2. The training objectives were met

Strongly Agree = 130 (64.3%)
Agree = 64 (31.7%)
Neither Agree nor Disagree = 7 (3.5%)
Disagree = 0 (0%)
Strongly Disagree = 1 (0.5%)
TOTAL = 202
*Missing = 5



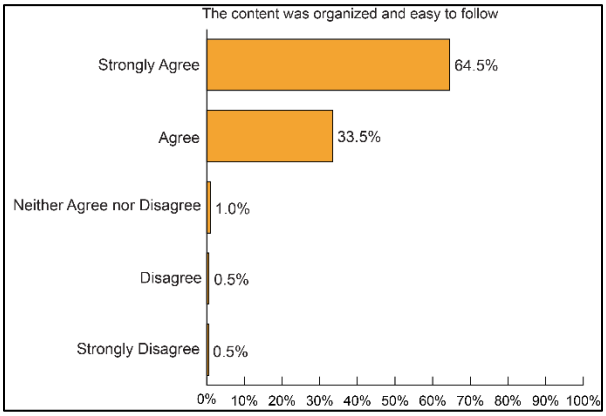
Q3. The trainers were knowledgeable about the topics

Strongly Agree = 137 (68.2%)
Agree = 62 (30.8%)
Neither Agree nor Disagree = 1 (0.5%)
Disagree = 0 (0%)
Strongly Disagree = 1 (0.5%)
TOTAL = 201
*Missing = 6



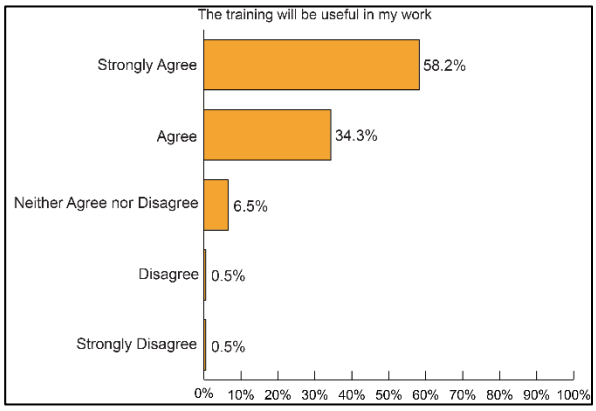
Q4. The content was organized and easy to follow

Strongly Agree = 129 (64.5%)
Agree = 67 (33.5%)
Neither Agree nor Disagree = 2 (1.0%)
Disagree = 1 (0.5%)
Strongly Disagree = 1 (0.5%)
TOTAL = 200
*Missing = 7



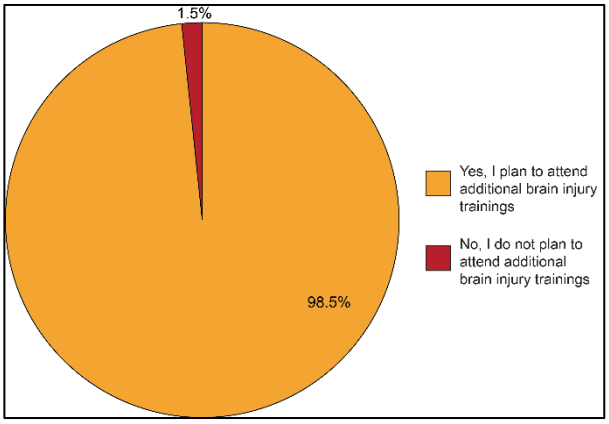
Q5. The training will be useful in my work

Strongly Agree = 117 (58.2%)
Agree = 69 (34.3%)
Neither Agree nor Disagree = 13 (6.5%)
Disagree = 1 (0.5%)
Strongly Disagree = 1 (0.5%)
TOTAL = 201
*Missing = 6



Q6. Do you plan to attend any of the additional brain injury trainings?

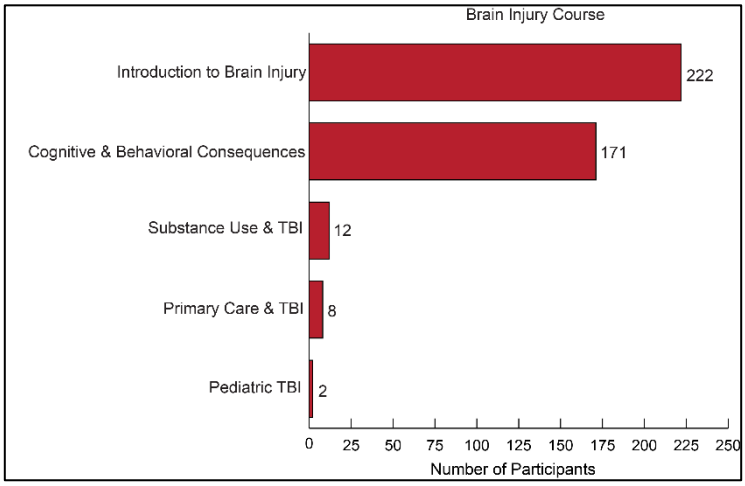
Yes = 200 (98.5%)
No = 3 (1.5%)
TOTAL = 203
*Missing = 4



TBI Course Evaluation Data Analysis

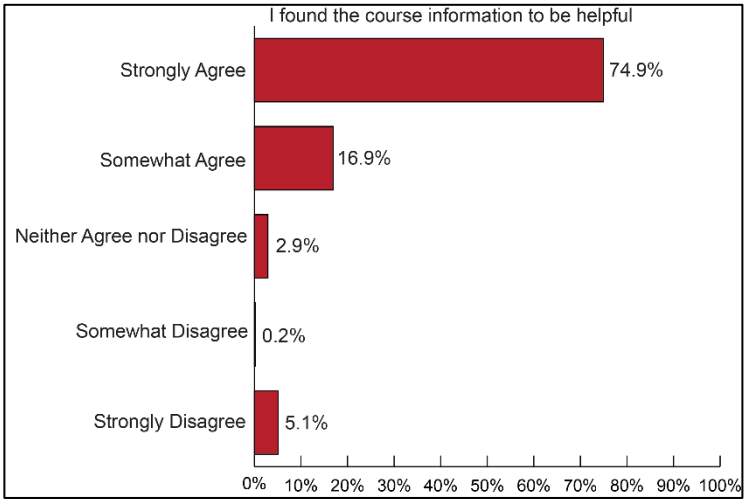
Time Period: July 1, 2021 – December 31, 2022

Total responses = 415



Q1. Which Brain Injury Course are you filling out this evaluation for?

- Introduction to Brain Injury = 222
- Cognitive and Behavioral Consequences of Brain Injury = 171
- Substance Use and TBI = 12
- Primary Care and TBI = 8
- Pediatric TBI = 2



Q2. I found the course information to be helpful.

Strongly agree = 311 (74.9%)

Somewhat agree = 70 (16.9%)

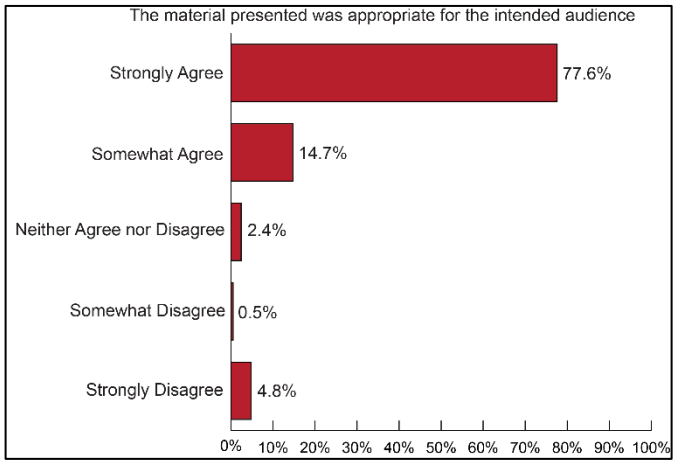
Neither agree nor disagree = 12 (2.9%)

Somewhat disagree = 1 (0.2%)

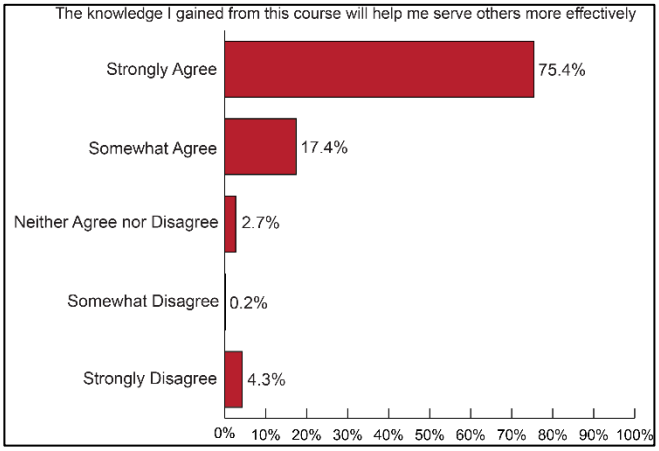
Strongly disagree = 21 (5.1%)

TOTAL = 415

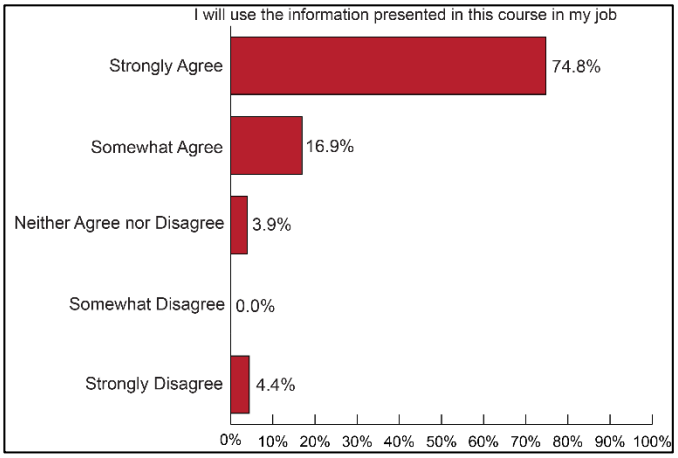
Q3. The material presented was appropriate for the intended audience.
Strongly agree = 322 (77.6%)
Somewhat agree = 61 (14.7%)
Neither agree nor disagree = 10 (2.4%)
Somewhat disagree = 2 (0.5%)
Strongly disagree = 20 (4.8%)
TOTAL = 415



Q4. The knowledge I gained from this course will help me serve others more effectively.
Strongly agree = 312 (75.4%)
Somewhat agree = 72 (17.4%)
Neither agree nor disagree = 11 (2.7%)
Somewhat disagree = 1 (0.2%)
Strongly disagree = 18 (4.3%)
TOTAL = 414
***Missing = 1**

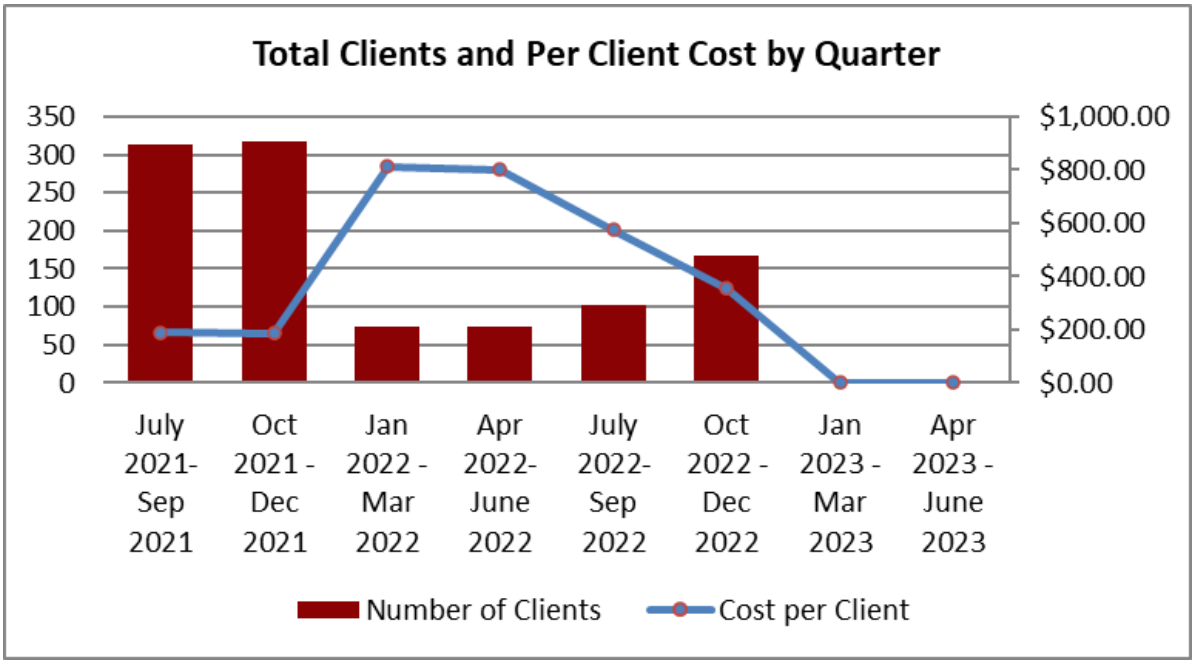


Q5. I will use the information presented in this course in my job.
Strongly agree = 309 (74.8%)
Somewhat agree = 70 (16.9%)
Neither agree nor disagree = 16 (3.9%)
Somewhat disagree = 0 (0%)
Strongly disagree = 18 (4.4%)
TOTAL = 413
***Missing = 2**



Resource Facilitation Data

Quarter	Number of Clients	Total Expenditures	Cost per Client
July 2021- Sep 2021	313	$59,339.87	$189.58
Oct 2021 - Dec 2021	318	$59,339.87	$186.60
Jan 2022 - Mar 2022	73	$59,339.87	$812.87
Apr 2022- June 2022	74	$59,339.87	$801.89
July 2022- Sep 2022	103	$59,339.87	$576.12
Oct 2022 - Dec 2022	167	$59,339.87	$355.33



July 2021 - Sep 2021

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	1	3%	20	6%	0	0%	$3,791.68	$189.58
Region II	2	5%	37	12%	3	18%	$7,014.62	$189.58
Region III	3	8%	28	9%	0	0%	$5,308.36	$189.58
Region IV	7	19%	46	15%	0	0%	$8,720.88	$189.58
Region V	15	41%	83	27%	12	71%	$15,735.49	$189.58
Region VI	4	11%	25	8%	0	0%	$4,739.61	$189.58
Region VII	5	14%	50	16%	2	12%	$9,479.21	$189.58
Region VIII	0	0%	24	8%	0	0%	$4,550.02	$189.58
Total	37	100%	313	100%	17	100%	$59,339.87	$189.58

Oct 2021 - Dec 2021

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	1	10%	20	6%	0	0%	$3,732.07	$186.60
Region II	3	30%	38	12%	0	0%	$7,090.93	$186.60
Region III		0%	28	9%	0	0%	$5,224.89	$186.60
Region IV	2	20%	47	15%	0	0%	$8,770.36	$186.60
Region V	1	10%	83	26%	0	0%	$15,488.08	$186.60
Region VI		0%	26	8%	0	0%	$4,851.69	$186.60
Region VII	3	30%	52	16%	0	0%	$9,703.37	$186.60
Region VIII		0%	24	8%	0	0%	$4,478.48	$186.60
Total	10	100%	318	100%	0	0%	$59,339.87	$186.60

Jan 2022 - Mar 2022

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	2	3%	6	8%	18	6%	$4,877.25	$812.87
Region II	7	11%	7	10%	37	13%	$5,690.12	$812.87
Region III	4	6%	7	10%	24	8%	$5,690.12	$812.87
Region IV	15	23%	15	21%	42	14%	$12,193.12	$812.87
Region V	12	19%	19	26%	75	26%	$15,444.62	$812.87
Region VI	8	13%	3	4%	26	9%	$2,438.62	$812.87
Region VII	7	11%	11	15%	49	17%	$8,941.62	$812.87
Region VIII	9	14%	5	7%	22	8%	$4,064.37	$812.87
Total	64	100%	73	100%	293	100%	$59,339.87	$812.87

April 2022-Jun 2022

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	1	2%	3	4%	5	16%	$2,373.59	$791.20
Region II	3	7%	7	9%	4	13%	$5,538.39	$791.20
Region III	0	0%	6	8%	5	16%	$4,747.19	$791.20
Region IV	8	19%	14	19%	4	13%	$11,076.78	$791.20
Region V	7	16%	21	28%	5	16%	$16,615.16	$791.20
Region VI	9	21%	4	5%	1	3%	$3,164.79	$791.20
Region VII	14	33%	13	17%	7	22%	$10,285.58	$791.20
Region VIII	1	2%	7	9%	1	3%	$5,538.39	$791.20
Total	43	100%	75	100%	32	100%	$59,339.87	$791.20

July 2022 - Sep 2022

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	4	3%	3	3%	2	5%	$1,728.35	$576.12
Region II	7	6%	8	8%	4	10%	$4,608.92	$576.12
Region III	23	19%	13	13%	3	8%	$7,489.50	$576.12
Region IV	22	18%	17	17%	8	21%	$9,793.96	$576.12
Region V	30	24%	30	29%	8	21%	$17,283.46	$576.12
Region VI	4	3%	2	2%	5	13%	$1,152.23	$576.12
Region VII	23	19%	22	21%	4	10%	$12,674.54	$576.12
Region VIII	10	8%	8	8%	5	13%	$4,608.92	$576.12
Total	123	100%	103	100%	39	100%	$59,339.87	$576.12

Oct 2022 - Dec 2022

	New Referrals	% of Total	Number of Clients	% of Total	Closed Cases	% of Total	Cost per Region	Cost per Client
Region I	4	3%	4	2%	0	0%	$1,412.85	$353.21
Region II	0	0%	8	5%	1	10%	$2,825.71	$353.21
Region III	23	19%	30	18%	0	0%	$10,596.41	$353.21
Region IV	11	9%	25	15%	1	10%	$8,830.34	$353.21
Region V	49	40%	60	36%	1	10%	$21,192.81	$353.21
Region VI	9	7%	5	3%	1	10%	$1,766.07	$353.21
Region VII	27	22%	30	18%	6	60%	$10,596.41	$353.21
Region VIII	1	1%	6	4%	0	0%	$2,119.28	$353.21
Total	124	100%	168	100%	10	100%	$59,339.87	$353.21

Northern Cass School District No. 97
Home of the Jaguars

Northern Cass School District 97
16021 18th St. SE
Hunter, ND 58048-9730
Phone: (701) 874-2322 Fax: (701) 874-2422
Web Site: www.northerncassschool.org

Dr. Cory Steiner, Superintendent
Doug Margerum, Secondary Principal
Crysta Schenck, Elementary Principal
Bryce Laxdal, Activities Director
Sam Johnson, Dean of Learners
Paige Carlson, Business Manager

January 23rd, 2022

To Whom It May Concern,

My name is Dr. Cory Steiner and I'm the Superintendent of the Northern Cass School District in Hunter, North Dakota. I'm writing this letter of support for full reimbursement for midlevel mental health providers. As a leader of a rural school district, the importance of coordinated services in our setting is paramount. Although we are only 25 miles from Fargo, this distance is a barrier for our families. It is not possible for families to take leave from work to coordinate the various services their learner needs to be successful. By providing these services at the district level, we are better able to support our families in a place which is safe for them.

We have a licensed therapist from The Village Family Service Center in our building three days per week. This remarkable partnership has proven successful. Learners who receive services have seen an increase in their attendance rate, a decrease in discipline referrals, and more success in graduating choice ready. These services have allowed our learner to receive services free of charge on-site while not burdening families with costs for service or time to travel to the metro area. It has also eliminated the 'wait time' to get an appointment with a licensed therapist. In my years of education, this has simply been the most powerful and positive initiative and partnership I have ever been a part of.

I am writing to offer my strongest support for the increase of ND Medicaid reimbursement rates for Tier 2 and Tier 3 behavioral health providers. The need for a more comprehensive continuum of outpatient services for children is at an all-time high. An increase in these rates will drastically improve three key areas critical in providing services to some of our most vulnerable children. First, it will improve accessibility. Waitlists for services continue to be exceptionally long and higher reimbursement rates will help private practice and community mental health agencies big and small maintain financial viability and increase the likelihood of expanding services. Secondly, it will help increase the quality of services. Many providers in private practice limit their ND Medicaid caseload due to low reimbursement rates which leaves many non-profit community mental health agencies to take on the responsibility of serving those clients. Lastly, an increase to the Medicaid reimbursement will help address the workforce shortage by allowing agencies to offer more competitive salaries.

As we continue to learn more about the importance of health and its impact on academic outcomes, it makes it necessary for districts to provide more services which better meet their individual needs. We know healthy learners are successful both in and out of school. The research is compelling. Healthy learners live happier and more productive lives in adulthood. By providing more services in our district, we are ensuring learning the opportunity to be successful both in their future careers and personal lives. It is our belief that a 'community in schools' approach will best serve our learners and communities. It is with great excitement that our district begins to move in this direction.

However, education has continued to grow more complex, and schools have continually been asked to provide more services to meet the growing needs of our learners. Currently, our special education unit (Rural Cass) takes advantage of reimbursement. By providing full reimbursement for midlevel health providers, this could assist schools in offsetting general expenditures. We pay an assessment to the unit for special education services. If we received a higher reimbursement, it would allow us to reduce the special assessment which would allow our general fund to extend in other areas. Since 2014-15, our special

education assessments have increased by 90% at Northern Cass while educational funding has failed to increase at anything close to a similar rate. By reducing the assessments, it allows us to use our general fund in other areas which we would 'route' to our Full-Service Community Schools commitment. This commitment is in partnership with Essentia Health of Fargo. The increased funding would allow us to continue providing current mental health services while adding essential services in other key areas which are lacking in our district and communities.

We are at a critical time for improved children's behavioral health and deserve timely and accessible services. Please feel free to email me at Cory.Steiner@northerncassschool.com or call 701-874-2322 if you have any questions or concerns.

Sincerely,

Dr. Cory J. Steiner
Superintendent of Schools

The Northern Cass School District does not discriminate on the basis of race, color, natural origin, sexual orientation, gender, or disability

DAKOTA BOYS AND GIRLS RANCH
Dakota Boys and Girls Ranch Foundation
7151 15th Street South | Fargo, ND 58104
701.237.3123 | 800.344.0957

January 23, 2023

To Whom It May Concern,

I am writing to offer my strongest support of the increase of ND Medicaid reimbursement rates for Tier 2 and Tier 3 behavioral health providers. The need for a more comprehensive continuum of outpatient services for children is at an all-time high. An increase in these rates will drastically improve three key areas critical in providing services to some of our most vulnerable children. First, it will improve accessibility. Waitlists for services continue to be very long and higher reimbursement rates will help private practice and community mental health agencies big and small maintain financial viability and increase the likelihood of expanding services. Secondly, it will help increase the quality of services. Many providers in private practice limit their ND Medicaid caseload due to low reimbursement rates which leaves many non-profit community mental health agencies to take on the responsibility of serving those clients. Lastly, an increase to the Medicaid reimbursement will help address the workforce shortage by allowing agencies to offer more competitive salaries.

Dakota Family Services is a non-profit mental health care clinic with physical locations in Fargo and Minot, North Dakota. Our team of compassionate mental health professionals helps children, adolescents, and adults improve their overall mental health and well-being through their personalized approach, trusted expertise, and unconditional presence. Last year we provided in-person or virtual care to approximately two thousand patients and eleven thousand visits.

Dakota Family Services provides mental health therapy, medication management, and psychological assessments to individuals across the state of ND, in the fiscal year 2021, we served individuals in 49 of North Dakota's 53 counties. Two-thirds of the providers employed by Dakota Family Services are Tier 2 and 3 behavioral health providers and approximately 20 percent of those we serve are insured by North Dakota Medicaid. Increasing ND Medicaid reimbursement rates for Tier 2 and Tier 3 behavioral health providers will greatly impact the care we are able to provide individuals across the state would allow us to continue this work, expand our services to care for more Medicaid covered individuals, and allow us to work toward financial sustainability. Increased reimbursement would help us maintain our current

Tier 2 and Tier 3 behavioral health providers through competitive salaries and it supports recruiting providers to support our communities' increasing needs.

We are at a critical time for improved children's behavioral health and deserve timely and accessible services. Please feel free to contact me directly at 701-551-6821 if you have any questions or concerns.

In His love,

Joy Ryan
President/CEO

Mental Health Advocacy Network

Consumer & Family Network
Mental Health America of ND
Youth Move Beyond
The Arc of Bismarck
Fraser, Ltd.
Federation of Families for Children's Mental Health
Protection & Advocacy Project
ND Association of Community Providers
Individual Consumers & Families

House Appropriations-Human Resources Committee
SB 2012 Testimony
March 16, 2023
Representative Nelson, Chair

Good morning, Chairman Nelson and Members of the House Appropriations- Human Resources Committee. I am Carlotta McCleary, Executive Director of Mental Health America of North Dakota and Executive Director of the North Dakota Federation of Families for Children's Mental Health. Today I speak on behalf of the Mental Health Advocacy Network (MHAN). MHAN advocates for a consumer/family driven mental health system of care that provides an array of service choices that are timely, responsive and effective. Our vision is for every North Dakotan to have access to the right service—whether it be preventative, treatment, or recovery; at the right time—when the service is needed; and at the right place—as near his or her home as possible.

MHAN is testifying in support of SB 2012. First, let me acknowledge the last legislative session. North Dakota, like much of the nation, was experiencing budget shortfalls and the (then) Department of Human Services was tasked with the unenviable position of making substantial budget cuts in order for the state to balance its budget as required. Today we look forward to North Dakota's positive budgetary environment by encouraging the continuation of the hard work of reforming our mental health system of care.

Interim Activities

Outside the activities of the frantic legislative session, North Dakota has continued to enact needed reforms and pursue funding opportunities. The rollout of the 1915(i) State Plan Amendment happened as the session was underway. We know that the results are not where we

want them to be, but DHHS staff, including Monica Haugen (the 1915(i) Program administrator), have demonstrated inexhaustible passion in increasing the number of enrolled providers and service recipients. The 1915(i) team has provided incredibly detailed information to the public and stakeholders about where we stand on both the provider and client fronts and where we can hope to continue to make improvements in this wonderful service array. It is not an exaggeration to say that North Dakota's 1915(i) plan has among the best service delivery options in the nation.

We have also seen the continued expansion of peer support service reimbursement in North Dakota. Over the last year, Blue Cross Blue Shield of ND has included peer support in its insurance policies and peer support reimbursement is now in North Dakota Medicaid Expansion policies.

This past year, ND DHHS applied for and received federal funding for 5 years that will provide $3 million per year toward community-based services for our children. This is not a one-time opportunity. States who are not current awardees can apply for this funding opportunity every year. This grant will fund activities in the Devils Lake and Bismarck regions. This is a significant boon to North Dakota. Back in the early 1990s, this was the grant program that helped us create the children's mental health system in North Dakota.

Let us also mention 988. Yes, the creation of a national behavioral health crisis hotline was a national activity required by federal law, but North Dakota can take credit for the quality of the implementation thus far, because from what we have been hearing from our national partners, North Dakota's experience is running comparatively smooth. We think this from FirstLink's extensive experience with call centers and 211.

North Dakota has also made great strides in their mobile crisis teams, with teams in all 8 regions of the state, physically serving members of the public within a 45-mile radius of each regional Human Service Center. Those outside the 45-mile radius receive telehealth services. Both Dr. Etherington and Dr. Cramer have provided information to the public that finetuning the implementation of mobile crisis units will be an ongoing issue. Dr. Cramer has said that community feedback on how well the handoffs between each system partner are going is important, and they are also striving to improve data collection procedures.

MHAN Priorities For 68th Legislative Assembly

Our priorities and recommendations rely on implementing best practice models of service delivery. Best practices understand that we first need to ensure our citizens receive assistance before they have emergencies. We must have a robust community mental health system of care so that we can reduce the reliance on our costly, intensive institutional care settings. We must have substantial and multifaceted mental health workforce, which includes utilizing those with lived experience to help people navigate services and embark on their recovery.

SAMHSA's best practices models also include crisis response systems. When a crisis emerges, we must rely on three pillars of crisis response. Those pillars are: 1) a place to call (988), 2) someone to respond (mobile crisis teams), 3) a place to go (crisis stabilization beds/safe beds).

Peer Support: MHAN's number one priority has been increasing the prominence of peer support services in North Dakota. MHAN supports the transition of the existing

temporary peer support specialist positions at the Human Service Centers into full time FTEs. MHAN also believes that these peer support specialist positions should have benefits. MHAN is also looking forward to reports that DHHS will be implementing reimbursement for peer support services to Medicaid recipients by 2024. The legislature has previously authorized resources to this effort for multiple biennia, and we are hopeful that that work will continue and that by 2024 CMS will have approved North Dakota's plan to provide peer support reimbursement for those in Medicaid.

Family Support Organizations: Family organizations such as North Dakota Federation of Families for Children's Mental Health, Family Voices of ND, and the Experienced Parent Program do great work will small budgets, serving children with disabilities and their families throughout the state of North Dakota. Those organizations and programs should continue to be supported and funded, so that children with mental health needs, children with special healthcare needs, and children in early intervention and their families can receive assistance. Families would be lost without them.

IMD Exclusion: MHAN stands opposed to any attempts to move forward with an IMD Exclusion Waiver for behavioral health services. An IMD Exclusion Waiver would require North Dakota to be "budget neutral" to the federal government, which means that, during the project federal Medicaid expenditures will not be more than federal spending without the demonstration. As institutional facilities are far more expensive than community-based programs, funding that goes to institutional placements is ultimately funding that inhibits the creation and maintenance of a functioning community-based service delivery system. As a result, community-based mental health services, or the expansion of community-based mental health services as recommended over the last

decade, could be in jeopardy. After the release of the most recent Schulte report, Renee Schulte addressed the omission of this topic in her report by stating that North Dakota had a lot of work to do to build up its community services that consideration of an IMD Exclusion Waiver was too premature.

988 Funding: MHAN supports the need to provide FirstLink additional funding for 988, as outlined in SB 2149. 988 is a critical piece to our crisis response system. But, it desperately needs to be funded. Without this essential funding, North Dakota's 988 system, and therefore North Dakota's Crisis System, would be in jeopardy.

Mobile Crisis Teams: MHAN strongly supports the expansion of mobile crisis teams statewide. MHAN notes that the Governor's budget has a recommendation of 4 FTE. MHAN recommends that that be increased to a total of 9 FTE.

Crisis Stabilization Beds & Safe Beds: MHAN has been monitoring the situation regarding the third pillar of North Dakota's crisis response system: a place to go. In the past couple of years, North Dakota's crisis stabilization bed programs for adults experiencing a mental health crisis were largely in good shape. It is with regret that we are learning that there have been struggles acquiring or maintaining providers to provide this needed service in different regions. Among the reported challenges are staff turnover, technology issues, and the need for standardization. Whereas the adult crisis stabilization bed program is struggling, the safe bed programs for children and youth are practically nonexistent. DHHS has said this is a priority of theirs and we ask that the legislature also support safe beds across the state for North Dakota children and youth.

Certified Community Behavioral Health Clinics (CCBHCs): MHAN is urging North Dakota to have CCBHCs in every region of the state. North Dakota is only one of three states in the country without CCBHCs. CCBHCs would serve anyone with behavioral health needs 24 hours a day, 7 days a week. They provide an array of services such as: crisis services, treatment planning, screening, diagnosis and risk assessment, outpatient behavioral health services, targeted case management, and outpatient primary care screening, community services for veterans, peer support, and psychiatric rehabilitation services.

Children's Mental Health Services: MHAN urges the state of North Dakota to make a substantial investment in community-based mental health services for children and youth with Serious Emotional Disturbance (SED). One in ten children in North Dakota has a SED, which is over 18,000 children. According to recent data from DHHS, during the 2021-2022 fiscal year, 1,101 children with SED have received services from the regional Human Service Centers, but only 135 children receive case management services. These are not simply children who have any mental illness or moderate mental illness, they are those with the most significant mental health challenges. The HSRI implementation team knows that we have plenty of work to do on this front, and we hope to see significant progress over the course of the biennium with support from the legislature.

Autism Voucher/Waiver: MHAN understands the desire to maximize federal dollars by eliminating the Autism voucher. However, we do have concerns that some of the children currently utilizing the voucher would not be eligible for the autism waiver. What MHAN would like to see is the formation of a cross-disability waiver, as suggested by the Alvarez and Marsal Study, and to begin work this biennium to have it for children up to

the age of 5. We believe that this would be a good first step, because for those children at or below the age of five, a lot of these children are falling off of services and will have no services, as they are not yet in school.

New State Hospital: MHAN supports the establishment of a new State Hospital that is both therapeutic and separated from any prison complex. In previous reports and in an extensive interview with MHAN for its podcast, Dr. Etherington stated that the physical conditions at the existing State Hospital are as such that North Dakota has a significant risk of a catastrophic systems failure at any time. The expenses of repairing those facilities are so extensive that building a new facility became necessary. The current backup plan to a system failure is a temporary plan for a handful of days, in which everyone (including the sex offender wing) will be relocated to the Jamestown Civic Center. MHAN urges the legislature to build a new State Hospital.

This concludes my testimony, and I will be happy to answer any questions you may have.

Carlotta McCleary
Mental Health Advocacy Network, Spokesperson
E-Mail: cmccleary@mhand.org
Phone: (701) 222-3310

SB 2012 Testimony
House Appropriations-Human Resources Committee
Representative Nelson, Chairman
March 16, 2023

Chairman Nelson and Members of the Committee, I am Carlotta McCleary, the Executive Director of the ND Federation of Families for Children's Mental Health (NDFFCMH), which is a parent run organization that focuses on the needs of children and youth with emotional, behavioral, or mental health needs and their families. I am also the Executive Director for Mental Health America of ND (MHAND) which is a consumer-run organization whose mission is to promote mental health through education, advocacy, understanding, and access to quality care for all individuals. Today I am testifying as the Chairman of the Behavioral Health Planning Council (BHPC). Members of the BHPC are appointed by the Governor. BHPC's objective is to monitor, review, and evaluate the allocation and adequacy of mental health and substance abuse services in North Dakota. The BHPC has a focus and vision on wellness and recovery that is consumer and family driven.

The ND Behavioral Health Planning Council (BHPC) is testifying in support of SB 2012. The ND Behavioral Health Planning Council has been closely working with the Human Services Research Institute (HSRI) and the North Dakota Department of Health and Human Services on the HSRI Study Implementation Plan. Out of that work, the BHPC has seen meaningful progress, but the one recommendation that stands out as needing the most assistance is AIM 5: "Enhance and streamline system of care for children and *youth." In that* aim, North Dakota has accomplished one objective out of three with the successful application of the SAMHSA System of Care grant. The remaining tasks for

AIM 5 are: "AIM 5.2-Expand culturally responsive, evidence-based, trauma-informed wraparound services for children and families," "AIM 5.3. Expand in-home community supports for children, youth, and families---including family skills training and family peers." AIMs 5.2 and 5.3 have six objectives that have yet to be completed. The behavioral health system for children and youth needs a lot of work and effort.

The BHPC has also reviewed IMD Exclusion policy over the last biennium. The BHPC has issued its position on whether to pursue an IMD Exclusion Waiver. After deliberations, the BHPC is opposed to pursuing an IMD Exclusion Waiver. The IMD Exclusion serves an important purpose, a waiver would risk undermining that purpose. We believe there are numerous ways to improve Medicaid funded behavioral health services without pursuing a waiver. I am attaching BHPC's summary of findings on IMD Exclusion.

The BHPC also supports additional funding for 988 as outlined in SB 2149. 988 serves as one of three legs to our state's crisis response system. People need a place to call (988), someone to respond (mobile crisis teams), and a place to go (crisis stabilization units for adults and shelter beds for children). The legislature is considering studying suicide in North Dakota. Back in 2018 a United States Centers for Disease Control report highlighted that from 1999 to 2016, North Dakota had the highest growth in suicide rates in the country (57.6%). That problem has not gone away. North Dakota continues to have incredibly high suicide rates compared to other states. We desperately need funding for 988. Without this essential funding, North Dakota's 988 system would be in jeopardy.

Finally, the BHPC urges the legislature to have Certified Community Behavioral Health Clinics (CCBHCs) in all eight regions of our state. Currently, North Dakota is only one of

three states (South Dakota and South Carolina) in the United States which do not have at least one CCBHC.

In North Dakota we have over 30,000 adults with Serious Mental Illness (SMI) and over 18,000 children with Serious Emotional Disturbance (SED). The federal Substance Abuse and Mental Health Services Administration has said that North Dakota is supposed to have a public and private mental health system that is capable of serving all 30,000 adults with SMI and all 18,000 children with SED. From July 2021 to June 2022, North Dakota Human Service Centers served 5,482 adults with SMI, while giving 935 adults with SMI with case management services. During that same timeframe, North Dakota served 1,101 children with SED and provided 135 children with case management services. We clearly have a long way to go to meet those requirements.

CCBHCs are required to serve anyone who requests care for behavioral health, regardless of their ability to pay, place of residence, or age-including developmentally appropriate care for children and youth. CCBHCs are required to provide crisis services 24 hours a day, 7 days a week. As such, facilities that are designed as CCBHCs must have adequate staffing, timely and meaningful access to services, care coordination, person-centered, family-centered, and recovery oriented care, meet 21 quality standards, and have consumer representation in governance and appropriate state accreditation. The CCBHCs are required to provide nine core services, either directly or through formal relationships with other providers, including: 1) crisis services, 2) treatment planning, 3) screening, assessment, diagnosis, and risk assessment, 4) outpatient mental health & substance use services, 5) targeted case management, 6) outpatient primary care screening and

What do IMD Waivers let states do? IMD waivers allow states to collect federal dollars for services provided to residents of IMDs.

There are certain services, resources, and infrastructure elements that should be in place prior to applying for and implementing a IMD waiver.

- Budget Neutrality Strategy: CMS requires states to have a strategy to offset the costs of the additional services provided so that projects do not result in Medicaid costs to the federal government that are greater than what the federal government's Medicaid cost would have likely been absent the demonstration.
- State Plan Services: Meeting CMS milestone requirements might require the provision of serves not currently covered in the state plan.
- Infrastructure Development: New services could require developing adequate provider networks, utilization management protocols, and care management infrastructure to support the access to and the appropriate use of new services.
- Integrating Services: Integrating new services and improving the overall system of care for behavioral health services could require a significant investment of time and resources along with internal and external stakeholder input.
- Management Staff: Additional staff could be needed to assist with planning, execution, and management of the IMD Waiver.

Steps Prior to applying for a waiver:

- Conduct a gap analysis of current to future delivery system
- Determine FTE and resource needs for IMD
- Determine stakeholder demand/appetite and political climate
- Develop a phased implementation plan to address the gaps

We must also consider:

- Discriminatory impact & adverse impact on community-based integration
- Administrative burden
- Opportunity costs

What are the alternatives, North Dakota's 1915(i). Give the 1915(i) time to meet its promise. The service package within the 1915(i) are some of the best within the country. Mobile Crisis Response and Stabilization Services, under American Rescue Plan Act (ARPA), states may apply for and receive an 85% federal match for qualified mobile crisis services, for up to 3 years during a 5-year period, starting April 1, 2022, and increasing access for Assertive Community Treatment.

Through our deliberations, we concluded that we needed to keep the end user and their families at the forefront of our recommendations. The response to the pursuit of an IMD waiver was negative. Consumers and family members have been adamant that the work the council has embarked on to support the HSRI recommendations needs to continue. That work concentrated on the development of community services for people with behavioral health needs, not increasing our reliance on institutional care and large institutional settings. We also heard from providers that the pursuit of an IMD waiver sends the message to existing providers that their work to play by the rules and build their facilities around smaller bed counts across the state are not rewarded for that work. Instead, bigger providers are going to reap the benefits of such a change.

The IMD waiver does nothing for community-based services that cannot be done by directly improving community-based services. If anything, the IMD waiver jeopardizes the work that we have done over the last few years and the work that remains to be done.

Resolution of Recognition of Evident Need and Support for the Advancement of a New State Hospital Within the State's System of Care

January 4, 2022

WHEREAS, the North Dakota Behavioral Health Planning Council assumes its duties as the state's principal advisory body established under Public Law 102-321 (42 U.S.C 300X-4), to monitor, review, and evaluate the allocation and adequacy of behavioral health services in North Dakota and to meet federally mandated requirements, and whose members are duly appointed by the Governor of North Dakota to advise the Governor regarding the administration of the state's behavioral health practices and policies; and

WHEREAS, the membership of the Council represents the diverse voices and interests of the people of North Dakota, bringing forth vast strengths and perspectives from consumers of mental health and substance abuse services, family members, advocates, referral sources, schools, institutional and community-based service providers, the general disability community, and the criminal justice system, and covering an expanse of expertise including a shared knowledge of individual and general consumer situations, Medicaid, service delivery systems, reimbursement issues, housing and community development, legal issues, community resources, recovery, peer mentoring, service delivery, children's issues, and advocacy for mental health and substance abuse issues; and

WHEREAS, the Council has endorsed and guided the development and implementation of the state's current behavioral health strategic plan, covering the breadth of state behavioral health needs, and in so doing, has adopted a Statement of Vision that recognizes *With full regard for the value of each person, appropriate behavioral health services, encompassing the full continuum of care, are readily available at the right time, in the right place and manner, and by the right people, offering every North Dakotan their best opportunity to live a full, productive, healthy and happy life—free of stigma or shame, within caring and supportive communities;* and

WHEREAS, the Council recognizes the inherent value and necessity for a properly sized and situated State Hospital as a critical component of the state's comprehensive system of care, providing specialized care and highly trained staff and ensuring the capacity of the state to provide for its citizens the full expanse of services demanded of a balanced, efficient, and modern continuum of care, documented by multiple studies; and

WHEREAS, the current State Hospital facilities, having served the state for multiple generations, now exhibit profound deterioration, documented by structural, mechanical, electrical, and plumbing deficiencies or failures approximating 76%, significantly evidencing that these facilities have long outlived their expected lifespans; and

WHEREAS, any measured, deferred maintenance budget cannot sustain the volume and cost of needed repairs and systems replacement, and where the current, antiquated facilities lack adequate natural light, healing green space, and pose safety risks for patients and staff, outright failing to provide for an

appropriate setting that will speed recovery, improve patient and staff safety, and improve overall satisfaction of patients and staff; and

WHEREAS, the co-location of the current State Hospital facility with an adjoining prison facility contributes to the stigma, prejudice, and discrimination of individuals with mental illness, denying patients and residents served at the State Hospital the right to receive appropriate and respectful care in a safe and healing environment.

THEREFORE, LET IT BE RESOLVED, that the North Dakota Behavioral Health Planning Council, acting within its assigned charge to provide studied advice to the state on critical issues of care regarding behavioral health services within North Dakota, does endorse

- Adopting and advancing, through policy and funding across all appropriate agencies, the full implementation of all program goals specified within the statewide behavioral health strategic plan; and

- Securing and sustaining a statewide behavioral health system that facilitates an integrated continuum of care across all services, directed to the unique needs of every person served; and

- Building a new, modern State Hospital central facility, located in Jamestown, ND, and providing readily accessible specialized psychiatric care services statewide, securing for all state residents reasonable and ready access to appropriate and specialized behavioral health services.

FURTHERMORE, LET IT BE RESOLVED, that the North Dakota Behavioral Health Planning Council petitions the North Dakota Department of Human Services, the Office of the Governor, the Acute Psychiatric Care Committee, and the full North Dakota 68th Legislative Assembly to authorize and secure sufficient and sustainable financial resources and supporting policies that accomplish each of these stated aims.

Heartview Foundation

"The provider of choice for quality treatment and education of substance use disorders."

Est. 1964

Nationally Accredited

Testimony of Kurt Snyder

Heartview Foundation

In Support of SB 2012

House Appropriations Committee- Human Resources Division

March 17, 2023

Chair Nelson and members of the House Appropriations Committee- Human Resources Division:

My name is Kurt Snyder and I am the Executive Director of the Heartview Foundation. I would like to express Heartview Foundation's support of SB 2012, specifically for the Behavioral Health Division. The Heartview Foundation is a 501(c)3 nonprofit substance use treatment facility in North Dakota that was established in 1964. We currently have over 130 employees and offer a wide array of community-based services as well as 45 residential treatment beds. Our three locations in Bismarck-Mandan and Cando each have 16 beds or fewer and can serve individuals with Medicaid and Medicaid Expansion. We are in the process of opening a fourth 16-bed facility in Dickinson, North Dakota this summer.

Mental health and substance abuse are growing issues, with 15% of Americans having a substance use disorder in 2020. Heartview greatly benefits from the Behavioral Health Division's work in North Dakota, and we would like to focus our testimony on the major programs which benefit our clients.

SUD Voucher

In 2022, Heartview served 322 individuals with the SUD voucher program. Heartview has several staff members who work directly with clients to ensure they are covered by private health insurance or apply for Medicaid or the SUD voucher. This program is vital to filling gaps of service and reducing barriers to care.

Community Connect

Peer support services can be an important piece of recovery, as peer support specialists can share their similar lived experiences with clients, direct individuals to community resources and connect clients with the larger recovery community. Heartview has five peer support specialists on staff and in certain cases, is able to bill their time to Community Connect. Our peer support specialists are a welcoming face to provide hope in Heartview's Opioid Treatment Program, to meet overdose patients in the ER and to help clients navigate their new sober life. According to Mental Health America, individuals who are matched

with a peer support are less likely to be re-hospitalized, have lower Medicaid claims, are more likely to become employed, and are more engaged with mental health and substance abuse services.

Human Services Research Institute (HSRI)

HSRI and the Division of Behavioral Health have created a strategic plan for behavioral health in North Dakota. Heartview supports this effort and sees this work as critical to the future development of a good, modern and equitable behavioral health system based on the recommendations of the 2019 Behavioral Health System Study. Of the 13 identified aims, Heartview is especially concerned with aim number seven, to engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce. Currently there are not enough mental health and addiction clinicians to serve the state, much less expand services. And even if every student in the field graduated today, there would still not be enough to fill the needs in North Dakota. The state needs to invest in workforce funding and create a pipeline of incoming workers for the future. Many federal and state student loan programs already exist to encourage additional workers, but more work needs to be done to encourage young adults to enter this career path. Although all sectors are struggling with workforce, one important distinction in the behavioral health sector is that by providing needed services, we can return individuals to fully functioning citizens and send them back into their communities ready to be employed in other fields.

Opioid Settlement Funds

The Governor's recommendation includes $2 million from the opioid settlement fund. Regardless of whether this funding remains in the Health and Human Services budget or is appropriated by the legislature, we encourage funds to be spent expanding access to treatment services and address the behavioral health workforce crisis. We encourage any committee designating the use of these funds to include people from the recovery community, treatment centers and healthcare providers.

Other Programs

With a growing addiction problem in North Dakota, the more services are available, the better supported our clients. Heartview regularly works with Human Service Centers/Community Behavioral Health Clinics and the State Hospital to get patients with severe mental illness the appropriate care. These programs are important to us in the private sector because they provide a much-needed safety net for low-income individuals in crisis. In order for organizations like Heartview to operate smoothly, we need strong, vibrant Human Service Centers with adequate staffing to provide supportive care for clients. The Recovery Assistance Program and Free Through Recovery have increased the number of sober living homes and recovery support services in the area. After leaving an inpatient care setting, statistically clients are likely to relapse unless connected with outpatient care and a supportive living environment.

Heartview Foundation encourages the committee to support an increased Behavioral Health budget to best serve North Dakota citizens. We are always willing to answer questions and any legislators who would like to learn more about Heartview are invited to call us to set up a tour. Thank you for your commitment to addressing the substance abuse crisis in our state.



Senate Bill 2012

House Appropriations Committee | HR Section
Representative Jon Nelson, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Supporting Working Families | Strengthening Our Workforce

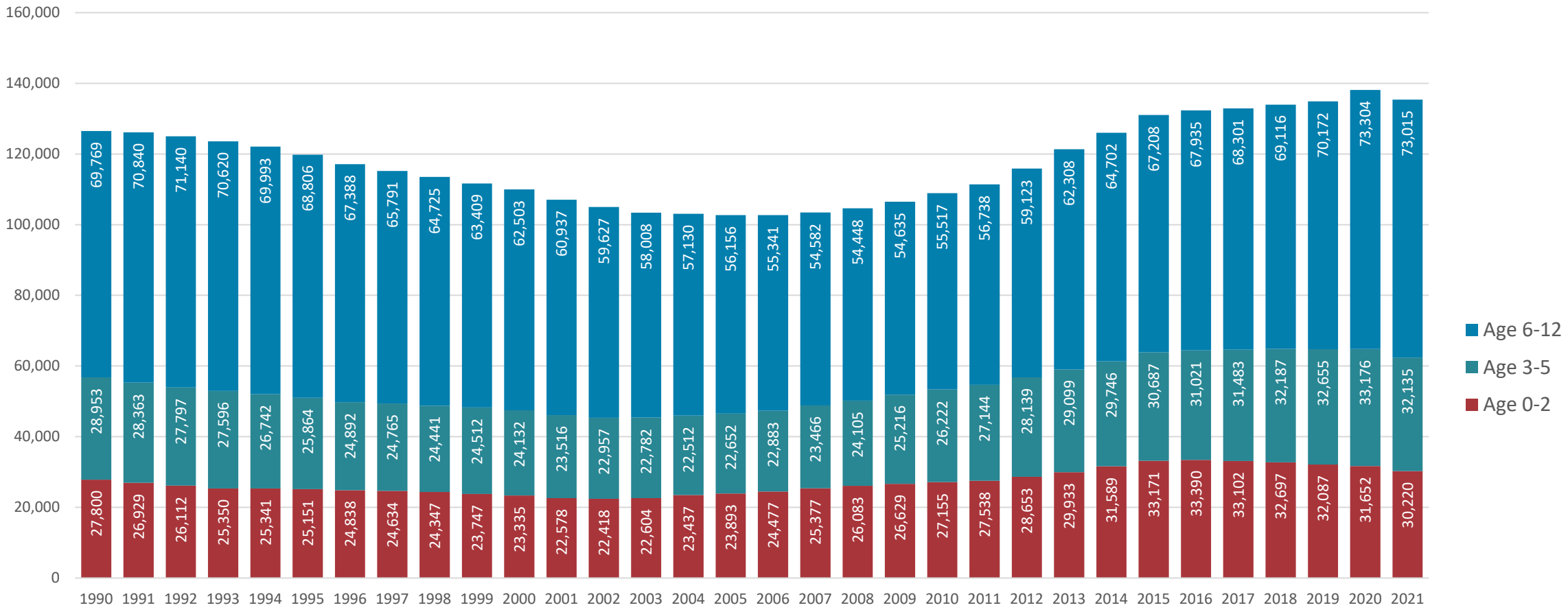
An Overview of the ND Child Care Proposal in the 2023-25 Executive Budget Request, March 17, 2023

Why think about Child Care as a Workforce Solution?

- ✓ North Dakota has more job openings than people to fill them.
- ✓ 47% of ND job openings pay an average starting wage of less than $25/hour.
- ✓ To thrive communities need workers who want to work in both high-skill-required and low-skill-required jobs.
- ✓ The economic realities of child-rearing affect household decisions about employment.
- ✓ There are 45,000 ND households who have children younger than age 5.
- ✓ 3 of every 4 children households with children younger than age 5 have all parents in the workforce.



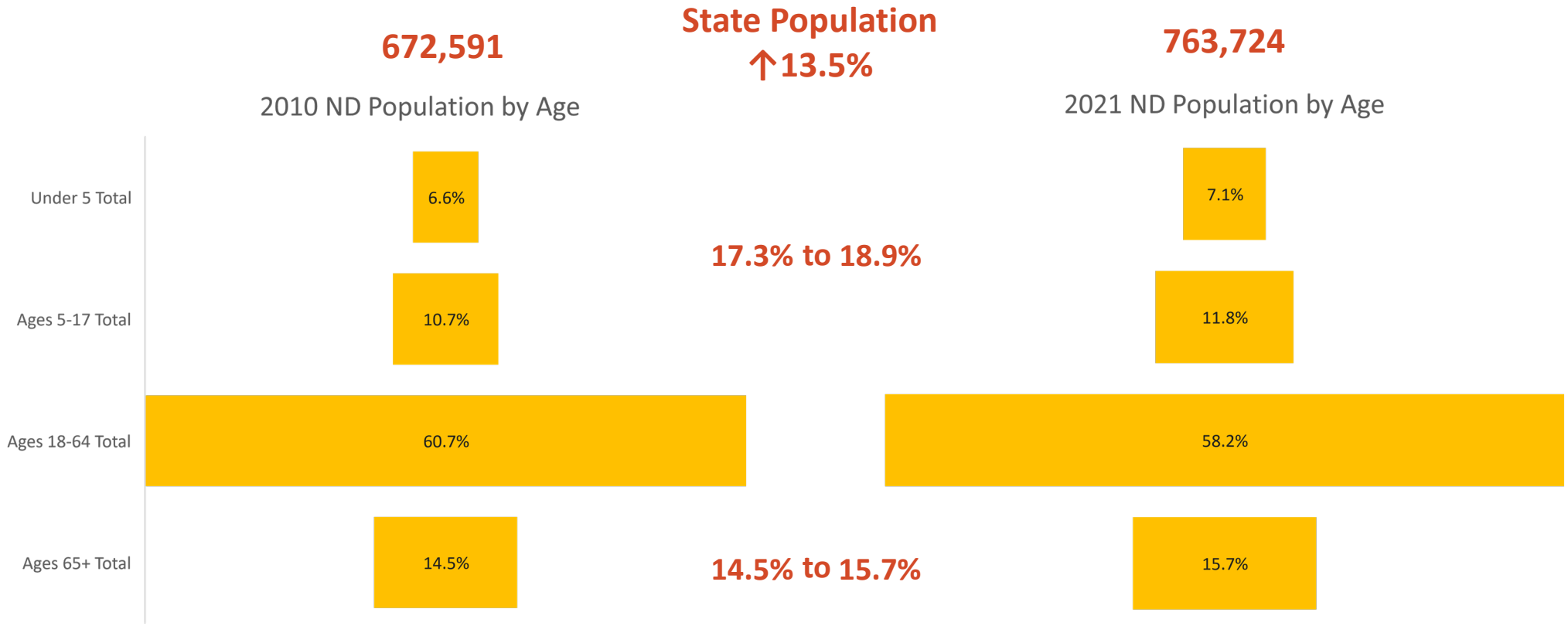
The number of children younger than age 13 has been increasing since 2010



Source: ND Kids Count | Child population by single age (U.S. Census Bureau)

vices

ND is getting both younger and older at the same time which puts pressure on the prime working age population living in the state



NORTH Dakota Be Legendary. | Health & Human Services

53% of North Dakota's population is considered to be in the civilian labor force (a.k.a. "the workforce")

State Population = 774,948

164,234

Age 0-15 = Not included in labor force calculations

Civilian, non-institutionalized, age 16+ **601,135**

194,907

Not in Civilian Labor Force = Jobless AND Not actively seeking work

Retirees *Full time Student*
Disabled *Homemaker*
Discouraged *Not actively seeking*

406,228

Civilian Labor Force = Employed OR Actively seeking work (unemployed)

9,579

Non-Civilian Labor Force = Employed OR Actively seeking work (unemployed)

Active duty military *Institutionalized indiv*
Ag workers *Federal govt*

11,627

Unemployed (Not working AND actively job-seeking)

394,601

Employed (working)

Unemployment Rate = **2.9%**

# of people not employed and looking for work
÷
# of people working or actively seeking work

406,228

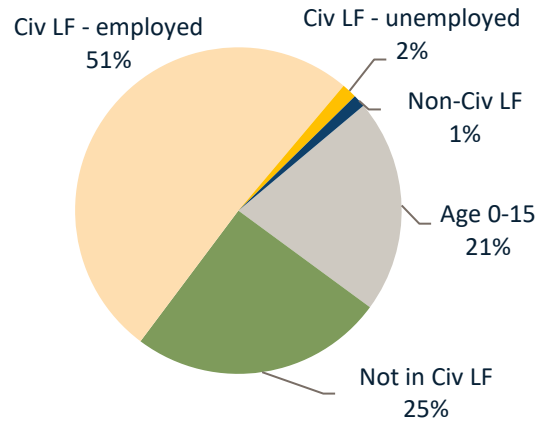
Civilian Labor Force

601,135

Could potentially be in Civilian Labor Force

Labor Force Participation Rate = **68.1%**

# of people in civilian labor force
÷
# of people who could be in labor force (civilian, non-inst, age 16+)



NORTH Dakota Be Legendary. | Health & Human Services

Source: U.S. Census ACS 2021 1-Year Data Sample, Tables DP03 and S0101

Where are the opportunities to make an impact on available workforce?

3

State Population = 774,948

164,234

Age 0-15 = Not included in labor force calculations

Civilian, non-institutionalized, age 16+ **601,135**

194,907

Not in Civilian Labor Force = Jobless AND Not actively seeking work

Retirees *Full time Student*
Disabled *Homemaker*
Discouraged *Not actively seeking*

406,228

Civilian Labor Force = Employed OR Actively seeking work (unemployed)

9,579

Non-Civilian Labor Force = Employed OR Actively seeking work (unemployed)

Active duty military *Institutionalized indiv*
Ag workers *Federal govt*

11,627

Unemployed (Not working AND actively job-seeking)

394,601

Employed (working)

1

Unemployment Rate = **2.9%**

# of people not employed and looking for work
÷
# of people working or actively seeking work

406,228

Civilian Labor Force

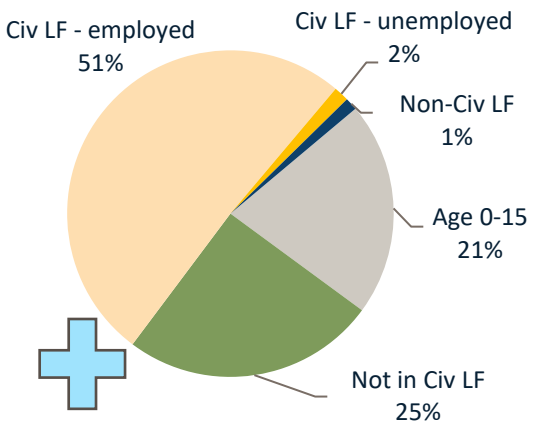
601,135

Could potentially be in Civilian Labor Force

2

Labor Force Participation Rate = **68.1%**

# of people who could be in labor force (civilian, non-inst, age 16+)
÷
# of people in civilian labor force



NORTH Dakota Be Legendary. | Health & Human Services

Source: U.S. Census ACS 2021 1-Year Data Sample, Tables DP03 and S0101

Child care is a potential workforce barrier to tens of thousands of existing and potential ND workers

28%
Households with at least one member younger than age 18

State Population = 774,948

164,234

Age 0-15 = Not included in labor force calculations

Civilian, non-institutionalized, age 16+ **601,135**

194,907

Not in Civilian Labor Force = Jobless AND Not actively seeking work

Retirees *Full time Student*
Disabled *Homemaker*
Discouraged *Not actively seeking*

406,228

Civilian Labor Force = Employed OR Actively seeking work (unemployed)

9,579

Non-Civilian Labor Force = Employed OR Actively seeking work (unemployed)

Active duty military *Institutionalized indiv*
Ag workers *Federal govt*

10%
% of people not in LF are considered "marginally connected"

"Marginally connected" means someone has not looked for work in last 4 weeks due to family responsibilities, ill health, transportation problems, school

Rate of Labor Force Participation for people of retirement age
Ages 60-64 62.8%
Ages 65-74 31.3%
Ages 75+ 7.0%

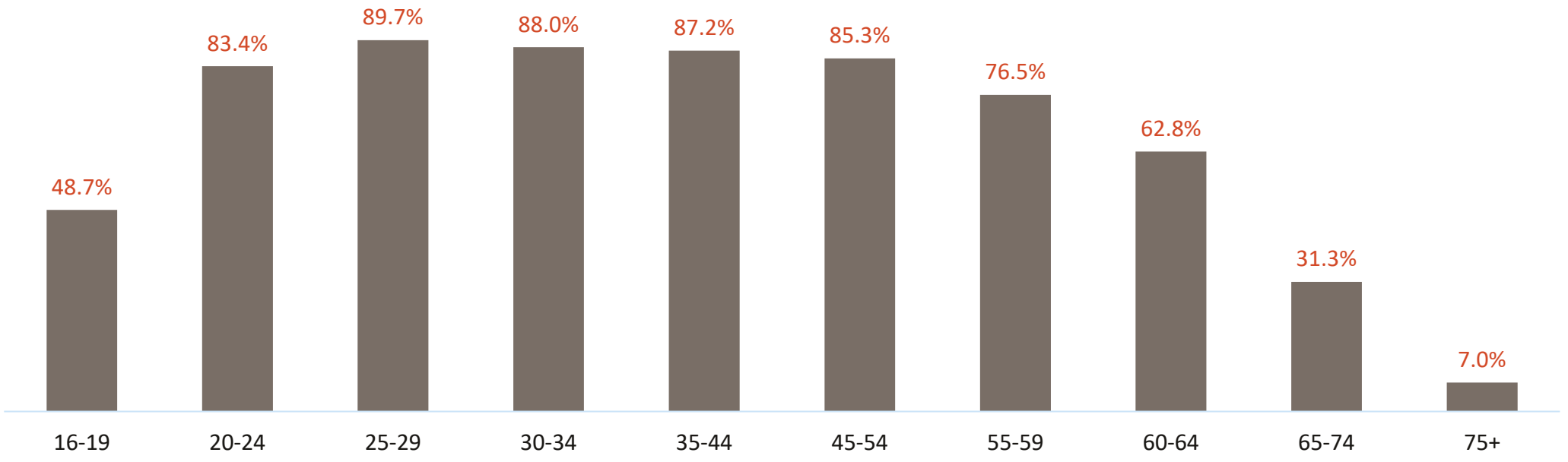
14.7%
59,811 people in civilian LF with children under age 6

→ **70.6%**
Of this 59,811 have all parents in Labor Force

NORTH Dakota Be Legendary. | Health & Human Services

Source: ACS 2021 1-Year Data Sample, Tables DP03 and S0101; Bureau of Labor Statistics

There is significant overlap between a person's prime working years and prime family formation years



% of women ages 15 to 50 with a live birth in the last 12 months

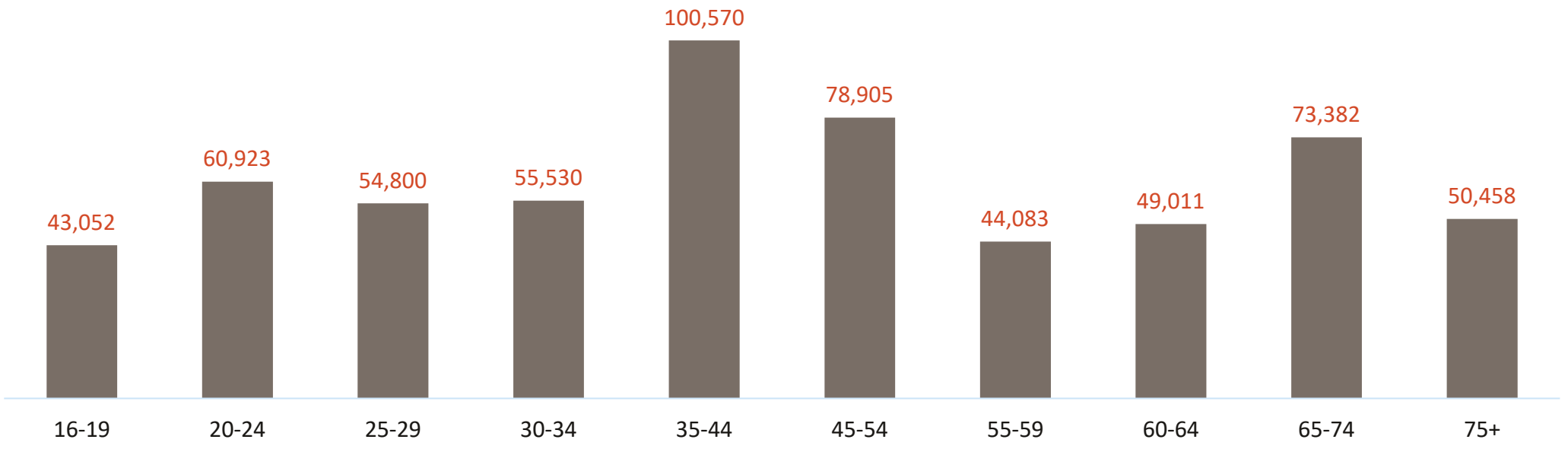
6.7% (11,610)

Ages 15-19	2.1% (574)
Ages 20-34	10.9% (8,480)
Ages 35-50	3.7% (2,556)

NORTH Dakota Be Legendary. | Health & Human Services

Source: ACS 2021 1-Year Data Sample, Tables S2301

People ages 20-34 represent 28% of the total ND workforce



% of women ages 15 to 50 with a live birth in the last 12 months

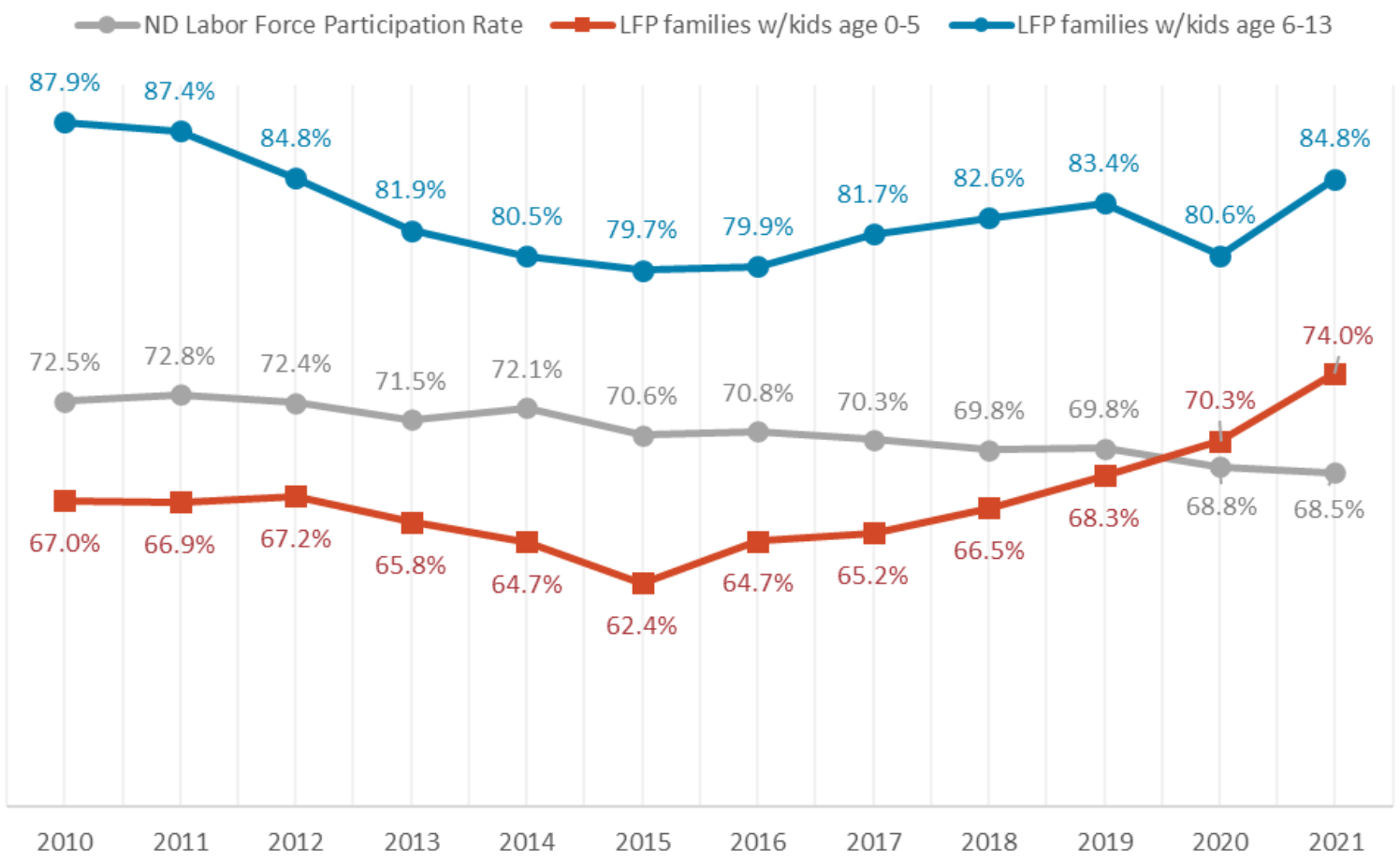
6.7% (11,610)

Ages 15-19	2.1% (574)
Ages 20-34	10.9% (8,480)
Ages 35-50	3.7% (2,556)

NORTH Dakota Be Legendary. | Health & Human Services

Source: ACS 2021 1-Year Data Sample, Tables S2301

The percent of ND children ages 0-5 who have all available parents in the labor force has been steadily increasing since 2010



Source: ND Kids Count | US Census American Community Survey | Bureau of Labor Statistics

74%

Parents in workforce

74% of the 44,237 North Dakota households who have children younger than age 5 likely have at least some need for child care as all available parents are in the workforce

NORTH Dakota | Health & Human Services
Be Legendary.

In-demand occupations that require specialized training or education are found in many different sectors of the economy



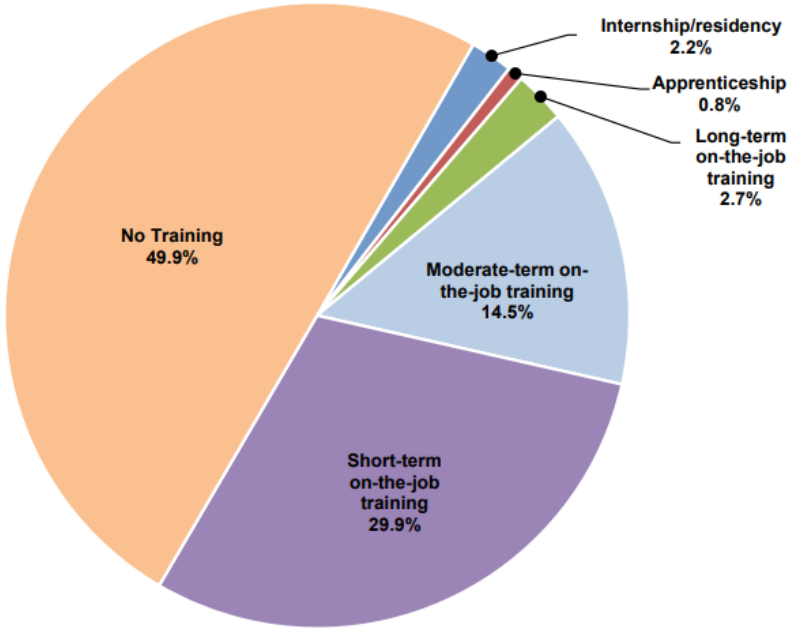


NORTH Dakota | Health & Human Services
Be Legendary.

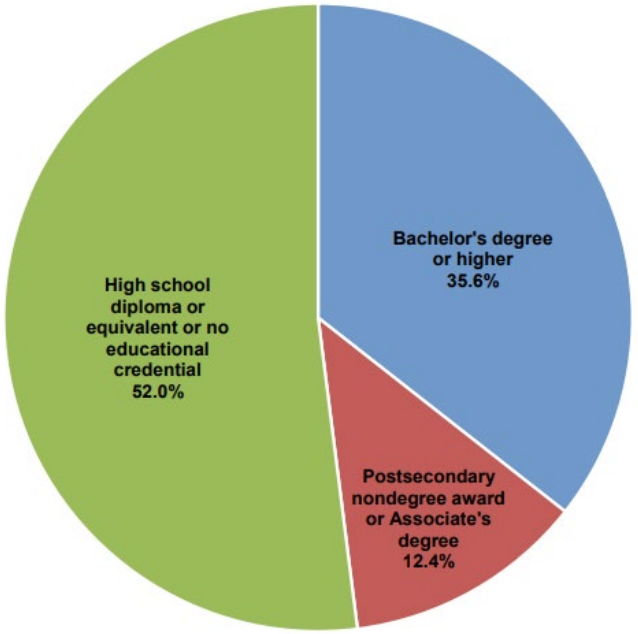
50% of ND job openings pay an average wage of <$25/hr and require minimal training/education to start

December 2022 Job Openings Report

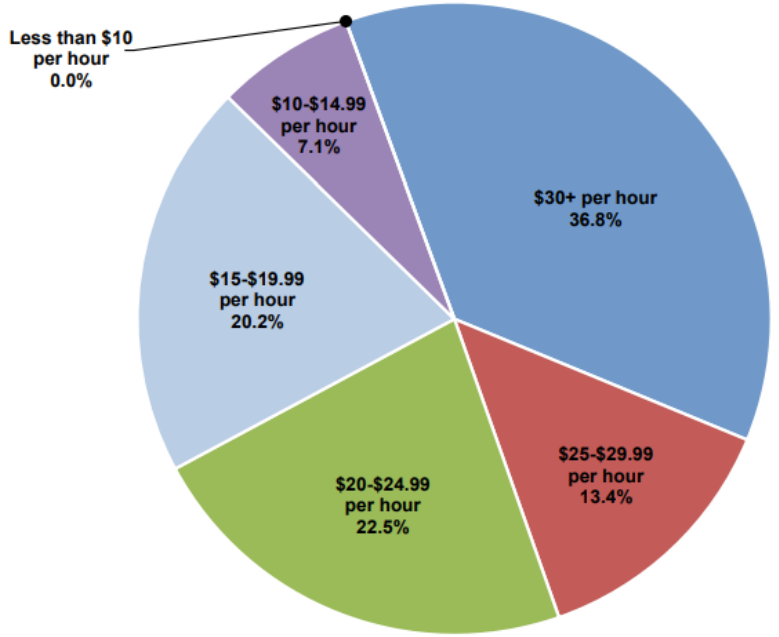
Distribution of Job openings by typical training required



Distribution of Job openings by typical entry level education



Distribution of Job openings by typical average wage



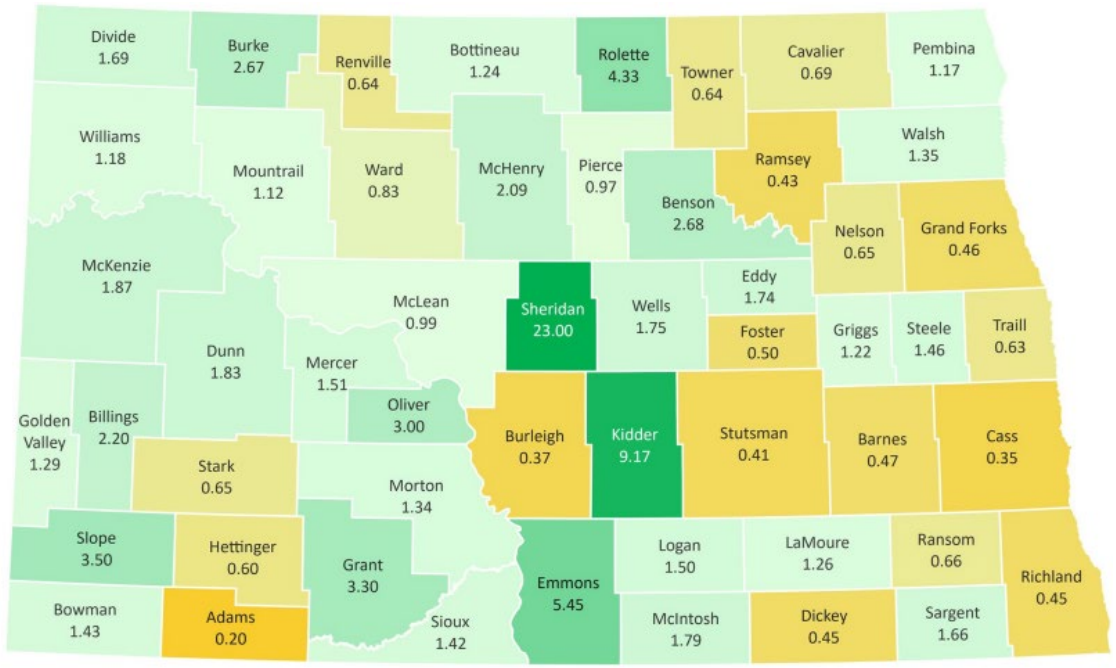
Source: Labor Market Information Center | Job Service ND
https://www.ndlmi.com/admin/gsipub/htmlarea/uploads/lmi_ojornd.pdf

NORTH Dakota Be Legendary. | Health & Human Services

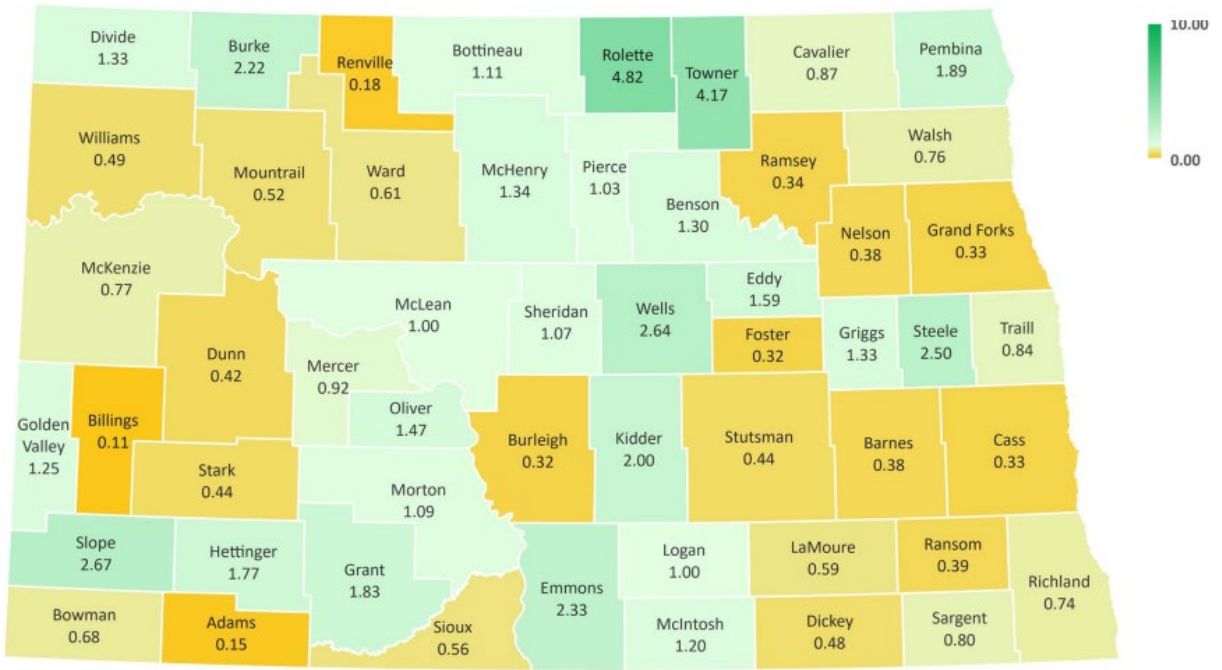
Many ND communities are experiencing greater workforce shortages in 2022 than 2021

December 2022 Online Job Openings report | ND LMI Center | Shortages represented as yellow on maps

 # people unemployed by Job Opening by County: Nov 2021



 # people unemployed by Job Opening by County: Nov 2022

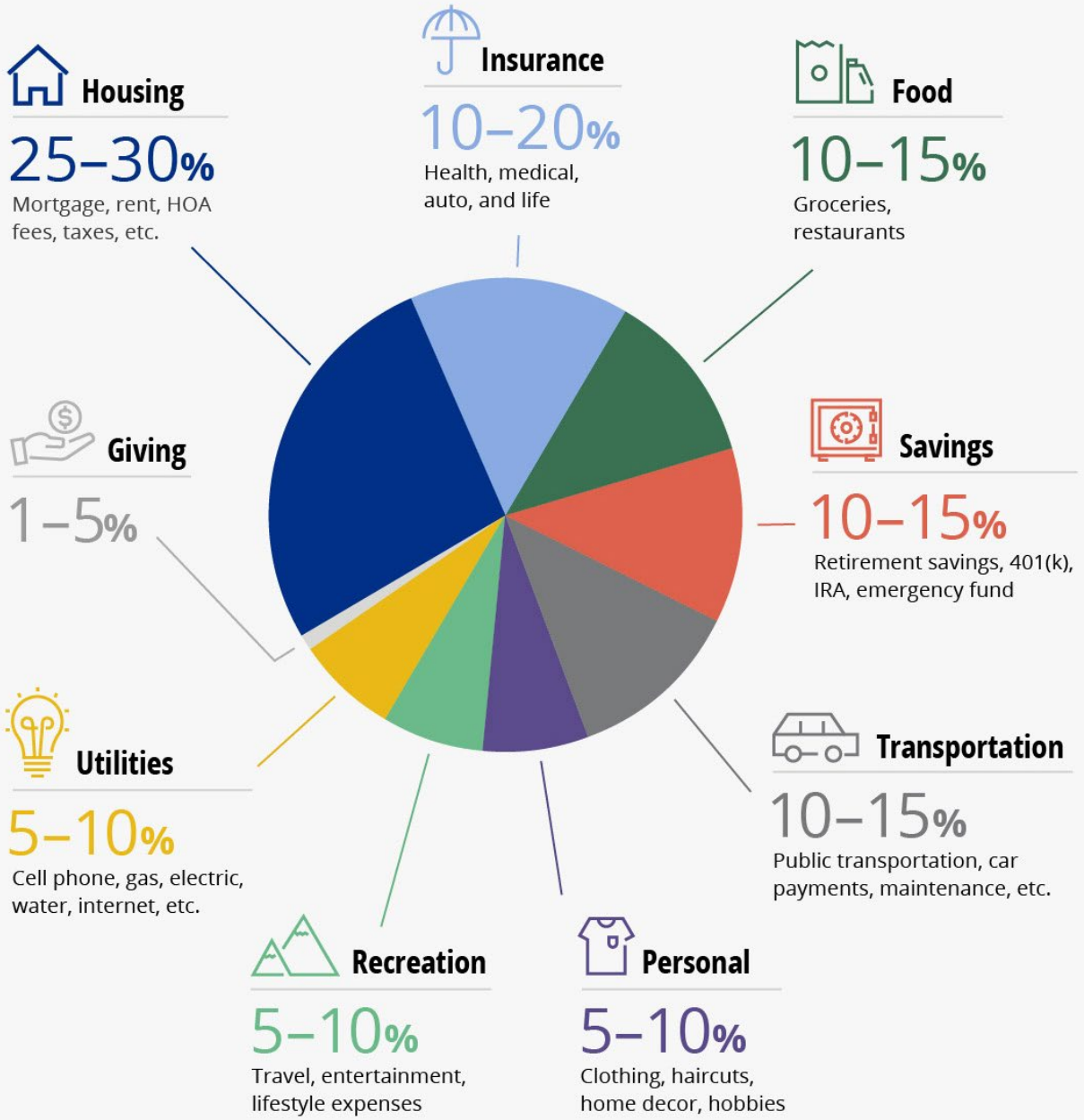


Source: Labor Market Information Center | Job Service ND
https://www.ndlmi.com/admin/gsipub/htmlarea/uploads/lmi_ojornd.pdf

North Dakota Be Legendary. | Health & Human Services

What does someone think about when they are looking for a job?

Interest
Aptitude
Purpose
Opportunity
Location
Income



NOTE

What's missing from this picture?



Child Care

More resources = More options

Housing
25–30%
Mortgage, rent, HOA fees, taxes, etc.

Insurance
10–20%
Health, medical, auto, and life

Food
10–15%
Groceries, restaurants

Giving
1–5%

Savings
10–15%
Retirement savings, 401(k), IRA, emergency fund

Utilities
5–10%
Cell phone, gas, electric, water, internet, etc.

Transportation
10–15%
Public transportation, car payments, maintenance, etc.

Recreation
5–10%
Travel, entertainment, lifestyle expenses

Personal
5–10%
Clothing, haircuts, home decor, hobbies

To be affordable Child Care <u>should</u> represent no more than 7% of a household budget

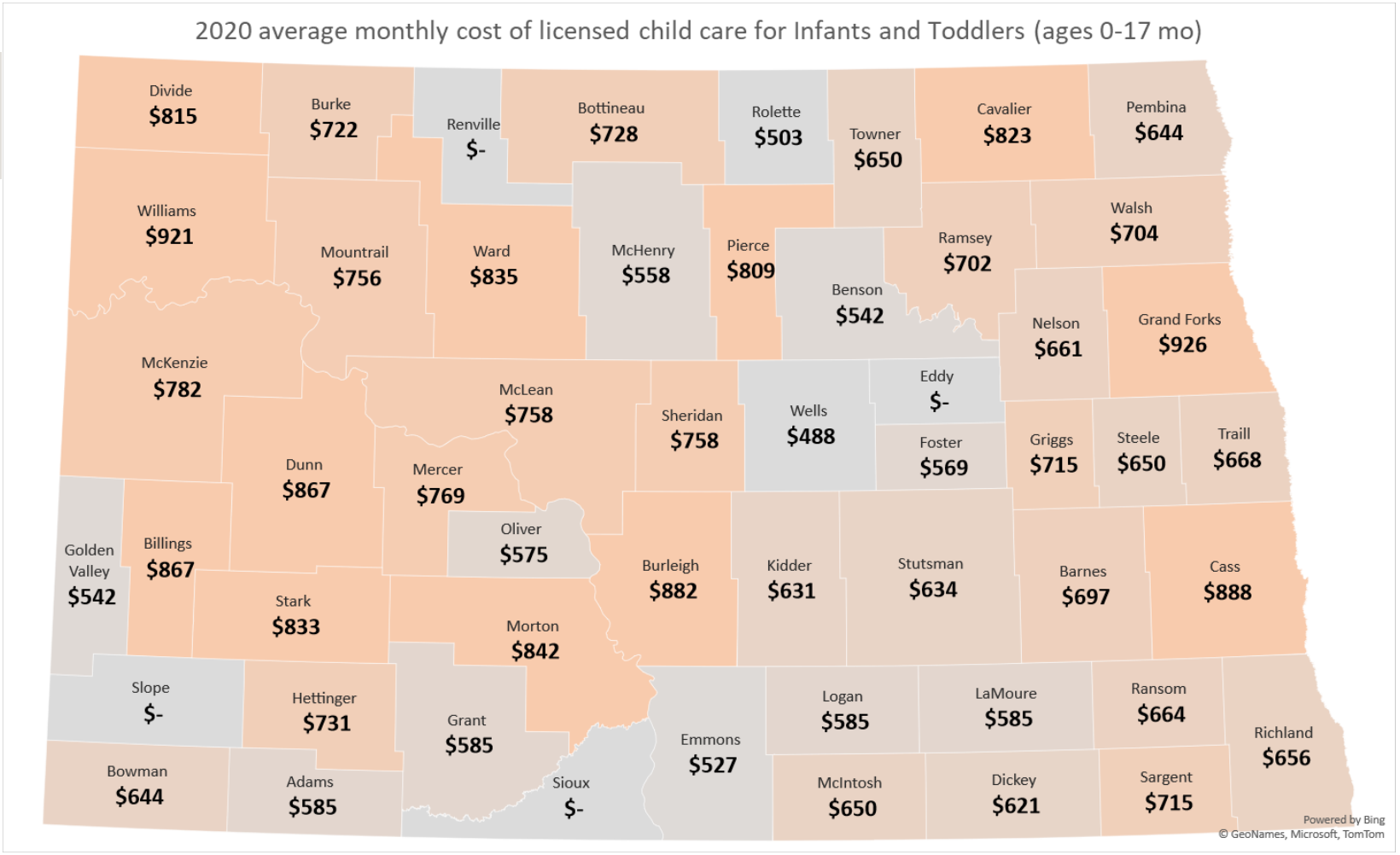
For many families with young children, child care costs <u>are</u> **15-40%** of their gross household income

Child care is one of the largest monthly costs for families with young children

WHAT DOES CHILD CARE COST?

Age 0-17 months	Age 18-35 months
Center-based	*Center-based*
$595 - $1,890	$595 - $1,810
Avg: $838	**Avg: $798**
Family/Group-based	*Family/Group-based*
$475 - $1,200	$475 - $1,000
Avg: $672	**Avg: $661**

Source: Oct 2021 Child Care Market Study conducted for ND Child Care Assistance Program



88% of Jobs in the ND labor market pay an average wage of $35/hour or less







Less than $15 / hr	$15 - $20 / hour	$20 - $28 / hour	$28 - $35 / hour	>$35 / hour
Child care worker	Home health/Pers care	Carpenter/Constr	Sales representative	Engineer
Fast food	Customer service rep	Office/clerical	HVAC installer	Constr mgr
Waiter/Waitress	Hair stylist	Accounting clerk	Rotary drill operator	Lineman
Cashier	Retail	Assembler/fabricator	Wellhead pumper	Gen/Op mgr
Bartender	Receptionist/secretary	Maintenance/repair	HR specialist	Loan officer
Vehicle/equip cleaner	Restaurant cook	Correctional officers	Accountant	Lawyer
Hotel clerk	Preschool teacher	Auto service tech	Police	Sales manager
Dishwasher	EMT	Lic Practical Nurse	Real Estate Sales	Software dev
Laundry/Dry cleaning	Teller	Dental assistant	PR/marketing specialist	Veterinarian
Maid/Housekeeping	Security guard	Firefighter	Counselor/therapist	Pharmacist
	Nursing assistant	Social worker	Child/School social worker	Physician
	Laborer	Truck driver	Registered Nurse	Dentist
	Stocker/order filler	Svc unit op (oil/gas)	Comp network specialist	Psychologist
	Landscaping/grounds	Retail supervisor	Construction supervisor	Project mgmt
	Janitor/cleaner	Pharmacy tech	Dental hygienist	
			Architectural/mech drafter	
			Heavy equip mechanic	
48,790	**90,050**	**109,930**	**73,420**	**45,000**
# of people employed in a job with average wage of <$15/hour	*25%*	*30%*	*20%*	*12%*
represents 13% of total jobs				

Source: Job Service ND 2021 Employment and Wages by Occupation dataset | mean wage by occupation; 741,920 jobs included in statewide wage summary

Most all households earning less than 150% of state median income (SMI) will struggle with costs of child care

	Families potentially eligible for Child Care Assistance (CCAP)											
	Federal Poverty Level		30% SMI		60% SMI		85% SMI		100% SMI		150% SMI	
HH Size	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage
1	$13,590	$6.53	$16,704	$8.03	$33,408	$16.06	$47,328	$22.75	$55,680	$26.77	$83,520	$40.15
2	$18,310	$8.80	$21,840	$10.50	$43,692	$21.01	$61,896	$29.76	$72,820	$35.01	$109,230	$52.51
3	$23,030	$11.07	$26,988	$12.98	$53,964	$25.94	$76,452	$36.76	$89,940	$43.24	$134,910	$64.86
4	$27,750	$13.34	$32,124	$15.44	$64,248	$30.89	$91,020	$43.76	$107,076	$51.48	$160,614	$77.22
5	$32,470	$15.61	$37,260	$17.91	$74,532	$35.83	$105,576	$50.76	$124,220	$59.72	$186,330	$89.58
6	$37,190	$17.88	$42,396	$20.38	$84,804	$40.77	$120,132	$57.76	$141,340	$67.95	$212,010	$101.93
7	$41,910	$20.15	$43,368	$20.85	$86,736	$41.70	$122,868	$59.07	$144,560	$69.50	$216,840	$104.25
8	$46,630	$22.42	$44,328	$21.31	$88,656	$42.62	$125,604	$60.39	$147,760	$71.04	$221,640	$106.56

**2022 State Median Income (SMI) and 2022 Federal Poverty Level (FPL)*

"Hourly wage" is calculated by assuming 2080 hours worked per year per annual income range noted.

Multiple wage earners could combine earnings to attain the noted household (HH) income / hourly wage.

NORTH Dakota Be Legendary. | Health & Human Services

When is child care affordable?

Average monthly cost of infant and toddler care in a Child Care Center compared to household affordability (shown as 7% and 15% of before-tax household income)



1 child (9-month-old)

Center-based avg		*Household income needed?*		=	*combined hourly wage of*
$838	→	**@7%...**	**$143,600**		**$69/hr**
		@15%...	*$67,040*		*$32/hr*



1 child (3-year-old)

Center-based avg		*Household income needed?*		=	*combined hourly wage of*
$726	→	**@7%...**	**$124,400**		**$60/hr**
		@15%...	*$58,080*		*$28/hr*



2 children (1-year-old and 4-year old)

Center-based avg		*Household income needed?*		=	*combined hourly wage of*
$1,564	→	**@7%...**	**$268,100**		**$129/hr**
		@15%...	*$125,120*		*$60/hr*

NORTH Dakota Be Legendary. | Health & Human Services

Comparing the cost of child care to the cost of tuition/fees at a 4 year university in the NDUS

ND HHS Child Care Market Study Oct 2022 | NDUS Tuition/Fee Schedules 2022-23 academic year



	Annual cost of child care (avg child care center)
Age 0-1	$10,056
Age 1-2	$10,056
Age 2-3	$8,712
Age 3-4	$8,712
TOTAL	**$37,536**



	Annual cost of tuition/fees (NDUS 4 yr institutions)
Freshman	$8,734
Sophomore	$8,734
Junior	$8,734
Senior	$8,734
TOTAL	**$34,935**

NORTH Dakota Be Legendary. | Health & Human Services

A strategy of both comprehensive and targeted investment



Target investments to ages 0-3

- ✓ Age of highest developmental return for children
- ✓ Period of greatest economic pressure for most young families
- ✓ Critical decision point for individual-level decisions about how/if to rejoin the labor force
- ✓ Focus on working families employed in occupations where compensation doesn't offset the cost of child care needed to enable work



Embrace an all-of-the-above approach to child care

- ✓ Quality early experiences can happen anywhere.
- ✓ Working families should have meaningful choices about child care.
- ✓ Principles of quality are knowable and transferrable to any setting.
- ✓ Sustainable child care businesses will support more sustainability within the workforce.



Help working parents provide for their families by supporting employment, training and education goals

- ✓ Benefits are scaled to family need.
- ✓ Employers have meaningful vehicles to remediate child care as a barrier to work.
- ✓ There are opportunities for children who are least likely to have access to quality early childhood experiences.

Child care is a workforce solution that can make a difference for ND employers



Affordability

Connect more working families to child care assistance to keep the cost of child care within 7% of household income

$27 million | Helping lower income working parents with child care costs | Public private cost share for employer-provided child care benefit for employees



Availability

Make it easier for working families to find child care when and where they need it

$22 million | Payments for Infant and Toddler care | Supporting more sustainable operations for child care entrepreneurs | Care during non-traditional hours | Child care worker career pathways | Criminal background checks



Quality

Help kids realize their potential by supporting quality early childhood experiences

$24 million | Best in Class program | Scholarships and Incentives for child care worker professional development | Connecting child care payments to quality

Acting strategically will allow ND to realize a series of inter-connected goals that will impact workforce



- Increase workforce needed by communities' employers
- Make it easier for working families to afford child care costs
- Help child care businesses grow and thrive
- Give kids the best start possible by investing in quality early childhood experiences
- Leverage federal funds available for child care

NORTH Dakota | Health & Human Services
Be Legendary.

Supporting Working Families | Strengthening our Workforce

ND Child Care Proposal

SB 2012, 2023-25 Executive Budget Request

1. Invest in the child care assistance program ($22M)
2. Extend ND's employer-led child care cost sharing program ($5M) *(Engrossed SB 2012 reduced by $4M)*
3. Increase provider payments for infant and toddler care ($13M)
4. Streamline background checks and reduce administrative burden ($1M)
5. Support child care providers with grants, incentives and shared services ($7M) *(Engrossed SB 2012 reduced by $2M)*
6. Create new partnerships for care provided during non-traditional hours ($1M)
7. Build improved career pathways
8. Expand the Best in Class program ($16M) *(Engrossed SB 2012 reduced by $4M and 1 FTE)*
9. Established quality-based tiers in the CCAP payment schedule and quality infrastructure to support excellence in service delivery ($6M)
10. Reward the completion of above-and-beyond training ($2M)



NORTH Dakota | Health & Human Services
Be Legendary.

Child Care Proposal in SB 2012 (Exec Budget Request and Senate Engrossed) and CC-related Policy Bills as approved by Senate

		SB 2012 Exec Budget Request			Engrossed SB 2012 (Senate)			Other Policy Bills			Total Approved by Senate
Bill	Description	FTE	General	Other**	FTE	General	Other	FTE	General	Other	
Child Care Assistance Program											
EBR	Invest in CCAP to serve more families		$22,000,000			$22,000,000					$22,000,000
EBR	CCAP pmts for infant/toddler care		$13,000,000			$13,000,000					$13,000,000
EBR	Quality tiers in CCAP*		$3,000,000			$3,000,000					$3,000,000
2190	Adj to CCAP rate schedule methodology										
2190	Waive co-pay for HH <=30% SMI								$2,305,979		$2,305,979
2190	Provide application assistance/outreach								$500,000		$500,000
Employer-led cost share program											
EBR	Employer-led cost share program *			$5,000,000			$1,000,000				$1,000,000
Grants and Shared Services											
EBR	Grants/Shared Services			$7,000,000			$5,000,000				$5,000,000
EBR	Partnerships care during non-traditional hrs *			$1,000,000			$1,000,000				$1,000,000
Best in Class											
EBR	Best in Class program	1.0	$16,000,000			$12,000,000					$12,000,000
Child Care worker stipends											
EBR	Stipends for worker training		$2,000,000			$2,000,000					$2,000,000
Child Care Tax Credit											
2237	Income tax credit for HH <$120k AGI								$9,900,000		$9,900,000
Child Care Stabilzation Grants											
2301	Child Care Stabilization grants								$36,181,170		$36,181,170
Infrastructure											
2182	Definition of ECS - DoD certified child care										
2104	ECS Licensing and various EC programs										
EBR	Quality Infrastructure for providers *	1.0	$3,000,000		1.0	$3,000,000					$3,000,000
EBR	Streamline background checks	1.5	$1,000,000		1.5	$1,000,000					$1,000,000
2238	Incr availability of fingerprint stations							10	$1,539,158		$1,539,158
		3.5	$60,000,000	$13,000,000	2.5	$56,000,000	$7,000,000	10	$50,426,307	$0	
				$73,000,000			**$63,000,000**			**$50,426,307**	**$113,426,307**
				SB 2012 EBR			*Engrossed SB 2012*			*Other Policy Bills*	*Approved by Senate*

* Designated as One-time funding

** Legacy Fund as "Other Funds" source

ABBREVIATIONS:

CCAP = Child Care Assistance Program; ECS = Early Childhood Services; HH = Household; AGI = Adjusted Gross Income
SMI = State Median Income; EBR = Executive Budget Request; DoD = U.S. Dept of Defense

NORTH Dakota Be Legendary. | Health & Human Services

Affordability

1 Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Invest in the child care assistance program | $22 million

Increase the number of families who receive help paying for child care, with special attention on with kids ages 0 to 3. Expand resources available to the state's child care assistance program (CCAP) to make a difference for more families in more industries in more parts of North Dakota.

Grow child care assistance participation to 3,000 children ages 0-3 ($22 million)

Total	General	Other
$22,000,000	$22,000,000	$0

HHS Budget Section: Economic Assistance

	<30% State Median Income			30-40% State Median Income			50-60% State Median Income			60-85% State Median Income		
HH Size	Monthly Income	Est Max Hourly Wage *	Monthly Copay (2-3% of inc)	Monthly Income	Est Max Hourly Wage *	Monthly Copay (4-6% of inc)	Monthly Income	Est Max Hourly Wage *	Monthly Copay (7% of inc)	Monthly Income	Est Max Hourly Wage *	Monthly Copay (7% of inc)
2	<$1,214	$7.00	$13 - $37	$1215 - $2427	$14.00	$73 - $146	$2428 - $3641	$21.01	$213 - $255	$3642 - $5158	$29.76	$362
3	<$1,499	$8.65	$15 - $45	$1500 - $2998	$17.30	$90 - $180	$2999 - $4497	$25.94	$263 - $315	$4498 - $6371	$36.76	$446
4	<$1,785	$10.30	$18 - $54	$1786 - $3569	$20.59	$108 - $215	$3570 - $5354	$30.89	$313 - $375	$5355 - $7585	$43.76	$531
5	<$2,070	$11.94	$21 - $63	$2071 - $4140	$23.88	$125 - $249	$4141 - $6211	$35.83	$363 - $435	$6212 - $8798	$50.76	$616
6	<$2,356	$13.59	$24 - $71	$2357 - $4711	$27.18	$142 - $283	$4712 - $7067	$40.77	$413 - $495	$7068 - $10011	$57.76	$701
7	<$2,409	$13.90	$25 - $73	$2410 - $4818	$27.80	$145 - $290	$4819 - $7228	$41.70	$422 - $506	$7229 - $10239	$59.07	$717
8	<$2,463	$14.21	$25 - $74	$2464 - $4926	$28.42	$148 - $296	$4927 - $7388	$42.62	$431 - $518	$7389 - $10467	$60.39	$733

**Assumes single earner, full-time work*

NORTH Dakota | Health & Human Services
Be Legendary.



When is child care affordable?

Average monthly cost of care in a Child Care Center compared to affordability standard of 7% of household income



1 child (9-month-old)

Center-based avg		*Household income needed?*	=	*combined hourly wage of*
$838	→	**$143,600**		**$69/hr**



1 child (3-year-old)

Center-based avg		*Household income needed?*	=	*combined hourly wage of*
$726	→	**$124,400**		**$60/hr**



2 children (1-year-old and 4-year old)

Center-based avg		*Household income needed?*	=	*combined hourly wage of*
$1,564	→	**$268,100**		**$129/hr**

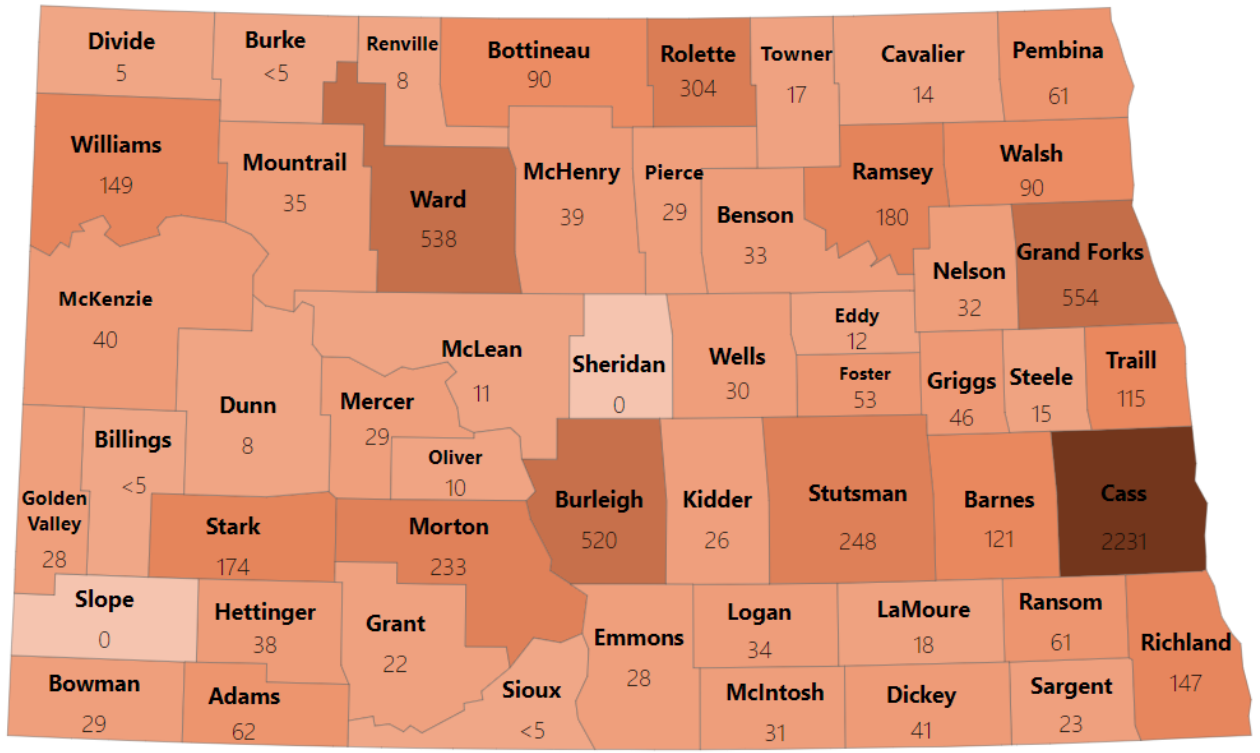
NORTH Dakota Be Legendary. | Health & Human Services

Number of families who have received help with child care costs from CCAP over the last calendar year

12 month total, Dec 2021-Dec 2022 | Data Dashboard at https://www.hhs.nd.gov/applyforhelp/ccap

Families | Funding | Applications | Providers | County Investment

Benefit Month
All Selected



NOTES:
The map titled **"County Investment"** offers a county by county picture of the number of working families, or families in education or training programs, who are benefitting from child care assistance. The data is based on the family's county of residence. Of note: if a family moves from one county to another during the selected timeframe, this map will count them as having lived in both counties.

The map defaults to show the total served in the most recent 12-month period. The filter can be adjusted to show specific months.

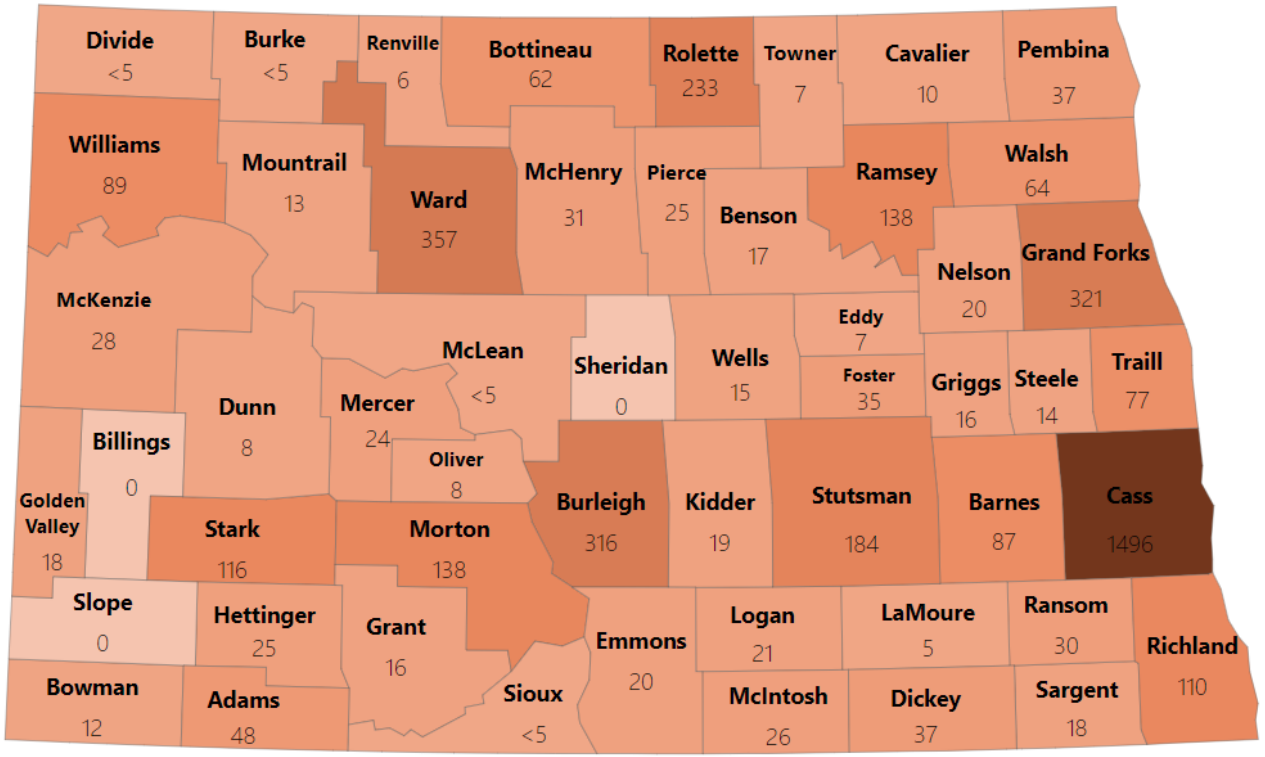
NORTH Dakota | Health & Human Services
Be Legendary.

Number of families who have received help with child care costs from CCAP – November 2022

Data Dashboard at https://www.hhs.nd.gov/applyforhelp/ccap

Families | Funding | Applications | Providers | County Investment

Benefit Month
202211



2,739

Total Families participating in CCAP in November 2022

(includes children ages 0-12)

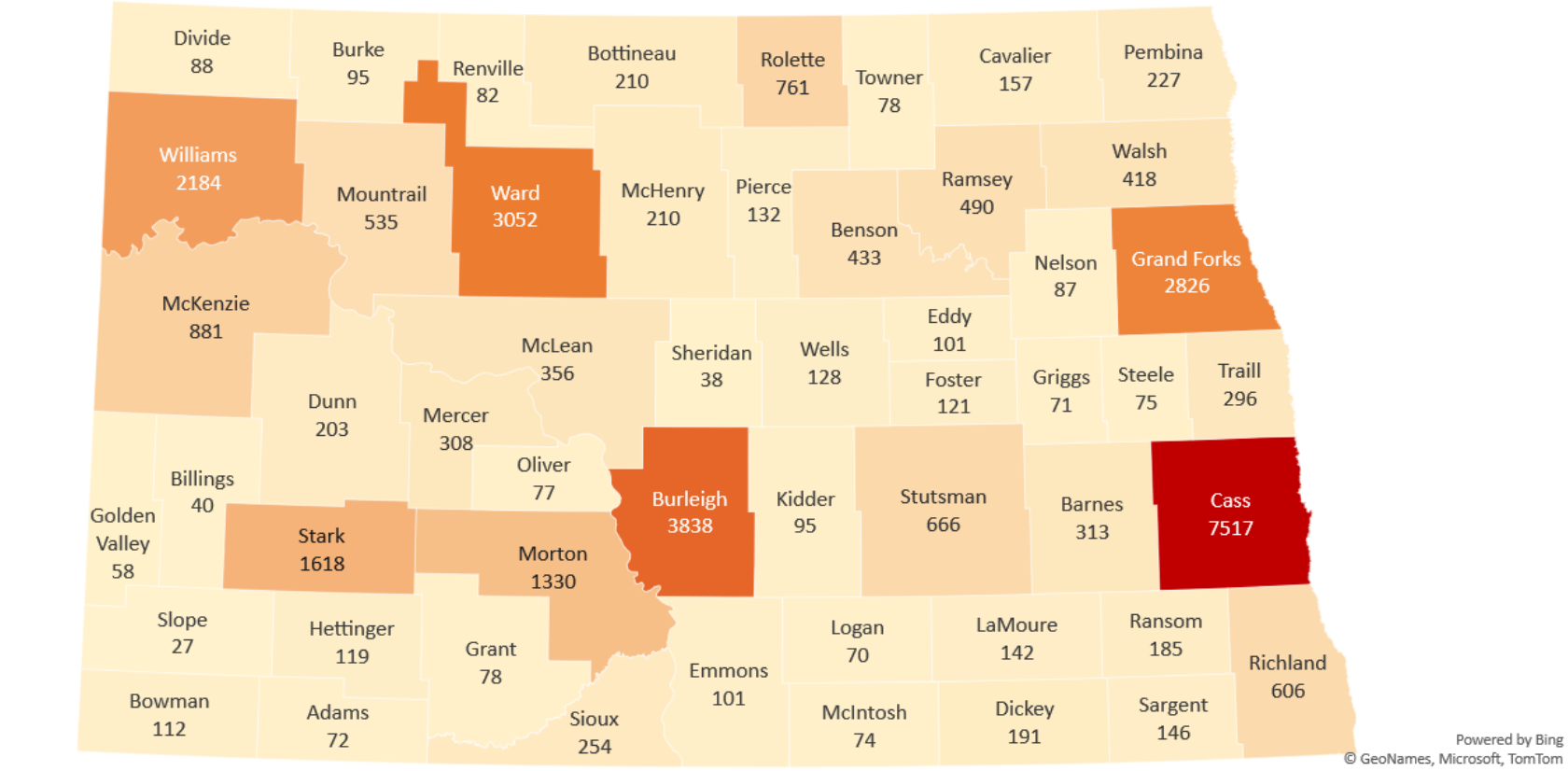
NOTES:

The map titled **"County Investment"** offers a county by county picture of the number of working families, or families in education or training programs, who are benefitting from child care assistance. The data is based on the family's county of residence. Of note: if a family moves from one county to another during the selected timeframe, this map will count them as having lived in both counties.

The map defaults to show the total served in the most recent 12-month period. The filter can be adjusted to show specific months.

NORTH Dakota Be Legendary. | Health & Human Services

32,000+ children ages 0-5 are likely to utilize some type of child care



NORTH Dakota Be Legendary. | Health & Human Services

Affordability

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

2 Extend Employer-led Child Care Cost Sharing | $5 million

Expand access to the cost-share program that supports an employer-provided child care benefit to help working families with kids ages 0-3 pay for child care.

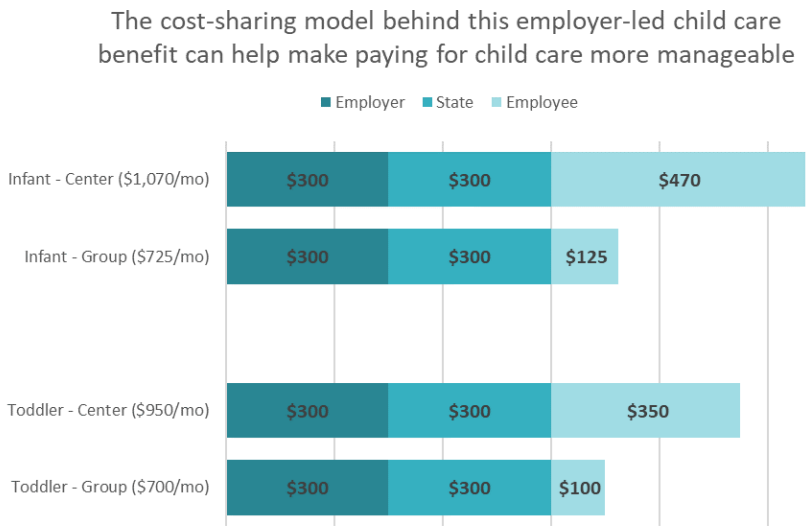
Help employers offer a child care benefit to their employees with young children ($5 million)

Total	General	Other
$5,000,000	$5,000,000	$0

HHS Budget Section: Early Childhood

How it works

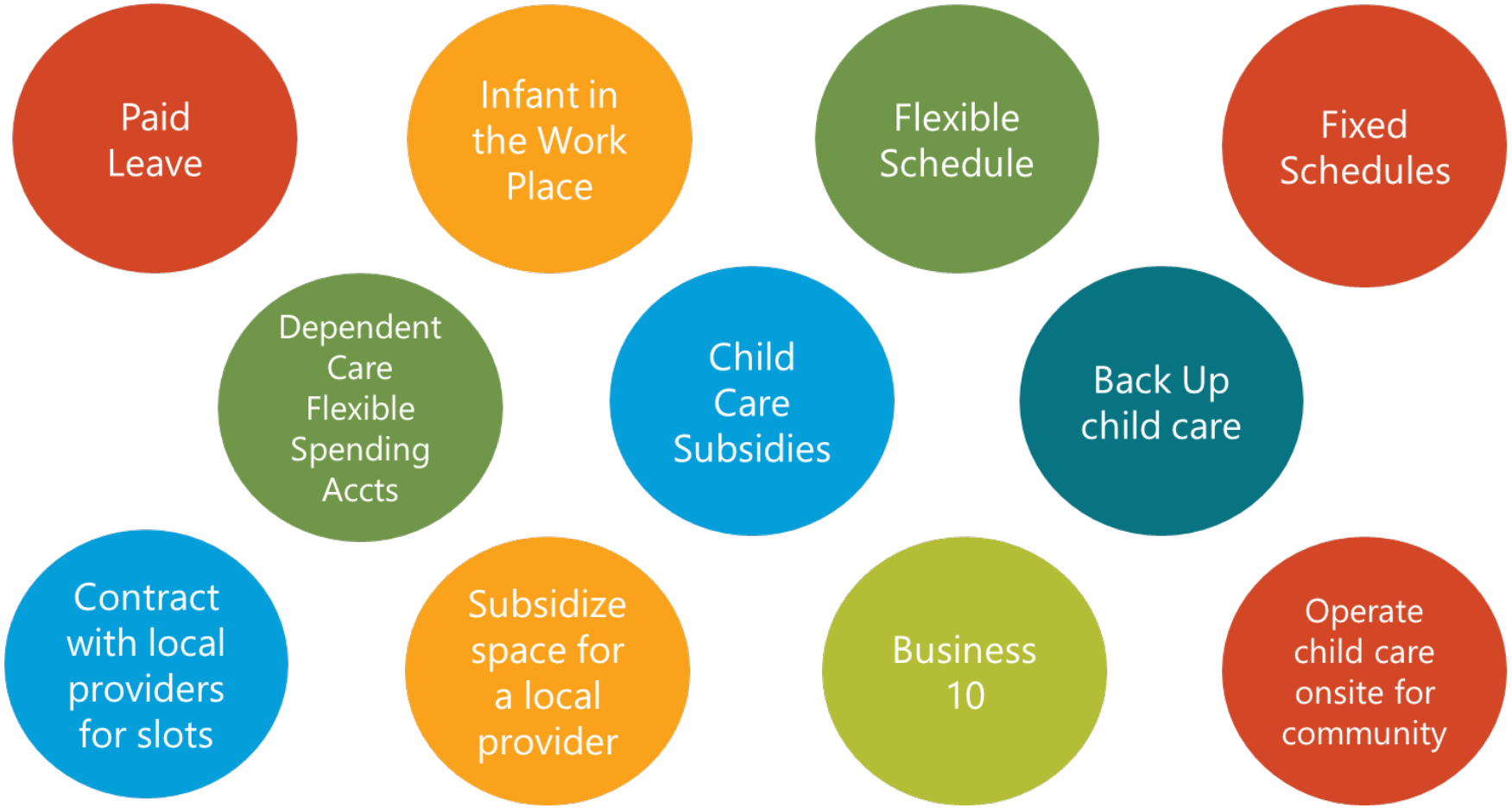
1. Employer Opts In
2. Employee Applies
3. HHS reviews/approves
4. Employer and state each send employee $300/mo
5. Employee pays child care provider





NORTH Dakota Be Legendary. | Health & Human Services

No single actor alone can make meaningful systems-level change in the macro child care section but, **employers** do **have an important role to play** in helping address the challenge



3

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Availability

Increase provider pmts for Infant/Toddler Care | $13 million

Incentivize the availability of child care for infants and toddlers whose families receive child care assistance by increasing the rate the state pays for children younger than age 3.

Increase infant/toddler payment by 25% to make it more feasible for providers to say yes to caring for the littlest North Dakotans ($13 million)

Total	General	Other
$13,000,000	$13,000,000	$0

HHS Budget Section: Economic Assistance



NORTH Dakota Be Legendary. | Health & Human Services

3

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Increase provider pmts for Infant/Toddler Care | $13 million

ND Child Care Assistance Program - Summary of Rates / Proposed Rates

Infant (age 0-35 mo)

License Types	Min	Mean	50th	75th	Max	SMR	Adj SMR
Center (C, E, K, M)	$ 595	$ 838	$ 860	$ 913	$ 1,890	$ 913	$ 1,142
Family/Group (F, G, H)	$ 475	$ 672	$ 630	$ 700	$ 1,200	$ 700	$ 875

Toddler (age 18-35 mo)

License Types	Min	Mean	50th	75th	Max	SMR	Adj SMR
Center (C, E, K, M)	$ 595	$ 798	$ 790	$ 888	$ 1,810	$ 888	$ 1,110
Family/Group (F, G, H)	$ 475	$ 661	$ 600	$ 700	$ 1,000	$ 700	$ 875

Preschool (age 36-71 mo)

License Types	Min	Mean	50th	75th	Max	SMR	SMR
Center (C, E, K, M)	$ 260	$ 726	$ 728	$ 811	$ 1,610	$ 811	$ 811
Family/Group (F, G, H)	$ 475	$ 653	$ 600	$ 680	$ 850	$ 680	$ 680

School Age (age 6-12 yrs)

License Types	Min	Mean	50th	75th	Max	SMR	SMR
Center (C, E, K, M)	$ 185	$ 539	$ 660	$ 760	$ 1,410	$ 760	$ 760
Family/Group (F, G, H)	$ 220	$ 635	$ 580	$ 660	$ 850	$ 660	$ 660

SOURCE NOTES

Min, Mean, Max, and Percentile rates from 2021 ND Child Care Market Study

SMR = State Max Rate for ND Child Care Assistance Program (Oct 2022)

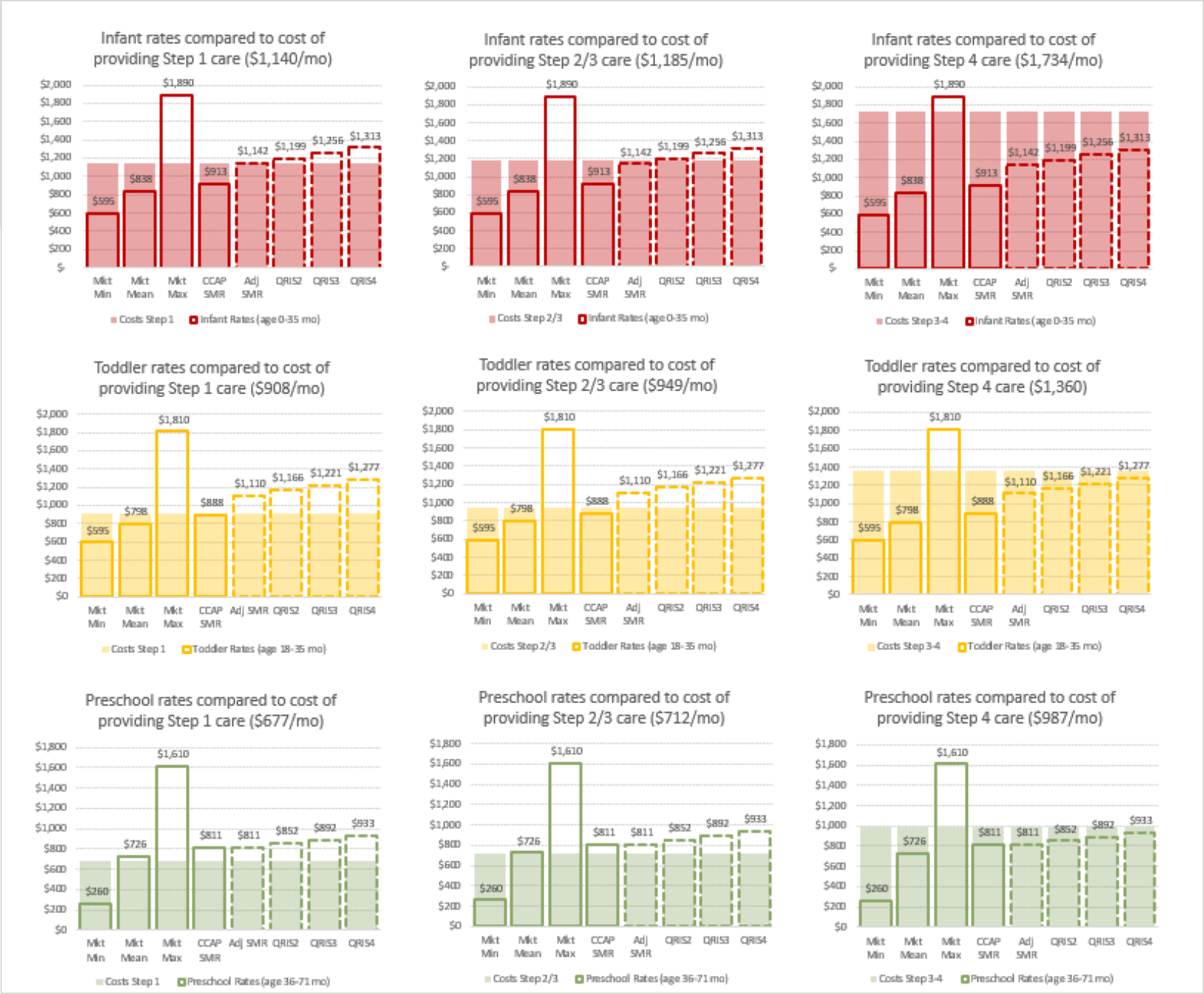
Adj SMR = Proposed increase to SMR, included in 2023-25 EC Policy Roadmap



Covering the Cost of Care?

When the solid line indicating payment rate exceeds the shaded line indicating cost of providing care, child care providers are a step closer to having a sustainable business model (i.e., where revenue exceeds cost).

Source: ND Department of Health and Human Services analysis. Issue Brief | ND Child Care Proposal: A Proactive approach to removing child care as a barrier to work. Jan 2023



Availability

4

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Streamline Background Checks & Reduce Admin Burden | $1 million

Streamline, automate and simplify processes and systems that affect the delivery of early childhood services, including background check processes that impact early childhood providers.

Create opportunities for online scheduling, application submission, and requirement document upload, including system supports designed to help applicants complete information correctly which will decrease the time it takes to complete the process.

Background check process improvements ($1 million + 1.5 FTE)

Total	General	Other
$1,000,000	$1,000,000	$0

HHS Budget Section: Administration



NORTH Dakota Be Legendary. | Health & Human Services

Availability

5

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Support Providers w/Grants, Incentives & Shared Svc | $7 million

Support a more sustainable, stable child care sector by offering grants, incentives, and shared service resources to child care businesses.

- ✓ Facility
- ✓ Inclusion
- ✓ Quality
- ✓ Start-up
- ✓ Shared Services

Grants, incentives, and shared service supports to child care programs ($7 million)

Total	General	Other
$7,000,000	$7,000,000	$0

HHS Budget Section: Early Childhood



Availability

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

6 New Partnerships for Care during Non-Traditional Hours | $1 million

Pilot ideas that make child care more available during non-typical hours. Partner with employers to identify creative solutions for working families whose jobs require non-traditional child care solutions.

Pilot partnership(s) between employer and child care program ($1 million)

Total	General	Other
$1,000,000	$1,000,000	$0

HHS Budget Section: Early Childhood



NORTH Dakota Be Legendary. | Health & Human Services

Availability

7 Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Build Improved Career Pathways

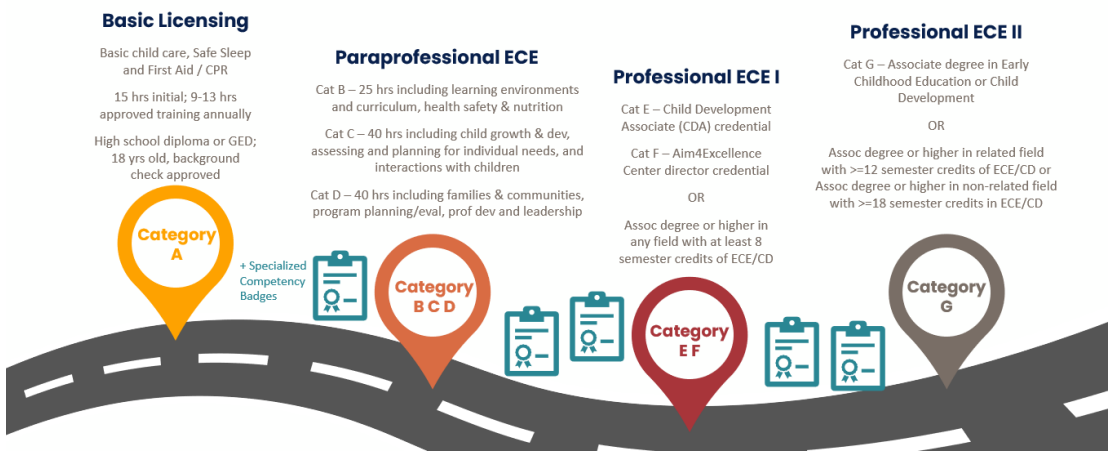
Partner with CTE, K12 and higher education to increase career pathway opportunities for students interested in early childhood careers that offer them on-the-job training in partnership with local child care programs.

Grant funding (PDG) to support collaborations with CTE/DPI

Total	General	Other
$-	$-	$-

HHS Budget Section: Early Childhood

Early Childhood Career Pathway



NORTH Dakota
Be Legendary.



Quality

8

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Expand Best in Class Program | $16 million

Expand access to "Best in Class" experiences for children in the year before kindergarten so both early childhood providers and the families who are interested in participating have the resources and support needed to give kids a chance to grow, explore, and thrive.

Increase Best in Class access to 1,800 children per year ($16 million)

Total	General	Other
$16,000,000	$16,000,000	$0

HHS Budget Section: Early Childhood

2021-22	2022-23	2023-24	2024-25
29 programs *18 small groups *11 large groups	44 programs *29 small groups *15 large groups	79 programs *44 small groups *35 large groups	131 programs *65 small groups *66 large groups
371 kids $2.2M grants*	546 kids $2.7M grants*	1,061 kids $5.6M grants*	1,839 kids $9.6M grants*

NORTH Dakota | Health & Human Services
Be Legendary.

** Programs also receive coaching resources and various program supports in addition to grants*



Quality

8 Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Expand Best in Class Program | $16 million

Year 1: Grant based on group size and full-time/part-time status.
Grants range from $30,000 - $120,000

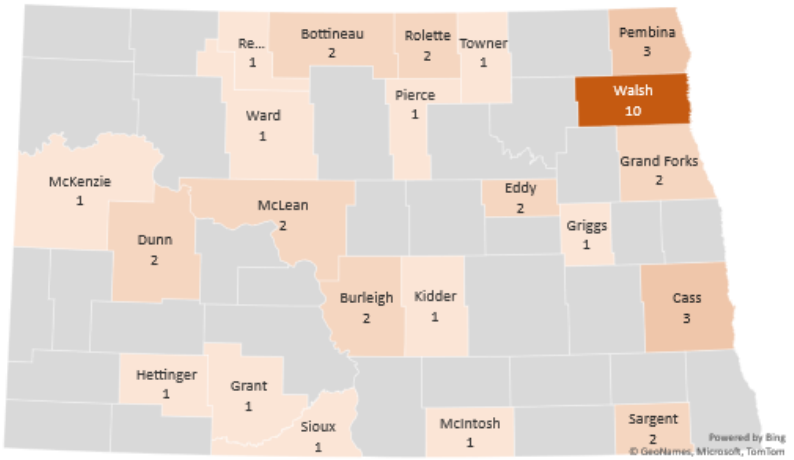
- *Group size: small (8-10) or large (11-20)*
- *Full-time, >=25 hrs/week (100%) or Part-time, <25 hrs/week (50%)*

Year 2: Apply 3 criteria
Grants range from $15,000 - $120,000

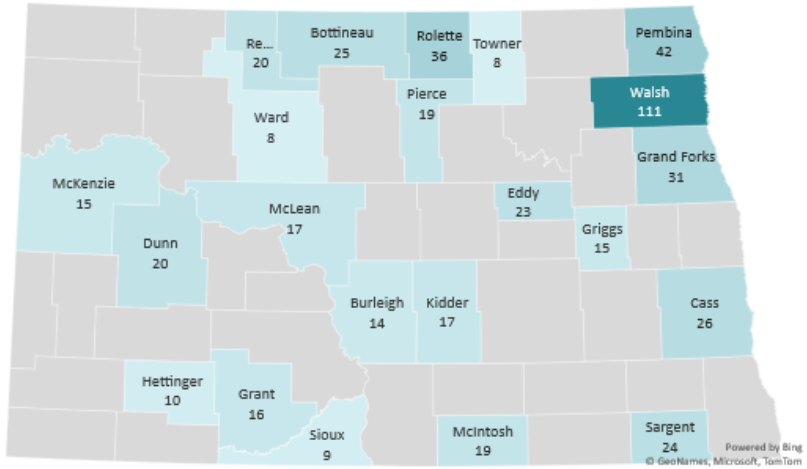
- *Serving low income area (100%)*
- *Tuition-dependent, >=75% of operating budget depending on parent-paid tuition (100%) or Not Tuition-dependent (50%)*

- ✓ Proactive outreach to children and families least likely to access the program
- ✓ Enrollment period preference for children from lower income families and children with disabilities, developmental delays or special needs (50% of program seats)
- ✓ Tuition charge must utilize sliding fee scale based on family income
- ✓ Incorporate family engagement into program and coordinate health screenings for children in program (dental, vision, health)

2022-23 BIC program included 44 groups of children in 23 counties



23 BIC programs served 544 children in 2022-23



NORTH Dakota | Health & Human Services
Be Legendary.

Quality

9

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Quality-based Tiers in CCAP payment schedule | $6 million

Increase choices available to working families who participate in the child care assistance program (CCAP) by paying more for care delivered in child care programs that have taken all the steps necessary to validate quality standards.

Apply an increased payment tier based on validated quality rating (ranging from 5-15% over base state max rate). Funding requested would support an estimated 1,600 spaces in quality rated child care settings.

Invest in the infrastructure needed to support child care providers in their quest to continue excellence in delivery of care.

Build quality-based payments (5-15%) into the child care assistance payment structure and invest in infrastructure to support quality ($6 million)

Total	General	Other
$6,000,000	$6,000,000	$0

HHS Budget Section: Economic Assistance $3M and Early Childhood $3M



NORTH Dakota Be Legendary. | Health & Human Services

9

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Quality

Quality-based Tiers in CCAP payment schedule | $6 million

ND Child Care Assistance Program -
Proposed Quality Tiers in Rate Schedule

Infant (age 0-35 mo)			+5%	+10%	+15%			
License Types	**SMR**	**Adj SMR**	**QRIS2**	**QRIS3**	**QRIS4**	**Diff@2**	**Diff@3**	**Diff@4**
Center (C, E, K, M)	$ 913	$ 1,142	$ 1,199	$ 1,256	$ 1,313	$ 57	$ 114	$ 171
Family/Group (F, G, H)	$ 700	$ 875	$ 919	$ 963	$ 1,006	$ 44	$ 88	$ 131

Toddler (age 18-35 mo)								
License Types	**SMR**	**Adj SMR**	**QRIS2**	**QRIS3**	**QRIS4**	**Diff@2**	**Diff@3**	**Diff@4**
Center (C, E, K, M)	$ 888	$ 1,110	$ 1,166	$ 1,221	$ 1,277	$ 56	$ 111	$ 167
Family/Group (F, G, H)	$ 700	$ 875	$ 919	$ 963	$ 1,006	$ 44	$ 88	$ 131

Preschool (age 36-71 mo)								
License Types	**SMR**	**Adj SMR**	**QRIS2**	**QRIS3**	**QRIS4**	**Diff@2**	**Diff@3**	**Diff@4**
Center (C, E, K, M)	$ 811	$ 811	$ 852	$ 892	$ 933	$ 41	$ 81	$ 122
Family/Group (F, G, H)	$ 680	$ 680	$ 714	$ 748	$ 782	$ 34	$ 68	$ 102

School Age (age 6-12 yrs)								
License Types	**SMR**	**Adj SMR**	**QRIS2**	**QRIS3**	**QRIS4**	**Diff@2**	**Diff@3**	**Diff@4**
Center (C, E, K, M)	$ 760	$ 760	$ 798	$ 836	$ 874	$ 38	$ 76	$ 114
Family/Group (F, G, H)	$ 660	$ 660	$ 693	$ 726	$ 759	$ 33	$ 66	$ 99

SOURCE NOTES

SMR = State Max Rate for ND Child Care Assistance Program (Oct 2022)

Adj SMR = Proposed increase to SMR, included in 2023-25 EC Policy Roadmap

QRIS2 - QRIS4 = Proposed adjustment to SMR for Steps 2, 3, and 4 in ND QRIS



Approximately 15% of licensed child care spaces in ND have achieved Bright & Early Step 2, 3, or 4

QRIS: Participation Data

Bright & Early ND is North Dakota's Quality Rating and Improvement System (QRIS). A QRIS is a systematic approach to assess, improve, and communicate the level of quality in early childhood programs. Bright & Early ND was developed to help early childhood programs offer high-quality care that supports each child's learning and development. The North Dakota Department of Health and Human Services (HHS) administers Bright & Early ND as a key strategy for quality improvement. Data is current as of 1/1/2023.

Geographic Area

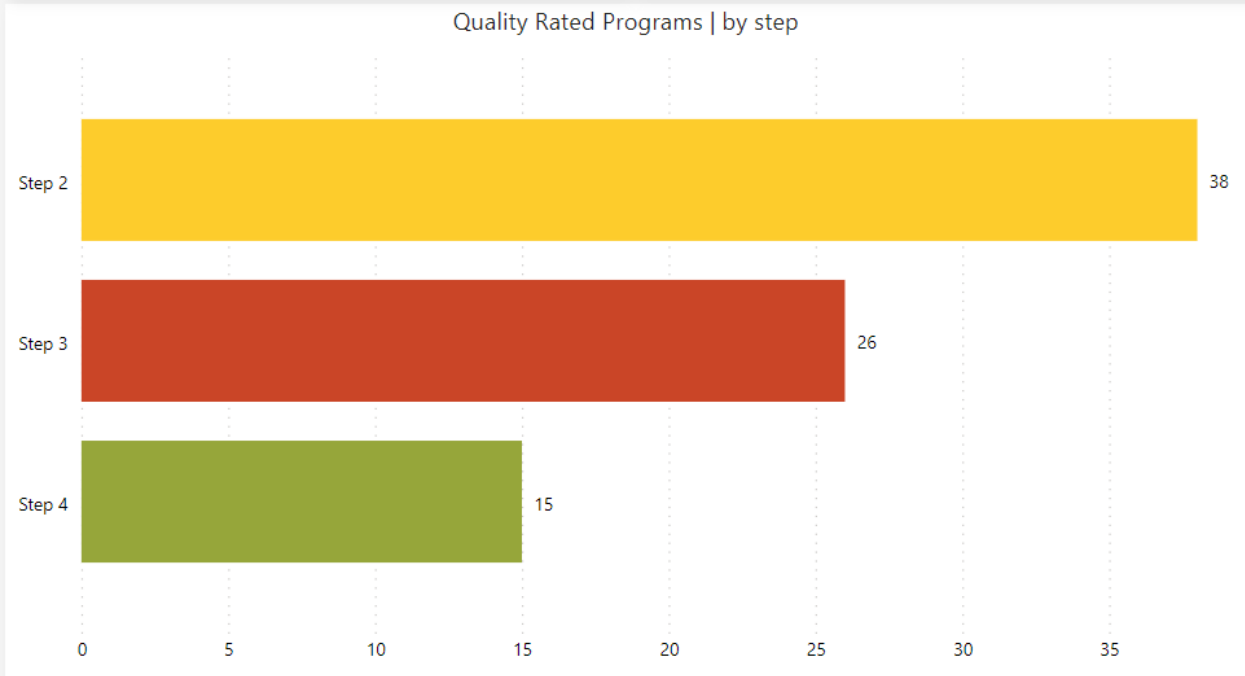
All

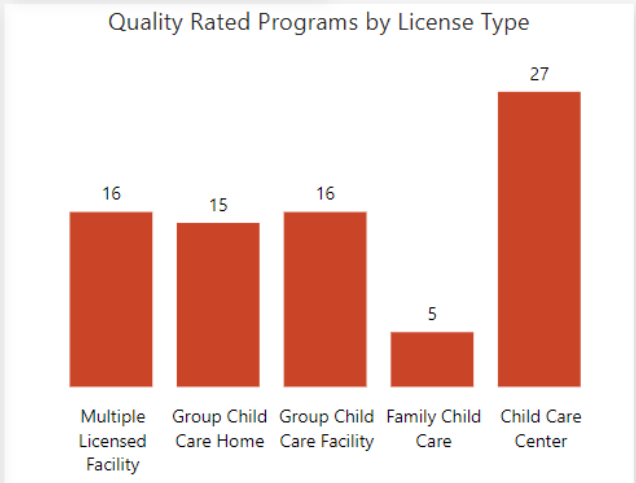
Quality Rating

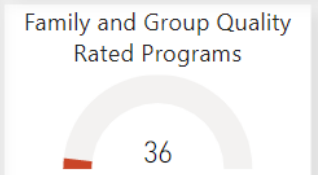
Multiple selections

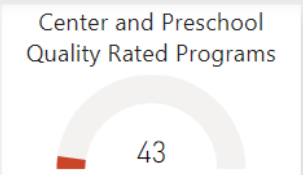
78
Quality Rated Programs

5306
Licensed Capacity









NORTH Dakota Be Legendary. | Health & Human Services

Quality

10

Included in 2023-25 Executive Budget Request | ND Child Care Proposal

Reward the completion of above-and-beyond training | $2 million

Offer professional development stipends directly to child care workers who complete "above and beyond" training in high priority content areas.

Grants and incentives to child care workers to support quality care ($2 million)

Total	General	Other
$2,000,000	$2,000,000	$0

HHS Budget Section: Early Childhood

GOAL: Double engagement with high priority professional development topics

- ✓ Grants and incentives to support quality care through high impact professional development
- ✓ System to acknowledge achievement of topical competencies

9.1%

Child Care workers who have professional preparation in the field of early childhood

Source: Growing Futures workforce registry, Dec 2022



NORTH Dakota | Health & Human Services
Be Legendary.

Household Earnings (annual and hourly) by various eligibility levels

	Families potentially eligible for Child Care Assistance (CCAP)											
	Federal Poverty Level		30% SMI		60% SMI		85% SMI		100% SMI		150% SMI	
HH Size	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage
1	$13,590	$6.53	$16,704	$8.03	$33,408	$16.06	$47,328	$22.75	$55,680	$26.77	$83,520	$40.15
2	$18,310	$8.80	$21,840	$10.50	$43,692	$21.01	$61,896	$29.76	$72,820	$35.01	$109,230	$52.51
3	$23,030	$11.07	$26,988	$12.98	$53,964	$25.94	$76,452	$36.76	$89,940	$43.24	$134,910	$64.86
4	$27,750	$13.34	$32,124	$15.44	$64,248	$30.89	$91,020	$43.76	$107,076	$51.48	$160,614	$77.22
5	$32,470	$15.61	$37,260	$17.91	$74,532	$35.83	$105,576	$50.76	$124,220	$59.72	$186,330	$89.58
6	$37,190	$17.88	$42,396	$20.38	$84,804	$40.77	$120,132	$57.76	$141,340	$67.95	$212,010	$101.93
7	$41,910	$20.15	$43,368	$20.85	$86,736	$41.70	$122,868	$59.07	$144,560	$69.50	$216,840	$104.25
8	$46,630	$22.42	$44,328	$21.31	$88,656	$42.62	$125,604	$60.39	$147,760	$71.04	$221,640	$106.56

**2022 State Median Income (SMI) and 2022 Federal Poverty Level (FPL)*

"Hourly wage" is calculated by assuming 2080 hours worked per year per annual income range noted.

Multiple wage earners could combine earnings to attain the noted household (HH) income / hourly wage.

NORTH Dakota | Health & Human Services
Be Legendary.

A CASE STUDY

Understanding the Impact of ND's proposed layered investment in child care assistance from the perspective of both the **Family** and the **Child Care Program**



The Browns

- Pat, age 22. Dishwasher.
  Earns $9.25/hr, 40 hrs/wk.
- Terry, age 21. Child Care Worker.
  Earns $8.25/hr, 32 hrs/wk.
- Mia, 9 months old.
  $1,070/mo @ child care center.
- Molly, 2 ½ years old.
  $950/mo @ child care center.

Total gross monthly income **$2,676**

30% SMI



The Smiths

- Larry, age 26. Concrete laborer.
  Earns $16.25/hr, 40 hrs/wk.
- Deb, age 23. Grocery Clerk.
  Earns $10.75/hr, 40 hrs/wk.
- Lily, 9 months old.
  $1,070/mo @ child care center.
- Ben, 2 ½ years old.
  $950/mo @ child care center.

Total gross monthly income **$4,680**

60% SMI



The Johnsons

- Matt (age 29). Mechanic.
  Earns $23/hr, 40 hrs/wk.
- Carla (age 26). Pharmacy Tech.
  Earns $17/hr, 40 hrs/wk.
- June, 9 months old.
  $1,070/mo @ child care center.
- Artie, 2 ½ years old.
  $950/mo @ child care center.

Total gross monthly income **$6,933**

85% SMI

NORTH Dakota | Health & Human Services
Be Legendary.



The Browns | Pat, Terry, Mia and Molly

Child Care Expense Owed / Mo: $2,020
Gross monthly income: $2,676
Child Care (CC) as % of gross income: 76%

30% SMI

Without Child Care Assistance (CCAP)

	Rate	SMR	Excess Pmt
Mia	$1,070	n/a	n/a
Molly	$950	n/a	n/a
	$2,020	**n/a**	**n/a**

	Total $ to CC	CCAP share	Family share
CC Fee Due	**$2,020**	$0	**$2,020**
% of CC fee		*0%*	*100%*
% of HH inc			**75.5%**

With CCAP (current program)

	Rate	SMR	Excess Pmt
Mia	$1,070	**$913**	**$157**
Molly	$950	**$888**	**$62**
	$2,020	**$1,801**	**$219**

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$1,693**	**$327**
% of CC fee		*84%*	*16%*
% of HH inc			**12.2%**

*Family share: $219 excess pmt & $108 co-pay

Net Impact
To Fam: $1,693 lower pmt for CC
To CC: No change

With CCAP + Infant/Toddler Payment Increase

	Rate	SMR	I/T Pmt	Ex Pmt
Mia	$1,070	$913	**$228**	**$0**
Molly	$950	$888	**$222**	**$0**
	$2,020	$1,801	**$450**	**$0**

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$2,143**	**$108**
% of CC fee		*95%*	*5%*
% of HH inc			**4.0%**
Fee to CC	**$2,251**		

*Family share: $0 excess pmt & $108 co-pay

Net Impact
To Fam: $219 lower pmt for CC
To CC: $231 increase in revenue (11%)

With CCAP + I/T Pmt Incr + Quality Tier 3

Rate	SMR	I/T Pmt	QRIS Pmt	Ex Pmt
$1,070	$913	$228	**$91**	$0
$950	$888	$222	**$89**	$0
$2,020	$1,801	$450	**$180**	$0

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$2,323**	$108
% of CC fee		*95%*	*5%*
% of HH inc			4.0%
Fee to CC	**$2,431**		

*Family share: $0 excess pmt & $108 co-pay

Net Impact
To Fam: No change
To CC: $411 increase in revenue (20%)

NORTH Dakota Be Legendary. | Health & Human Services



The Smiths | Larry, Deb, Lily and Ben

Child Care Expense Owed / Mo: $2,020
Gross monthly income: $4,680
Child Care (CC) as % of gross income: 43%

60% SMI

Without Child Care Assistance (CCAP)

	Rate	SMR	Excess Pmt
Lily	$1,070	n/a	n/a
Ben	$950	n/a	n/a
	$2,020	**n/a**	**n/a**

	Total $ to CC	CCAP share	Family share
CC Fee Due	**$2,020**	$0	**$2,020**
% of CC fee		*0%*	*100%*
% of HH inc			**43.2%**

With CCAP (current program)

	Rate	SMR	Excess Pmt
Lily	$1,070	**$913**	**$157**
Ben	$950	**$888**	**$62**
	$2,020	**$1,801**	**$219**

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$1,426**	**$594**
% of CC fee		*71%*	*29%*
% of HH inc			**12.7%**

*Family share: $219 excess pmt & $375 co-pay

Net Impact
To Fam: $1,426 lower pmt for CC
To CC: No change

With CCAP + Infant/Toddler Payment Increase

	Rate	SMR	I/T Pmt	Ex Pmt
Lily	$1,070	$913	**$228**	**$0**
Ben	$950	$888	**$222**	**$0**
	$2,020	$1,801	**$450**	**$0**

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$1,876**	**$375**
% of CC fee		*95%*	*19%*
% of HH inc			**8.0%**
Fee to CC	**$2,251**		

*Family share: $0 excess pmt & $375 co-pay

Net Impact
To Fam: $219 lower pmt for CC
To CC: $231 increase in revenue (11%)

With CCAP + I/T Pmt Incr + Quality Tier 3

Rate	SMR	I/T Pmt	QRIS Pmt	Ex Pmt
$1,070	$913	$228	**$91**	$0
$950	$888	$222	**$89**	$0
$2,020	$1,801	$450	**$180**	$0

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$2,056**	$375
% of CC fee		*95%*	*19%*
% of HH inc			8.0%
Fee to CC	**$2,431**		

*Family share: $0 excess pmt & $108 co-pay

Net Impact
To Fam: No change
To CC: $411 increase in revenue (20%)

NORTH Dakota | Health & Human Services
Be Legendary.



The Johnsons | Matt, Carla, June, and Artie

Child Care Expense Owed / Mo: $2,020
Gross monthly income: $6,933
Child Care (CC) as % of gross income: 29%

85% SMI

Without Child Care Assistance (CCAP)

	Rate	SMR	Excess Pmt
Lily	$1,070	n/a	n/a
Ben	$950	n/a	n/a
	$2,020	**n/a**	**n/a**

	Total $ to CC	CCAP share	Family share
CC Fee Due	**$2,020**	$0	**$2,020**
% of CC fee		*0%*	*100%*
% of HH inc			**29.1%**

With CCAP (current program)

	Rate	SMR	Excess Pmt
Lily	$1,070	**$913**	**$157**
Ben	$950	**$888**	**$62**
	$2,020	**$1,801**	**$219**

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$1,270**	**$750**
% of CC fee		*63%*	*37%*
% of HH inc			**10.8%**

*Family share: $219 excess pmt & $531 co-pay

Net Impact
To Fam: $1,270 lower pmt for CC
To CC: No change

With CCAP + Infant/Toddler Payment Increase

	Rate	SMR	I/T Pmt	Ex Pmt
Lily	$1,070	$913	**$228**	**$0**
Ben	$950	$888	**$222**	**$0**
	$2,020	$1,801	**$450**	**$0**

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$1,720**	**$531**
% of CC fee		*74%*	*26%*
% of HH inc			**7.7%**
Fee to CC	**$2,251**		

*Family share: $0 excess pmt & $531 co-pay

Net Impact
To Fam: $219 lower pmt for CC
To CC: $231 increase in revenue (11%)

With CCAP + I/T Pmt Incr + Quality Tier 3

Rate	SMR	I/T Pmt	QRIS Pmt	Ex Pmt
$1,070	$913	$228	**$91**	$0
$950	$888	$222	**$89**	$0
$2,020	$1,801	$450	**$180**	$0

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$1,900**	$531
% of CC fee		*74%*	*26%*
% of HH inc			7.7%
Fee to CC	**$2,431**		

*Family share: $0 excess pmt & $531 co-pay

Net Impact
To Fam: No change
To CC: $411 increase in revenue (20%)

NORTH Dakota Be Legendary. | Health & Human Services



The Smiths | Larry, Deb, Lily and Ben

Child Care Expense Owed / Mo: $2,020
Gross monthly income: $4,680
Child Care (CC) as % of gross income: 43%

60% SMI

Without Child Care Assistance (CCAP)

	Rate	SMR	Excess Pmt
Lily	$1,070	n/a	n/a
Ben	$950	n/a	n/a
	$2,020	**n/a**	**n/a**

	Total $ to CC	CCAP share	Family share
CC Fee Due	**$2,020**	$0	**$2,020**
% of CC fee		*0%*	*100%*
% of HH inc			**43.2%**

Affordability

With CCAP (current program)

	Rate	SMR	Excess Pmt
Lily	$1,070	**$913**	**$157**
Ben	$950	**$888**	**$62**
	$2,020	**$1,801**	**$219**

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$1,426**	**$594**
% of CC fee		*71%*	*29%*
% of HH inc			**12.7%**

*Family share: $219 excess pmt & $375 co-pay

Net Impact
To Fam: $1,426 lower pmt for CC
To CC: No change

Availability

With CCAP + Infant/Toddler Payment Increase

	Rate	SMR	I/T Pmt	Ex Pmt
Lily	$1,070	$913	**$228**	**$0**
Ben	$950	$888	**$222**	**$0**
	$2,020	$1,801	**$450**	**$0**

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$1,876**	**$375**
% of CC fee		*95%*	*19%*
% of HH inc			**8.0%**
Fee to CC	**$2,251**		

*Family share: $0 excess pmt & $375 co-pay

Net Impact
To Fam: $219 lower pmt for CC
To CC: $231 increase in revenue (11%)

Quality

With CCAP + I/T Pmt Incr + Quality Tier 3

Rate	SMR	I/T Pmt	QRIS Pmt	Ex Pmt
$1,070	$913	$228	**$91**	$0
$950	$888	$222	**$89**	$0
$2,020	$1,801	$450	**$180**	$0

	Total $ to CC	CCAP share	*Fam share
CC Fee Due	$2,020	**$2,056**	$375
% of CC fee		*95%*	*19%*
% of HH inc			8.0%
Fee to CC	**$2,431**		

*Family share: $0 excess pmt & $108 co-pay

Net Impact
To Fam: No change
To CC: $411 increase in revenue (20%)

NORTH Dakota | Health & Human Services
Be Legendary.

Child Care's Workforce Challenge

- Child care workers are amongst the **lowest paid occupations** in the state of North Dakota
- **Helping families pay** for the costs of care will create better revenue opportunities for child care programs
- Sustainability within the sector will allow child care businesses the **opportunity to address wage issues**

NORTH Dakota | Health & Human Services
Be Legendary.

NORTH Dakota | Job Service
Be Legendary.

LMI LABOR MARKET INFORMATION

Here are the lowest paying jobs for North Dakota.
Click on the occupation title in the table to see more information about that occupation.

North Dakota

For help click the information icon next to each section.

Occupations by Employment Wage

This section shows the occupations with the lowest mean (annual) wages in North Dakota in 2021.

Click a column title to sort.

Rank	Occupation	Mean Annual Estimated Wage
1	Telemarketers	$17,030
2	Lifeguards, Ski Patrol, and Other Recreational Protective Service Workers	$23,450
3	Amusement and Recreation Attendants	$24,720
4	Ushers, Lobby Attendants, and Ticket Takers	$25,050
5	Gambling Service Workers, All Other	$25,100
6	Childcare Workers	$25,410
7	Ambulance Drivers and Attendants, Except Emergency Medical Technicians	$25,450
8	Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop	$25,480
9	Baggage Porters and Bellhops	$26,020
10	Fast Food and Counter Workers	$26,520

BRIGHT OUTLOOK NATIONALLY

Source: Labor Market Information Center, Job Service North Dakota, OEWS Unit

Supporting Working Families | Strengthening our Workforce

ND Child Care Proposal | $73M / 3.5 FTE

	Early Childhood	Economic Assistance	Admin
1. Invest in the child care assistance program		$22M	
2. Extend ND's employer-led child care cost sharing program	$5M		
3. Increase provider payments for infant and toddler care		$13M	
4. Streamline background checks / reduce admin burden			$1M/1.5FTE
5. Support child care providers w/grants, incentives & shared svc	$7M		
6. Create new partnerships for care provided during non-traditional hours	$1M		
7. Build improved career pathways			
8. Expand the Best in Class program	$16M/1 FTE		
9. Established quality-based tiers in the CCAP payment schedule & quality infrastructure to support excellence in service delivery	$3M/1 FTE	$3M	
10. Reward the completion of above-and-beyond training	$2M		
TOTAL	$34M/2 FTE	$38M	$1M/1.5FTE





What is workforce?
It’s workers.







When quality child care is more affordable, it's easier for parents to work.

PROTECTION & ADVOCACY PROJECT
400 EAST BROADWAY, SUITE 409
BISMARCK, ND 58501-4071
701.328.2950

House Appropriations – Human Resources Division
Senate Bill 2012 – March 16, 2023
Testimony of Veronica Zietz, P&A Executive Director

Greetings Chairman Nelson and members of the House Appropriations – Human Resources Division. My name is Veronica Zietz and I'm the Executive Director of the North Dakota Protection and Advocacy Project (P&A). P&A protects the human, civil and legal rights of individuals with disabilities; this includes individuals with intellectual and developmental disabilities, mental health disabilities, brain injuries, and other impairments.

P&A was created in response to the deplorable treatment of people with disabilities in institutional settings. This resulted in US Congress passing the Developmental Disabilities Assistance and Bill of Rights Act of 1975, which recognized that a federally directed system of legal advocacy was necessary to ensure the humane care, treatment, habilitation, and protection of individuals with disabilities. Every US state and territory is federally mandated to have a protection and advocacy agency.

The population P&A serves is touched by almost every aspect of the Department of Health and Human Services Budget primarily Medicaid, Developmental Disabilities, Life Skills Transition Center (LSTC), Human Service Centers, the State Hospital, and Vocational Rehabilitation, though other sections also affect individuals with disabilities.

Chairman Nelson, last week you asked about implications of the Olmstead decision in relation to the State's services, specifically regarding census at state-run institutions. Anytime individuals with disabilities are unnecessarily placed in institutions, when they can be served in the community there is potential for an Olmstead issue. For this reason, it is in the State's best interest to focus on the development of home and community-based services (HCBS) and to ensure that's where financial resources are focused.

While P&A appreciates the services provided by the Department of Health & Human Services (HHS) there are challenges and concerns within the service system.

The home and community-based service system for individuals with disabilities is currently facing many challenges. P&A is seeing major problems around individuals with disabilities being discharged from services either through formal 30-day discharge notices, or an unwillingness to allow the individual to return if hospitalized or in another temporary placement. When this occurs, other providers are often unwilling to accept an individual into their services, which may result in individuals being funneled into institutional settings. Reasons provided for discharges include 1) workforce shortage and 2) lack of adequate compensation and expertise to serve individuals with complex needs.

I won't belabor the issue of workforce, as advocates and legislators, alike have spent much of this session discussing these challenges. I will, however, note that there are compensation disparities based on setting for individuals providing direct care to individuals with disabilities and other vulnerable populations. It is also worth noting that staffing shortages deter quality care for individuals with disabilities. P&A sees this every day as we receive and investigate a growing number of abuse, neglect, and exploitation reports.

Instead, I'd like to focus on the second point which I believe may be remedied by changes in policy/practice and refocusing state resources. The 30-day discharge process is outlined in administrative code and gives HHS the power to accept or deny a 30-day notice. In our experience a 30-day notice is generally accepted by HHS. In comparison to the discharge process for long term care (LTC) the process for individuals with disabilities is flawed in that it doesn't require the provider to secure a placement for the individual being discharged.

When individuals are given a 30-day notice HHS follows a process for requesting providers to review a referral in that area/statewide relative to their ability to serve the person being discharged. Many providers are not willing to accept new individuals due to being short staffed and lack of willingness to serve complex individuals. When a placement is not secured individuals end up in restrictive and expensive institutional settings, that our state has identified as the safety net (LSTC and State Hospital).

P&A works on these cases under our community inclusion priority. While P&A's client management database doesn't allow searching by "30-day notice" I was able to work with a handful of staff to provide you with some case examples that we are actively working right now.

P&A Case Examples:

- A 30-day had been given multiple times over the course of a couple years, but no other agencies accepted the client. The client stayed with the provider until the person was admitted to the

State Hospital. After the admission, the agency was unwilling to allow the individual to return to services and then discharged the client. There still have been no providers that have accepted this client and the client has been at the State Hospital since October 2022.

- The client was in the LSTC and transitioned to community provider. After experiencing some behavioral support challenges, the community provider discharged client to the State Hospital, where she currently remains.
- The client received a 30-day notice from two community providers due to behavioral challenges. Neither provider was willing to complete an outlier because of the challenges with obtaining them. The client was admitted to the State Hospital in August 2022 and remains there at this time.
- The client engaged in physical aggression which resulted in an injury to a staff member. Client went to the psychiatric unit and was then transferred to the LSTC.
- The client was living at home and getting in-home supports through community provider. Staffing was challenging and he was only getting 200 hours, the client was discharged from community services and went to the LSTC.
- The client was sent to State Hospital because of behavior (elopement). Once at NDSH client was discharged from provider services.
- The client's behavior (danger to self and others) resulted in admission to psychiatric unit at which point provider discharged.
- The client's behaviors/mental health needs (elopement and destroying property) resulted in discharge.
- Provider staff was unwilling to work with client due to behaviors (stealing and aggression towards objects/staff).
- Provider cited not having enough staff as the reason for discharge.
- Provider discharged because client's behaviors are too intense, and staffing is a concern.
- Provider stated staffing shortages is the reason for discharge.
- The provider is discharging because of staffing and inability to meet client's healthcare needs.
- Provider discharge is because the client's behaviors are becoming more challenging.
- Provider discharged because they don't have the mental health expertise needed to support client.

Each one of these anecdotes represents a real person who at some point in time was successfully served in the community and is now being served in an institutional setting at daily rate of $1,231.49/day or $449,494/year for each person at the LSTC (per Heather Jenkins Oct. 2022) and $1,223/day or

$446,395/year for each person at the State Hospital (average cost of care per bed across all units per Dr. Yabut testimony Feb. 2, 2023). This shows that our system is flawed, and the State must take action. Through our work, we have identified the following to be contributing factors for discharge from community-based services and subsequent institutionalization:

1. Flawed administrative code relating to discharge process.
2. Staffing shortages.
3. Inadequate level of hours/services determined by State versus person's actual needs (SIS assessment and outlier process).
4. Lack of adequate compensation to serve individuals with complex needs.

These problems within the service system are evident from LSTC's recent testimony which noted the facility didn't meet identified census goals for 2021 – 2023. This resulted in outspending their budget by $16 million. It is even more concerning that LSTC is not setting census goals for this biennium and is asking for an additional $16 million dollars for next biennium to address the increased population. Without reduction goals for State institutions, North Dakota will continue to push individuals towards institutional settings to the detriment of individuals with disabilities and at a great financial cost to the State.

The 67th Legislative Assembly through legislative intent included in HB 1012 Section 55 directed the HHS to seek an appropriation via the American Rescue Plan Act during the Special Session for the purpose of transitioning individuals from the LSTC to community providers. This language derived from the First Engrossment with Senate Amendments Section 16 which included one-time funding $5.2 million to be used for LSTC transitions to the community. Unfortunately when this topic was brought forth during the 2021 Special Session it was not selected for funding as HHS noted their Section 9817 Medicaid Plan held $4.75 million for LSTC transitions, $6.6 million for new services, and $4.4 million for HCBS infrastructure. Sadly, this investment which according to the 9817 document was to be completed in March 2022 did not result in the outcomes that were hoped for in relation to ensuring the transition of individuals to community settings. With this background in mind, I would like to share with you a variety of possible solutions.

Solutions:

1. Direct HHS to examine administrative code language and implementation regarding discharge to ensure individuals aren't left without services.

2. Study the payment disparities for professionals based on setting (nursing homes, basic care, assisted living, intermediate care facilities (ICF), LSTC, State Hospital, etc.) and create an equal playing field through targeted equity or equal distribution of inflators.
3. Include census reduction and average length of stay goals for LSTC in SB 2012.
4. Shift the LSTC's 23 – 25 biennium increase request from LSTC to HCBS providers, creating a $16M fund for direct payments to HCBS providers serving high need individuals with a zero-reject model in mind.
5. Direct HHS to examine the SIS assessment and outlier process and create reasonable method for request and appeal. Also include mechanism that examines cost-benefit of approving the outlier request over providing service in institution.
6. Reconvene the Transition to the Community Task Force with the intent to engage in active steps to achieve transition to community settings with target goals and outcomes.
7. Create a reimbursement mechanism for community providers to add the necessary support services such as behavioral support, occupational therapy, speech therapy, physical therapy, psychiatric support to ensure that a robust infrastructure in community services matches the services provided within institutional settings.
8. Create a process for community providers to request technical assistance/support from HHS when an individual is at risk of discharge. Whereby HHS staff/experts can provide HCBS provider with training, consultation, etc. to mitigate likelihood of discharge.
9. Create a public-facing online dashboard that tracks information on services provided to people with disabilities (intellectual, developmental, mental health, brain injury, etc.) that ensures the integrity of data provided. This should include the 1) number of people approved for services, 2) number of hours/services approved versus utilization, and 3) waitlist by service type or provider. This will assist in identifying gaps so targeted solutions can be proposed.

I would like to thank the Committee for listening to my comments and taking them into consideration as you begin making decisions on SB 2012.

Veronica Zietz
Executive Director Protection & Advocacy Project
vzietz@nd.gov

SB 2012 (2023 LEGISLATIVE ASSEMBLY)
HOUSE APPROPRIATIONS COMMITTEE
HUMAN RESOURCES DIVISION
HONORABLE JON NELSON, CHAIRMAN
MARCH 20, 2023
TESTIMONY OF BRUCE MURRY FOR
FRASER LTD

Good morning Chairman Nelson and members of the Human Resources Division of House Appropriations. I am Bruce Murry, registered lobbyist for Fraser LTD (Fraser) of Fargo, North Dakota.

For fourteen years Fraser LTD has taken the initiative to provide comprehensive, wraparound crisis services for youth and young adults from across North Dakota. Fraser launched the Stepping Stones Resource Center in Fargo to serve youth in critical need of nutrition, shelter, hygiene, mental health stabilization, and assistance with work and childcare. Fraser wanted to move and respond fast, and felt it necessary to do so without the support and burdens of government help.

As you know, recent polling of North Dakota high school students showed 20% have considered suicide in the past year. Some students succeed. Others fail or avoid the attempt, but take other different precipitous actions to change their lives and how they feel. Their experiences highlight the importance of mental health education and services when people face crisis.

I believe the federal government has contributed to some of the issues challenging youth and young adults as they launch their own lives. Political and social divisiveness, exaggerated gloom from all sides, and the inherent lack of perspective of youth have all too often combined to leave them without hope. Because you hear us, and have the power to act consistently with our values, we are asking State Government to help North Dakota's youth at risk survive and have a chance to thrive.

Perhaps because Fargo is our biggest, most cosmopolitan city, youth from across the state tend to end up there at the end of their ropes. With that largest population of youth and young adults at risk, Fraser has found that a physical resource center is needed to meet emergency needs as they vary throughout the year. Devils Lake has used a smaller center-based approach, and Bismarck has followed a model

that avoids a physical center in favor of hotels, etc. However, this request is not about the expenses associated with building or renting the infrastructure to serve youth. Generous donors are creating a new physical space in Fargo. This request is about underwriting part of the explosion in operational costs.

Please listen to the testimony of:

- Erica Markle, Transitional Youth Services Program Administrator, Fraser
- John Campbell, Executive Director, Fargo-Moorhead Coalition to End Homelessness; and
- Sandra Leyland, CEO of Fraser

Please also find attached the testimony of twelve participants of Stepping Stones, made part of this document to protect privacy later in life.

Please make at least an additional two million dollars in biennial funding to the Department of Health and Human Services for crisis services to youth and young adults while they wait to access existing programs. The amendment language below represents one of many possible funding mechanisms.

The proposal of the Department of Health and Human Services (HHS) to move toward Certified Community Behavioral Health Clinics (CCBHC) is also an exciting possibility. Respectfully, we support the CCBHC model because it shares evidence based roots with the model SSRC employs for youth at risk. We would welcome the chance to partner with HHS as they explore this exciting idea to serve North Dakotans with mental illness in a wraparound model. Skillfully wrapping the right services at the right time around the individual has a history of success.

Thank you for the opportunity to speak to you today and I'd be happy to answer your questions.

AMENDMENT TO SB 2012

<u>There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of two million dollars ($2,000,000.00), or so much of the sum as may be necessary, to the department of health and human services for provision of certified shelter care for youth and young adults, in a manner analogous to certified shelter care for children under North Dakota administrative code chapter 75-03-14.1. In addition, the department of health and human services may provide for both residential resource center services for youth and young adults at risk.</u>

SB 2012

House Appropriations Committee – Human Resources Section
Jon Nelson, Chair
Testimony of Sandra Leyland

Good morning Chairman Nelson and members of the Human Resources Division of the House Appropriations Committee. My name is Sandra Leyland, Chief Executive Officer for Fraser Ltd., in Fargo. Thank you for this opportunity to speak on behalf of at risk youth in North Dakota as well as Fraser's *Stepping Stones Resource Center* (SSRC) which is a part of our youth services department.

Our services began in 1893 as the Florence Crittenton Home for unwed mothers. Since our inception we continue as a private nonprofit and we meet the needs of children, youth and adults. Services and resources have grown to include independent living supports, residential services and day support services for people with disabilities; childcare services for children who are typically developing and children with special needs; and youth services for those 16 to 26 who are at risk and requiring case management and basic resources for themselves and their children. We serve youth in crisis, experiencing trauma, and can literally report life saving measures by our staff at both physical and mental health levels.

After three years of running the program we recognized the need for our youth to access timelier outpatient mental health supports. We opened Valley Hope Counseling Center serving the community and our youth program.

We support SB 2012 and are asking for an amendment in support of the thousands of youth across our state who are risk of homelessness, human trafficking, suicide and incarceration. Since our Stepping Stones Resource Center began 14 years ago, we see an increase in chemical dependency, mental health issues, youth raising children, and more. Reviewing demographics we show youth utilizing SSRC in Fargo from as far away as Beach, North Dakota. Speaking with other providers we believe there is a need <u>statewide</u> for new money to address this target population.

This population of youth is recognized in behavioral health circles as extending to age twenty six. These at risk individuals are often referred to as the invisible population because of the great lengths they go to in order to avoid being detected. This often leads to couch hopping, suicide, sex trafficking, drug use and overdose. They want to avoid foster care as they know it, and models like SSRC meet them were they are at in their young lives. To be clearer, the model we support at our resource center – IS NOT a social club, a drop in center, addiction program – although we do intervene, nor are we a homeless shelter, although we do provide emergency extended hours from November to March to youth and their children when adult shelters are full, or youth are afraid to access adult congregate settings for fear of abuse. We network in the community to meet youth in trauma or in crisis.

In the Senate we presented on a study completed by the University of Mary fourteen years ago which identified not only a successful model we run to date, but a recommendation the program be supported within the community. We have built a comprehensive network spanning all areas impacting this population of youth – coalitions, community providers, law enforcement, and the medical field. This support positively impacts the success of our youth. Services from providers like Fraser Ltd., can be step

down programs, referral sources, or hand in hand partnerships. The capacity of other providers to reach at risk youth through similar methods across the state exists if support is given to them. Indeed, the proposal for Certified Community Behavioral Health Clinics by the Department seems to propose a similar model of healthcare for an entire community.

Speaking specifically for the program/service model we follow at Fraser for SSRC, the funding options through 1915i, Community Connect (CC) or Free Through Recovery (FTR) are limited and more suitable to fund our permanent supportive and transitional housing for youth. These state resources are about 22% of the budget. Remaining operational funding for SSRC is at 88% and is derived from donations, foundations, grants, in-kind, fundraisers and social entrepreneurial projects. All of this has been impacted by the pandemic at some level.

SSRC functions as a community center attracting youth from the across the state. We feel statewide funding would assist other regions in keeping their youth in their perspective communities.

Fraser Ltd., is requesting from the House Appropriations Committee what could be considered an obnoxious ask of $2,000,000, but what we believe could be a cost effective approach to the issues facing our at risk youth. Incarceration and inpatient care for physical and mental health care is far more costly per person than we are requesting. We are willing to collaborate, share information, provide more data, whatever necessary to address the needs and prove good stewardship. We need funding to continue our efforts. Providers across the state identify the same needs.

Please note Fraser's request is not in support of our capital campaign. Money for this project is not available for operations and is privately funded.

Thank you again for this opportunity to share our insight and speak on behalf of our state's youth.

Testimony

Senate Bill #2012

Chairman Nelson

House Appropriations Committee:

Human Resources Division

March 12th, 2023

Chairman Nelson and members of the House Appropriations Committee, thank you for allowing me to testify on Senate Bill 2012. I am in support of SB 2012 but also to request an amendment to it for crisis services for youth at risk throughout the state of North Dakota. I am Erica Markle, I am the Transitional Youth Services Program Administrator at Fraser, Ltd. in Fargo. I provide program oversight for Stepping Stones Resource Center: our resource center for youth ages 16-26 years of age and their children. We have had the privilege of serving the community through Stepping Stones Resource Center for 14 years. Each year we have been able to grow our outreach and increase the level of support we provide to the community. Our first year of operation we served 338 unique individuals, this past year we served 898 unique individuals; a 166% increase in clients served.

We are at the point now where we have outgrown our current space and are in the process of building a new center in order to accommodate the expansion of our programing, increased number of clients served, and increased need for crisis intervention and wrap around services. 79 percent of the youth we serve at Stepping Stones Resource Center have a mental health diagnosis, 62 percent of the youth have a chemical dependency diagnosis, and 30 percent of the youth we serve are survivors of human trafficking. Having a community space for these individuals to be safe, to get their needs met, and to learn skills is vital to the community.

We have seen a rise in youth coming to us in crisis who are needing immediate services and wrap around support; many of whom we provide lifesaving services for. I can testify to this as several youth have informed me of this after the fact. Our resource center provides crisis intervention in the forms of suicide prevention, responses to overdoses, childcare assistance for overwhelmed caregivers, and assisting individuals in domestic violence situations and human tracking situations to get away from their abusers and have a safe place to stay and seek services. I have had many youth inform me that they were planning to end their lives before entering into our services. The one that sticks with me the most is an individual showing me their journal, inside was their goodbye note they had made before finding us. They said they created it when they were feeling hopeless. They had called their family and friends all the local shelters but no one had room for them. They had a friend who could not take them in but told them to come to SSRC for our extended hours program. Luckily, they did and are working on their goals and are engaging in mental health assistance and our wrap around case management. Hope and a chance for a better future is what our programing offers.

Stepping Stones Resource Center is structured programmatically using the Transition to Independence Process. This evidence-based model focuses on a strength-based, person-centered approach to assist youth who have emotional and behavioral difficulties. We focus on assisting the youth we serve on their

journey to independence through groups, modeling behaviors, and wrap around case management. Areas of program focus are centered on gaining meaningful employment, continuing education endeavors, finding and securing stable housing, connecting with mental and physical health service providers, and becoming an active member in the community.

In our community and all of North Dakota that there is a growing need for individuals to have access to resources such as free hygiene products, clothing, school supplies, furniture, and food. We have increased the amount of food given to individuals and families by over 60 percent these past three years. There has been an increase of 35 percent in the amount of food we are getting from Great Plains Food Bank for community distribution. We are seeing the high inflation rate on groceries impacting our neighbors; many individuals that used to be able to provide for all their basic needs are needing supports. Their paychecks are not stretching as far as they used to. We meet their immediate needs and also assist them with getting set up with other local agencies and programs to increase their independence.

SSRC serves youth from all over the state. Many individuals come to Fargo for an increase in job opportunities, for our local shelters, for the services offered within our community, and for continuing education. We get referrals from the state hospital, mental health providers around the state, and juvenile facilities for youth in need of intensive services and supports. We are a resource hub for youth in the community. We assist with transportation to appointments, have other providers come on site to meet with clients, and refer clients to community providers for additional supports. We have staff available 24/7 with an on-call system also in place to meet the needs of the clients.

We see the individuals we serve as more than just a number. We know them by name, know their story, and know their dreams. It is due to this connection that we are successful in assisting them in their goals surrounding independence and becoming an integrated member of society. Currently, 54 percent of our youth we serve are employed. We are striving to only increase our community supports.

Thank you for the opportunity to testify in front of you Chairman Nelson and members of the House Appropriations Committee.

SSRC has helped me and my kids in more ways than I ever expected. They let me stay in their shelter with my kids and provided me and them with food, clothing, toys, and hygiene products. They helped me find an apartment and got me furniture. They helped me get out of an abusive relationship. They paid for a hotel for me and my kids while I was fleeing. They helped me file a restraining order and are helping me with the court process.

The staff set me up with a therapist and are helping me get my kids into therapy as well after what happened. They are helping me get all of our birth certificates and helping me find childcare for my kids so I can go to school and start working. They are helping me focus on my goals and helping me get on my own feet. I feel supported from them and know they truly care about me and my kids' wellbeing. They are very supportive of me.

When I first came to SSRC, I was fresh out of jail, had no resources, was in an abusive relationship, and had no direction in my life. I knew I wanted to change but didn't know how. I was cycling in and out of the correctional facilities. This is how my entire life was before SSRC. I was angry and impulsive. I had a rough upbringing and no one to guide me though life. I needed help with learning how to change my life around.

SSRC helped me get on the right path. They sat me down and challenged me to create goals for myself and held me accountable to completing them. They helped me get housing, get a job in construction, get out of an abusive relationship, and get into treatment.

I am now working in a lumber yard with more responsibility added to my job duties. I am out of treatment and in recovery. I just got awarded the title of Group Service Representative at NA. I learned the importance of being a community member through SSRC and give back. I go to church now. I take some people at SSRC to NA meetings. I also take some people from SSRC to church. I am now living my life how I have always wanted to and have a great support network from the avenues SSRC helped guide me through.

Hello my name is Alyssa,

Ive been coming and going since 2019, SSrc has provided me with Diampers when ireally needed it, Each ~~SSrc~~ Staff has came across seems to be very helpful in getting what ineed when it comes to hygiene products, clothing, and provided tranpertution. ifeel this place is like home.

my case managers have always helped me with housing for me & my 3 children, im thankful for the services they provided within the years, i recomend this to others isee @ the bus stop.

Text of handwritten note:
Hello my name is Alyssa,
I've been coming and going since 2019, SSRC has provided me with Diampers when i really needed it, Each Staff has came across seems to be very helpful in getting what i need when it comes to hygiene products, clothing, and provided transportation. i feel this place is like home.
My case managers have always helped me with housing for me & my 3 children. im thankful for the services they provided within the years. i recommend this to others i see @ the bus stop.

SSRC Gives me a place to stay
Feeds me and helps me with my med appointments
The people here are nice

Text of handwritten note:
SSRC Gives me a place to stay
Feeds me and helps me with my Med appintments.
The people here are nice

SSRC has helped me and are nice enough to give me a place to stay and gave me food when I couldn't even help myself ~~and gave me a place~~ SSRC also gave me Clothes and were here for me when I first Moved to Fargo and gave emotional Support when I had Problems with my Relationship with my ex.

Text of handwritten note:
SSRC has helped me and are nice enough to give me a place to stay and gave me food when I couldn't even help myself.
SSRC also gave me Clothes and were here for me when I first moved to Fargo and gave emotional Support when I had Problems with my Relationship with my ex.

I had nothing but dirty clothes in my bags when I first came here, to SSRC. My cousin told me about this and how it helped him.
I didn't have a home, SSRC provided a roof over my head. I had no money for food, SSRC put food in my belly. I didn't have any clean clothes, SSRC provided me what I needed.
This place, the people who are here, its all great. There are people here who take it all for granted. But coming from a guy who started out with nothing, I can gladly say, that I am very thankful for this place and for everything the people here have done for me.

Text of handwritten note:
I had nothing but dirty clothes in my bags when I first came here, to SSRC. My cousin told me about this and how it helped him.
I didn't have a home SSRC provided a roof over my head. I had no money for food, SSRC put food in my belly. I didn't have any clean clothes, SSRC provided me what I needed.
This place the people who are here, its all great. There are people here who take it all for granted. But coming from a guy who started out with nothing, I can gladly say, that I am very thank ful for this place and for everything the people here have done for me.

I am Antony Jenkins of Fargo, North Dakota and SSRC has helped in more than enough to write or explain.
Everytime I'm in need they help no questions asked.
Making Sure I'm alright mentally and physically warm Place to sleep, and [redacted] food. But to put it lightly changes Need to be met and looked at. Staff here does everything and more they can do to help along the way but making additional [redacted] funding would Tremendously help out the Shelter letting them to continue and help all youth at risk in Fargo North Dakota. Thank you for the opportunity to speak with you today - Antony Jenkins

Text of handwritten note:
I am Antony [redacted] of Fargo, North Dakota and SSRC has helped in more than enough to write or explain.
Everytime I'm in need they help no questons asked.
Making sure I'm alright mentally and physically warm place to sleep and food. But to put it lightly changes Need to be met and looked at. Staff here does everything and more they can do to help along the way but making additional funding would Tremendously help out the shelter letting them continue and help all youth at risk in Fargo, North Dakota.
Thank you for the opportunity to speak today.
/s/ [redacted]

SSRC has helped in more ways than my own Blood family has my life.

Text of handwritten note:

SSRC has helped in more ways than my own Blood family has my life.

SSRC [redacted] taught me how to be more responsible and [redacted] this is a good place to go If you [redacted] don't have places to go. SSRC helped me relieve my anger issues and helped me connect my social life and make good friends and good choices and good housing and SSRC helped me stayed out of jail and keep my life on track. This is the longest I've stayed out of jail. [redacted] I'm grateful for SSRC for staying alive and control my everyday Life and make better choices and helping me when nobody else did and Im a better person because of this place.

Text of handwritten note:
SSRC has taught me how to me more responsible and this is a good place to go if you don't have places to go. SSRC helped me relieve my anger issues and helped me connect my social life and make good friends and good choices and good housing and SSRC helped me stayed out of jail and keep my life on track. This is the longest I've stayed out of jail. I'm grateful for SSRC for staying alive and control my everyday Life and make better choices and helping me when nobody else did and Im a better person because of this place.

Monday, March 13th / Keesha Miller
Stepping stones has helped me
in many ways but mostly it has helped
me learn to be responsible and has
been a stress reliever also. I love how
they help us with food and a shelter to
stay at while getting back on my feet. ♡
If you ever need any food or place to
stay during times of crisis I would
reccomend SSRC. ♡♡ Thank you!

Text of handwritten note:
Monday, March 13th/ Keesha [redacted]
Stepping stones has helped me in many ways but mostly it has helped me learn to be responsible and has been a stress reliever also. I love how they help us with food and a shelter to stay at while getting back on my feet. [heart] If you ever need any food or place to stay during times of crisis I would recommend SSRC. [two hearts] Thank you!

Hello, I am a resident or whatever you wanna say at SSRC. I've been here consistantly for about 5-6 days now. Its been pretty cool here. The food is good here. I have a place to lay my head down at night. I'm a people person too so its dope interacting withd ifferent personalities. Its nice having a place to go when I really need it. Its a dope place to be if you want to get away from all the bull. I'm so grateful to be here. I haven't really asked for too much but the things I have asked for, they do everything they can to help me out.

Hey How You doing I Am Antoine Mckeown
and im coming to you today because
I wanted to talk to yall on about
how the SSRC helped me and
Continuing to help me, So first off they
Save me a place to stay, they allowed
me to shower and to be able to make
me some good ole to eat and they
also serve food sometime across the
way but it dont rlly taste good
cause I aint make it because we
all know that my cooking is the
best and ive been homeless
for about 4 months so they
are (as in the caseworkers) putting me
and pointing me to the resources
that I need to set all of my
documents back into my possession.

HAVE A NICE DAY!

BAMM!!!



Text of handwritten note:
Hey How You doing I am Antoine [redacted] and i'm coming to you today because I wanted to talk to y'all on about how the SSRC helped me and continuing to help me. So first off they gave me a place to stay, they allowed me to shower and to be able to make me some good ole to eat and they also serve food sometimes across the way but it don't rlly taste good cause i aint make it because we all know that my cooking is the best and ive been homeless for about 4 months so they are (as in the caseworkers) putting me and pointing me to the resouces that I need to set all of my documents back into my possession.
HAVE A NICE DAY! BAMM!!!
[dazzling smile drawing]

March 16th, 2023

Relating to support for additional funding for crisis services to youth and young adults in SB 2012.

Dear Chairman Nelson and Members of the House Appropriations Committee:

At Prairie St. John's we have seen the need for behavioral health services continue to trend up at an alarming rate over the last several years. In 2020 Prairie St. John's took 2,730 calls for inpatient and outpatient behavioral health services for children and adolescents. In 2021, we took 3,700 calls seeking services for this same population. There is tremendous value in putting resources towards prevention and treatment for such a vulnerable population.

At Prairie St. John's we work with several entities throughout the region, Stepping Stones Resource Center and other similar entities cannot do this work alone and with the increased need noted via the data above increased funding is required across the state to care for our most vulnerable residents.

In addition to the $2,000,000 funding proposed in this amendment Prairie St. John's is advocating for at least $500,000 per year in funding to Stepping Stones Resource Center for crisis services to youth and young adults while they wait to access existing programs.

Thank you again for your commitment to the behavioral health needs of our residents. Please feel free to contact me at my information below if you have any questions.

Thank you for your time and consideration.

Best regards,

Ty Hegland
Chief Executive Officer and Managing Director
Prairie St. John's
701-476-7200
ty.hegland@uhsinc.com

SB 2012 (2023 LEGISLATIVE ASSEMBLY)
HOUSE APPROPRIATIONS COMMITTEE
HUMAN RESOURCES DIVISION
HONORABLE JON NELSON, CHAIRMAN
MARCH X, 2023
TESTIMONY OF John Campbell, FOR FRASER LTD

Chairman Nelson and members of the Human Resources Division of the House Appropriations Committee, I am John Campbell, Executive Director of Fargo-Moorhead Coalition to End Homelessness in Fargo, North Dakota. I'm here to support SB 2012 but also to request an amendment to it for crisis services for youth at risk.

I have observed an upward trend that now has exploded for youth and young adults, people experiencing housing instability and homelessness in the state of North Dakota. Youth and young adults in crisis due to growing threats from mental illness, substance abuse, and the disruption of society, while traditional supports struggle to respond.

Services like SSRC seeks to intervene in severe crises facing young adults with three primary goals.

1. To save lives, preventing suicide, violence, overdose, and death from exposure.
2. Avoid and mitigate against events with severe negative consequences for young adults, such as disability, profound traumas, and criminal history.
3. Wrap around services including person centered care to support quality of life that is accessible and equitable for all.

This approach has been adopted as best practice in several states including Minnesota. Evidence with supporting data shows this model can and does reduce costs in local and state governments including provide care and emergency services before larger or more expensive services are needed. More importantly it proves effective in the lives of our youth and youth adults. Currently services like SSRC a department of Fraser LTD, have not been compensated for most of this effective care model.

Amendments made to support positive changes, in the future of youth and young adults.

- Strengthen fundamental influences upon youth - nuclear families, healthy networks of kin and loved ones, and traditional institutions of learning, faith, and community service.

SB 2012 (2023 LEGISLATIVE ASSEMBLY)
HOUSE APPROPRIATIONS COMMITTEE
HUMAN RESOURCES DIVISION
HONORABLE JON NELSON, CHAIRMAN
MARCH X, 2023
TESTIMONY OF John Campbell, FOR FRASER LTD

- New funding to compensate programs like SSRC whom North Dakota State Hospital and local mental health providers routinely refer youth and young adults to SSRC because of integrated model of support.
- Model new funding after certified emergency shelter care for teenage children, currently administered by Health and Human Services.
- Modify programs like 1915(i) and Community Connect to clearly allow for emergency intervention so stabilization can occur, qualify for existing programs and eligibility.

Without modifications, we will be turning away from a model that works and has proven results.

Thank you for the opportunity to speak to you today and I'd be happy to answer your questions.

John Campbell

AMENDMENT TO SB 2012

Testimony on Senate Bill 2012
10:00 a.m. March 17, 2023
House Appropriations – Human Resources Division
Rep. Jon Nelson, Chairman

Additional Stats

As of Dec. 2022 – 1,264 licensed child care providers
Approximately 7,000-8,000 child care workers
Estimate is around 98% child care owners are female

- Good afternoon, Chairman Nelson and members of the committee. For the record, I'm Governor Doug Burgum.

- We are grateful for the opportunity to participate in this critical discussion about one of our most valuable resources, our children, an absolute priority. Thank you for making it a priority as well. We have an incredible opportunity to support our working families and provide high-quality early childhood experiences for our youngest citizens.

- This past September, I was joined by nearly a dozen legislative partners, Health and Human Services Commissioner Chris Jones and others at a child care center called Bright Futures to announce a child care framework that was developed through 14 months of work and collaboration among legislators, business leaders, child care providers, Chambers of Commerce, the Workforce Development Council and industry groups.

- This framework will positively impact thousands of children and working parents to build and sustain a workforce to support economic growth. This includes addressing three foundational elements of child care: **Affordability, Availability and Quality.**

- We know having high-quality early childhood experiences sets up kids for a better school experience, lowers the need for special education, and creates a strong foundation for any future career they choose.

- The children and their working parents who were able to be at Bright Futures are fortunate.

- However, their situation is not the reality for thousands of North Dakota's families.

- In communities across the state, working families are experiencing a child care crisis.

- They are unable to find quality child care, or if they do, they can't afford it.

- Our state is filled with young working families with immediate and urgent child care needs:
    - 45,000 ND households have children younger than age 5.
    - We know that's about 64,000 kids.
    - 3 out of every 4 households with kids younger than age 5 have ALL parents in the workforce.
    - That means 32,000 kids likely need child care.

- Yet we know when working parents seek child care, they are often met with long wait lists, especially for infants and toddlers.

- And finally, working families face the burden for the immense cost of child care.

- At best, according to the U.S. Department of Health and Human Services, child care costs should represent 7 percent of a household budget.

- Yet, when child care costs are often 30 percent or more of the household budget, that's simply not sustainable for young working families starting out – or frankly any family making less than $100,000 a year.

- In many cases, these parents are forced to make a choice between working and paying for child care, or not working at all.

- We can draw a direct line from these realities to our state's workforce challenges – because at its core, access to child care is a workforce issue.

- According to Job Service ND, 51% of job openings require only a high school diploma or equivalent. So these are jobs that people could enter if they had the support system to do so.

- Access to affordable, quality child care will make it easier for working families – especially young working families just beginning their careers – to engage in work, provide for their families, help grow our economy and support local businesses and their communities.

- In order to make a meaningful impact for children, working parents and businesses, we need to adopt a comprehensive strategy that involves government and employers partnering with communities to reach solutions.

- We're in competition with every other state for capital and talent. And when we have 11 million jobs open in our country, and over 30,000 jobs open in North Dakota, we know one of the things people are asking is if a community has available, affordable, quality child care.

- We are grateful for a seat at the table for this important conversation. Now we'll kick it over to Commissioner Jones and the HHS team to provide the details of the proposal. Thank you.

HOUSE APPROPRIATIONS COMMITTEE
MARCH 20, 2023

Chairman Nelson, Members of the Committee, my name is Kandia Qual, I am the Regional Program Director for Dacotah Foundation. I am here in support of HB 2012.

Our agency has been a provider of behavioral health services in North Dakota since 1970. Dacotah Foundation provides services in both the Bismarck-Mandan and the Fargo-West Fargo communities. A large portion of our services are through State funded contracts with the ND Department of Health and Human Services to support their efforts in this battle against the growing mental health crisis in our world today. Our agency exists to provide quality recovery-based life enhancing support and services to individuals in the communities we serve who are experiencing significant mental health and/or substance use challenges. As a partner in the community collaboration to meet the on-going needs of these consumers, we work very closely as a contracted provider with the Regional Human Service Centers to coordinate and provide our services on a daily basis, 24/7, 365 days a year.

Some of the committee members may already know about our agency and services but for those that are new, we would like to share a brief description of some of the services we provide so you can understand how we fit into the provision of services and engage with the Department of Health and Human Services. Many of the services we provide are residential based facilities with an augmentation of community-based services.

In the two regions Dacotah Foundation currently operates, we provide a continuum of care which is largely funded by State contracts. This continuum encompasses crisis stabilization services, permanent supportive housing, and independent living with community-based supports. Within the combined regions, we currently operate residential facilities which provide (27) crisis stabilization beds, (23) substance use disorder beds, (28) transitional living skill building beds, as well as provide staffing for a 40-unit permanent supportive housing program. These residential facilities are staffed 24 hours a day 365 days a year, and typically require multiple staff on each shift to meet the client and program needs as well as maintain safety. In the community-based setting, we operate a daily medication delivery and monitoring program to approximately 90-100 individuals throughout both regions as well as operating the Dacotah Recovery Center, located in Bismarck, which provides recovery-based services to persons who self-identify with a mental illness and are needing support and assistance navigating the system for care.

Apart from the above State contract funded programs, we also operate other community based supportive services in both the Bismarck-Mandan and Fargo-West Fargo regions. These services include our Representative Payee programs which provide money management and bill payment supports to approximately 350 individuals struggling to manage their financial resources and (42) affordable independent apartment and group living options for individuals. These apartment and group living options target individuals that have had difficulty finding local housing due to their financial backgrounds or rental histories. Further details regarding our programs, as well as the specific services and levels of care they offer can be found in Appendix A.

The residential and community-based care services we offer through our agency play an intricate role in supporting the State efforts to address the increasing need for intense mental health and substance use disorder services. The programs we operate and support would not be possible without the funding you provide to the Department of Health and Human Services and their Regional Human Service Centers. The funding encompassed within HB2012 is essential in providing for staff, facility management, and program needs which make these core programs and services possible. However, it is also important to note that with the workforce labor shortages, the demand of rising wages to remain competitive for staff, the increased costs of goods, and the overall increased cost of doing business during and post pandemic, this still may not adequately cover the needs for contracted programs such as ours. We have all witnessed supportive programs similar to ours being forced to shut down across the nation as well as within our own State due to the above-mentioned financial strains on operations and staffing.

I stand before you today to say we are struggling as an agency to provide these residential services with the current workforce market and the impact of inflation under our current contract rates. We have maintained operations

through the pandemic and post pandemic with rates that weren't able to be adjusted during contract cycles despite the immediate financial impact of the pandemic. This has left our agency at a hardship as our contract rates were already set when the pandemic began and were increased only 1-2% in the current biennium's contracts while inflation rates reached 9%. The cost of food, utilities and repairs have increased by 13.5% and higher. As an example of the current budget constraints, we are currently providing meals to our eight bed facilities on a budget of $125/week. This $125 per week feeds eight individuals three balanced meals a day plus the snacks we are required to offer, this is almost impossible to do with rising costs. Our cost of medical insurance premiums for our staff have increased by 15% while what the staff must pay in their portion has also increased. Our starting wage would need to increase by approximately 12% to be competitive with other similar agencies in our area and we are unable to do this at this time due to the constraints of our budget within the current contracts.

The population we serve have intense needs. I have been with our agency for 20 years and can say firsthand, we are seeing individuals arrive for services with a greater intensity and severity of mental health symptoms than we saw even 5 years ago. We are experiencing higher incidents of weapons being brought on site, escalations or violence occurring, and a larger impact of property damage than previous years. These circumstances are a direct result of the client's increased significant mental health symptoms or substance use concerns. I have included some photos of just a small amount of the property damage and weapons we are encountering in Appendix B.

To meet this growing intensity in the need for support, monitoring, and interventions our staff need to be well trained and have specific qualifications. These staff positions are high demand, high energy jobs that require individuals to have an understanding in areas of behavioral health and medications as well as specialized training to recognize and respond to the situations encountered. Our agency competes for knowledgeable dedicated employees with other industries that require less specialized skills and training. For example, there are high school students working in fast food restaurants or big box stores being paid $17/hr for positions that require less training and less specialized skills or knowledge than the positions we hire for. Under our current contracts our starting wage is $15.50/hr. for a Mental Health Technician which requires several certifications and advanced training to perform the duties of their job. This difference in pay makes it extremely hard to recruit and retain individuals. To provide the necessary staffing pattern and level of care needed for these programs while also providing the quality of care expected and deserved, our industry needs to be able to be competitive with our salaries and benefits as well as meet the increased training needs to adequately serve this population.

Our turnover rates have continually increased from 33% to 80% primarily due to better pay in jobs with less intense work environments. We are in constant recruitment and training mode. Staff are continually being asked to do more, fill in open shifts and work longer hours which is increasing burnout and impacting staffing retention. We are currently operating at 75% of our staffing needs. Our residential homes and group homes require 24/7, weekend, holiday, and blizzard coverage. Supervisors and administration are being required to work shifts as direct care workers to assist in covering these needs as well, which takes them away from the duties of their positions and causes burnout for them as well. Staffing shortages also requires more overtime to fill the void and impacts expenditures in a budget that is already impacted by inflation. All these factors combined raise concerns for staff safety, impact our ability to repair and maintain safe living environments for the consumers, maintain adequate client to staff ratios, and impacts our available bed capacities to meet the needs of the Regional Human Service Centers.

Without an increase to budget spending for Regional Human Service Centers, contracted providers like Dacotah Foundation will be forced to leave the industry and/or reduce services. In an environment where we are hearing more mental health services are needed, less services and providers would be highly detrimental.

We are here today to advocate for increased budget spending for the Department of Health and Human Services budget that would allow providers to be competitive in the current workforce market; reflective of the level of training required and needed; and reflective of the rate of inflation we are all currently experiencing.

APPENDIX A

Crisis Stabilization- This is our most intensive service we provide for mental health crisis stabilization and social detox. This service program provides both immediate triage and assessment with connections to resources and services as well as short stay residential stabilization services for mental health and SUD services. These services are available and open to the public to walk-in for assessment at any time of day 365 days a year with a goal to engage individuals in services during their moments of crisis in order to reduce Emergency room visits, hospitalizations, and jail/incarceration. Individuals are referred to the Stabilization Unit through law enforcement, local hospitals, crisis hotlines, local homeless shelters, family and friends or their individual decision to seek care in their moments of crisis. These services are provided in collaboration with the Regional Mobile Crisis Response teams for after hours response and under the direction of the regional HSC. There are 15 beds in Fargo and 12 beds in Bismarck.

Substance Use Disorder Treatment- These services are conducted within two separate programs in Fargo comprised of 23 beds. Residents reside within these programs, which are staffed 24/7/365 to receive support, observation and recovery orientated skills building while still receiving substance use disorder treatment in an outpatient setting through the Human Services Center. Staff work with residents through their engagement into recovery as well as longer term transition back into sober community living arrangements.

Transitional Skill Building Residential- These services are a step-down service from crisis stabilization for individuals needing more observation and skill building while continuing treatment with the Regional Human Service Center teams. There is one facility in Fargo (8 beds) and two facilities in Bismarck (20 beds)

Medication delivery and monitoring programs are in both Bismarck (50 individuals) and Fargo (40-50 individuals). This service provides once to twice daily contact with individuals that have demonstrated a history of needing higher levels of care if non-compliant with medication. Staff deliver the medications to the individuals in their private homes throughout the community and observe them take the medications to assist in adherence. This also gives us a daily opportunity to observe well-being and report and address concerns early.

Support staff for Edwinton Place in Bismarck which is a permanent supportive residential setting for 40 individuals. This program is provided in collaboration with Burleigh County Housing Authority and DHHS. Staff help identify needs; monitor for safety and assist to connect tenants to community resources.

Dacotah Recovery Center located in Bismarck provides recovery-based services to persons who self-identify with a mental illness and are needing support and assistance navigating the system for care. The center provides peer-to-peer group options for members to share their recovery journey, success, and resources. Staff are available to assist and provide education and activities that help develop skills in the four major dimensions of recovery which are health, home, community, and purpose (self-worth).

Representative Payees are in both Bismarck and Fargo to provide money management and bill payment supports to approximately 350 individuals struggling to manage their financial resources. They focus on shelter, food and clothing needs and work with local vendors and apartment managers. This program is funded by client funds received either from their Social Security or employment income.

Affordable independent apartment and group living options for individuals that have had difficulty finding local housing due to their financial backgrounds or rental histories. There are both individual and group living options for persons in multiple stages of recovery. There are five sites in the Bismarck area which can house 37 individuals and one in Fargo which can service 7 individuals. Tenants pay for their rent from their own financial resources, with supports from vouchers or more recently ND Rent Help. Individuals benefit from the peers they live with and from supportive services that are provided within each setting.

APPENDIX B

The below pictures are representative of some of the damage within our programs caused by symptomatic residents during their stays. This is just a small representation of the violent or dangerous situations we encounter that not only affect staff retention but cause financial strain on the agency due to consistent repair expenses in all programs.







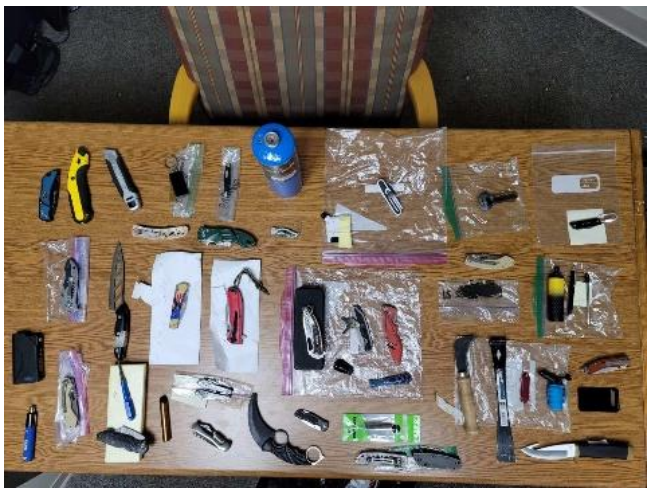



(Appendix B Continued)





The below pictures represent several of the weapons being brought into the programs on a consistent basis that we are confiscating for safety concerns. The weapons depicted were collected over less than a 30 day period and are representative of only a portion of what we confiscate monthly.





Support for SB 2012

Dave Marion- Prairie Recovery Center

3-20-2023

Chairman Nelson and Members of the Committee,

My name is Dave Marion and work for the Prairie Recovery Center located southwest of Mandan near Raleigh ND. The Prairie Recovery Center serves men and women throughout ND that suffer with addiction and dual diagnosis mental health conditions in a short-term residential setting in rural ND. The Prairie Recovery Center, as a committed home-grown ND resource, has made it its mission to answer the call of the severe crisis that ND is facing with its growing needs in substance use disorders and mental health. First, we want to offer up support for SB 2012 and the removal of the moratorium relating to the SUD voucher which is supported by the Dept. of Human Services and Behavior Health Division. Resources like the continuation of Medicaid Expansion and potential inflationary increases are a critical tool to a functioning Behavioral Health system. Behavioral Health might be the number one public health talking point in America. Incidence rates are up, acuity is up, and drug overdoses are up. In-patient behavioral health is delivered in the community in short-term, acute care settings, this is apparent for persons with mental health and substance use disorders. It would not be in the best interest of the people that need the lifesaving services to limit services or resources when the state can take positive steps to address the needs clearly outlined by the Dept of Human Services, Behavioral Health Division and Shulte Report. Always taking steps to eliminate barriers for people to access care and support a full continuum of care to tackle this growing epidemic should be at the front of every conversation. It will be important to support and use our local providers that want to do the work and is in the best interest of people and families, which serves as the cornerstone to our ND communities. You have providers that want to do the work, so continue to let them roll up their sleeves and do the work. Thank you for your time and consideration and if you have any questions please do not hesitate to ask.

Dave Marion

SB 2012

House Appropriations Committee – Human Resources Section
Jon Nelson, Chair
Testimony of Sandra Leyland

Good morning Chairman Nelson and members of the Human Resources Division of the House Appropriations Committee. My name is Sandra Leyland, Chief Executive Officer for Fraser Ltd., in Fargo. Thank you for this opportunity to speak on behalf of at risk youth in North Dakota as well as Fraser's *Stepping Stones Resource Center* (SSRC) which is a part of our youth services department.

Our services began in 1893 as the Florence Crittenton Home for unwed mothers. Since our inception we continue as a private nonprofit and we meet the needs of children, youth and adults. Services and resources have grown to include independent living supports, residential services and day support services for people with disabilities; childcare services for children who are typically developing and children with special needs; and youth services for those 16 to 26 who are at risk and requiring case management and basic resources for themselves and their children. We serve youth in crisis, experiencing trauma, and can literally report life saving measures by our staff at both physical and mental health levels.

After three years of running the program we recognized the need for our youth to access timelier outpatient mental health supports. We opened Valley Hope Counseling Center serving the community and our youth program.

We support SB 2012 and are asking for an amendment in support of the thousands of youth across our state who are risk of homelessness, human trafficking, suicide and incarceration. Since our Stepping Stones Resource Center began 14 years ago, we see an increase in chemical dependency, mental health issues, youth raising children, and more. Reviewing demographics we show youth utilizing SSRC in Fargo from as far away as Beach, North Dakota. Speaking with other providers we believe there is a need <u>statewide</u> for new money to address this target population.

This population of youth is recognized in behavioral health circles as extending to age twenty six. These at risk individuals are often referred to as the invisible population because of the great lengths they go to in order to avoid being detected. This often leads to couch hopping, suicide, sex trafficking, drug use and overdose. They want to avoid foster care as they know it, and models like SSRC meet them were they are at in their young lives. To be clearer, the model we support at our resource center – IS NOT a social club, a drop in center, addiction program – although we do intervene, nor are we a homeless shelter, although we do provide emergency extended hours from November to March to youth and their children when adult shelters are full, or youth are afraid to access adult congregate settings for fear of abuse. We network in the community to meet youth in trauma or in crisis.

In the Senate we presented on a study completed by the University of Mary fourteen years ago which identified not only a successful model we run to date, but a recommendation the program be supported within the community. We have built a comprehensive network spanning all areas impacting this population of youth – coalitions, community providers, law enforcement, and the medical field. This support positively impacts the success of our youth. Services from providers like Fraser Ltd., can be step

down programs, referral sources, or hand in hand partnerships. The capacity of other providers to reach at risk youth through similar methods across the state exists if support is given to them. Indeed, the proposal for Certified Community Behavioral Health Clinics by the Department seems to propose a similar model of healthcare for an entire community.

Speaking specifically for the program/service model we follow at Fraser for SSRC, the funding options through 1915i, Community Connect (CC) or Free Through Recovery (FTR) are limited and more suitable to fund our permanent supportive and transitional housing for youth. These state resources are about 22% of the budget. Remaining operational funding for SSRC is at 88% and is derived from donations, foundations, grants, in-kind, fundraisers and social entrepreneurial projects. All of this has been impacted by the pandemic at some level.

SSRC functions as a community center attracting youth from the across the state. We feel statewide funding would assist other regions in keeping their youth in their perspective communities.

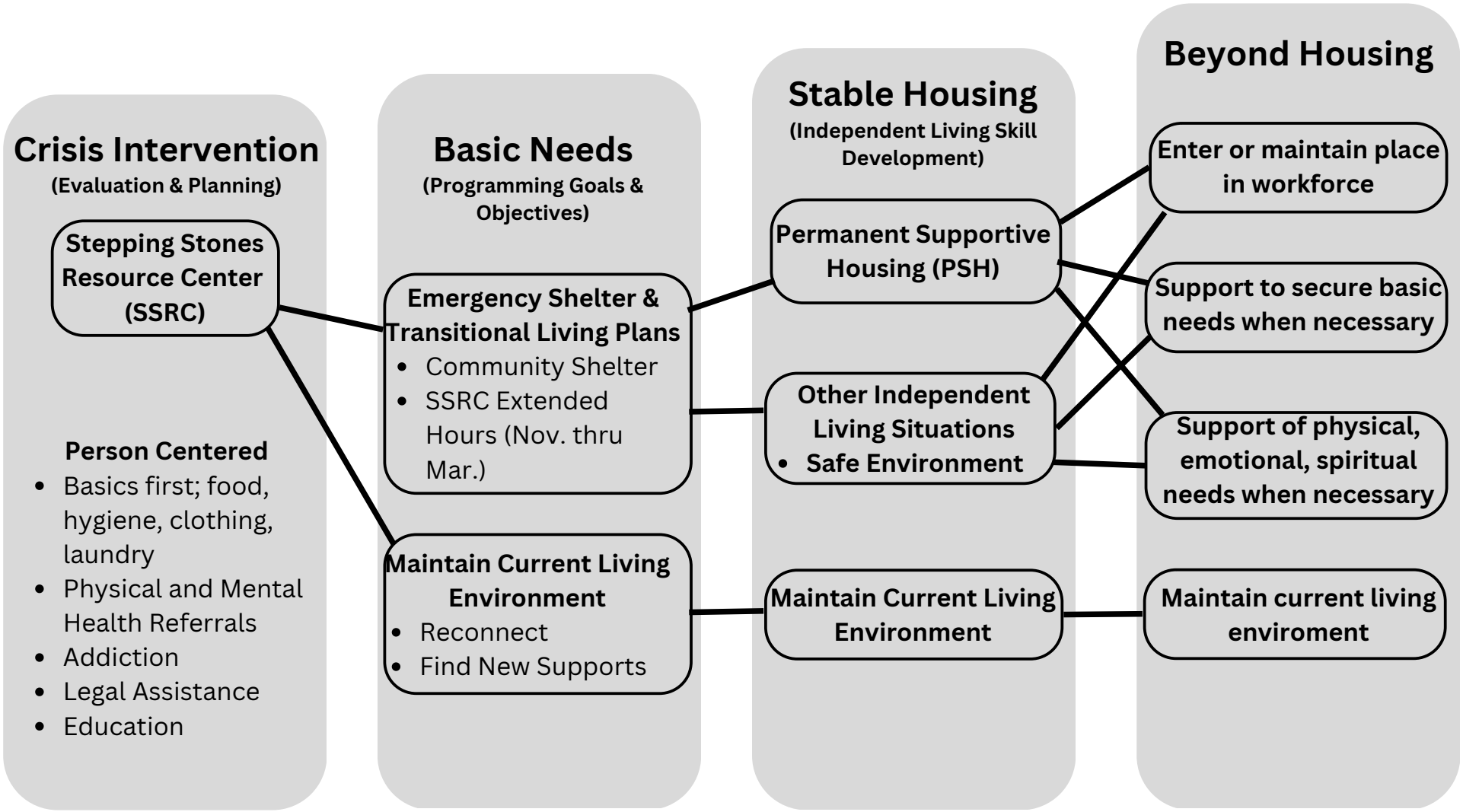
Fraser Ltd., is requesting from the House Appropriations Committee what could be considered an obnoxious ask of $2,000,000, but what we believe could be a cost effective approach to the issues facing our at risk youth. Incarceration and inpatient care for physical and mental health care is far more costly per person than we are requesting. We are willing to collaborate, share information, provide more data, whatever necessary to address the needs and prove good stewardship. We need funding to continue our efforts. Providers across the state identify the same needs.

Please note Fraser's request is not in support of our capital campaign. Money for this project is not available for operations and is privately funded.

Thank you again for this opportunity to share our insight and speak on behalf of our state's youth.

Stepping Stones Resource Center

Continuum of Care Model
2009 to present



Testimony

Senate Bill #2012

Chairman Nelson

House Appropriations Committee:

Human Resources Division

March 12th, 2023

Chairman Nelson and members of the House Appropriations Committee, thank you for allowing me to testify on Senate Bill 2012. I am in support of SB 2012 but also to request an amendment to it for crisis services for youth at risk throughout the state of North Dakota. I am Erica Markle, I am the Transitional Youth Services Program Administrator at Fraser, Ltd. in Fargo. I provide program oversight for Stepping Stones Resource Center: our resource center for youth ages 16-26 years of age and their children. We have had the privilege of serving the community through Stepping Stones Resource Center for 14 years. Each year we have been able to grow our outreach and increase the level of support we provide to the community. Our first year of operation we served 338 unique individuals, this past year we served 898 unique individuals; a 166% increase in clients served.

We are at the point now where we have outgrown our current space and are in the process of building a new center in order to accommodate the expansion of our programing, increased number of clients served, and increased need for crisis intervention and wrap around services. 79 percent of the youth we serve at Stepping Stones Resource Center have a mental health diagnosis, 62 percent of the youth have a chemical dependency diagnosis, and 30 percent of the youth we serve are survivors of human trafficking. Having a community space for these individuals to be safe, to get their needs met, and to learn skills is vital to the community.

We have seen a rise in youth coming to us in crisis who are needing immediate services and wrap around support; many of whom we provide lifesaving services for. I can testify to this as several youth have informed me of this after the fact. Our resource center provides crisis intervention in the forms of suicide prevention, responses to overdoses, childcare assistance for overwhelmed caregivers, and assisting individuals in domestic violence situations and human tracking situations to get away from their abusers and have a safe place to stay and seek services. I have had many youth inform me that they were planning to end their lives before entering into our services. The one that sticks with me the most is an individual showing me their journal, inside was their goodbye note they had made before finding us. They said they created it when they were feeling hopeless. They had called their family and friends all the local shelters but no one had room for them. They had a friend who could not take them in but told them to come to SSRC for our extended hours program. Luckily, they did and are working on their goals and are engaging in mental health assistance and our wrap around case management. Hope and a chance for a better future is what our programing offers.

Stepping Stones Resource Center is structured programmatically using the Transition to Independence Process. This evidence-based model focuses on a strength-based, person-centered approach to assist youth who have emotional and behavioral difficulties. We focus on assisting the youth we serve on their journey to independence through groups, modeling behaviors, and wrap around case management.

Areas of program focus are centered on gaining meaningful employment, continuing education endeavors, finding and securing stable housing, connecting with mental and physical health service providers, and becoming an active member in the community.

In our community and all of North Dakota that there is a growing need for individuals to have access to resources such as free hygiene products, clothing, school supplies, furniture, and food. We have increased the amount of food given to individuals and families by over 60 percent these past three years. There has been an increase of 35 percent in the amount of food we are getting from Great Plains Food Bank for community distribution. We are seeing the high inflation rate on groceries impacting our neighbors; many individuals that used to be able to provide for all their basic needs are needing supports. Their paychecks are not stretching as far as they used to. We meet their immediate needs and also assist them with getting set up with other local agencies and programs to increase their independence.

SSRC serves youth from all over the state. Many individuals come to Fargo for an increase in job opportunities, for our local shelters, for the services offered within our community, and for continuing education. We get referrals from the state hospital, mental health providers around the state, and juvenile facilities for youth in need of intensive services and supports. We are a resource hub for youth in the community. We assist with transportation to appointments, have other providers come on site to meet with clients, and refer clients to community providers for additional supports. We have staff available 24/7 with an on-call system also in place to meet the needs of the clients.

We see the individuals we serve as more than just a number. We know them by name, know their story, and know their dreams. It is due to this connection that we are successful in assisting them in their goals surrounding independence and becoming an integrated member of society. Currently, 54 percent of our youth we serve are employed. We are striving to only increase our community supports.

Thank you for the opportunity to testify in front of you Chairman Nelson and members of the House Appropriations Committee.

NATIVE INC.
Community Development Corporation

Native American Development Center
2403 East Thayer Avenue
Bismarck ND 58501
Tel: (701) 595-5181
Website: www.ndnadc.org

Fargo Downtown Engagement Center
222 4th Street North
Fargo, ND 58102
Tel: (701) 412-2735
Website: www.ndnadc.org

March 16, 2023

NATIVE, Inc.
SB 2012
House Appropriations Committee
Human Resources Division

Mr. Chairman Nelson and Members of the Committee,

My name is Andrew Antell. I am an enrolled member of Standing Rock Sioux Tribe. I am a single father raising four children in Bismarck ND.

I am here today in **support** of Senate Bill 2012.

I have been a client of NATIVE, Inc.'s Community Connect program since August 2022. I have been receiving peer support services since enrolling into this program. I also attend NATIVE, Inc.'s Men's Talking Circle held every Friday evening.

The community connect program has helped me obtain stable housing by applying through the ND Rent Help program. It provided me with rental assistance and helped me find a landlord that would rent to me. It, also, helped me get food, pay for my phone bill and pay for gas until I was able to get my first check from my new job. This was all paid through gap funding from this program. But this program also helps me with peer support services. This helped me by giving me someone at times of need. I have a mental health diagnosis, so this helps me with doubts of depression and anxiety. My peers support offers me to come in to smudge and pray with me. This helps me to be encouraged and get through the rest of the day in a good way. I needed this program because I had recently gone through a divorce. I was restarting my life from scratch with my four children. This program has helped me obtain stability back into my life.

The Men's Talking Circle has helped me by providing me with an outlet when I'm feeling frustrated or alone. This men's talking circle at NATIVE, Inc. is a support group where Native American men talk about the issues that Native men struggle with. As an Indigenous people we are force to walk in two worlds—one is our traditional ways, and the other is the modern world. The men's talking circles are different than other non-Native men support groups because our circle involves our culture, our traditional medicines in the form of the drum, ceremonial songs, smudge, prayer, and a shared sense of humor.

Thank you for your time. I stand for any questions.

NATIVE INC.
Community Development Corporation

Native American Development Center
2403 East Thayer Avenue
Bismarck ND 58501
Tel: (701) 595-5181
Website: www.ndnadc.org

Fargo Downtown Engagement Center
222 4th Street North
Fargo, ND 58102
Tel: (701) 412-2735
Website: www.ndnadc.org

March 16, 2023

NATIVE, Inc.
SB 2012
House Appropriations Committee
Human Resources Division

Mr. Chairman Nelson and Members of the Committee,

My name is Shiloh Eagle. I am an enrolled member of Standing Rock Sioux Tribe. I am a single father raising two children in Bismarck ND.

I am here today in **support** of Senate Bill 2012.

I have been a client of NATIVE, Inc.'s Community Connect program since July 2022. I have been receiving peer support services since enrolling into this program.

The community connect program has helped me obtain stability. This program helped me get my own apartment for me and my children. It has also helped to find resources that apply to helping me in my situation. Most importantly, it has helped me stabilize my housing. This program also helped me get gas, food, and household cleaning supplies until I was able to get my next paycheck. But it has also helped me to learn how to budget my monthly income.

I needed help because I became a single parent with one income. So, me and my children had to stay with friends and even at a hotel. I learned about NATIVE, Inc. and they helped me get housing and services. In my situation I have a genetic disability diagnosis that put me on social security benefits. The community connect program helped me find the landlord that was willing to rent to me. My care coordinator was critical to making this happen because she facilitated the needed paperwork and needed program requirements that paid for first month's rent and security deposit. Peer support services has helped me become comfortable with who I am now. I am a single father of two kids. Becoming a better parent has always been what I wanted to do but I've always been hesitant to ask for help but the help that I get at NATIVE, Inc. is not forced and is more natural, more like a friendship. they helped me work with mental health, helped me with the small victories everyday not just the big one that everyone sees or knows.

NATIVE, Inc. is helping me break the generational traumas. I grew up with my dad who spent our money and moved us around place to place. But with NATIVE, Inc.'s help I know that I can make our place a home to me and my kids. A place to feel safe and stable.

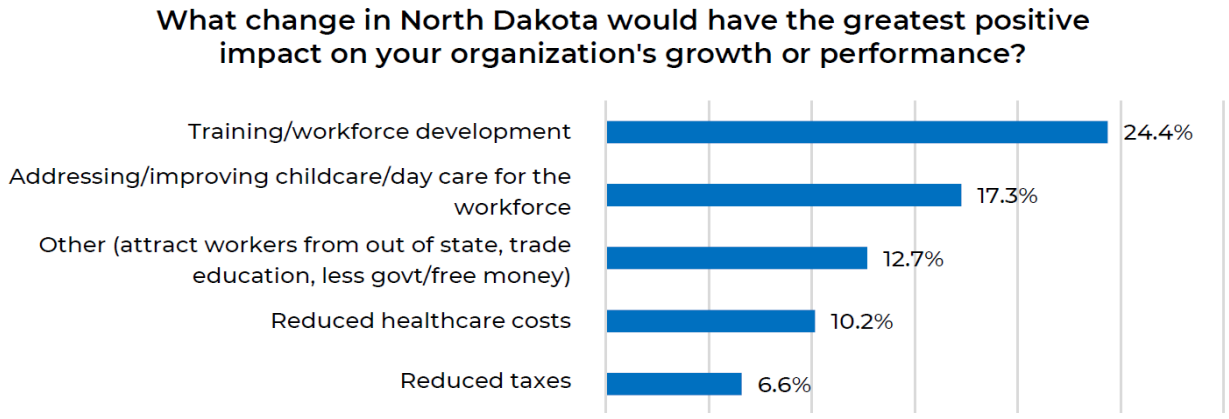
NATIVE, Inc. is important to the community because it's building a Native community. It helps us create new friendships amongst other Native people who might not otherwise ever met, leaving us isolated and alone.

Thank you for your time. I stand for any questions.

GREATER NORTH DAKOTA CHAMBER
SB 2012
House Appropriations Committee
Human Resources Division
Chairman Jon Nelson
March 7, 2023

Mr. Chairman and members of the Committee, my name is Andrea Pfennig with the Greater North Dakota Chamber. GNDC is North Dakota's largest statewide business advocacy organization, with membership represented by small and large businesses, local chambers, and trade and industry associations across the state. We stand in **support** of Senate Bill 2012 as it relates to childcare.

Recently, GNDC partnered with the NDSU Challey Institute for Global Innovation and Growth to complete a survey about the business climate in North Dakota. The survey found that 62% of respondents felt the number one factor holding businesses back is difficulty attracting and retaining qualified workers. Additionally, when respondents were asked what change in North Dakota would have the greatest positive impact on their organization's growth or performance, the second most common response was to improve childcare for the workforce.



The results of the survey were reflected in the discussions held by our members in our policy position development process. Lack of childcare is negatively impacting businesses. As a result, one of our policy positions is to encourage solutions that enhance childcare availability and out of school time programming that do not increase costs to businesses. We are also supportive of the services offered in vocational rehabilitation.

We hope that you will support funding and solutions aimed at addressing workforce challenges as it relates to childcare and vocational rehabilitation in SB 2012.

701.222.0929 ndchamber@ndchamber.com ndchamber.com PO Box 2639 • Bismarck, ND 58502

Testimony

I am Brenda Bergsrud, Executive Director of Amachi Mentoring and Lake Region Community Shelter in Devils Lake. I want to stress the importance of providing shelter to those in need and the lack of shelter for juveniles.

I want to share ONE story of many situations we have had at the shelter in Devils Lake. A young man, age 17 presented himself and asked to stay. We are not able to house anyone under the age of 18. This child is attending high school, working at a fast-food restaurant, and wanted to stay in Devils Lake for these two reasons. He currently is under the care of his grandparents. I phoned the police and he begged for them to take him to jail so he would have a place to stay. He told us repeatedly that he could not stay with his grandparents as they "use", his mother also uses and his father is nowhere to be found. He repeated that he just wants to do good. Our hearts were broken, mine and the police officers who took him to CPS. These are the situations that keep us going and keep me up at night; where is he now?

This is a scenario that the shelter staff encounters weekly. WE NEED HELP for these young people wanting to break the vicious cycle they are living in. Keep in mind that a suppressant for hunger is meth. Meth is readily available to these children at a young age. Parents are no longer caring for their children, causing homelessness and hunger. The domino effect of substance use is affecting more and more at a young age. We need to support these children for their sake and our communities.

The Lake Region Shelter is at capacity nearly every day. Every day we turn someone away. Devils Lake offers employment, and housing so it is attracting from neighboring communities besides the transient population who are passing through. Shelters need direct funding and not funding funneled through other programs. Some programs that are very helpful have an application process that can take weeks, this is not helpful to those who are in immediate need of services. The cost of operating a shelter and providing services such as assistance with employment, transportation, and finding housing is expensive but very much needed.

Thank you for your consideration to support the youth and homeless in North Dakota.

Brenda Bergsrud



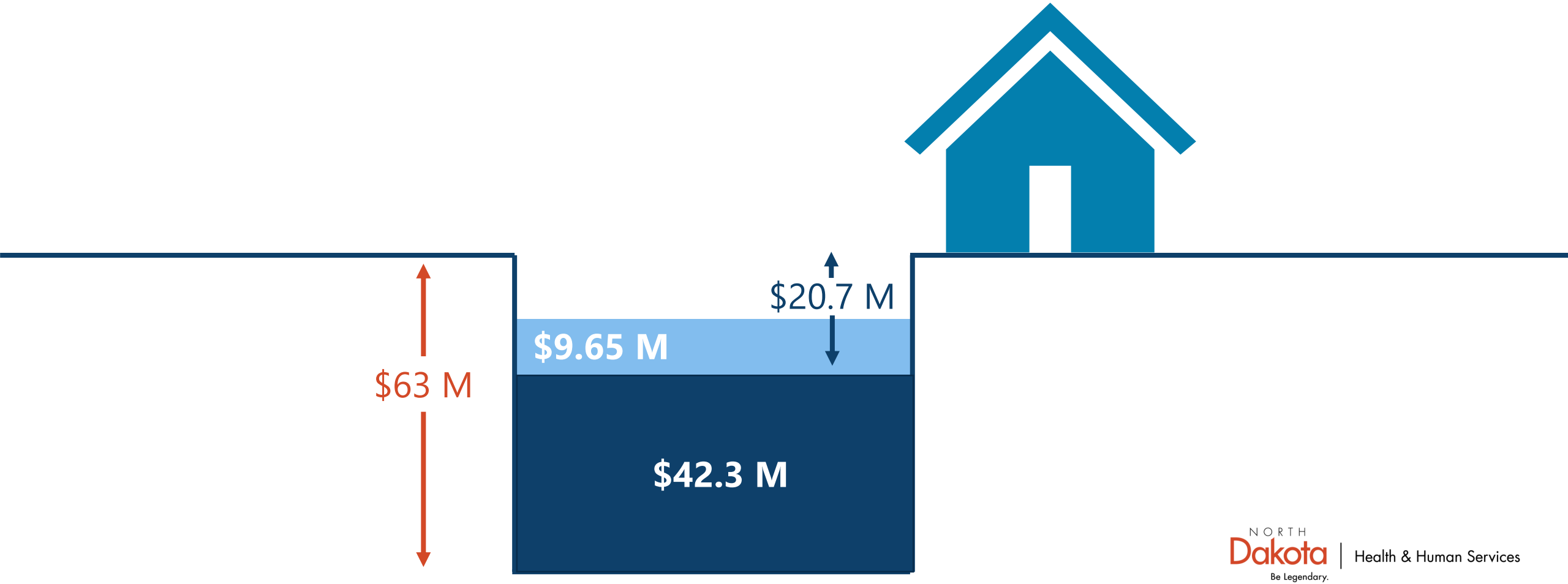
Engrossed Senate Bill 2012

House Appropriations – Human Resources Division Committee
Representative Jon Nelson, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

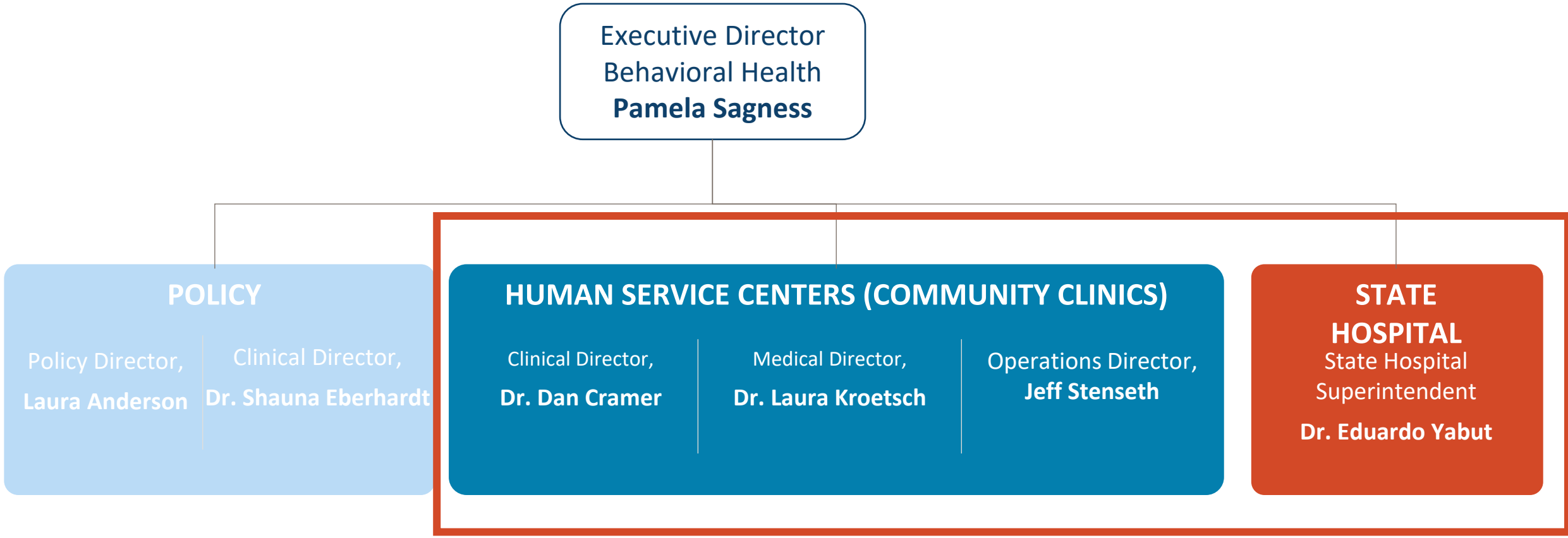
Behavioral Health Division, **Human Service Centers** | March 14, 2023

Human Service Center/State Hospital
Budget Considerations



NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health Organizational Chart



Behavioral Health Services Goals

People are getting better



Be a place where people want to work



Efficient service delivery



NORTH Dakota Be Legendary. | Health & Human Services



https://youtu.be/1TRvRr47IqQ

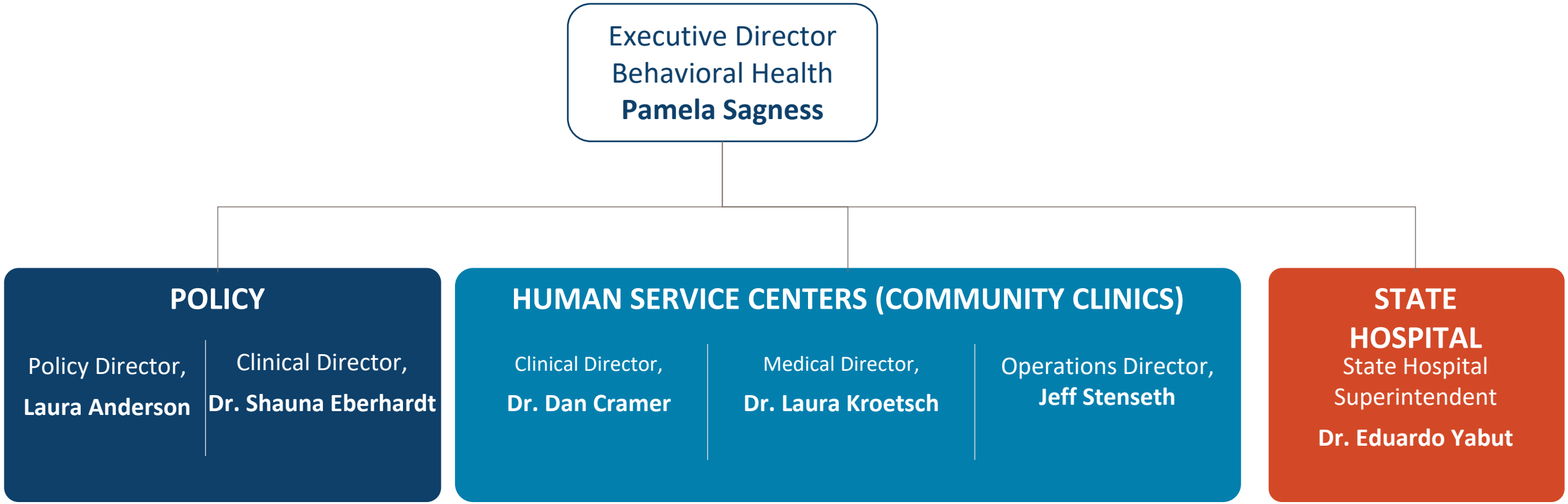
Roadmap

- HSC Clinic Leadership Restructure
- Statutory Requirements
- Assessment
- Treatment
- Crisis Services
- Workforce
- Essential Elements to Align with Future Vision
- Budget
  - Itemized List of Changes



NORTH Dakota | Health & Human Services
Be Legendary.

Behavioral Health Organizational Chart



NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health Organizational Chart

Executive Director
Behavioral Health
Pamela Sagness

POLICY

Policy Director
Laura Anderson

Clinical Director,
Policy
Vacant

HUMAN SERVICE CENTERS (COMMUNITY CLINICS)

Clinical Director,
Human Service Centers
Dr. Dan Cramer



Medical Director,
Human Service Centers
Dr. Laura Kroetsch



Operations Director,
Human Service Centers
Jeff Stenseth

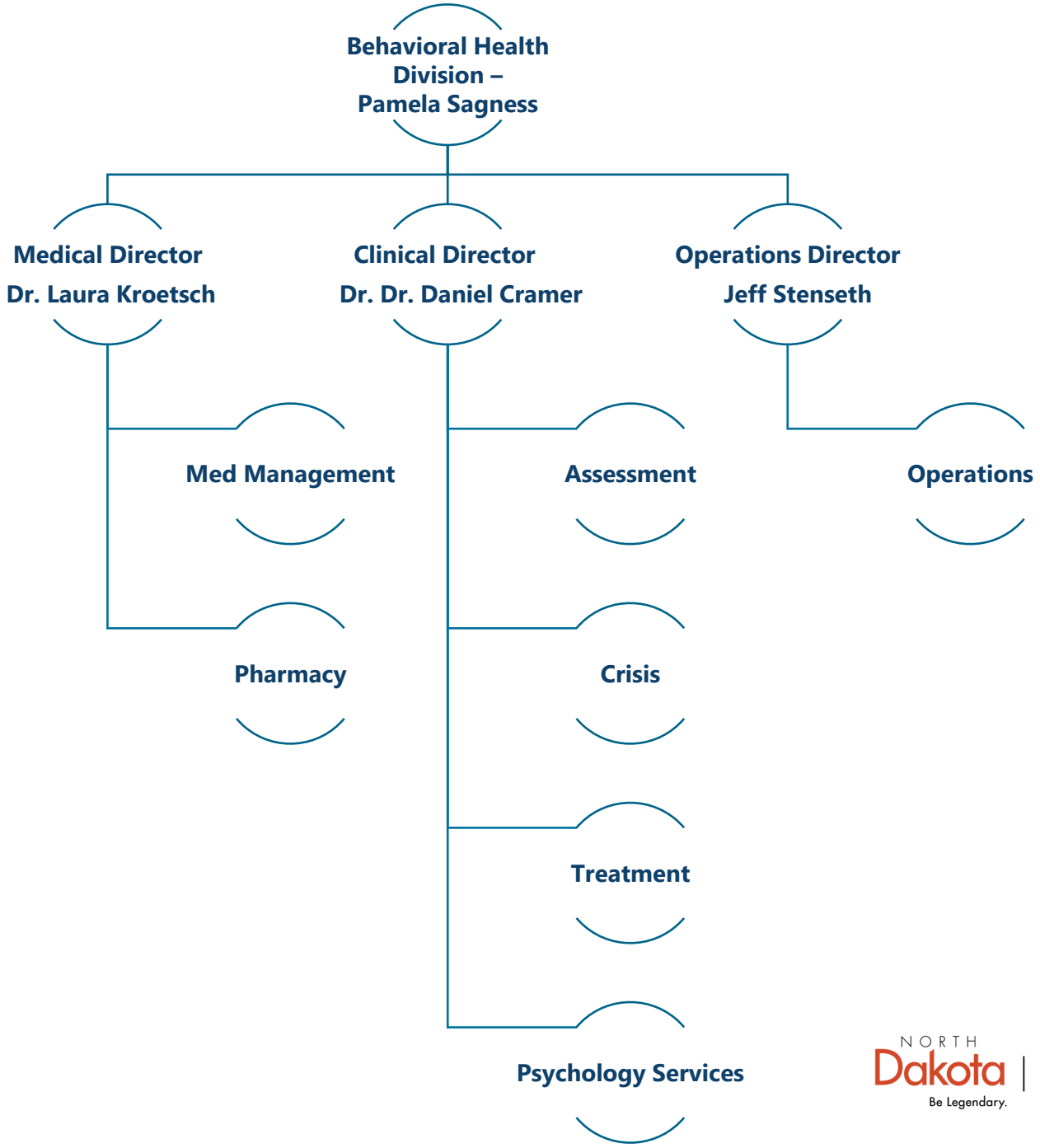


STATE HOSPITAL

State Hospital
Superintendent
Dr. Eduardo Yabut

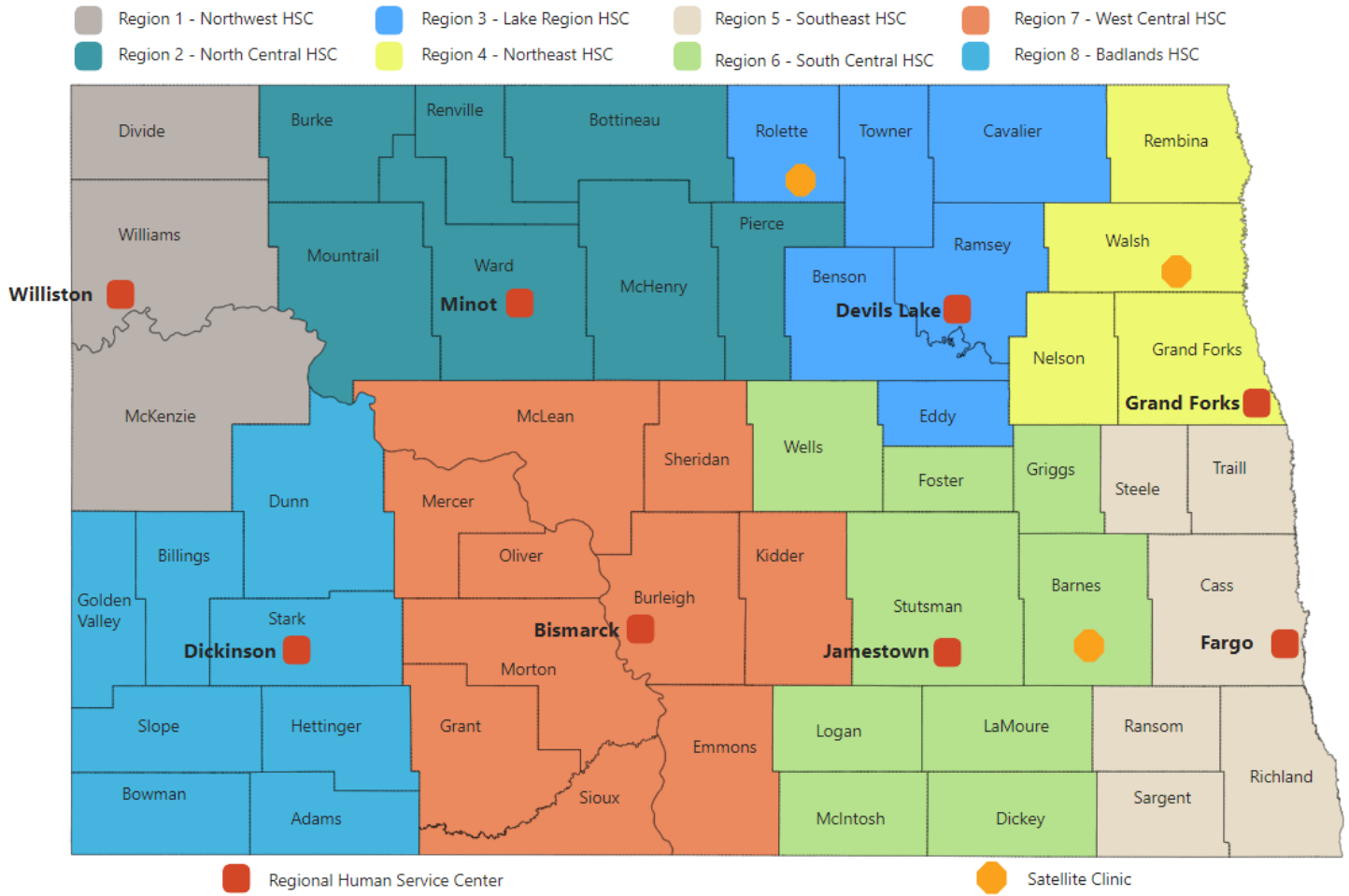
NORTH Dakota | Health & Human Services
Be Legendary.

HUMAN SERVICE CENTERS

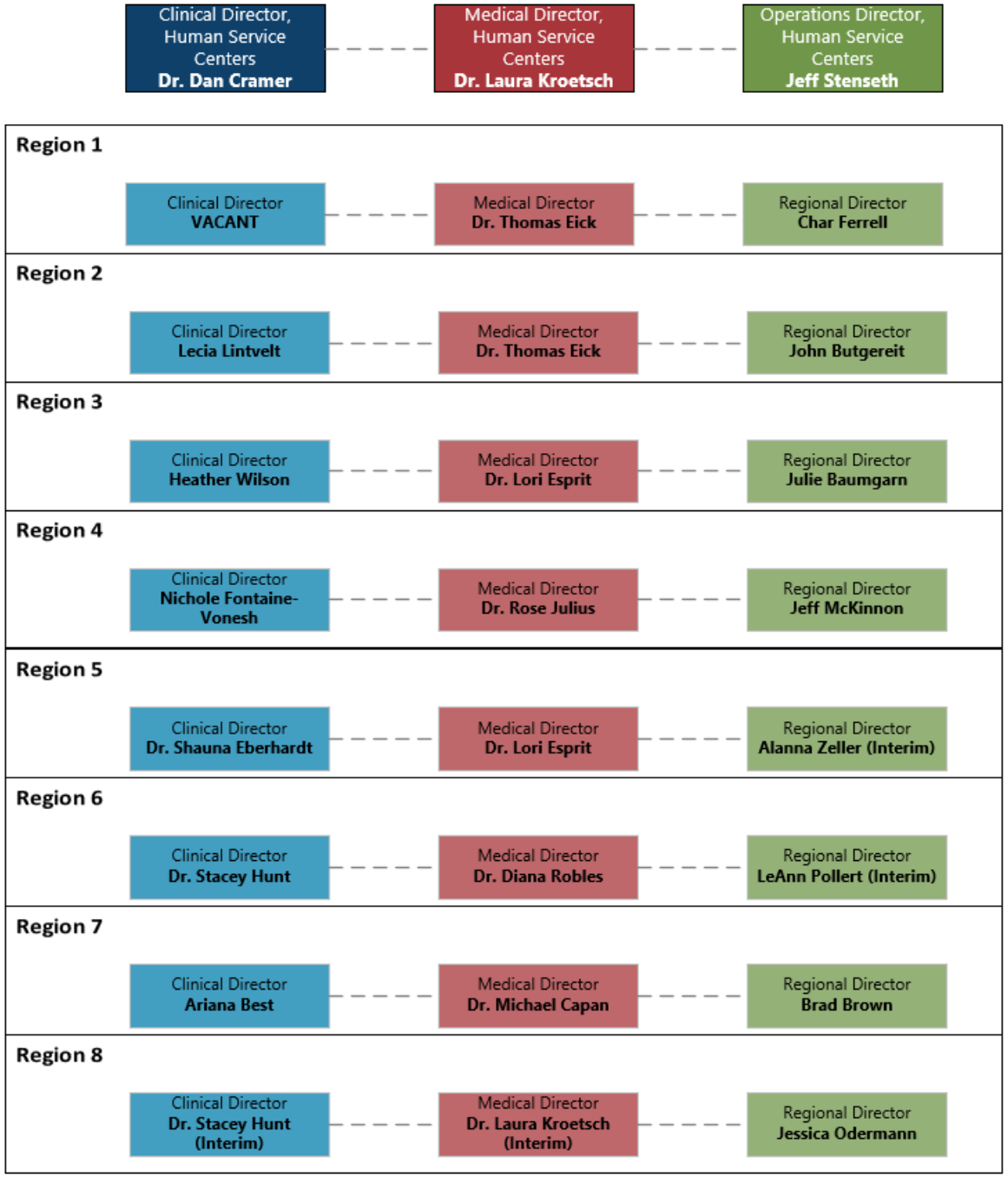


NORTH Dakota Be Legendary. | Health & Human Services

Human Service Center Locations

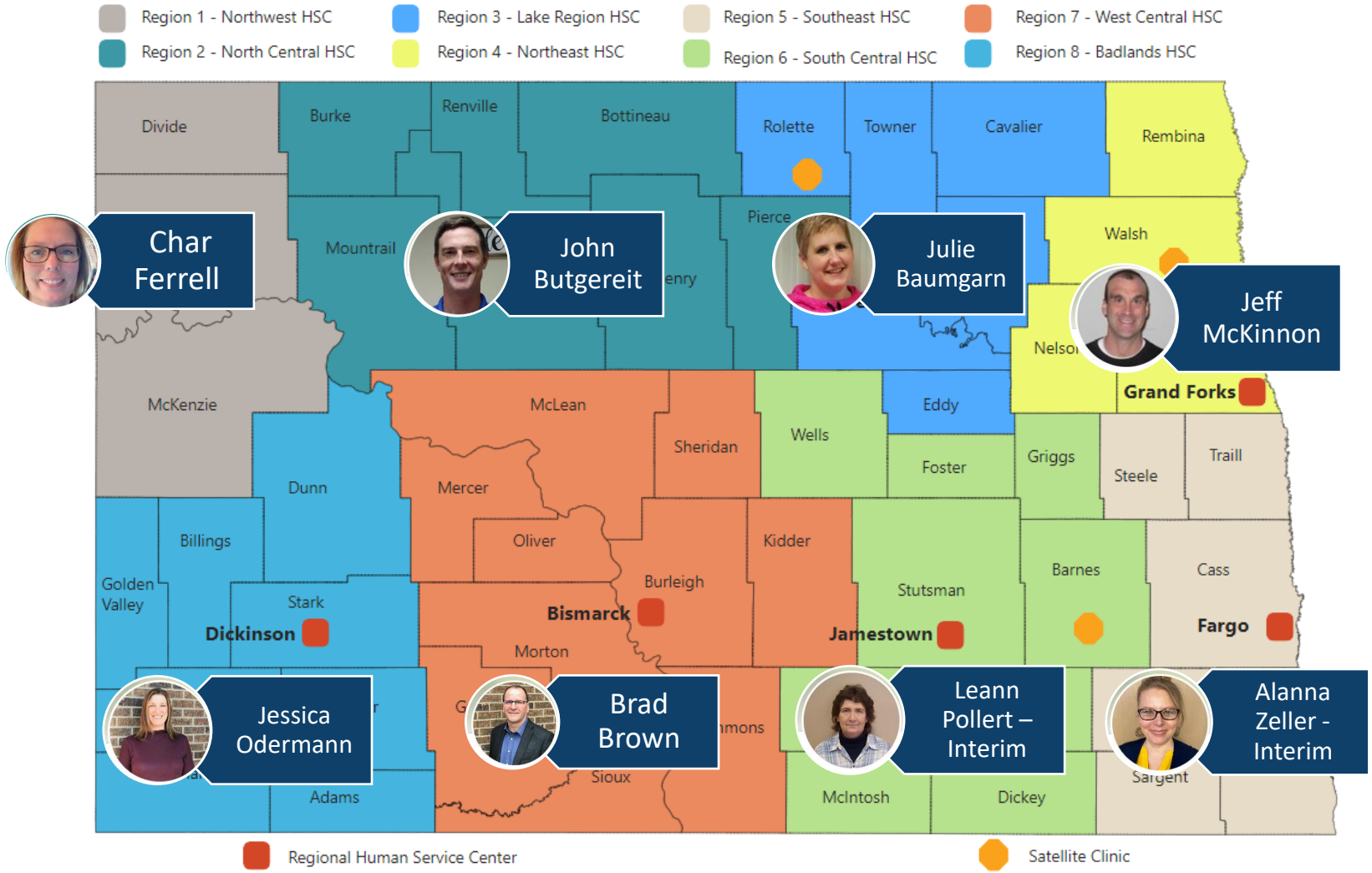


Human Service Center Leadership Structure



Human Service Center Presenters

Regional Directors & Assessment Lead

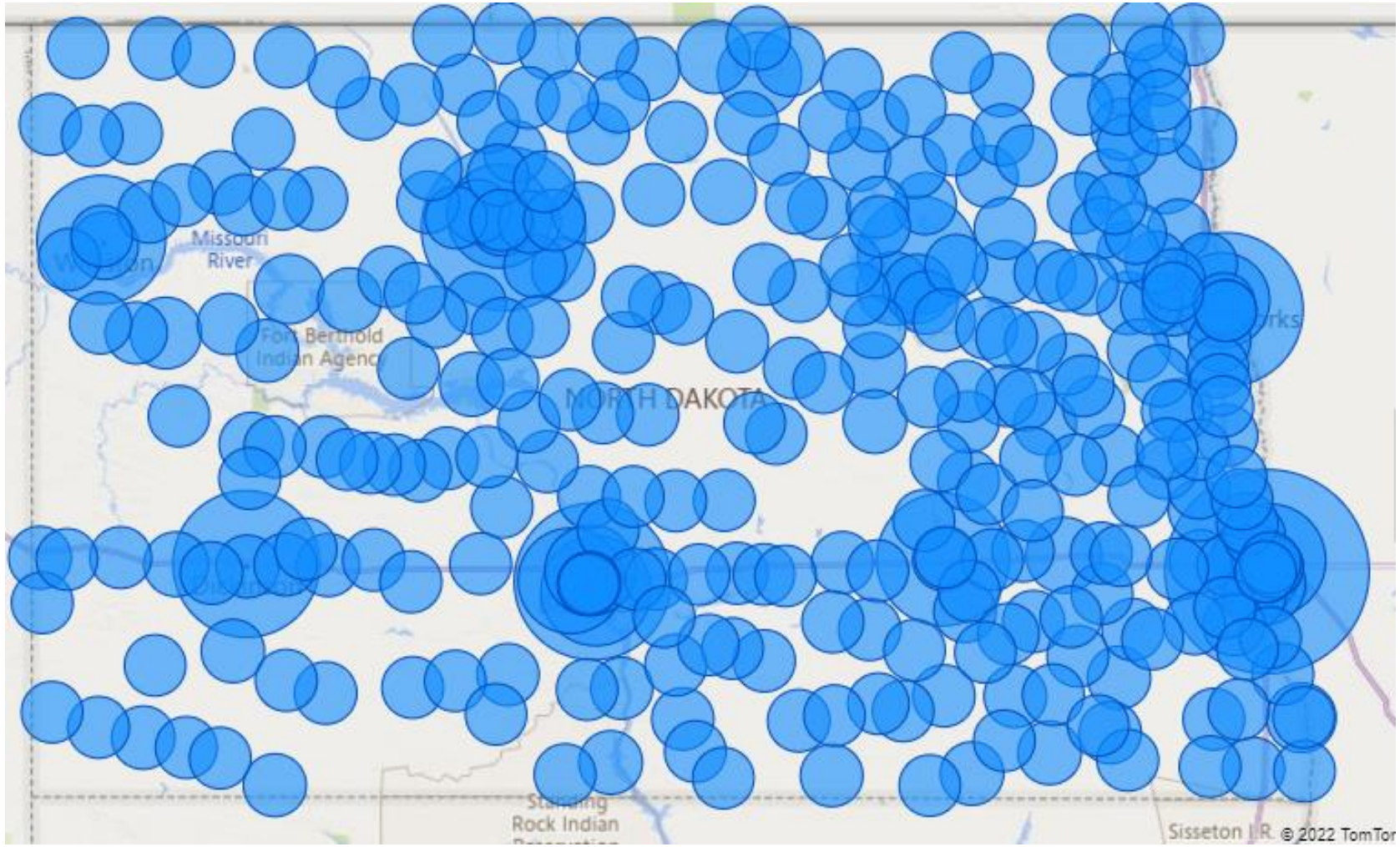




Christina Hemmer - HSC Clinical Assessment Lead

Behavioral health care penetration of services

July 2021 – December 2022



NORTH Dakota Be Legendary. | Health & Human Services

50-06-05.3. Regional Human Service Centers - Powers - Duties

1. Regional human service centers shall provide human services to all eligible individuals and families to help individuals and families achieve or maintain social, emotional, and economic self-sufficiency by providing human services to:

   a. Prevent, reduce, or eliminate dependency;

   **b. Prevent or remedy the neglect, abuse, or exploitation of children and of adults unable to protect their own interests;*

   **c. Aid in the preservation, rehabilitation, and reuniting of families;*

   d. Prevent or reduce inappropriate institutional care by providing for care while institutionalized or providing for community-based or other forms of less restrictive care;

   e. Secure referral or admission for institutional care;

   f. Provide outpatient diagnostic and treatment services;

   **g. Provide information concerning guardianship to people interested in becoming or who are guardians; and*

   h. Provide rehabilitation and crisis services for patients with mental, emotional, or substance use disorders, an intellectual disability, and other psychiatric conditions, particularly for those patients who have received prior treatment in an inpatient facility

**Engrossed SB 2083 to remove subdivisions*

NORTH Dakota Be Legendary. | Health & Human Services

What Human Service Centers Do

(Data from July 1, 2021 – December 31, 2022)

Assessment Services

- Walk-in Availability, 8am - 5pm
- 13,626 individuals triaged and screened
- 5,086 individuals met the need for full assessments

Specialized Services

- Psychiatric Services
- Psychological Evaluations Statutorily Required
- 50,266 services provided to 5,793 individuals

Treatment Services

- Serving those with greatest complexity
- 250,041 services provided to 7,136 individuals

Crisis Services

- Call Center
  - 22,318 Crisis Calls
- Mobile Crisis
  - 19,620 crisis services provided
- Stabilization Units
  - 2,237 admissions to crisis stabilization units

NORTH Dakota Be Legendary. | Health & Human Services

What Human Service Centers Do

(Data from July 1, 2021 – December 31, 2022)

Assessment Services

- Walk-in Availability, 8am - 5pm
- 13,626 individuals triaged and screened
- 5,086 individuals met the need for full assessments

Specialized Services

- Psychiatric Services
- Psychological Evaluations Statutorily Required
- 50,266 services provided to 5,793 individuals

Treatment Services

- Serving those with greatest complexity
- 250,041 services provided to 7,136 individuals

Crisis Services

- Call Center
  - 22,318 Crisis Calls
- Mobile Crisis
  - 19,620 crisis services provided
- Stabilization Units
  - 2,237 admissions to crisis stabilization units

NORTH Dakota Be Legendary. | Health & Human Services

Walk-In Access

- Walk-in assessments are available from 8am to 5pm Monday to Friday at all 8 Community Behavioral Health Clinic Locations.
- Purpose: To rapidly assess need and connect individuals to the right services. This may include entry into the local Clinic or referral to an outside agency.
- Client Experience:
  - Meets with Triage staff to identify needs, often being connected to community resources without needing a formal assessment
  - Those proceeding with a formal assessment are connected to a clinician who helps provide clarity around behavioral health needs, treatment recommendations, and plan forward.



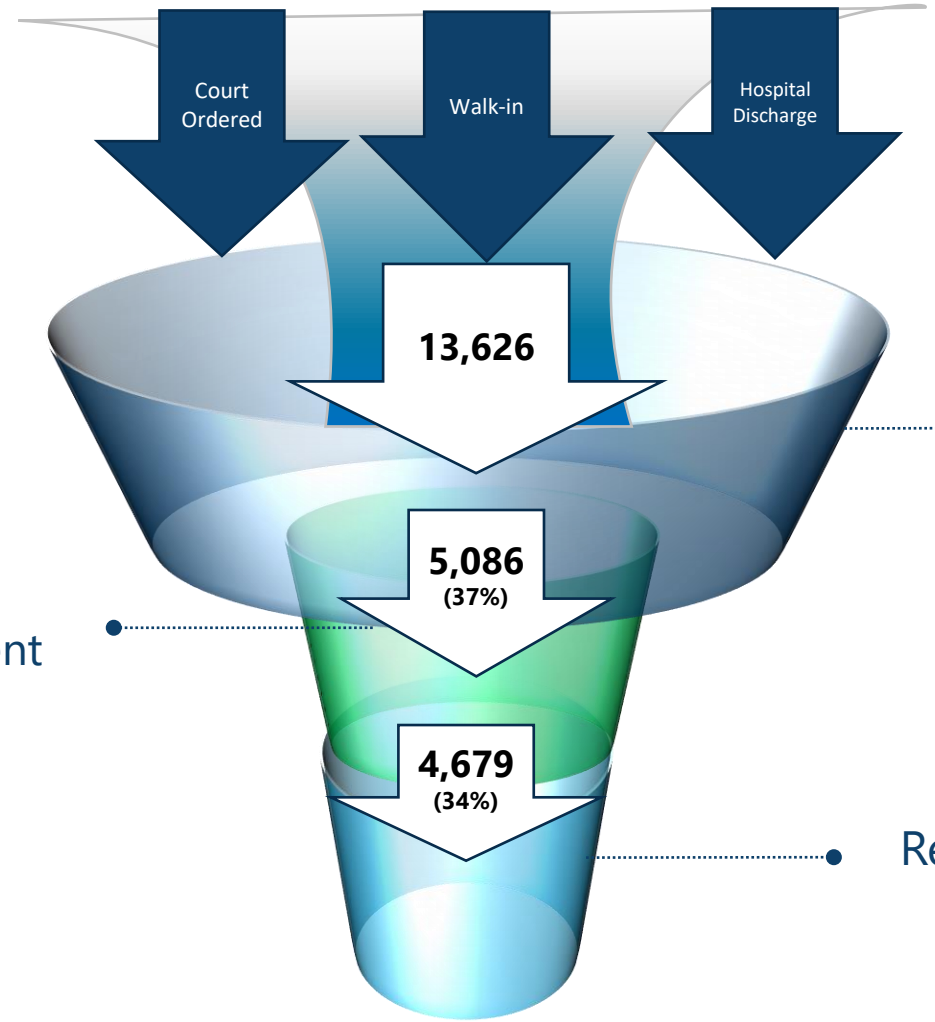
NORTH Dakota | Health & Human Services
Be Legendary.

Centralized Assessment Model

Fiscally responsible	• Remote clinicians are able to be utilized across any HSC location, increasing access to assessment for any region, and increasing clinician productivity
Extending our reach	• Providing service via telehealth allows service to be provided outside HSC walls, such as schools, jails, crisis units, and client homes.
Building partnerships	• collaborating with community providers on accepting our assessment for their program entry, decreasing barriers to admission, and avoidance of duplicate costs to the person served.

Count of Assessments/New Clients at HSC's

July 2021 through December 2022



Triage

Full Assessment

Referred to HSC Treatment

Driving Triage Decisions

HSC Service Capacity (Based on budgeted/filled FTE)

NORTH Dakota Be Legendary. | Health & Human Services

Assessments - Psychological

Statutorily Required: NDCC 75-05-03-07

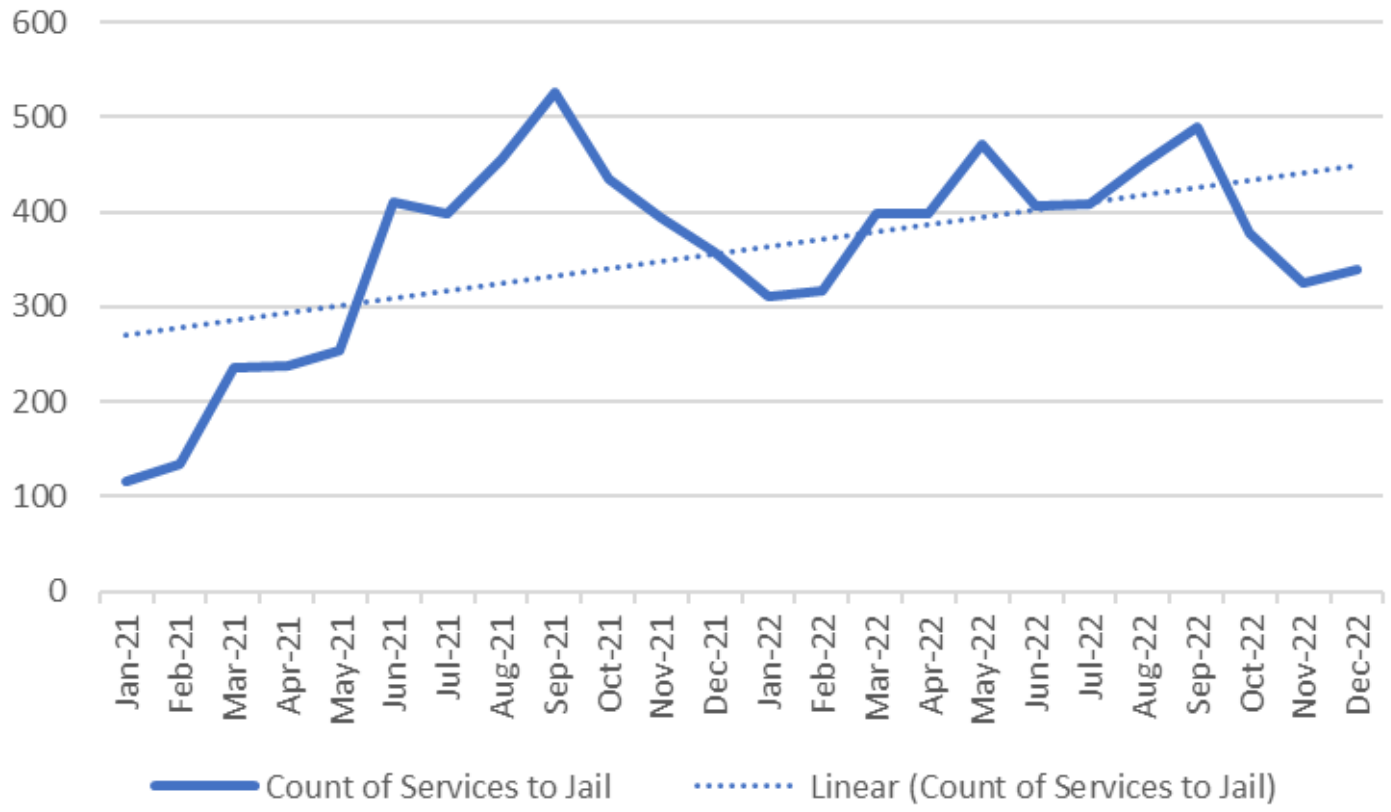


- Sex Offender Risk Assessment (In support of Pre-Sentence Investigation)
- County Referred Parental Evaluations
- Developmental Disability Evaluations
- Multidisciplinary Case Conference

NORTH Dakota | Health & Human Services
Be Legendary.

Behavioral Health Services in Jails

Service Provided	% of Service Provided
Case Management	33%
Court Order Assessment	1%
Crisis Services	18%
Diagnostic Assessment	3%
Diagnostic Assessment with Medical (Psychiatry)	4%
Evaluation and Management (Psychiatry)	15%
Individual Counseling	6%
Individual Psychotherapy	14%
Skills Integration Individual	1%
Skills Restoration Individual	3%
Triage Screening & Referral	3%



13% increase in services provided to jails from 2021 to 2022

NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health Services in Jails

Strengths

- Providing psychiatric services to the Grand Forks county jail in person.
  - Also occurring in other regions, but not within all counties.
- NEHSC: Altru providing medical assessments in the jail, and the jail nursing staff are engaged in a collaborative effort to best meet the needs of the individuals incarcerated

Challenges

- Revenue loss
  - Services provided in jail are non-billable
- Cost incurred upon the client
  - Individuals incarcerated are responsible for the cost of their psychotropic medications which leads to financial burden
- Workforce shortage
  - Upon release, individuals benefit from frequent services but due to high caseloads and workforce shortage receive less
    - Community programs are attempted to supplement support when available in the region

What Human Service Centers Do

(Data from July 1, 2021 – December 31, 2022)

Assessment Services

- Walk-in Availability, 8am - 5pm
- 13,626 individuals triaged and screened
- 5,086 individuals met the need for full assessments

Specialized Services

- Psychiatric Services
- Psychological Evaluations Statutorily Required
- 50,266 services provided to 5,793 individuals

Treatment Services

- Serving those with greatest complexity
- 250,041 services provided to 7,136 individuals

Crisis Services

- Call Center
  - 22,318 Crisis Calls
- Mobile Crisis
  - 19,620 crisis services provided
- Stabilization Units
  - 2,237 admissions to crisis stabilization units

NORTH Dakota Be Legendary. | Health & Human Services

What Human Service Centers Do

(Data from July 1, 2021 – December 31, 2022)

Assessment Services	Specialized Services	Treatment Services	Crisis Services
• Walk-in Availability, 8am - 5pm • 13,626 individuals triaged and screened • 5,086 individuals met the need for full assessments	• Psychiatric Services • Psychological Evaluations Statutorily Required • 50,266 services provided to 5,793 individuals	• Serving those with greatest complexity • 250,041 services provided to 7,136 individuals	• Call Center • 22,318 Crisis Calls • Mobile Crisis • 19,620 crisis services provided • Stabilization Units • 2,237 admissions to crisis stabilization units

NORTH Dakota Be Legendary. | Health & Human Services

Treatment Services

Working differently to connect clients to what they need



People

Help foster growth of natural and community connections



Place

Help connect to safe and supportive living environments



Purpose

Help connect to work, community groups, or activities which facilitate meaning

NORTH Dakota | Health & Human Services
Be Legendary.

Treatment Services
Serving those with greatest need



- **Complexity:** Individuals who are experiencing moderate to severe/extreme functional impairment secondary to a behavioral health condition

- **Safety Net:** Individuals and families with limited access to other services or resources in their community.

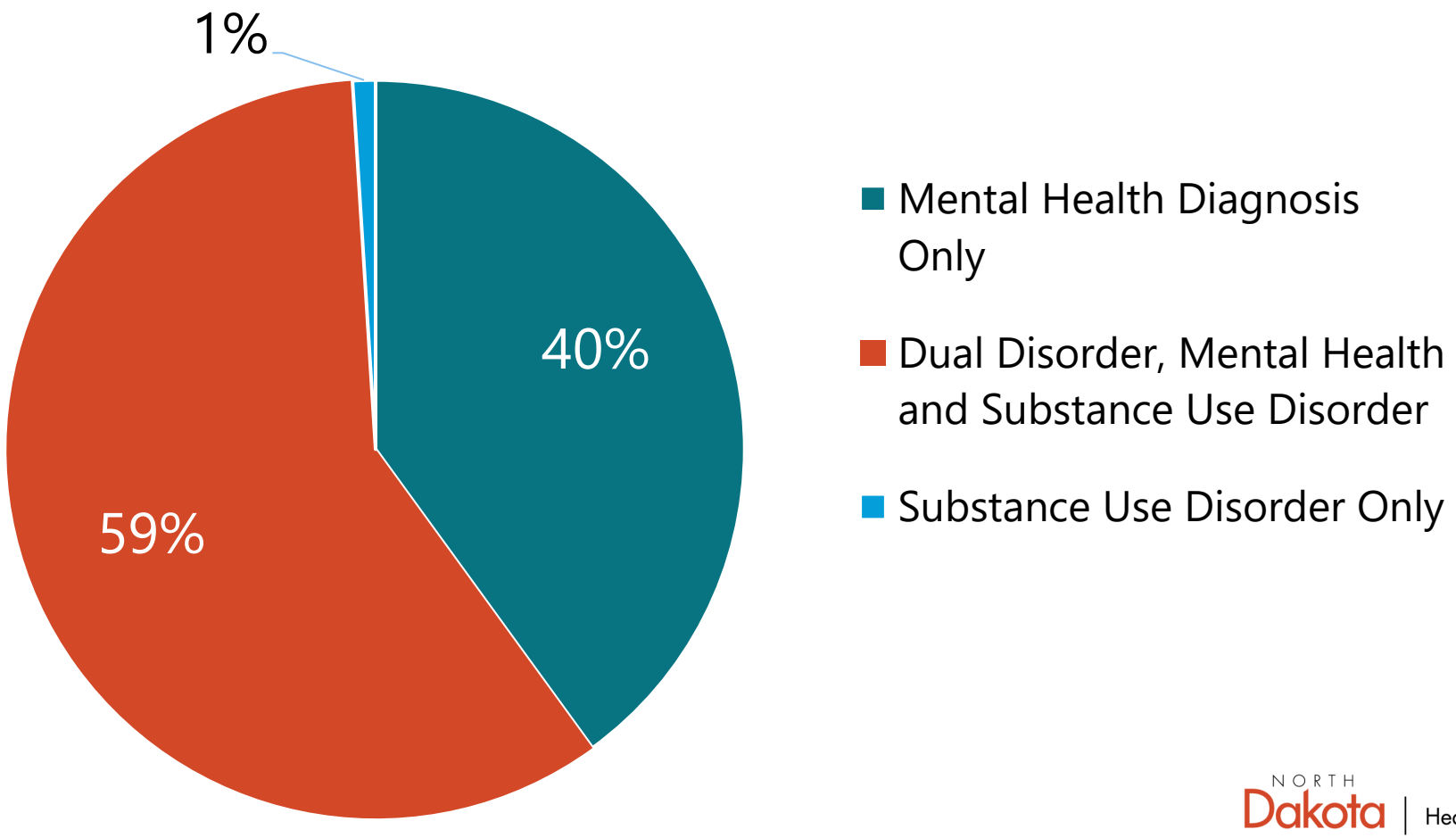
NORTH Dakota Be Legendary. | Health & Human Services

Treatment Services
Struggling to find community options

Significant functional impairment	High risk factors	Complex and severe diagnoses
• Those with significant functional impairment. • Inability to maintain safety in the community. • Difficulty maintaining a home environment. • Difficulty being managed by caregivers. • Struggle with adhering to medications and appointments.	• Requiring higher levels of care, such as crisis bed, partial hospital, inpatient, safe beds, detention centers, etc. • Utilization of crisis services, alternative treatment orders (ATOs), petitions, etc. • Significant risk of harm to self or others. • Unmanageable in the home or school. • Complex unavoidable psychotropic polypharmacy.	• Serious Mental Illness • Children with Severe Emotional Disturbance • Dual diagnosis – active symptoms and current usage. Prison reentry substance use severity prior to incarceration consideration. • IV drug use within 1 year. • Pregnant and using substances. • First episode psychosis.

Treatment Services

Diagnosis of People We Serve



NORTH Dakota Be Legendary. | Health & Human Services

Treatment Services
Team Based Care



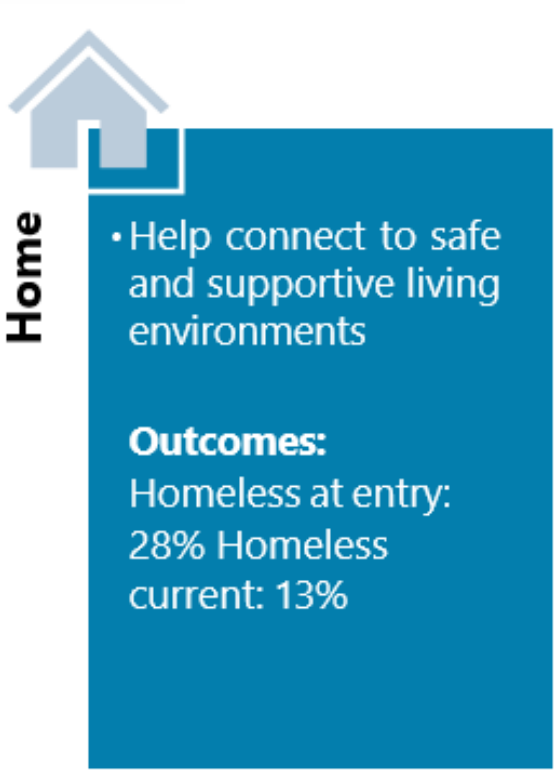
Designed to serve individuals with complex needs with specific services to include

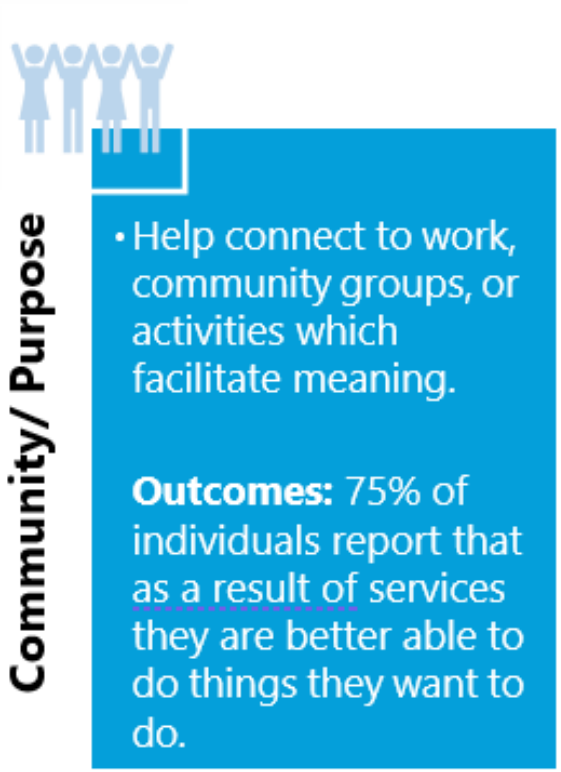
NORTH Dakota Be Legendary. | Health & Human Services

Treatment Services

A different approach to care:



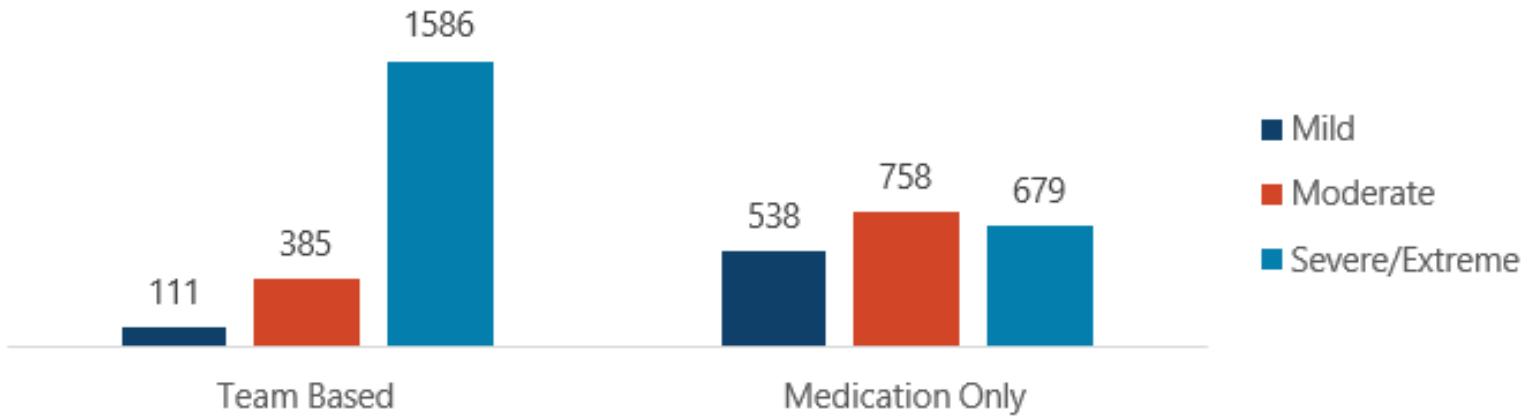




NORTH Dakota Be Legendary. | Health & Human Services

Treatment Services

Current Service Reach: Active Clients



Recognized Gaps

While the HSC's prioritize serving those with the greatest need, there continues to be a significant group of people that are being referred out without adequate community resource.

Referred Out (July 21 – Dec 22)

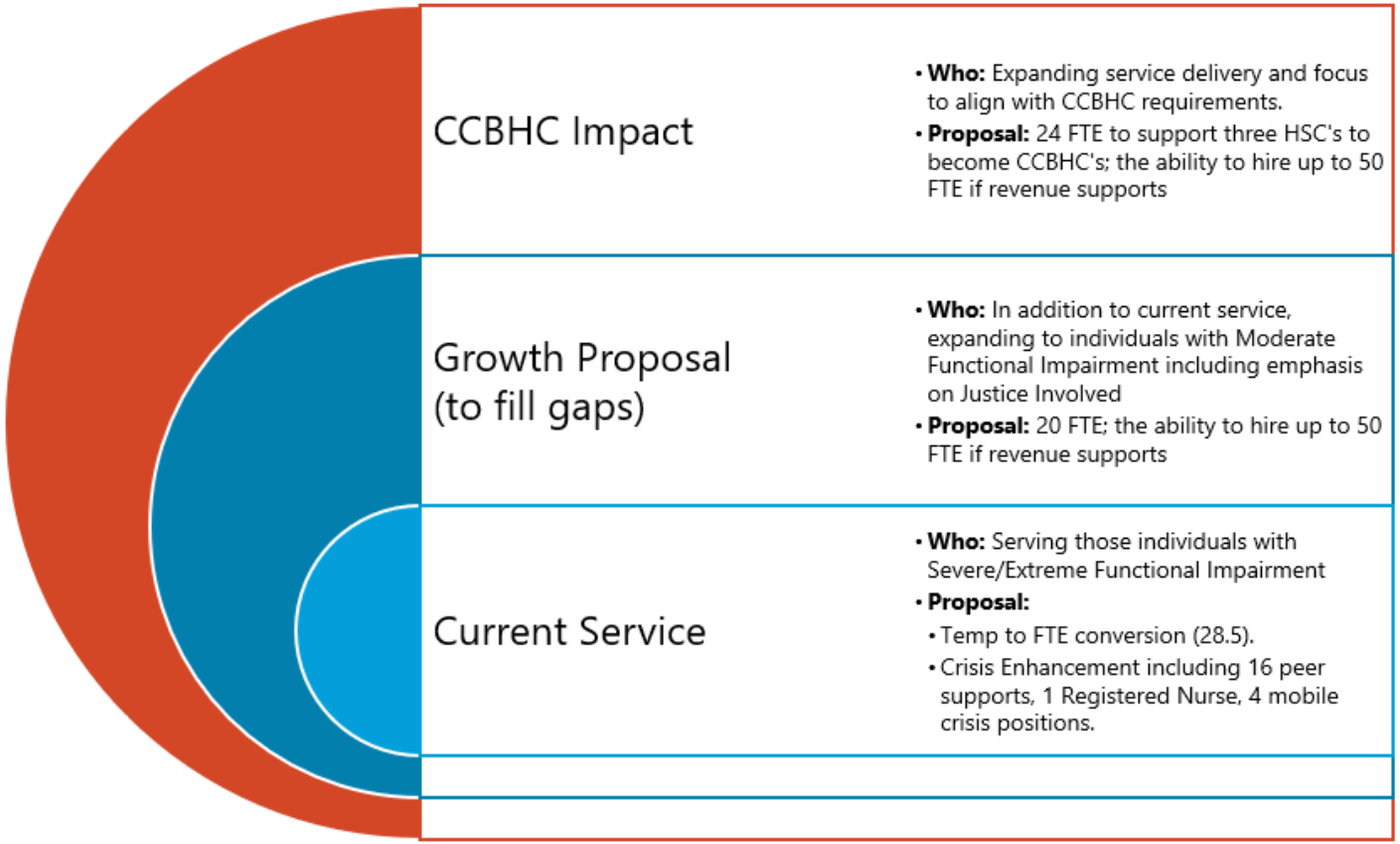
Mild	Moderate	Severe/Extreme
984 Individuals	**878 Individuals**	**997 Individuals**

NORTH Dakota Be Legendary. | Health & Human Services

Treatment Services

Growing Services to Help Fill the Gap

Growth Proposal – Addressing the Gaps



**In addition to above proposals, workforce retention efforts required including pay to equal market values.*

NORTH Dakota Be Legendary. | Health & Human Services

Treatment Services
Growing Services to Help Fill the Gap

Broader Range of Clients Served	
Individuals who are experiencing impact from their behavioral health disorder currently without sufficient community capacity to meet their need.	Align with Human Service Research Institute (HSRI) recommendations to increase collaboration and bolstering of services targeting criminally justice involved and reduce recidivism rates.

Treatment Services - Youth & Family

July 2021-December 2022

2,098 youth/families served

92% of youth served have a Serious Emotional Disturbance diagnosis



NORTH Dakota | Health & Human Services
Be Legendary.

Treatment Services - Youth & Family

Services focus on high intensity treatment and ongoing in-home support to keep families together



Provides short-term, high intensity treatment that is **individually tailored** to meet the needs of each youth and his or her family.



Keeps families together by avoiding multiple placements of at-risk youth.



Provides **in-home and community-based services,** including skills training and skills integration for youth and families.

NORTH Dakota Be Legendary. | Health & Human Services

Treatment Services - Youth & Family

Highest Priority – high/extreme need

- Active severe substance use and/or severe mental health concerns
- Severe behavioral problems in youth
- Have multiple risk factors, which may include low cognitive ability combined with behavioral symptoms
- Difficult to manage in home/community settings
- Risk level within the family of substance use and/or mental illness
- Multiple failed placements
- Symptoms aren't going away/hard to treat
- Frequent violence/sexually acting out/self-destructive behavior
- Runaway history – with high level of danger
- Highly suicidal, repeated attempts
- Gross impairment in reality (i.e. psychosis)
- Trauma reaction that is chronic and long-standing

Treatment Services - Youth & Family

Bismarck Public Schools Partnership

Pilot program started over two years ago

- Currently serving four Elementary Schools and one Middle School
- Added Bismarck High School January 2023
- Served 22 children/families in 2021-2022 school year
- Currently serving 45 children/families 2022-2023 school year

Exploring additional partnerships for 2023-2024 school year



Treatment Services - Youth & Family

Behavioral Health Grant Opportunities

ND System of Care (SOC) Grant

- Substance Abuse and Mental Health Services (SAMSHA) System of Care Expansion and Sustainability Grant – one of six states awarded $3 million per year for up to 4 years
- Region III and Region VII

First Episode Psychosis (FEP)

- Program funded by Mental Health Block Grant dollars to assist young people experiencing early episodes of psychosis and their families by providing early intervention services.
- Region V and Region VII

Treatment Services - Youth & Family

Evidence-Based Family Therapy

Functional Family Therapy (FFT)

- FFT is an evidence-based intervention for youth and families designed to meet the needs of at-risk youth involved with the juvenile justice, mental health, school, or child welfare systems. Services are short-term and conducted in both clinic and home/community settings.
- Currently in process of request for proposal to have FFT teams trained throughout the state

Multi-systemic Therapy (MST)

- MST is a family and home-based treatment that strives to change how youth function in their natural settings-home, school and neighborhood-in ways that promote positive social behavior while decreasing antisocial behavior.
- Currently have one team trained at Southeast Human Service Center



Treatment Services

The need for behavioral healthcare across the state is great

- Communities are not able to keep pace with the number of citizens in need of behavioral health services. Even if all our FTEs were filled, we would still struggle to fill community service gaps.

- Services need to be timely to be effective. To ensure timely services to those accessing higher levels of care and frequent encounters with law enforcement, we have had to refer patients to community partners when their presenting symptoms are less intense/severe.

- Common gap → individuals who need to be served quicker:
  - Individuals who have moderate functional impairment fall into the community waitlists as they aren't severe enough to obtain quick entry to a HSC and then have difficulty finding a community partner able to quickly assume care.

- Common community service gaps
  - Some private organizations are booking out 3-6 months for prescription management and/or therapy services
  - Some private organizations will not schedule psychiatric appointments for those with active substance use.

What Human Service Centers Do

(Data from July 1, 2021 – December 31, 2022)

Assessment Services

- Walk-in Availability, 8am - 5pm
- 13,626 individuals triaged and screened
- 5,086 individuals met the need for full assessments

Specialized Services

- Psychiatric Services
- Psychological Evaluations Statutorily Required
- 50,266 services provided to 5,793 individuals

Treatment Services

- Serving those with greatest complexity
- 250,041 services provided to 7,136 individuals

Crisis Services

- Call Center
  - 22,318 Crisis Calls
- Mobile Crisis
  - 19,620 crisis services provided
- Stabilization Units
  - 2,237 admissions to crisis stabilization units

NORTH Dakota Be Legendary. | Health & Human Services

What Human Service Centers Do

(Data from July 1, 2021 – December 31, 2022)

Assessment Services

- Walk-in Availability, 8am - 5pm
- 13,626 individuals triaged and screened
- 5,086 individuals met the need for full assessments

Specialized Services

- Psychiatric Services
- Psychological Evaluations Statutorily Required
- 50,266 services provided to 5,793 individuals

Treatment Services

- Serving those with greatest complexity
- 250,041 services provided to 7,136 individuals

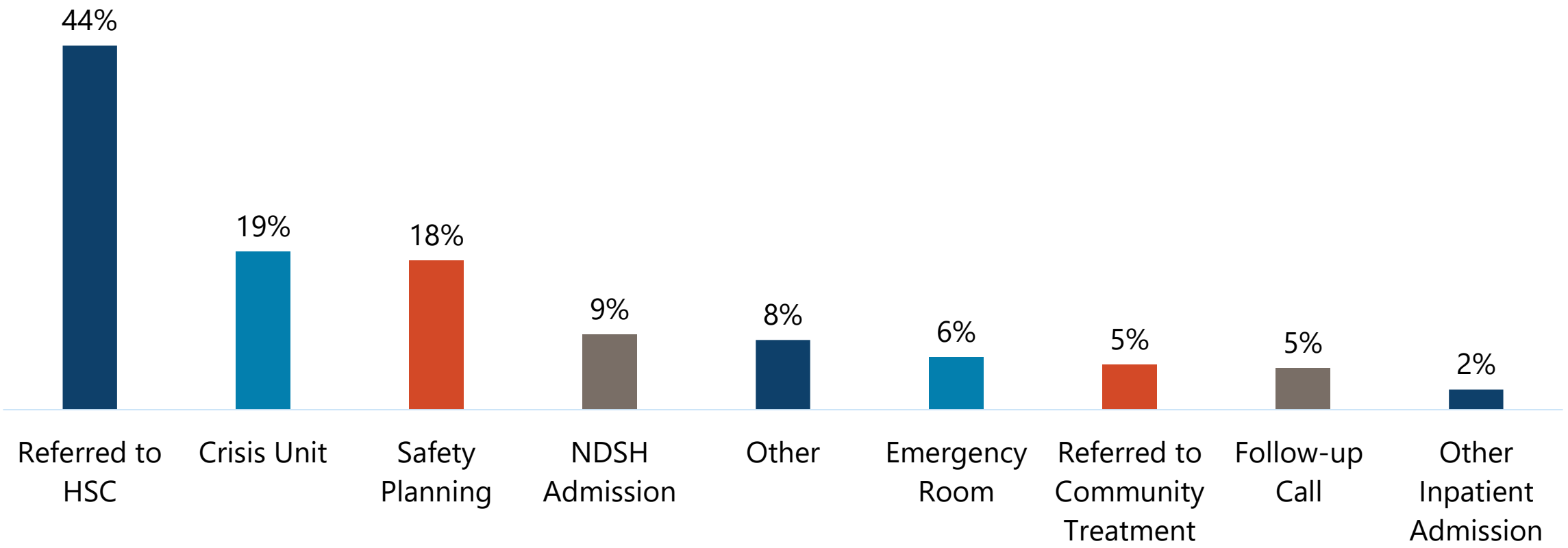
Crisis Services

- Call Center
  - 22,318 Crisis Calls
- Mobile Crisis
  - 19,620 crisis services provided
- Stabilization Units
  - 2,237 admissions to crisis stabilization units

NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health Crisis Care

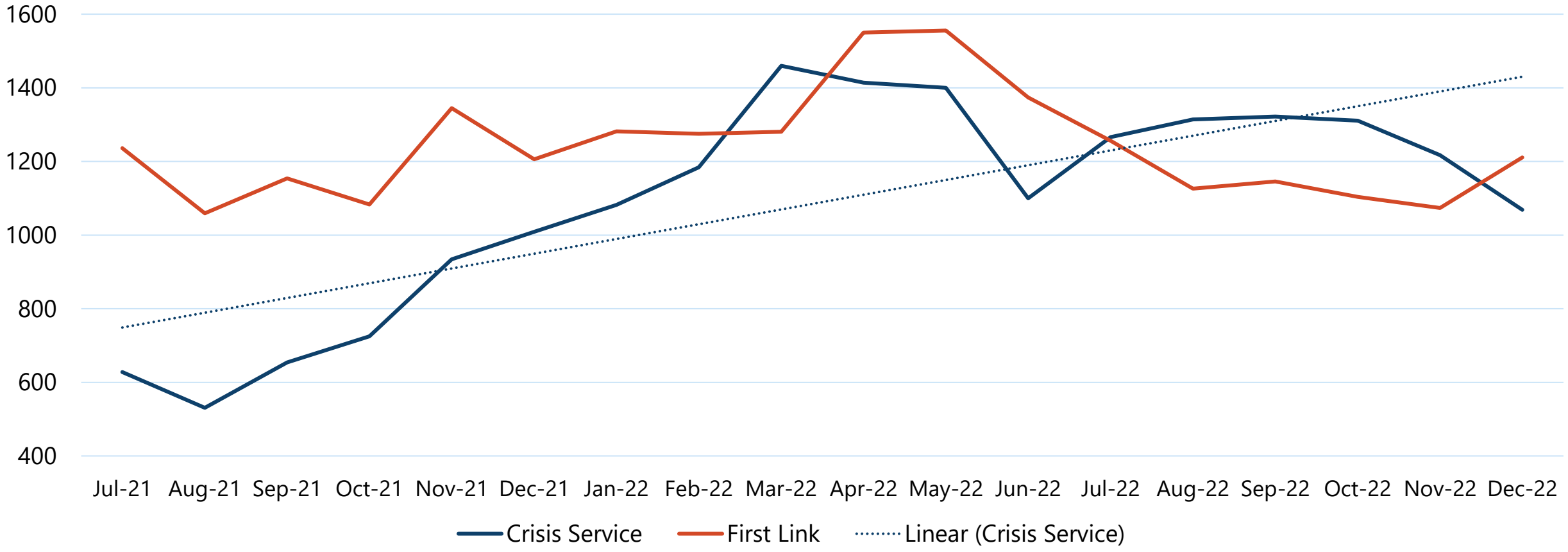
Results Following Crisis Assessment



NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health Crisis Care

July 2021 – December 2022



NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health Crisis Care

Core Services & Best Practices



NORTH Dakota Be Legendary. | Health & Human Services

Statewide 988 (211) Crisis Call Center: Best Practice Anchors (SAMSHA Best Practice Tool Kit, 2020)

Purpose: Real-time access to a live person every moment of every day for individuals in crisis.

- Operate every moment of every day (24/7/365)
- Answer every call or coordinate overflow coverage with a resource that also meets all of the minimum crisis call center expectations
- Assess risk of suicide in a manner that meets NSPL standards and danger to others within each call
- Coordinate connections to mobile crisis team services
- Connect individuals to facility-based care through warm hand-offs and coordinating transportation as needed
- Incorporate Caller ID functioning
- Implement real-time GPS technology in partnership with the region's mobile crisis teams

Full Implementation

Partial Implementation

Not Implemented

NORTH Dakota Be Legendary. | Health & Human Services

Rural Crisis Adaptation

Current Expectation: Mobile response within 45 miles radius of 8 metro areas

Future Plan: Develop agreements with critical access hospitals and with key community entities (law enforcement and Emergency Departments) for tele-response.

Mobile Crisis: Best Practice Anchors (SAMSHA Best Practice Tool Kit, 2020)

Purpose: Offering community-based interventions to individuals in need where they are at.

Include a licensed and/or credentialed clinician capable of assessment *

Respond where the person is (home, work, park, etc.) and not restrict services to select locations

Connect individuals to facility-based care through warm hand-offs and coordinating transportation as needed

Incorporate peers within the mobile crisis team *

Respond without law enforcement accompaniment unless special circumstances warrant inclusion

Implement real-time GPS technology in partnership with the region's crisis call center hub

Schedule outpatient follow-up appointments to support connection to ongoing care

Full Implementation

Partial Implementation

Not Implemented

* Included in Crisis Enhancement funding

NORTH Dakota Be Legendary. | Health & Human Services

Crisis Stabilization Units: Best Practice Anchors

Purpose:
To manage risk at lowest level of care and avoid unneeded hospitalizations/ER visits.

Do not require medical clearance prior to admission but will assess for and support medical stability while in the program *

Design their services to address mental health and substance use crisis issues

Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges *

Staff at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community *

Offer walk-in and first responder drop-off options

Ensure timely access to licensed and/or credentialed clinicians capable of completing assessments

Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated

Full Implementation

Partial Implementation

Not Implemented

** Included in Crisis Enhancement funding*

NORTH Dakota Be Legendary. | Health & Human Services

(SAMSHA Best Practice Tool Kit, 2020)

Behavioral Health Crisis Care

Updates by Region

Region 1: Northwest-Williston

- No Vacancies in Crisis Services
  - Night/weekend position recently filled with start date of June
- Crisis Unit: Not open- contracted vendor withdrew
  - RFP posted for third time
  - Utilizing Region 2 and 8 facilities with staff or family transporting

Region 2: North Central-Minot

- Crisis Services Vacancies
  - 1 Daytime
- Walk In/Drop Off Active

Region 3: Lake Region-Devil's Lake

- No Vacancies in Crisis Service
- Walk In/Drop Off Not Active
- 60-70% capacity reduction due to staffing shortage

Region 4: Northeast-Grand Forks

- Crisis Services Vacancies
  - 1 Crisis Supervisor
  - 1 Daytime
  - .5 Night/Weekend
- Walk In/Drop Off Not Active
- 75% capacity reduction due to staffing shortage

Region 5: Southeast-Fargo

- Crisis Services Vacancies
  - 4 daytime
- Walk In/Drop Off Active
- 25% capacity reduction due to staffing shortage

Region 6: South Central-Jamestown

- No Vacancies in Crisis Service
- Walk In/Drop Off Active though difficulty utilizing due to contractor inability to hire

Region 7: West Central-Bismarck

- Crisis Services Vacancies
  - 1 Daytime
  - 1 Night/Weekend
- Walk In/Drop Off Active
- 62% capacity reductions due to contractor's workforce shortages

Region 8: Badlands-Dickinson

- Recently filled all vacancies, underfills utilized to fill positions
- Walk In/Drop Off not fully active; Accept drop-off with advance coordination
- Due to workforce shortages, staff working overtime to ensure minimum staff ratios are maintained.

NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health Crisis Care

Local Collaboration is Essential

- First Responders
  - Overdose Response
  - Crisis Intervention Team Training
  - Annual Training
  - Behavioral Health crisis calls
  - Crisis Stabilization Unit
- Hospitals
  - Utilization of walk in/drop off
- Community Coordinating Committee



NORTH Dakota | Health & Human Services
Be Legendary.

National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit

Minimum Expectations to Operate a Crisis Receiving and Stabilization Service

Crisis receiving and stabilization services must:

1. Accept all referrals;
2. Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program;
3. Design their services to address mental health and substance use crisis issues;
4. Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway in order to transfer the individual to more medically staffed services if needed;
5. Be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community; including:
    a. Psychiatrists or psychiatric nurse practitioners (telehealth may be used)
    b. Nurses
    c. Licensed and/or credentialed clinicians capable of completing assessments in the region; and
    d. Peers with lived experience similar to the experience of the population served.
6. Offer walk-in and first responder drop-off options;
7. Be structured in a manner that offers capacity to accept all referrals at least 90% of the time with a no rejection policy for first responders;
8. Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated; and
9. Screen for violence risk and complete more comprehensive violence risk assessments and planning when clinically indicated.

Behavioral Health Crisis Care

Shrinking the Gap – Stabilization Facilities

In order to shrink the gap and meet SAMHSA crisis service Anchors for both Stabilization Facilities and Mobile Crisis Response the following budget enhancements have been brought forward:

Stabilization Facilities

- Contract for on-call psychiatry – 24x7 to stabilization units statewide: $3,874,500.
- Contract for nursing telehealth service to stabilization units statewide: $2,080,000.
- Contract for general physician support to stabilization units statewide: $132,000.
- 1 Registered Nurse for NWHSC: $194,000.

Behavioral Health Crisis Care

Shrinking the Gap – Mobile Crisis

In order to shrink the gap and meet SAMHSA crisis service Anchors for both Mobile Crisis Response and Stabilization Facilities the following budget enhancements have been brought forward:

Mobile Crisis Response

- 4 position to expand mobile crisis evening, weekend, holiday coverage: $1,115,695.
- 16 Peer Support Specialists (current temporary positions): $1,646,474.



NORTH Dakota | Health & Human Services
Be Legendary.

Roadmap

- HSC Clinic Leadership Restructure
- Statutory Requirements
- Assessment
- Treatment
- Crisis Services
- Workforce
- Essential Elements to Align with Future Vision
- Budget
  - Itemized List of Changes



Workforce

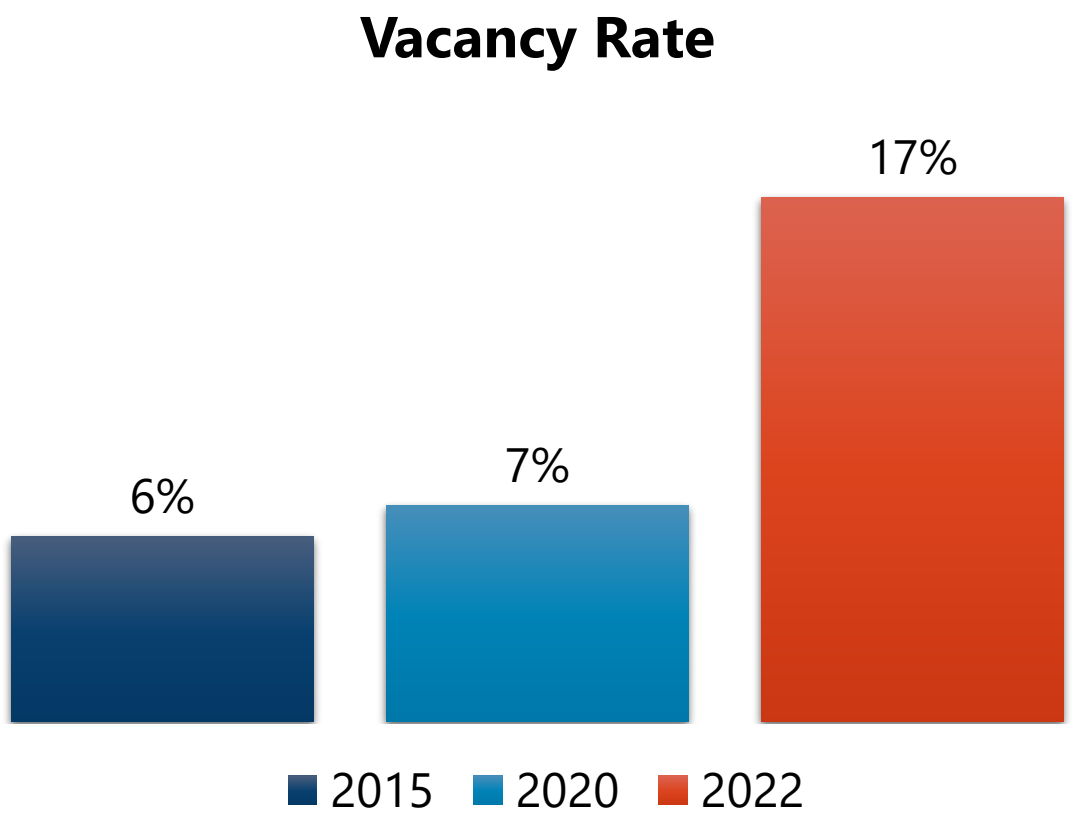
Reasons for Critical Staffing Shortages:

- Staff Burnout
- Accelerated turnover
- Client waitlist
- Reduced bed availability for residential

Workforce

*Continued progress requires **addressing team member retention***

FTE data shows a rising vacancy rate corresponding with timeline of serving a more complex and severe patient population.

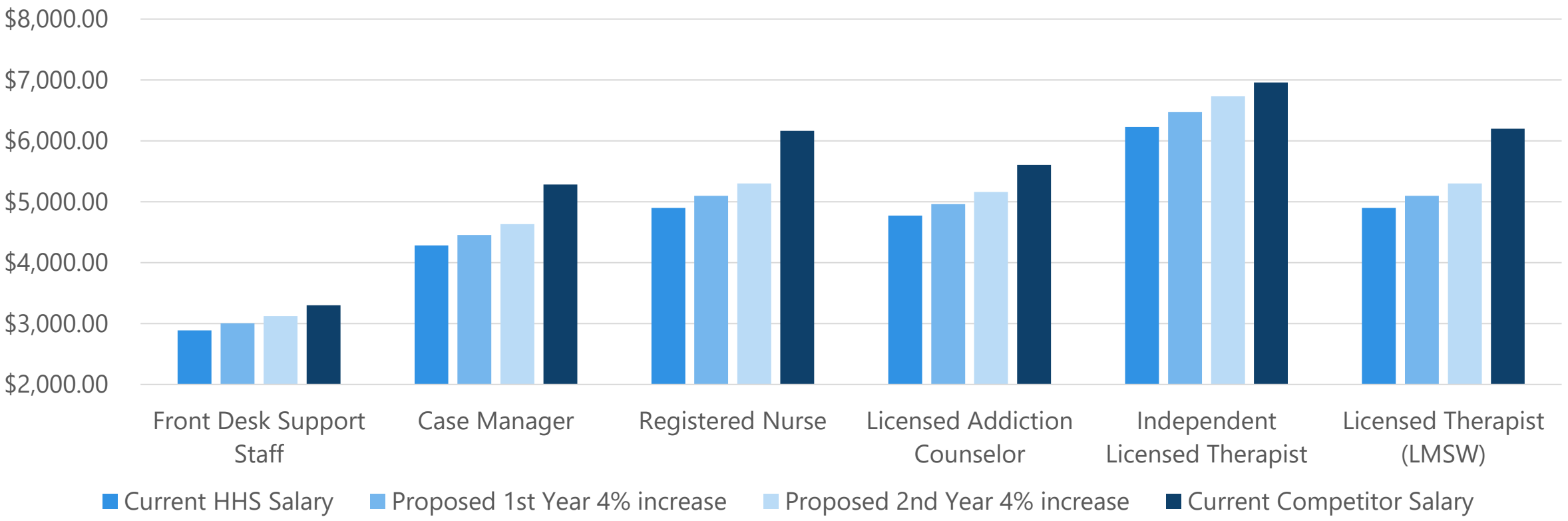


NORTH Dakota Be Legendary. | Health & Human Services

Workforce

	2021 Turnover Rate (%)	2022 Turnover Rate (%)	Average Years of Service	Average Age
BLHSC	28.33	28.57	6	43
LRHSC	25.53	31.58	7	45
NCHSC	43.96	26.39	7	44
NEHSC	29.52	43.9	8	43
NWHSC	33.33	60	5	42
SCHSC	11.11	15.38	10	44
SEHSC	14.86	19.66	8	42
WCHSC	15.24	23.17	10	44
Statewide positions	14.29	11.11	12	44

Workforce Competition



North Dakota Be Legendary. | Health & Human Services

Workforce

Vacancies Impacting Revenue

Licensed Addiction Counselor

- 15 vacancies
- Vacant for 175 days on average
- 9 positions vacant greater than 3 months
- Average revenue for position is $40,687 a month
- **Estimated loss due to vacancies: $610,305 a month**

Advanced Clinical Specialists

- 15 vacancies
- Vacant for 214 days on average
- 14 positions vacant greater than 3 months
- Average revenue for position is $39,153 a month
- **Estimated loss due to vacancies: $587,295 a month**

Human Relation Counselors

- 15 vacancies
- Vacant for 242 days on average
- 10 positions vacant greater than 3 months
- Average revenue for position is $30,523 a month
- **Estimated loss due to vacancies: $457,845 a month**

Workforce
Factors Significantly Impacting Revenue Targets

- **Workforce Challenges**: Shortage of trained/licensed workforce

Higher vacancy rates

Even higher vacancy rates for temporary positions and in current job market not getting applicants.

Length of vacancy for critical positions continues to increase (6 months to 1 year+)

Key positions impacted: Licensed Addiction Counselor, Master level Counselors and Social Workers, Licensed Psychologist, and Psychiatrist

Hiring at a training level or entry level (lower billable rate or at times not billable)

Supervision of these staff also takes away from licensed practitioner client facing time

- **Reduced staffing** at both state run and contracted residential facilities due to workforce shortage and COVID outbreaks
- **Increased Services to Jails** *(unable to bill for those services)*
- **Lingering COVID related impacts** *(extended staff vacancy following CDC healthcare guidelines)*
- Internal **operational barriers** related to improving practice around coding, credentialing, and other billing practices
- **Increased Crisis Service** *(free service to citizens)*
- Challenges related to those with the **most extreme/severe conditions**
  - High No Show Rate (even with assertive outreach)
  - At times needing to have two staff attend a community-based appointment due to identified risk factors/Safety concerns

Workforce

Strategies Employed to Mitigate the Workforce Shortage and Resulting Revenue Impacts

Strategies Employed to Overcome Workforce Challenges:

- Partnership with various clinical training programs for hosting internships
- Increased participation in local, virtual, and national career fairs
- Increased usage of retention bonus program for hard to recruit positions
- Collaborating with HHS Talent Acquisition team and receiving focused recruiting support from them
- Increased usage of tuition assistance and loan repayment programs.
- Engaging in employee wellness, staff wellbeing efforts or other strategies to improve staff satisfaction and retention while using Gallup survey to guide strategic initiatives

Working on refinement of practices related to coding, credentialing, and other clinical practice

- Increased risk management enhancements for safety
- Currently participating in a Rev Cycle review with a contracted Vendor
- Utilizing local/state partnership to have on-site benefits navigators assist individuals with applying for healthcare coverage

Workforce

Recruitment/Retention: Growing Our Own

- History of being a facility of learning
  - APA accredited Predoctoral Psychology Internship Program at Southeast
  - UND School of Medicine Psychiatry Residency rotation site
  - Internship opportunities for nursing, social work, and counseling

- In response to the workforce shortage, we have expanded further:
  - Internal process for encouraging professional growth
  - Application options for clinical internships within SEHSC
  - Licensing supervision
    - Utilization of highly trained, certified clinical supervisors within the HSC

Workforce

Benefits of Growing Our Own

- Hands on training in:
  - High-crisis, community driven work
    - Clinicians coming from private practice may not be fully equipped as this is not taught in school nor replicated by private providers
  - Evidence-based, specialized treatment for a variety of complex issues.
  - Best practices and the model of the human service center, while receiving on the job training as a state employee to grow in their profession
- In a limited workforce, this enables us to continue to provide the care and carry out the mission of the human service center



Workforce

Draw Back of Grow Our Own

- Loss of revenue
  - Medicaid and private insurance do not cover the cost of some behavioral health services provided by a clinical licensee under supervision.
  - Due to the amount of required supervision hours and direct oversight of clinical practice, fully licensed clinicians must take billable time to provide quality supervision and care for clients
- Retention
  - Regionally, in the past 5 years, SEHSC has supervised and completed 25 individuals into full licensure.
    - Of those 25, we have successfully retained 12 individuals.

Roadmap

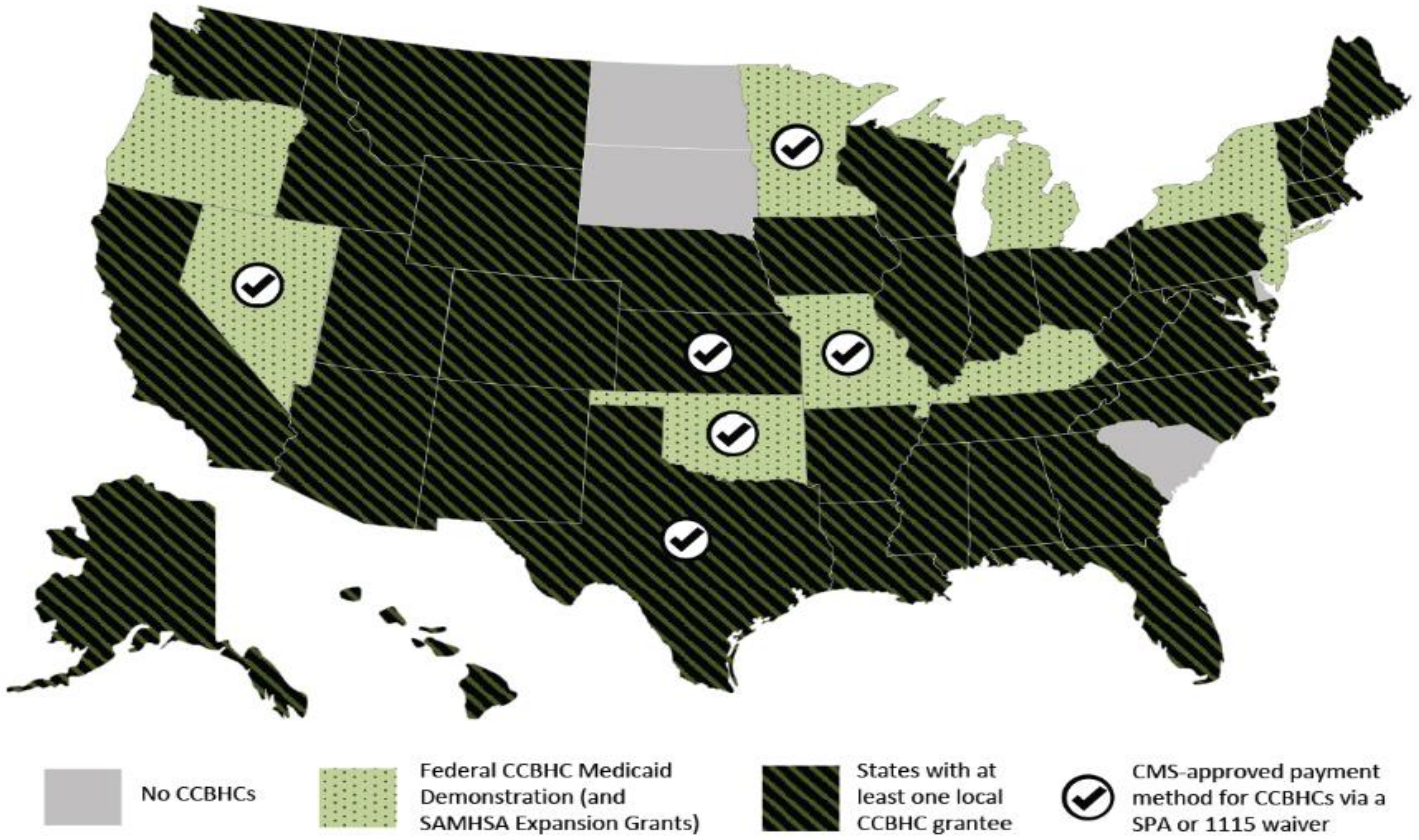
- HSC Clinic Leadership Restructure
- Statutory Requirements
- Assessment
- Treatment
- Crisis Services
- Workforce
- Essential Elements to Align with Future Vision
- Budget
  - Itemized List of Changes



Certified Community Behavioral Health Clinics

CCBHCs Across the United States

Currently, there are over 450 CCBHCs operating across the country, as either CCBHC-E grantees or clinics participating in their states' Medicaid demonstration.



NORTH Dakota Be Legendary. | Health & Human Services

First Engrossed SB 2012

Added by Senate



SB 2012; Section 23: DHHS will select three HSC's to begin the process of becoming a CCBHC

Total	General	Federal
$9,650,000	$9,650,000	$0

Includes additional 24 FTE

- 1 Project Director
- 12 Peer Support Specialists
- 6 Case Managers
- 5 Licensed Addiction Counselors

NORTH Dakota Be Legendary. | Health & Human Services

Certified Community Behavioral Health Clinics - Enhancements

1. Staffing	• Staffing plan driven by local needs assessment. • Licensing and training to support service delivery.
2. Availability and Accessibility of Services	• Standards for timely and meaningful access to services, outreach and engagement. • 24/7 access to crisis services, treatment planning and acceptance of all patients regardless of ability to pay.
3. Care Coordination	• Care coordination agreements across services and providers. • Defining accountable treatment team, health information technology and care transitions.
4. Scope of Services	• Nine required services, as well as person-centered, family-centered and recovery-oriented care.
5. Quality and Other Reporting	• 21 quality measures, a plan for quality improvement and tracking of other program requirements.
6. Organizational Authority, Governance and Accreditation	• Consumer representation in governance. • Appropriate state accreditation.

NORTH Dakota | Health & Human Services
Be Legendary.

Certified Community Behavioral Health Clinics - Enhancements

CCBHC Scope of Services



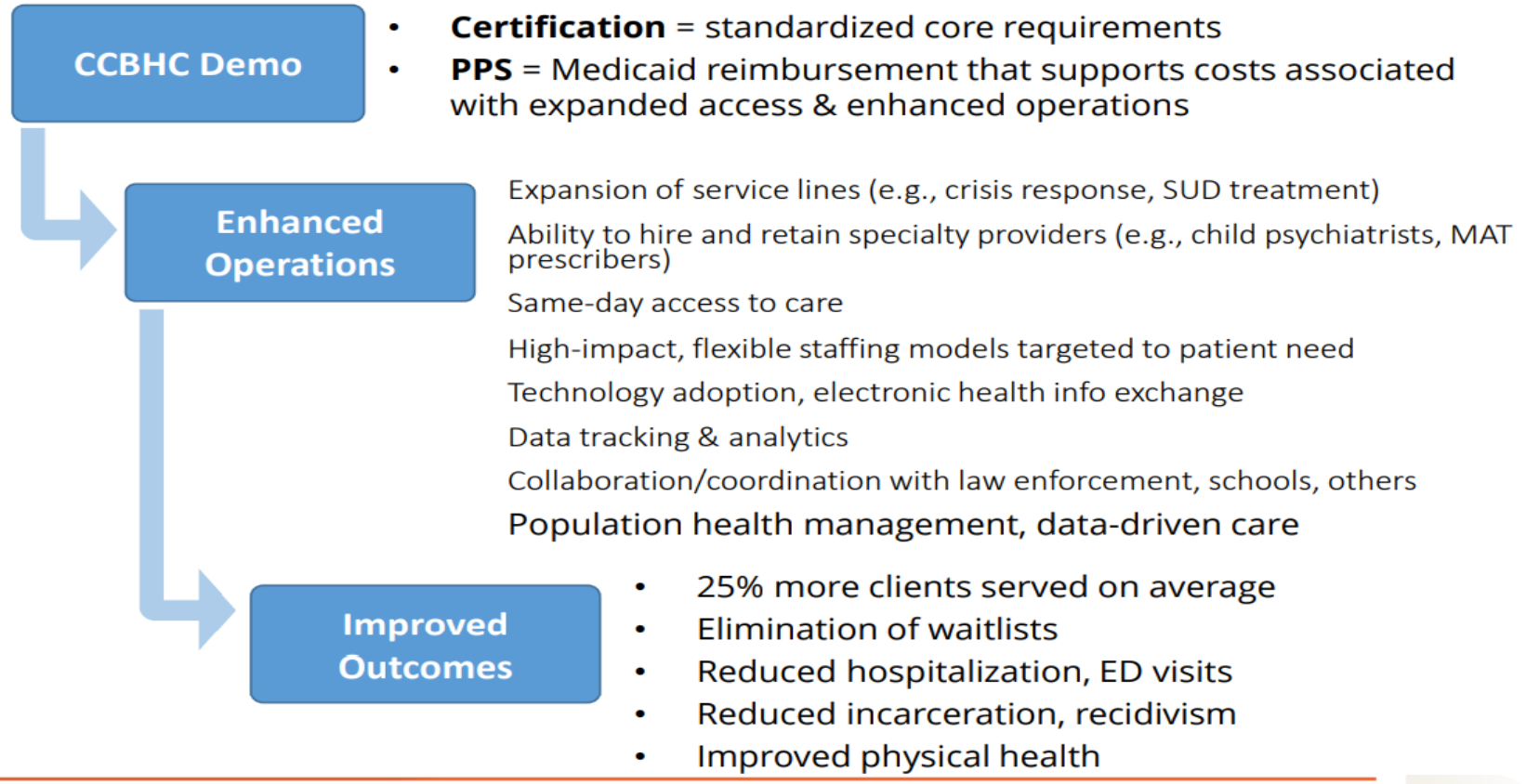
Full Implementation

Partial Implementation

Not Implemented

Certified Community Behavioral Health Clinics - Enhancements

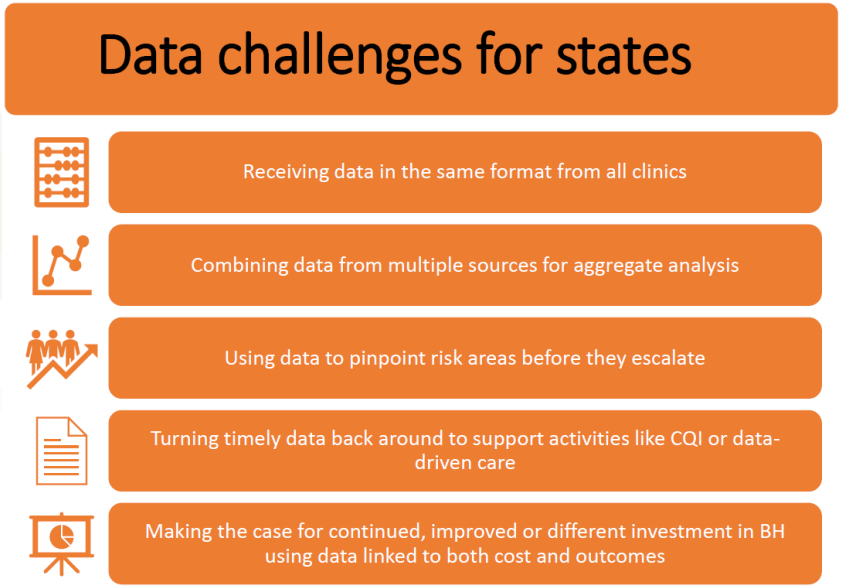
CCBHC Demonstration/PPS: Driving Value



Data needed for CCBHC

CCBHC presents an opportunity to reimagine service delivery

- Collection of new data/quality metrics required, standardized across all states
- Requirements of CCBHCs to engage in care coordination, meaning they need to be able to communicate electronically across partners and understand service utilization across partners
- Opportunity to move beyond care coordination and promote population health management, which relies on
- Payment model that allows clinics to build in costs of improved technology platforms that make these activities possible



NORTH Dakota Be Legendary. | Health & Human Services

Roadmap

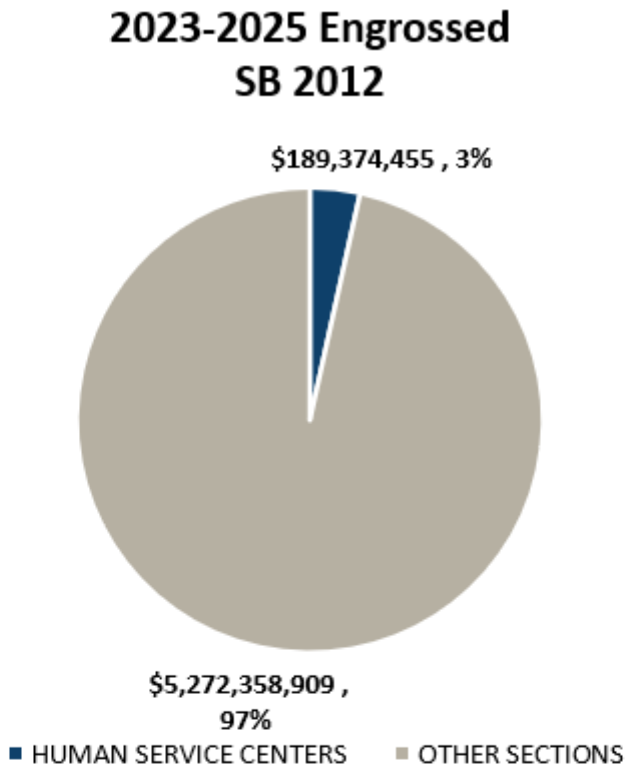
- HSC Clinic Leadership Restructure
- Statutory Requirements
- Services
  - Assessment
  - Treatment
- Crisis Services
- Workforce
- Essential Elements to Align with Future Vision
- Budget
  - Itemized List of Changes



NORTH Dakota | Health & Human Services
Be Legendary.

Section budget compared to Engrossed SB 2012 (in millions)

Represents 3% of SB 2012, $189.4 million



NORTH Dakota Be Legendary. | Health & Human Services

One Time Funding Items for Current Biennium



SEHSC Capital Projects

- Carpet Replacement ($269,000)
- Heat Pump Replacement ($455,000)

One Time Funding Items Requested

Southeast Human Service Center

- Resurface Parking Lot (estimated at $462,500)
  - Last time resurfaced was 2005
- Fire Alarm Panel Replacement (estimated at $272,654)



SB 2012 Section 2. One-Time Funding

SECTION 2. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-NINETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items approved by the sixty-seventh legislative assembly for the 2021-23 biennium and the one-time funding items included in the appropriation in section 1 of this Act:

One-Time Funding Description	2021-23	2023-25
Deferred Maintenance	0	735,154

The 2023-25 biennium one-time funding amounts are not a part of the entity's base budget for the 2025-27 biennium. The department of health and human services shall report to the appropriations committees of the sixty-nineth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2023, and ending June 30, 2025.

SB 2012 Section 20. Building Project-Lease

SECTION 20. BUILDING PROJECT - LEASE.

The department of health and human services is authorized to enter into agreements with vendors to build two buildings for the department to lease for the lake region human service center and northwest human service center for the biennium beginning July 1, 2023, and ending June 30, 2025.

SB 2012 Section 23. Human Service Centers

SECTION 23. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - CONTINGENT FULL-TIME EQUIVALENT POSITIONS – REPORT

Beginning with the effective date of this Act, the department of health and human services shall select three human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department shall pursue additional federal funding as available. Subject to the availability of generated income, the department may add up to fifty full-time equivalent positions for field services to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2025. The department shall report to the office of management and budget and legislative council each time a position is added.

SB 2012- Section 26. Exemption-Purchase of Consumables.

SECTION 26. EXEMPTION - PURCHASE OF CONSUMABLES.

The requirements of chapter 54-44.4 do not apply to the purchase of consumables at the department of health and human services continuously staffed residential units during low-census time periods for the biennium beginning July 1, 2023, and ending June 30, 2025.

Grants-Handout

Department of Health and Human Services
Human Service Centers
Grants, Benefits and Claims

Description	2021-23 Biennium Amount	2023-25 Base Budget	Increase/ (Decrease)	Executive Budget Recommendation	Increase/ (Decrease)	Engrossed SB 2012

Maintain Current Service Delivery Level
(Cost to Continue)

- $34,200,815- Revenue Shortfall
- $976,496- Operating increase for 8 clinics
- $3,985,391-Salary Increase for 8 clinics
- $2,891,071-Salary Underfunding
- $5,265,517- Continuing Temporary staff services
- $963,377- Conversion of 28.5 long term temporary staff to FTE

NORTH Dakota Be Legendary. | Health & Human Services

Maintain Current Service Delivery Level

Behavioral Health Service

In order to address the inability to recruit and retain temporary employees in the current competitive job market the following budget enhancements have been brought forward:

- NC Behavioral Health FTE Temp to FTE: 1.5 - $118,000.
- NE Behavioral Health FTE Temp to FTE: 4.0 - $101,270.
- SE Temps converted to FTEs Temp to FTE: 16 - $393,611.
- SC Behavioral Health FTE Temp to FTE: 2 - $85,576.
- WC Direct Care Associates (DCA) - Temps to FTE: 5 - $264,720.

Maintain Current Service Delivery Level

Additional Cost To Continue Requests Not Funded

- $976,496- Operating Increase for 8 clinics
- $3,985,391-Salary Increase for 8 clinics
- $2,891,071-Salary Underfunding
- $5,265,517- Continue Temporary Staff Services

Enhance Current Service Delivery Level

- 2.8M- Staffing for mobile crisis teams and crisis stabilization supports
- 6.1M- Crisis stabilization facility clinical enhancements
- Authority to add up to 50 FTE if client demand exceeds resources

Comparison of 2023-2025 budgets and related funding
By major expense

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
Salaries and Benefits	$ 121,419,279	$ 10,601,169	132,020,448	$ 1,865,017	$ 133,885,465
Operating	14,695,687	6,414,929	21,110,616	5,704,962	26,815,578
IT Services	945,548	-	945,548	-	945,548
Capital Asset Expense	80,000	735,154	815,154	-	815,154
Capital Assets	-	-	-	-	-
Grants	26,073,310	723,129	26,796,439	116,271	26,912,710
Total	$ 163,213,824	$ 18,474,381	$ 181,688,205	$ 7,686,250	$ 189,374,455

General Fund	**$ 91,958,854**	**$ 49,134,985**	**$ 141,093,839**	**$ 8,406,551**	**$ 149,500,390**
Federal Funds	**44,666,940**	**(18,896,503)**	**25,770,437**	**(691,171)**	**25,079,266**
Other Funds	**26,588,030**	**(11,764,101)**	**14,823,929**	**(29,130)**	**14,794,799**
Total Funds	**$ 163,213,824**	**$ 18,474,381**	**$ 181,688,205**	**$ 7,686,250**	**$ 189,374,455**

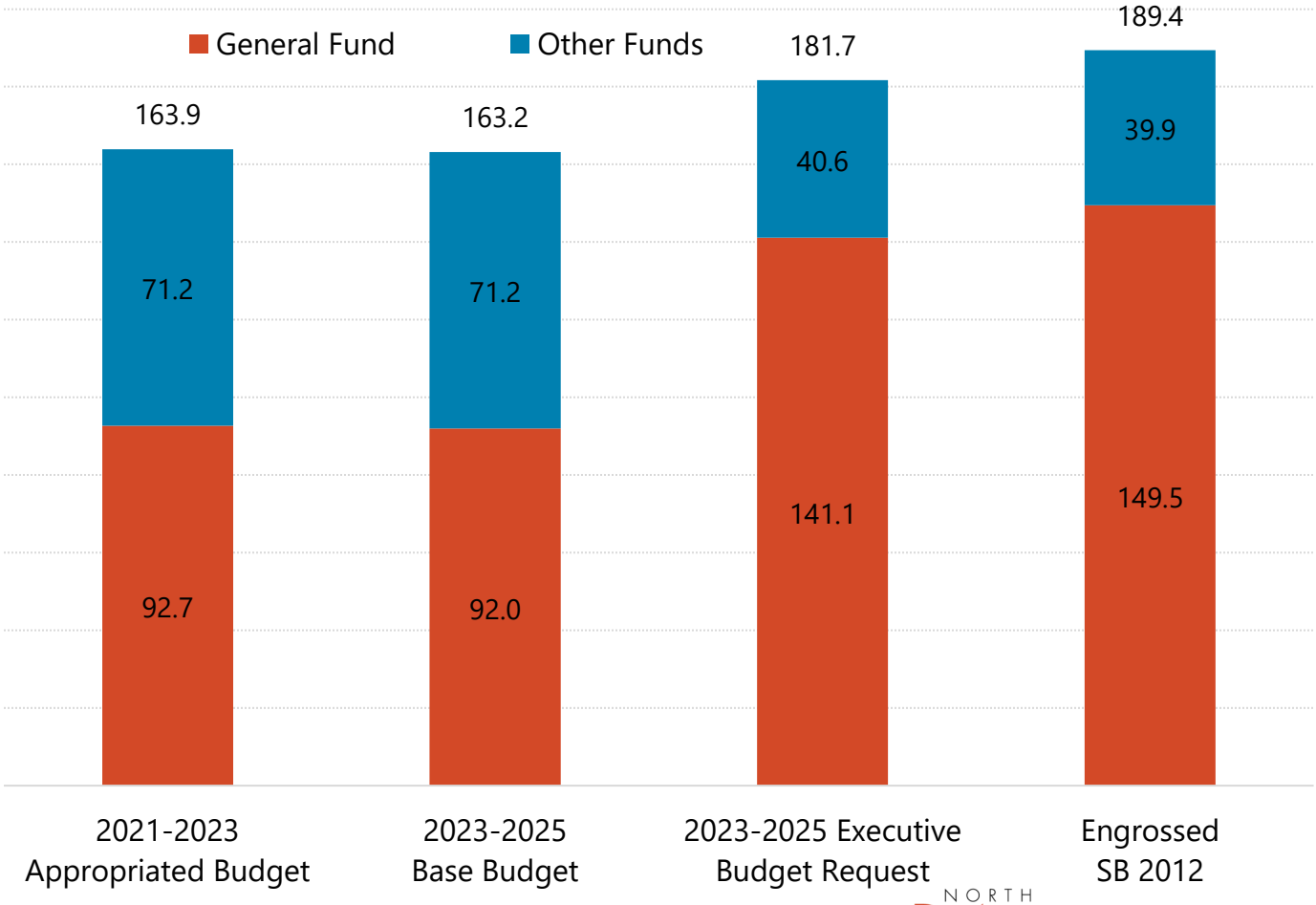
Full Time Equivalent (FTE)	630.25	49.50	679.75	24.00	703.75

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of total budget with funding (in millions)
Appropriated budget is larger than base

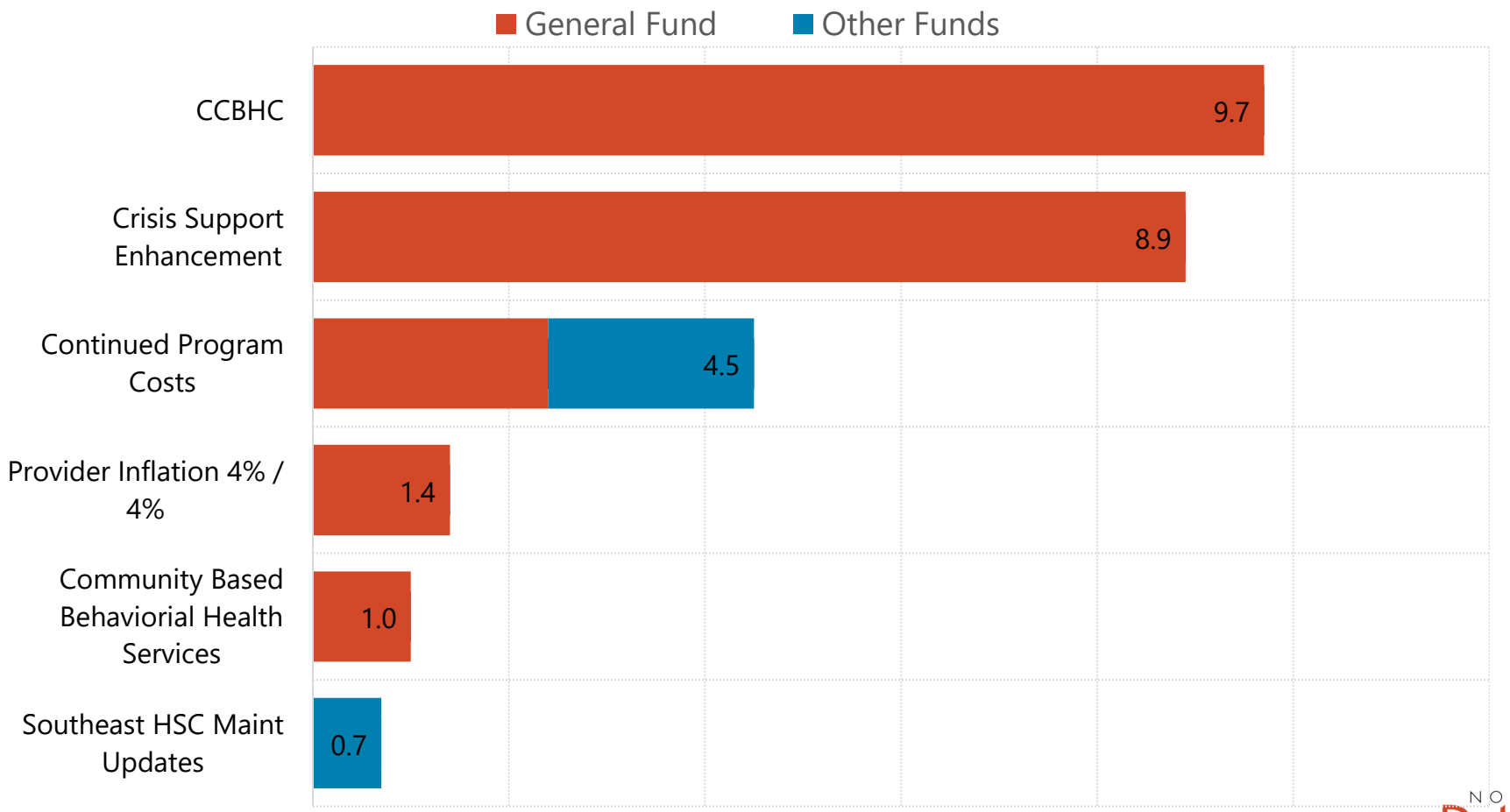
INCREASE FROM BASE TO ENGROSSED SB 2012 $25.5 MILLION

- Crisis Support Enhancement
- Community-Based Health Services
- Revenue Shortfall
- Certified Community Behavioral Health Clinics (CCBHC's)



NORTH Dakota Be Legendary. | Health & Human Services

Comparison of base budget to Engrossed SB 2012 (in millions)



NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 budgets and related funding
By detailed expense

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
511x Salaries - Regular	$ 77,535,373	$ 9,142,990	$ 86,678,364	$ (1,132,751)	$ 85,545,613
512x Salaries - Other	96,768	19,394	116,162	-	$ 116,162
513x Salaries Temp	4,448,559	0	4,448,559	-	$ 4,448,559
514x Salaries Overtime	723,604	281,934	1,005,538	-	$ 1,005,538
516x Salaries Benefits	38,614,975	1,156,850	39,771,825	2,997,768	$ 42,769,593
Total Salaries & Benefits	$ 121,419,280	$ 10,601,168	$ 132,020,448	$ 1,865,017	$ 133,885,465
52x Travel	1,597,443	(0)	1,597,443	-	$ 1,597,443
53x Supply	901,176	(4,895)	896,281	-	$ 896,281
54x Postage & Printing	219,547	(41,410)	178,137	-	$ 178,137
55x Equipment under $5,000	82,580	-	82,580	-	$ 82,580
56x Utilities	216,008	514	216,522	-	$ 216,522
57x Insurance	8,057	(411)	7,646	-	$ 7,646
58x Rent/Leases - Bldg/Equip	7,255,661	(26,534)	7,229,127	-	$ 7,229,127
59x Repairs	466,182	-	466,182	-	$ 466,182
61x Professional Development	222,411	-	222,411	-	$ 222,411
62x Fees - Operating & Professional	3,726,621	6,487,666	10,214,287	5,704,962	$ 15,919,249
67x Expenses	-	-	-	-	$ -
53x Supplies	88,381	-	88,381	-	$ 88,381
60x IT Expenses	857,167	-	857,167	-	$ 857,167
68x Land, Building, Other Capital	80,000	735,154	815,154	-	$ 815,154
69x Over	-	-	-	-	$ -
69x Equipment Over $5,000	-	-	-	-	$ -
71x Grants, Benefits, & Claims	26,073,310	723,129	26,796,439	116,271	$ 26,912,710
72x Transfers	-	-	-	-	$ -
Total Operating	$ 41,794,545	$ 7,873,212	$ 49,667,757	$ 5,821,233	$ 55,488,990
Total	$ 163,213,825	$ 18,474,380	$ 181,688,205	$ 7,686,250	$ 189,374,455

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 funding

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
General Fund	$ 91,958,854	$ 49,134,985	$ 141,093,839	$ 8,406,551	$ 149,500,390
Federal Funds	44,666,940	(18,896,503)	25,770,437	(691,171)	25,079,266
Other Funds	26,588,030	(11,764,101)	14,823,929	(29,130)	14,794,799
Total Funds	$ 163,213,824	$ 18,474,381	$ 181,688,205	$ 7,686,250	$ 189,374,455



Contact Information

Clinical Director, Human Service Centers

- Dr. Dan Cramer
- dcramer@nd.gov

Medical Director, Human Service Centers

- Dr. Laura Kroetsch
- lkroetsch@nd.gov

Operations Director, Human Service Centers

- Jeff Stenseth
- jstenseth@nd.gov

NORTH Dakota Be Legendary. | Health & Human Services



Regional Contact Information

- Char Ferrell, Northwest HSC
  - cferrel@nd.gov
- John Butgereit, North Central HSC
  - jbutgereit@nd.gov
- Julie Baumgarn, Lake Region HSC
  - jbaumgarn@nd.gov
- Jeffrey McKinnon, Northeast HSC
  - jmckinnon@nd.gov
- Alanna Zeller, Southeast HSC
  - alzeller@nd.gov
- Leann Pollert, South Central HSC
  - lpollert@nd.gov
- Brad Brown, West Central HSC
  - btbrown@nd.gov
- Jessica Odermann, Badlands HSC
  - jodermann@nd.gov

NORTH Dakota Be Legendary. | Health & Human Services



Senate Bill 2012

House Appropriations, Human Resource Subcommittee
Representative Nelson, Chairman

Medicaid | Krista Fremming, Interim Director, Medical Services | March 21, 2023

NORTH Dakota | Health & Human Services
Be Legendary.

HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the **FOUNDATIONS** of well-being

- Economic Health
- Behavioral Health
- Physical Health

Ensure everyone has the opportunity to realize their **POTENTIAL**

- Strong, Stable Families
- Services Closer to Home
- Early Childhood Experiences
- Efficiency Through Redesign
- High-Performing Team

Give everyone the **OPPORTUNITY** to decide to:

- Be Healthy
- Be Active
- Find & Prevent Disease Early

NORTH Dakota Be Legendary. | Health & Human Services

Presentation roadmap

- Who we serve
- Differences between fee-for-service Medicaid and Medicaid Expansion
- Improving the lives of North Dakotans:
  - 2021-2023 Accomplishments
  - Current and future challenges
- 2023-2025 budget requirements

ND Century Code Chapters

The primary NDCC chapters associated with Medicaid are listed here:

Chapter	Chapter Name
50-24.1	Medical Assistance for Needy Persons
50-24.6	Medical Assistance Drug Use Review and Authorization
50-29	Children's Health Insurance Program

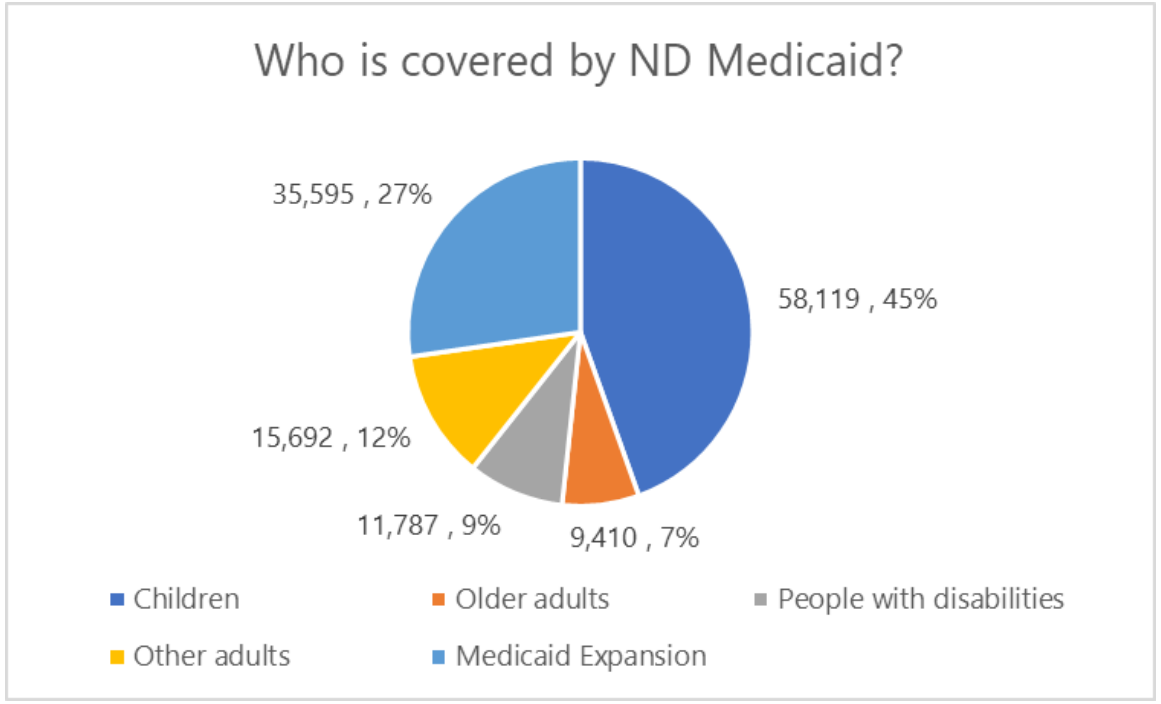


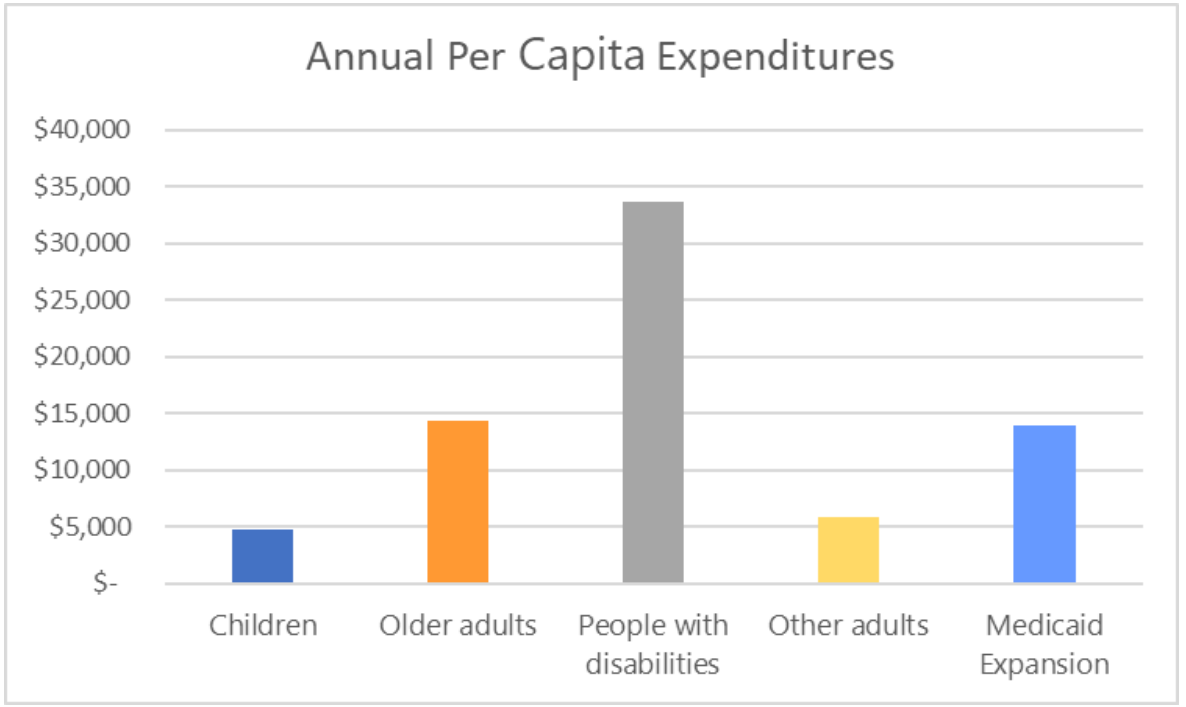
Who we serve

Medicaid members are our friends, family and neighbors. Medicaid provides health care coverage for low-income families, children, pregnant women, people with disabilities, older adults and other low-income adults.

NORTH Dakota | Health & Human Services
Be Legendary.

Who is covered by ND Medicaid?





NORTH Dakota Be Legendary. | Health & Human Services



Faces of Medicaid

Faces of Medicaid was born out of a need to help North Dakotans understand who the ND Medicaid program serves and its life-changing impact.

- Cuwe's Story
- Raya's Story
- Colin's Story
- Sandy's Story

NORTH Dakota | Health & Human Services
Be Legendary.

What services are covered?

- Hospital
- Nursing Facility
- Clinic
- Hospice and home health care
- Professional services (physician/NP/PA)
- Durable medical equipment and supplies
- Mental health and substance use disorder services
- Prescription drugs
- Ambulance and transportation
- Vision
- Dental

NORTH Dakota | Health & Human Services
Be Legendary.

Mandatory and Optional Services

Mandatory

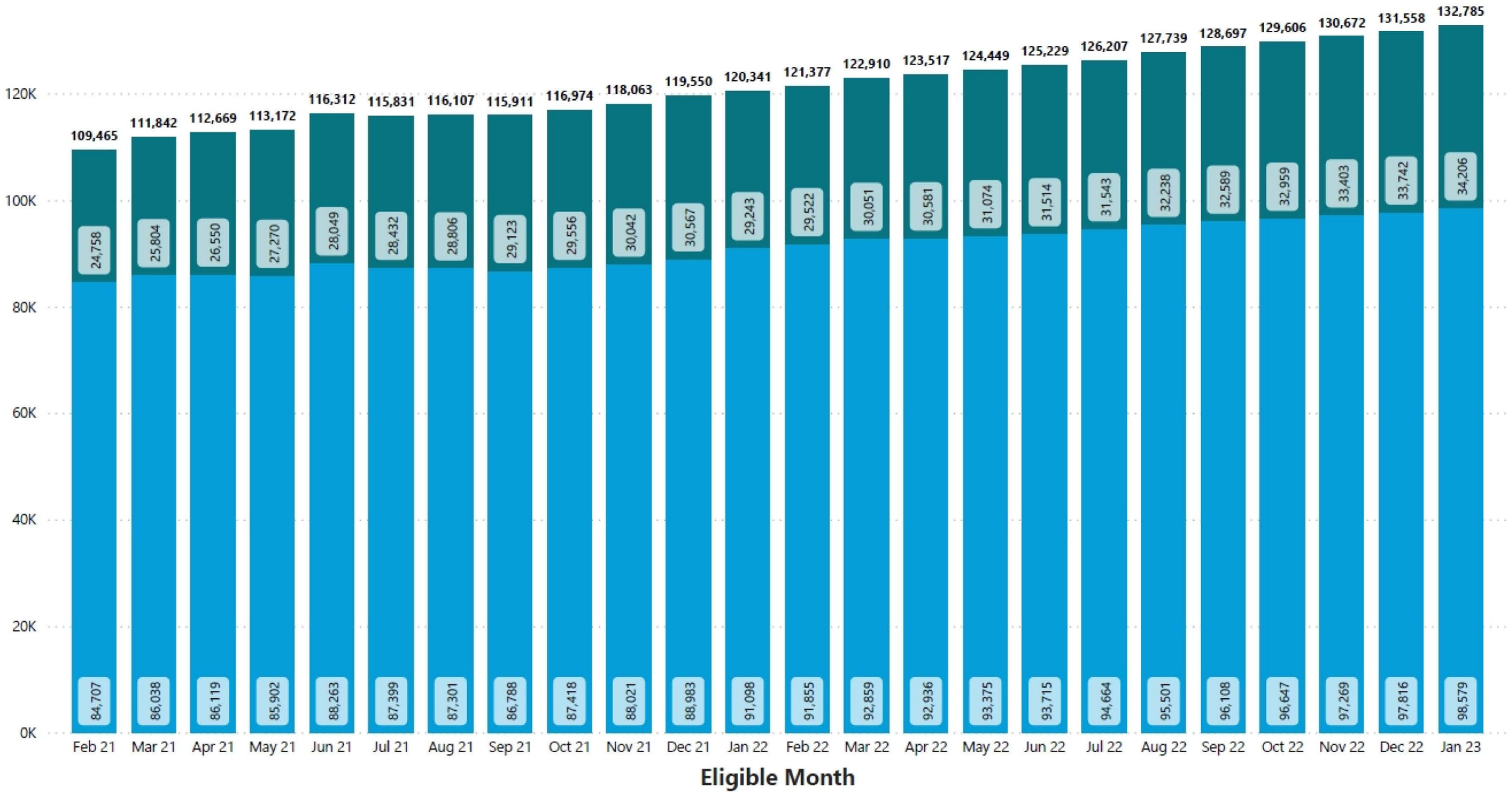
- Inpatient hospital
- Outpatient hospital
- EPSDT: Early and Periodic Screening, Diagnostic and Treatment Services
- Nursing facility
- Home health
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and x-ray services
- Family planning services
- Nurse midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Transportation to medical care
- Tobacco cessation counseling for pregnant women

Optional

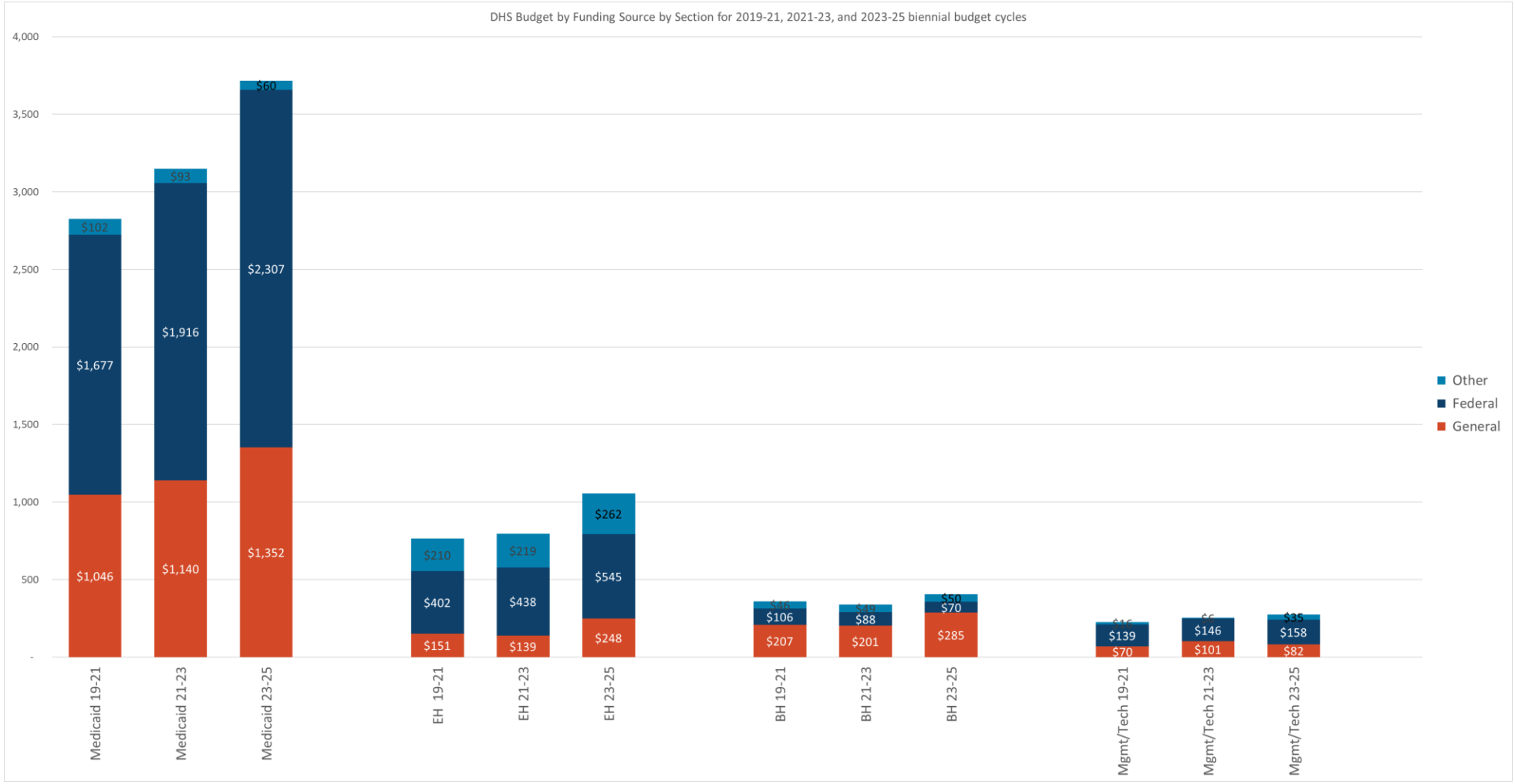
- Prescription Drugs
- Clinic services
- Critical access hospital services
- Physical therapy, occupational therapy and speech, hearing and language disorder services
- Respiratory care services
- Other diagnostic, screening, preventive and rehabilitative services
- Podiatry services
- Optometry services and eyeglasses
- Dental services and dentures
- Prosthetics
- Chiropractic services
- Other practitioner services
- Personal Care and Private duty nursing services
- Hospice
- Case management
- Services for Individuals Age 65 or Older in an IMD
- Services in an ICF for individuals with an intellectual disability
- 1915(i) and 1915(c) Home and Community Based Services
- Inpatient psychiatric services for individuals under age 21

Medicaid Eligibles (previous 24 months)

NORTH Dakota | Health & Human Services
Be Legendary.

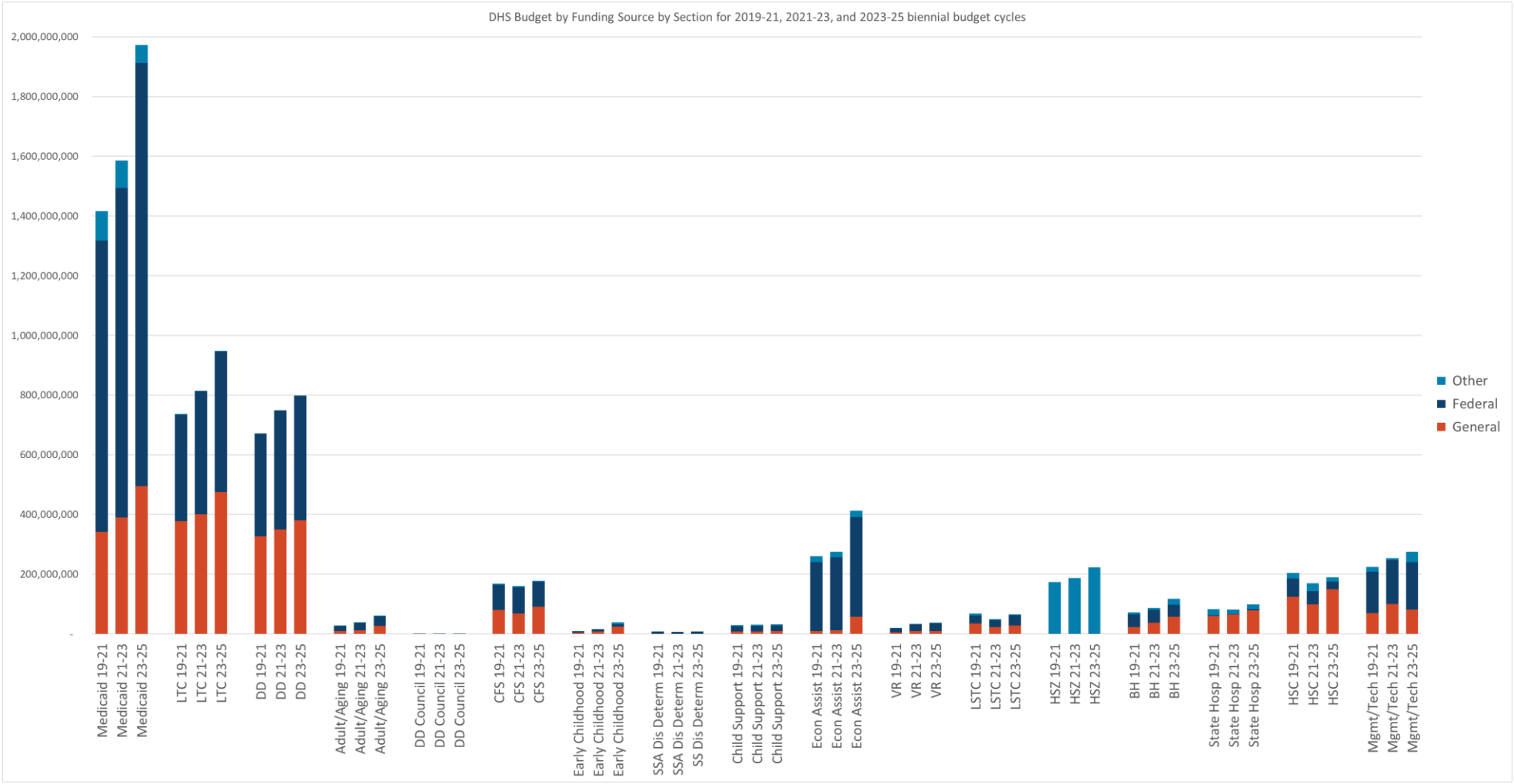


Budget Overview by Division



NORTH Dakota Be Legendary. | Health & Human Services

Budget Overview by Section

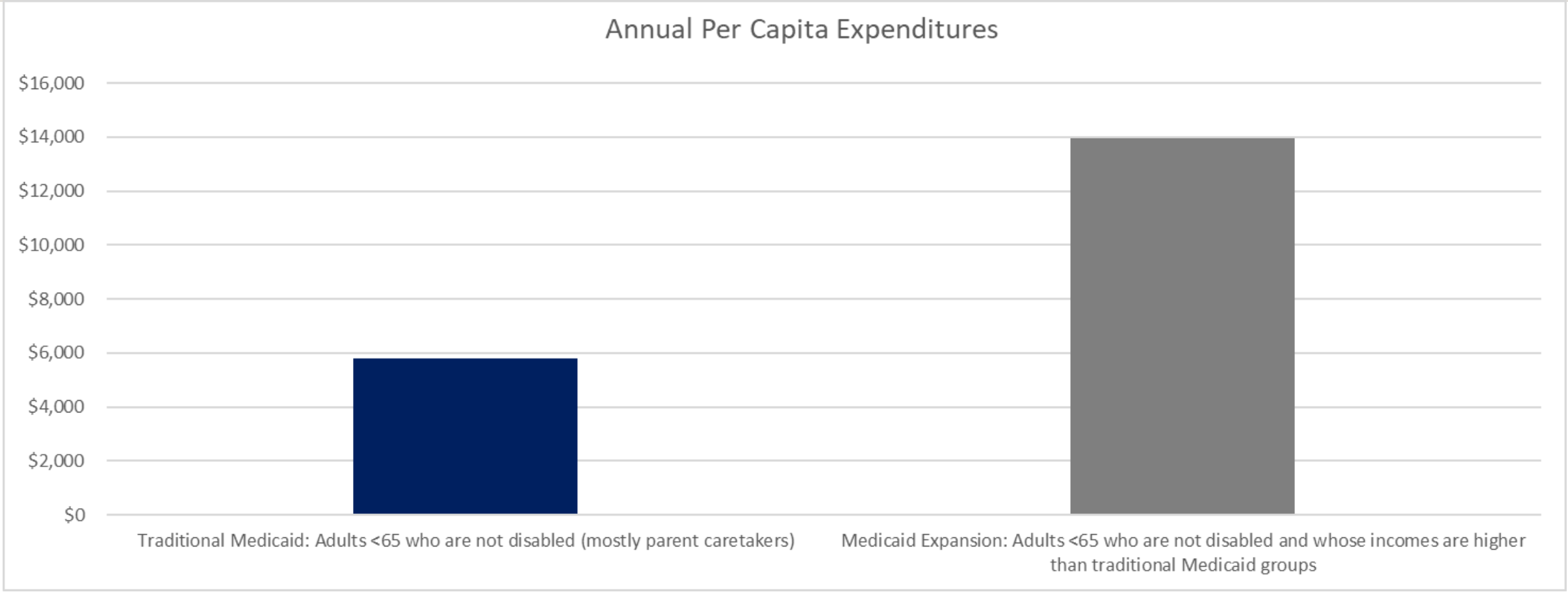


NORTH Dakota Be Legendary. | Health & Human Services

How we pay – differences between Traditional Medicaid and Medicaid Expansion

Traditional Medicaid (fee for service)	Medicaid Expansion
State pays providers directly for each covered service received by a Medicaid member.	State pays a monthly fee (called a premium or capitation payment) to the managed care organization (MCO).
Only pay for services received by members.	Monthly fee is paid to MCO regardless of member use of services.

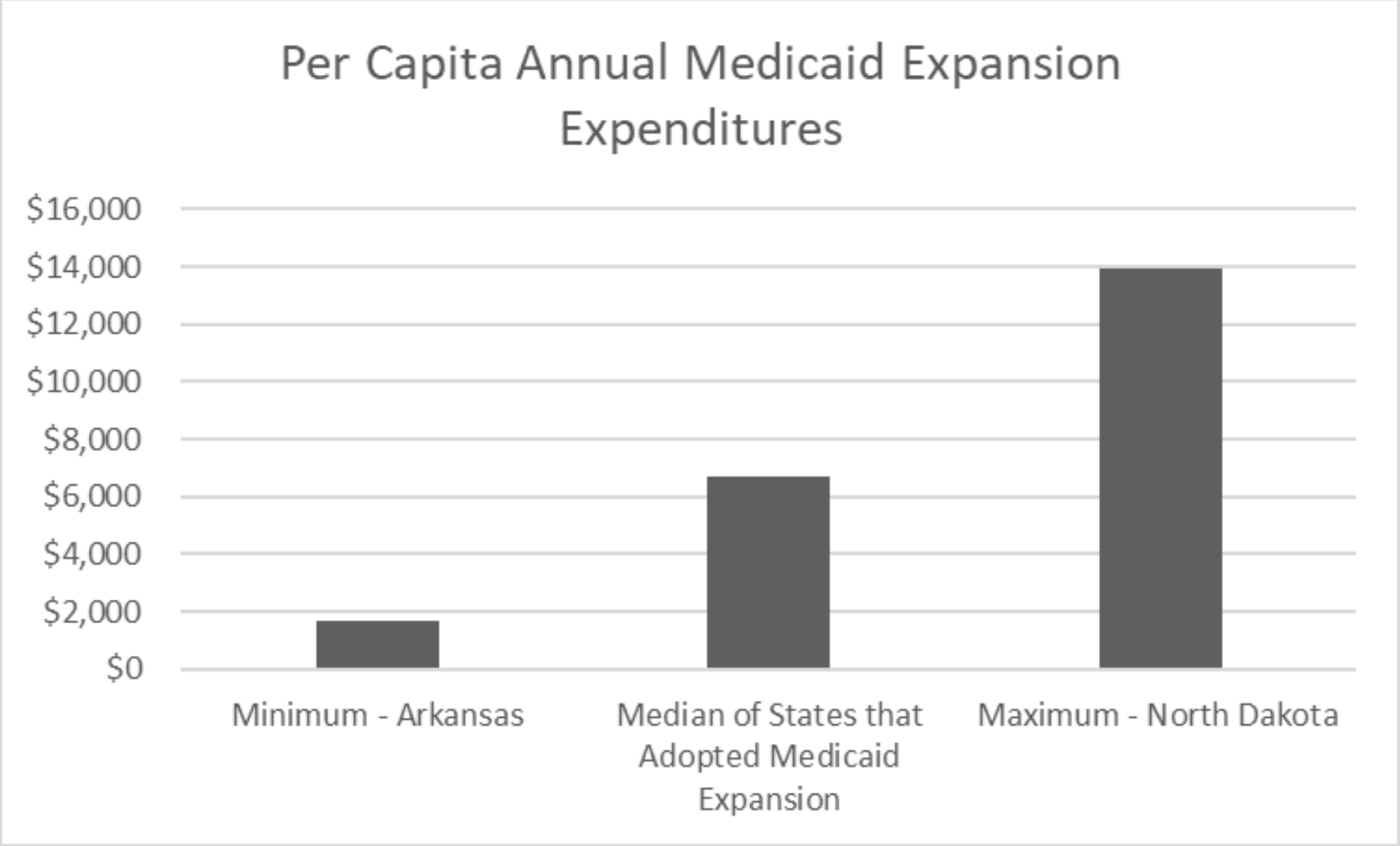
Per Capita Expenditures – Comparison Between Traditional Medicaid and Medicaid Expansion



NORTH Dakota Be Legendary. | Health & Human Services

Based on 2019 expenditures. Source: www.medicaid.gov/state-overviews/scorecard/how-much-states-spend-per-medicaid-enrollee/index.html

Per Capita Expenditures for Medicaid Expansion – Across States



North Dakota Be Legendary. | Health & Human Services

Based on 2019 expenditures. Source: www.medicaid.gov/state-overviews/scorecard/how-much-states-spend-per-medicaid-enrollee/index.html.

21-23 Accomplishments



Design of value-based purchasing programs for Prospective Payment System (PPS) hospital systems and nursing facilities



Medicaid Expansion – new managed care organization (Blue Cross Blue Shield of ND); includes value-based payment program



Big steps towards modernization of the Medicaid Management Information System (MMIS)



Extension of postpartum Medicaid coverage for new mothers

NORTH Dakota Be Legendary. | Health & Human Services

Current and Future Challenges

- Medicaid continuous coverage requirement since March 2020; ends March 31, 2023.
- No state has ever had to redetermine eligibility for this many members in a single year.
- Federal government rulemaking will impact Medicaid – eligibility and managed care rule updates expected in 2023.
- Finding ways to effectively control cost growth.
- Vendor contract price increases.

Current and Future Challenges - Drugs

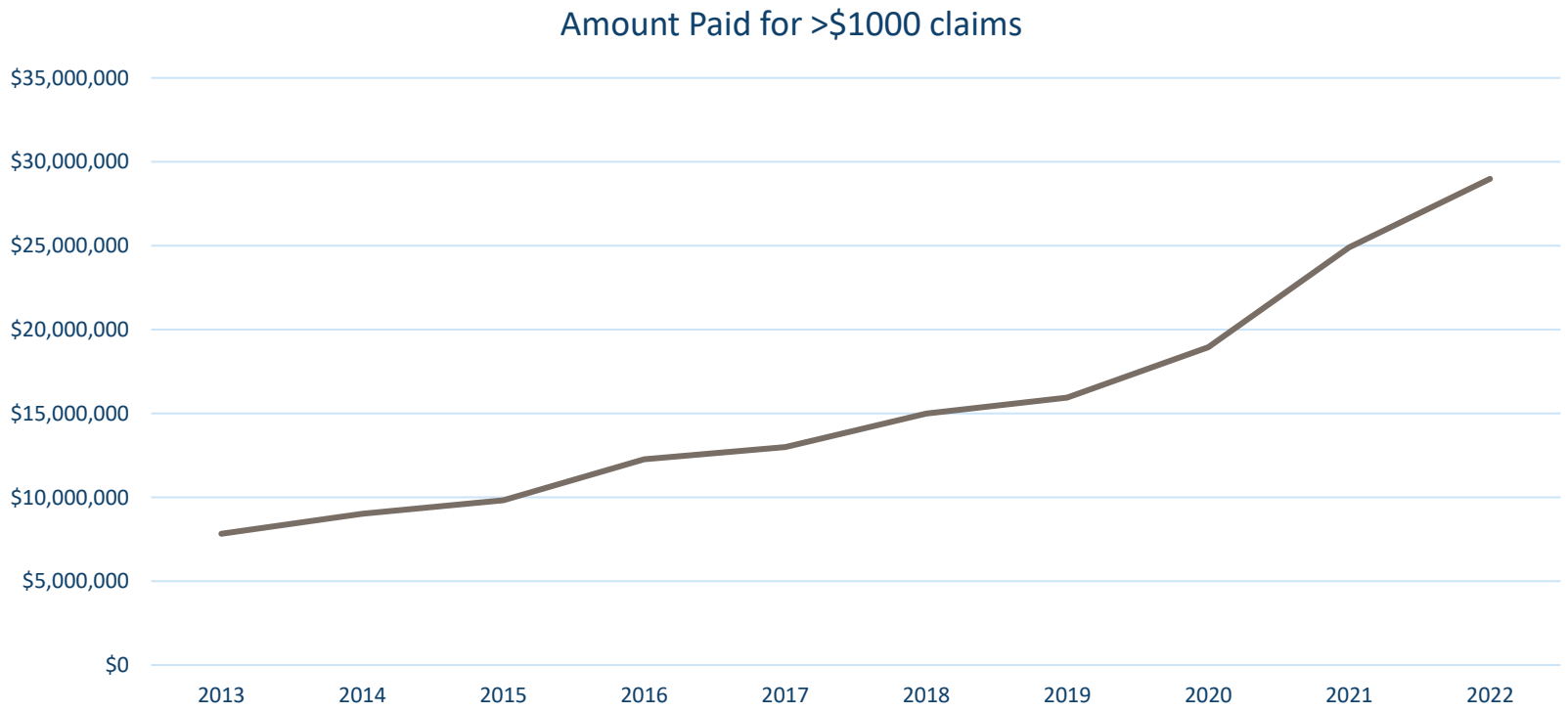
- According to a recent JAMA Research Letter (JAMA. 2022;327(21):2145-2147. doi:10.1001/jama.2022.5542)
  - Median launch prices for drugs in 2008
    - $2,115 / year
    - Range $928 - $17,866
  - Median launch prices for drugs in 2021
    - $180,007 / year
    - Range $20,236 - $409,732

Current and Future Challenges - Drugs

- Two new drugs added to our drug file this week
- SKYCLARYS™ (OMAVELOXOLONE) for the treatment of Friedreich's ataxia (prevalence one in every 50,000 people).
  - $375,000 per year
- DAYBUE (TROFINETIDE) for the treatment of Rett syndrome (prevalence one in 10,000 girls by age 12)
  - $924,000 per year

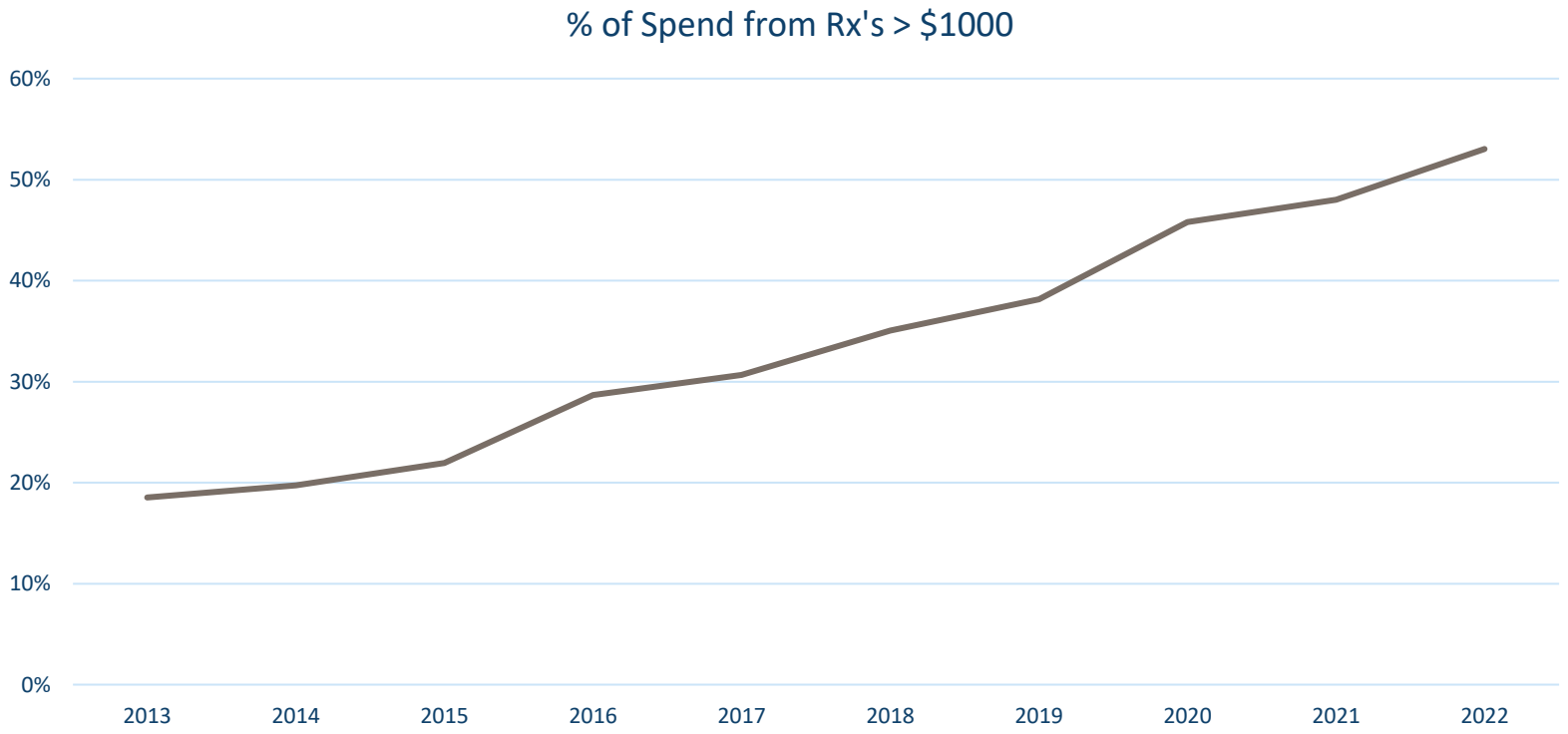
Current and Future Challenges - Drugs

- The spend from hyper-cost drugs continues to climb



Current and Future Challenges - Drugs

- The % spend from hyper-cost drugs continues to climb



Current and Future Challenges - Drugs

- 30 drugs make up 47% of the Medicaid drug budget
  - Stelara, Trikafta, Dupixent, Orkambi, Humira, Vraylar, Invega, Uptravi, Lynparza, Taltz, Mavyret, Abilify, Skyrizi, Kalydeco, Haegarda, Koselugo, Suboxone, Sapropterin, Ingrezza, Sofosbuvir-Velpatasvir, Enspryng, Biktarvy, fluoxetine, guanfacine, albuterol, sertraline, methylphenidate, gabapentin, levothyroxine, trazodone

Current and Future Challenges - Drugs

- 6 drug classes account for 95.3% of increase in spend since 2019
  - Immunomodulators (e.g. Stelara and Taltz)
  - Oncology
  - Cystic Fibrosis (Trikafta)
  - Antipsychotics (Vraylar and injectable Invega and Abilify)
  - Eczema (Dupixent)
  - HIV
- Our increasing drug spend isn't due to increased number of members – it is from increased use of hyper-cost drugs

Current and Future Challenges - Drugs

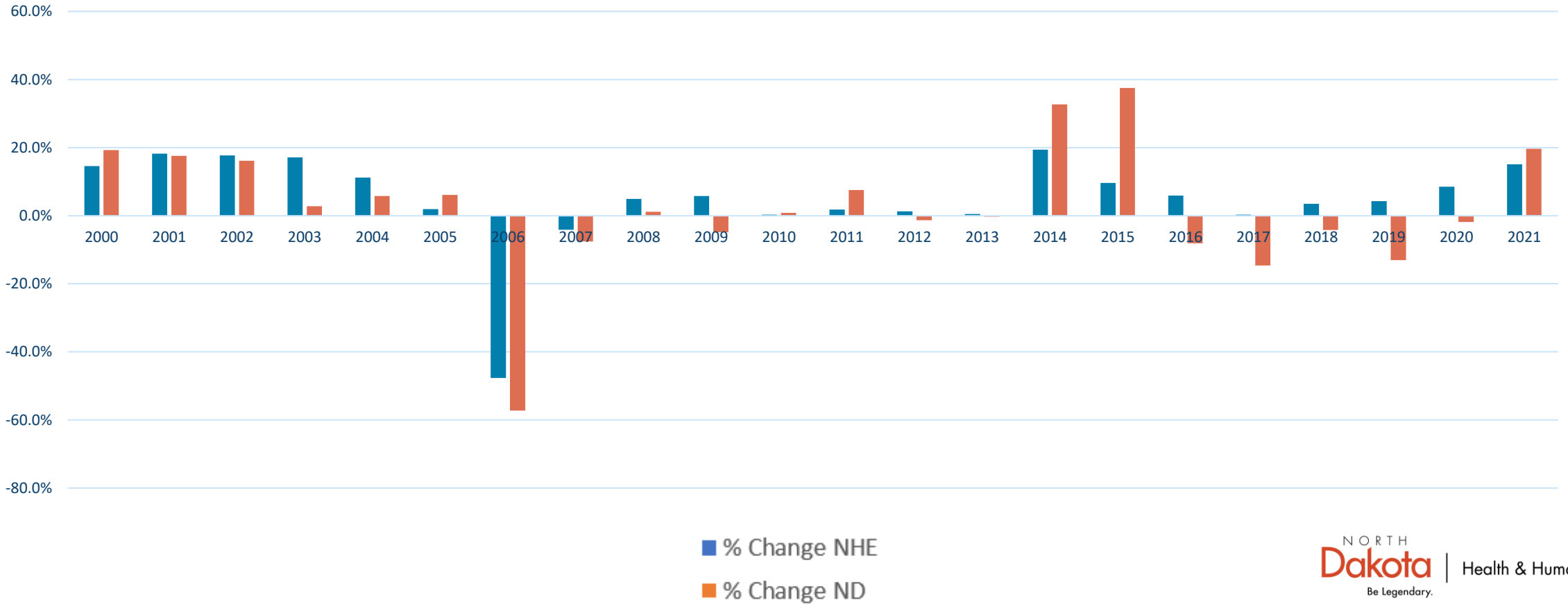
- Pre-rebate spend comparison
- Immunomodulator (e.g. Taltz, Cosentyx, Stelara), Cystic Fibrosis (Trikafta), and Eczema (Dupixent) classes (2020 vs. 2022)
  - 66.2% increase in paid claims (2046 to 3401)
  - 83.6% increase in spend ($13.06 to $23.98 million)
- For contrast, antidepressants and statins
  - 6.2% increase in paid claims (129,411 to 137,460)
  - 14.2% increase in spend ($2.6 to $2.97 million)

Current and Future Challenges - Drugs

Year	Pre-Rebate Spend	Post-Rebate Spend
2015	$ 70,507,106	$35,062,129
2016	$ 74,296,444	$32,220,654
2017	$ 70,487,829	$27,535,758
2018	$ 74,007,012	$26,373,737
2019	$ 72,734,267	$23,246,652
2020	$ 79,808,200	$22,499,237
2021	$ 100,172,140	$27,393,737
2022	$ 114,013,584	$33,397,710

Current and Future Challenges - Drugs

- Comparison to National Health Expenditure Medicaid Rx Growth



NORTH Dakota Be Legendary. | Health & Human Services

Why Value-Based Purchasing?

- Accountability
- Providers focus on keeping members healthy and eliminating unnecessary procedures
- Maximize benefits to members
- Rewards based on health outcomes and healthier members
- Stable, predictable revenue for providers

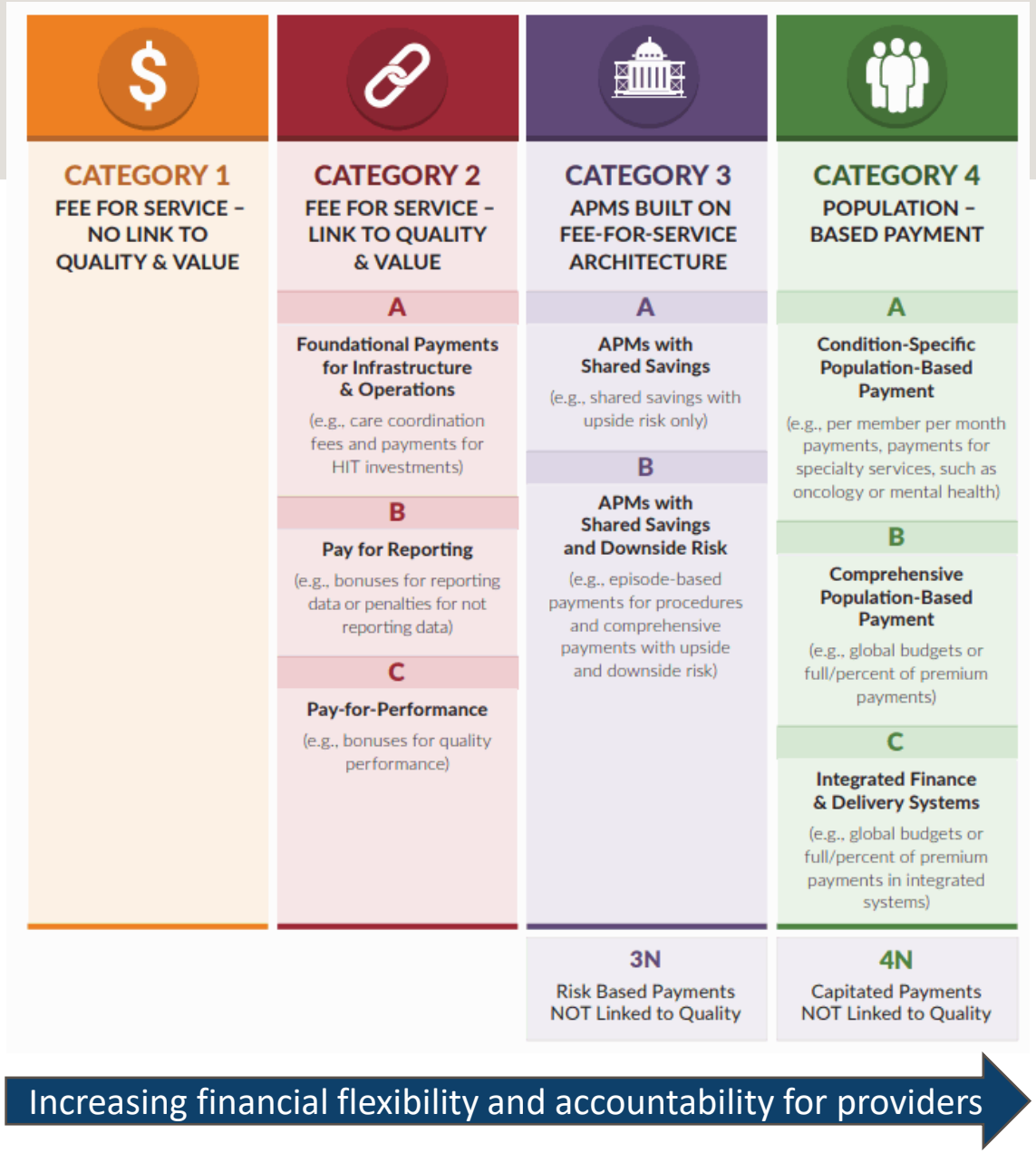
NORTH Dakota Be Legendary. | Health & Human Services

Value-Based Purchasing Concepts

- Improve the quality and value of health care services provided
- Provide comprehensive care coordination across the entire delivery system
- Improve health outcomes by rewarding high-quality, evidence-based health care
- Create a combination of incentives to encourage better health care decision making by tying compensation to certain performance measures

Alternative Payment Model (APM) Framework

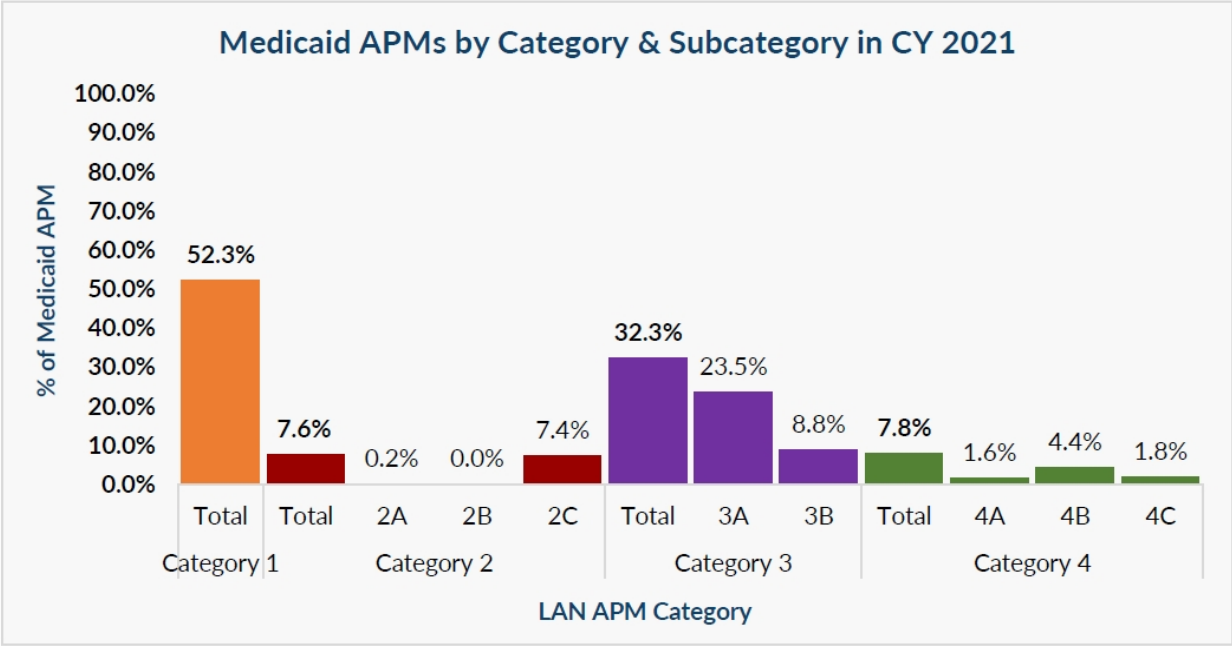
The Health Care Payment Learning and Action Network, a public-private network which was created to drive aligned payment reform, is taking steps to move payment models towards shared accountability and downside risk for providers.

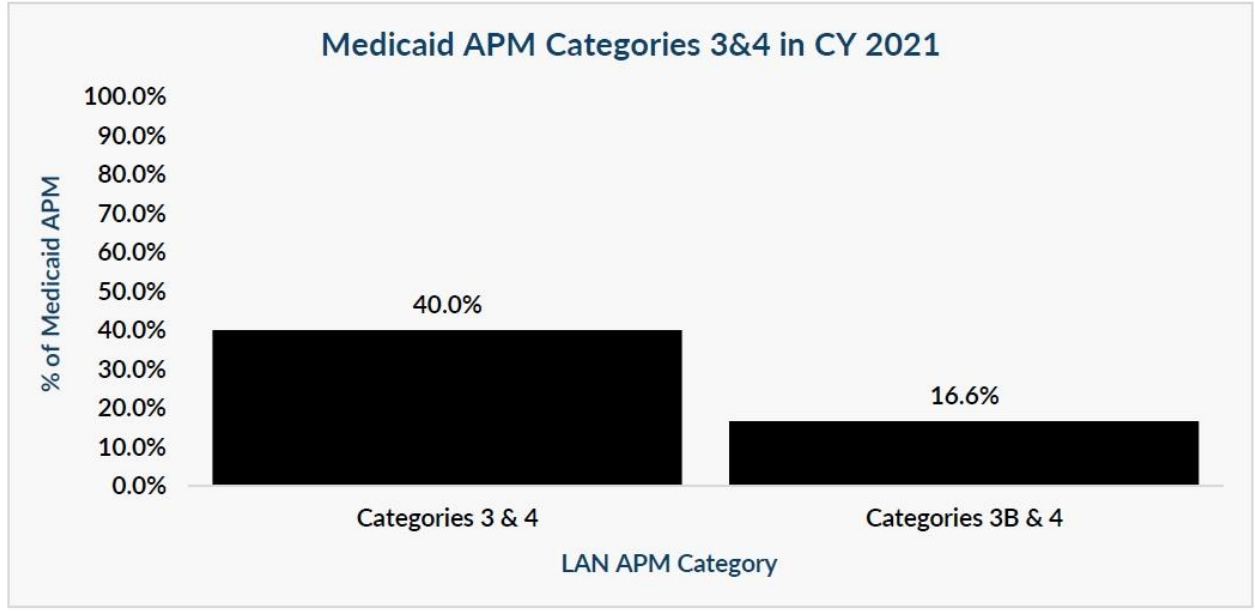


Source: www.hcp-lan.org

NORTH Dakota Be Legendary. | Health & Human Services

How do Medicaid payments at the national level fall into the APM Framework?





[8] CMS/Office of Enterprise Data & Analytics/Office of the Actuary, "CMS Fast Facts: CMS Program Data – Populations," August 2022. Available at CMSFastFactsAug2022.pdf. Accessed October 27, 2022.

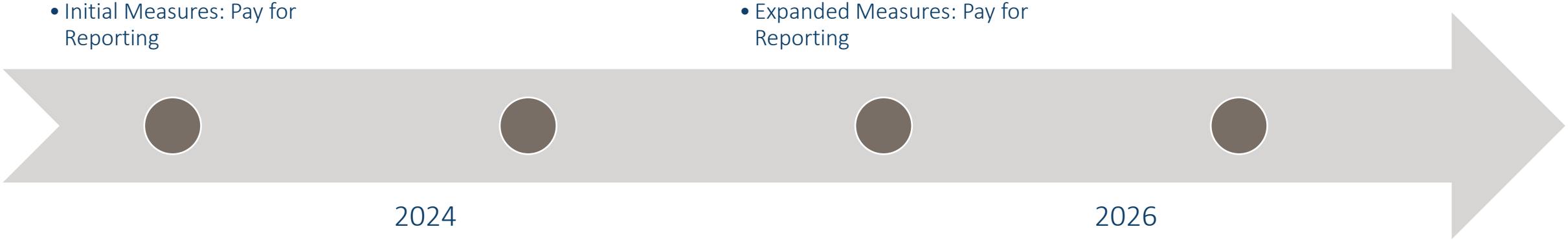
NORTH Dakota | Health & Human Services
Be Legendary.

Source: http://hcp-lan.org/workproducts/apm-methodology-2022.pdf

Value-Based Purchasing in Traditional Medicaid – Progress and Next Steps

- Progress on model development for Prospective Payment System (PPS) health systems:
  - Puts a portion of hospital payments at risk for performance on a set of quality measures.
  - If PPS systems fail to hit the targets, up to 4% of Medicaid revenue for a subset of services and population would be returned to the state. Systems are given an opportunity to earn back funds through performance on measures in comparison to their peers.
  - To support systems in being successful, the Department is working to provide regular access to data analytics that highlight gaps in care and performance on measures.

Value-Based Purchasing – Progress and Next Steps



2023

- Measurement Year 1
- Initial Measures: Pay for Reporting

2024

- Measurement Year 2
- Pay for Reporting Baseline

2025

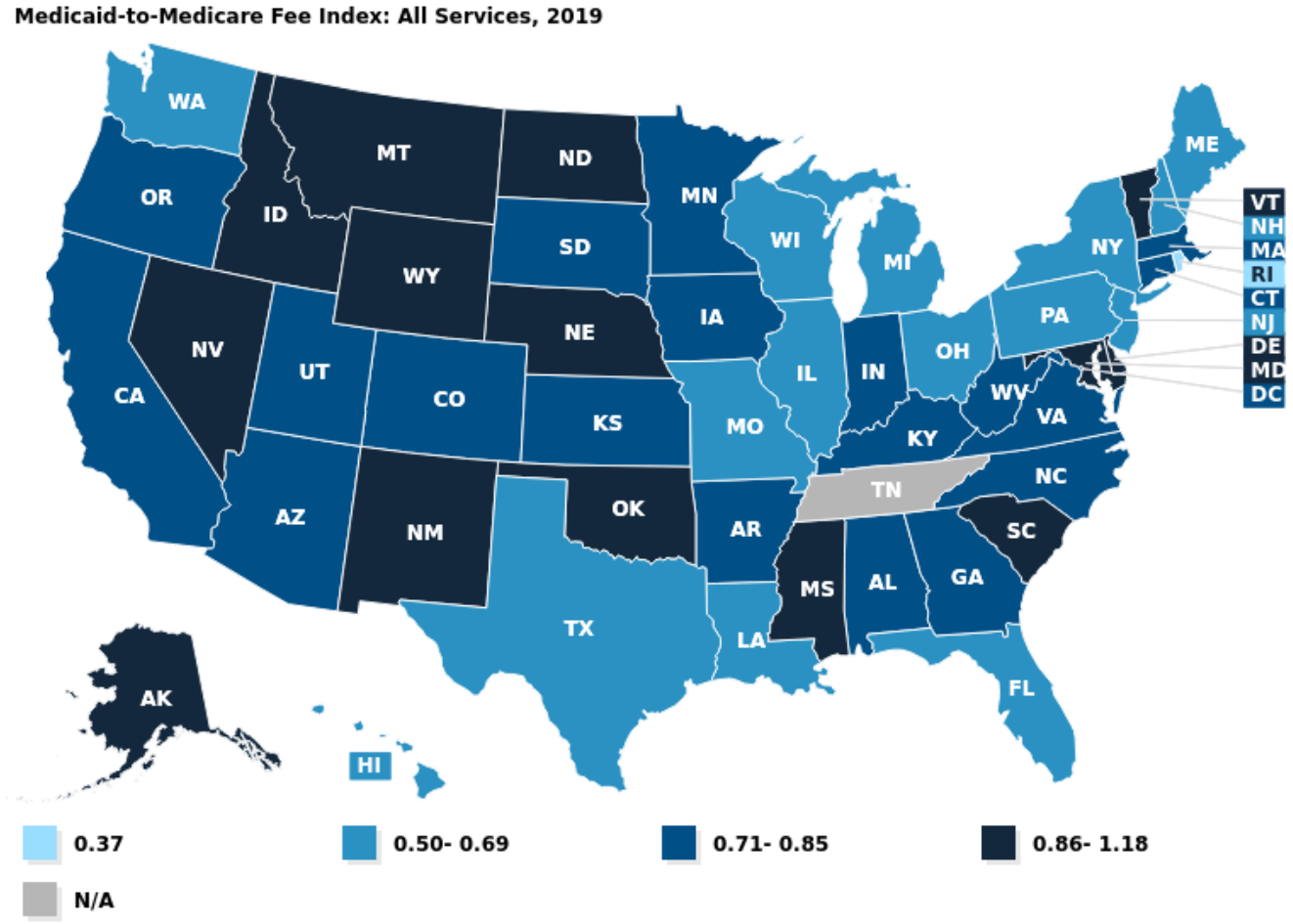
- Measurement Year 3
- Initial Measures: Pay for Performance
- Expanded Measures: Pay for Reporting

2026

- Initial Measures: Pay for Performance
- Expanded Measures: Pay for Performance

NORTH Dakota Be Legendary. | Health & Human Services

Traditional Medicaid Physician Rates in Comparison to Other States and Medicare



SOURCE: Kaiser Family Foundation's State Health Facts.

NORTH Dakota Be Legendary. | Health & Human Services

Medicaid's Role in Maternal and Child Health

Medicaid Lever	ND Status
Eligibility and Enrollment	• Pregnant women: 162% FPL; CHIP: 175% FPL • Continuous eligibility for at least 12 months for both pregnant women and children
Education/outreach to members or providers	• Health Tracks Member and Provider Outreach Teams (Health Tracks = EPSDT = Early and Periodic Screening Diagnostic and Treatment benefit) • Well-child visit reminders by mail
Covered benefits	Most optional benefits covered; 1915(c) and 1915(i) benefit plans for qualifying individuals
Models of care delivery	Targeted Case Management for High-Risk Pregnant Women
Performance measurement, performance improvement projects and quality improvement projects	• External quality review organization maternal/child focus study • Other issue-specific projects such as fluoride varnish application in medical settings

Medicaid's Role in Behavioral Health Care



Outpatient Services

- Initial level of care / diagnostic interview
- Individual and group counseling and psychotherapy
- Medication Assisted Therapy (MAT) including buprenorphine and methadone treatment.
- Includes Home and Community Based Services through the 1915(i) State Plan Amendment



Intensive Outpatient Services or Partial Hospitalization

- Typically delivered by SUD/MH specialty providers
- Support system including availability of emergency services around the clock



Residential or Inpatient Services

- Different levels of care ranging from low to high-intensity clinically managed residential care to medically monitored high-intensity inpatient services
- Goal is to prepare individual for outpatient treatment
- Provided in structured residential setting staffed 24 hrs per day and are clinically managed



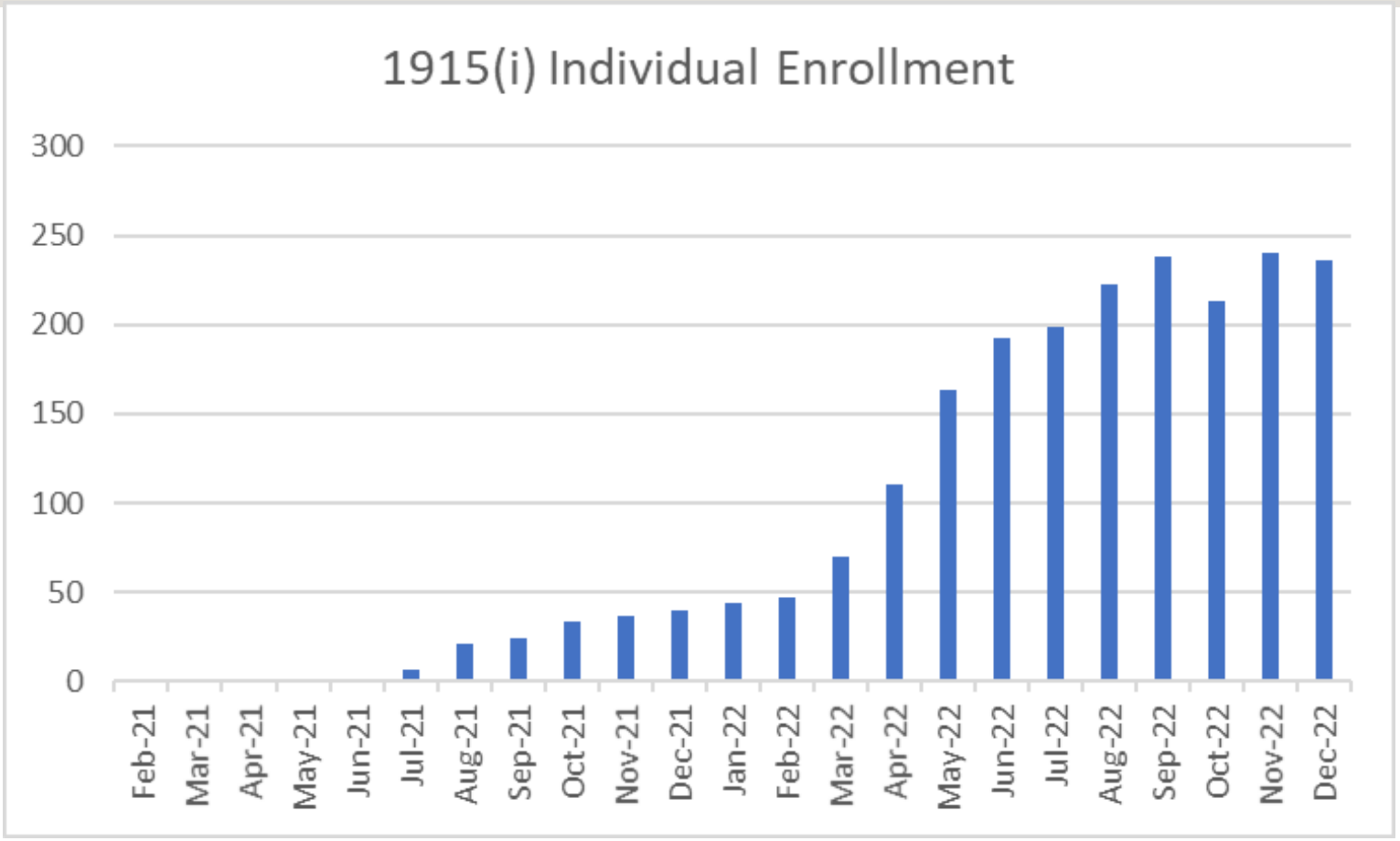
Medically Managed Intensive Inpatient Services

- Primary medical and nursing care.
- Patients receive daily direct care from licensed physician in a hospital-based setting.
- Biomedical, emotional, behavioral, and/or cognitive conditions present

Least restrictive → Most restrictive

NORTH Dakota Be Legendary. | Health & Human Services

Medicaid's Role in Behavioral Health Care – 1915(i)



Medicaid's Role in Behavioral Health Care – 1915(i)

Challenge	Response
Federal conflict of interest rules prevented 1915i providers from doing more than one type of 1915i service for members.	Presented data to CMS to show the impacts that the rule is having on access to care. CMS waived rules for all ND counties except Burleigh and Cass.
Non-medical transportation provider payment structure did not incentivize service provision in rural areas.	Submitted a state plan amendment to change the rate from a per trip rate to per unit rate.
Providers need an upfront infusion of resources to get started.	Using ARPA 9817 funds, 12 grants have been provided to new or expanding providers.

Medicaid's Role in Behavioral Health Care – 1915(i)

American Rescue Plan Act (ARPA) Section 9817 Grant Awardees (Jan. 2023)

Name of Agency	Location
Minot Area Recovery Community Organization	Minot
Vocational Training Center	Fargo
Sunny Side Day Center	Moorhead
Project Bee	Minot
Agape Community Support Services	Jamestown
L&M Coordination Services	Jamestown
Better Together ND	Fargo
Lotus Center	Moorhead
NIAM Brain Injury	Fargo
Recovery Works	Fargo
Lake Region Community Shelter	Devils Lake

Medicaid's Role in Behavioral Health Care – 1915(i)

- 1915(i) regulations require "an individualized evaluation of need", which is why eligibility for 1915(i) cannot be determined solely based on diagnosis or referral (42 CFR § 441.715(a)).
- The World Health Organization Disability Assessment Schedule (WHODAS) was chosen for the following reasons:
  - Short, simple and easy to administer.
  - Availability of the tool.
  - Application across populations and cultures.
- The WHODAS can be administered via telehealth platforms.

Out of State Expenditures

- ND Medicaid limits out of state care to services that cannot be received in state (ND Administrative Code 75-02-02-13).
- In most situations, prior approval is required.
- In SFY22, ND Medicaid paid for:
  - 588 unique members to receive services out of state.
  - $19,358,407 in payments to out of state providers.
    - These numbers do not include services received in border towns (within 50 miles of the ND border), emergency services under $5,000 or items shipped from an out of state provider such as a prescription or durable medical equipment.

Medical Services Full-Time Equivalents (FTE)

Medical Services			
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**23-25 Engrossed SB 2012 FTE**	**# Vacancies 3-3-23**
90.50	93.50	92.50	9

North Dakota Medicaid ranks among the states with the lowest state Medicaid program administration costs. South Dakota is lowest, followed by Wyoming, Delaware, Montana and North Dakota.*

*Medicaid and CHIP Payment and Access Commission – December 2022 – Medicaid Spending by State, Category and Source of Funds: https://www.macpac.gov/publication/medicaid-spending-by-state-category-and-source-of-funds

Comparison of 2023-25 budgets and related funding

By major expense

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
Salaries and Benefits	$ 17,007,365	$ 4,412,642	$ 21,420,007	$ (1,157,888)	$ 20,262,119
Operating	57,421,939	16,998,496	74,420,435	1,394,018	75,814,453
IT Services	14,331	-	14,331	-	14,331
Capital Asset Expense	-	-	-	-	-
Capital Assets	-	-	-	-	-
Grants	1,511,767,760	362,528,325	1,874,296,085	6,385,560	1,880,681,645
Total	$ 1,586,211,395	$ 383,939,463	$ 1,970,150,858	$ 6,621,690	$ 1,976,772,548
General Fund	**$ 390,333,440**	**$ 104,825,433**	**$ 495,158,873**	**$ 1,662,582**	**$ 496,821,455**
Federal Funds	**1,104,070,486**	**311,547,367**	**1,415,617,853**	**4,959,108**	**1,420,576,961**
Other Funds	**91,807,469**	**(32,433,337)**	**59,374,132**	**-**	**59,374,132**
Total Funds	**$ 1,586,211,395**	**$ 383,939,463**	**$ 1,970,150,858**	**$ 6,621,690**	**$ 1,976,772,548**
Full Time Equivalent (FTE)	90.50	3.00	93.50	(1.00)	92.50

Comparison of 2023-25 budgets and related funding

By detailed expense

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
511x Salaries - Regular	$ 11,287,660	$ 2,200,626	$ 13,488,286	$ (590,675)	$ 12,897,611
512x Salaries - Other	-	-	-	-	-
513x Salaries Temp	482,639	861,944	1,344,583	-	1,344,583
514x Salaries Overtime	-	-	-	-	-
516x Salaries Benefits	5,237,066	1,350,072	6,587,138	(567,213)	6,019,925
Total Salaries & Benefits	$ 17,007,365	$ 4,412,642	$ 21,420,007	$ (1,157,888)	$ 20,262,119
52x Travel	47,413	47,411	94,824	-	94,824
53x Supply	20,628	-	20,628	-	20,628
54x Postage & Printing	102,218	60,671	162,889	-	162,889
55x Equipment under $5,000	2,100	-	2,100	-	2,100
56x Utilities	-	-	-	-	-
57x Insurance	-	-	-	-	-
58x Rent/Leases - Bldg/Equip	12,036	-	12,036	-	12,036
59x Repairs	-	-	-	-	-
61x Professional Development	77,192	-	77,192	-	77,192
62x Fees - Operating & Professional	57,160,352	16,890,414	74,050,766	1,394,018	75,444,784
67x Expenses	-	-	-	-	-
53x Supplies	10,334	-	10,334	-	10,334
60x IT Expenses	3,997	-	3,997	-	3,997
68x Land, Building, Other Capital	-	-	-	-	-
69x Over	-	-	-	-	-
69x Equipment Over $5,000	-	-	-	-	-
71x Grants, Benefits, & Claims	1,511,767,760	362,528,325	1,874,296,085	6,385,560	1,880,681,645
72x Transfers	-	-	-	-	-
Total Operating	$ 1,569,204,030	$ 379,526,821	$ 1,948,730,851	$ 7,779,578	$ 1,956,510,429
Total	$ 1,586,211,395	$ 383,939,463	$ 1,970,150,858	$ 6,621,690	$ 1,976,772,548

Comparison of 2023-25 funding

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
General Fund	$ 390,333,440	$ 104,825,433	$ 495,158,873	$ 1,662,582	$ 496,821,455
Federal Funds	1,104,070,486	311,547,367	1,415,617,853	4,959,108	1,420,576,961
Other Funds	91,807,469	(32,433,337)	59,374,132	-	59,374,132
Total Funds	$ 1,586,211,395	$ 383,939,463	$ 1,970,150,858	$ 6,621,690	$ 1,976,772,548

Walkthrough

	2021-2023 Legislatively Approved Budget	Funding Shift One-Time Funding	Cost Changes	Caseload Changes	Cost to Continue	Underfunding	FMAP	Total Changes	To Governor	Inflation (4/3)	Increase CHIP eligibilty to 210%	Increase FPL for Medically Needy (includes Clawback)	Executive Changes	To Chamber 1	Inflation (4/4)	Increase Medicaid Reimbursement for Behavioral Health for 75% to 100%	Adjustment to tie to SB 2012	Chamber 1 Changes	To Chamber 2
Traditional Medicaid	852,588,712	-	588,353,753	(535,451,203)	52,902,550	(24,130,288)	-	28,772,262	881,360,974	-	4,267,312	10,500,000	14,767,312	896,128,286	-	2,867,516	-	2,867,516	898,995,802
Inpatient Hospital	179,766,425		60,925,522	(15,039,876)	45,885,646			45,885,646	225,652,071				-	225,652,071				-	225,652,071
Outpatient Hospital	109,157,626		3,369,262	11,981,913	15,351,174			15,351,174	124,508,800				-	124,508,800				-	124,508,800
Professional Services	111,446,608		30,731,289	(11,384,394)	19,346,895			19,346,895	130,793,503				-	130,793,503		2,867,516		2,867,516	133,661,019
Drugs	80,257,098		152,513,686	(147,872,479)	4,641,207			4,641,207	84,898,305				-	84,898,305				-	84,898,305
Indian Health Services	51,413,696		410,414,299	(403,244,631)	7,169,668			7,169,668	58,583,364				-	58,583,364				-	58,583,364
1915i State Plan Services	27,004,195		(26,715,957)	14,872,150	(11,843,807)			(11,843,807)	15,160,388				-	15,160,388				-	15,160,388
PRTF Services	34,657,042		207,795	(11,213,132)	(11,005,338)			(11,005,338)	23,651,704				-	23,651,704				-	23,651,704
Dental Services	28,653,048		513,676	5,860,704	6,374,380			6,374,380	35,027,428				-	35,027,428				-	35,027,428
Premiums	37,729,555		(32,618,403)	49,623,701	17,005,298			17,005,298	54,734,853				-	54,734,853				-	54,734,853
Other Services	192,503,419		(10,987,415)	(29,035,159)	(40,022,573)	(24,130,288)		(64,152,861)	128,350,558		4,267,312	10,500,000	14,767,312	143,117,870				-	143,117,870
Expansion Medicaid	650,966,710		65,414,844	226,168,725	291,583,569			291,583,569	942,550,279				-	942,550,279				-	942,550,279
Provider Inflation	-							-	-	34,483,317			34,483,317	34,483,317	3,121,236			3,121,236	37,604,553
Adjustment to tie to SB 2012	-							-	-				-	-			396,808	396,808	396,808
Total	1,503,555,422	-	653,768,597	(309,282,478)	344,486,119	(24,130,288)	-	320,355,830	1,823,911,253	34,483,317	4,267,312	10,500,000	49,250,629	1,873,161,881	3,121,236	2,867,516	396,808	6,385,560	1,879,547,442
General Fund	338,028,690	31,500,000	68,618,032	(28,980,250)	39,637,782	(10,052,678)	6,097,851	67,182,955	405,211,645	15,654,634	1,389,270	6,300,000	23,343,904	428,555,549	1,412,393	1,362,070	(331,180)	2,443,283	430,998,832

NORTH Dakota | Health & Human Services
Be Legendary.

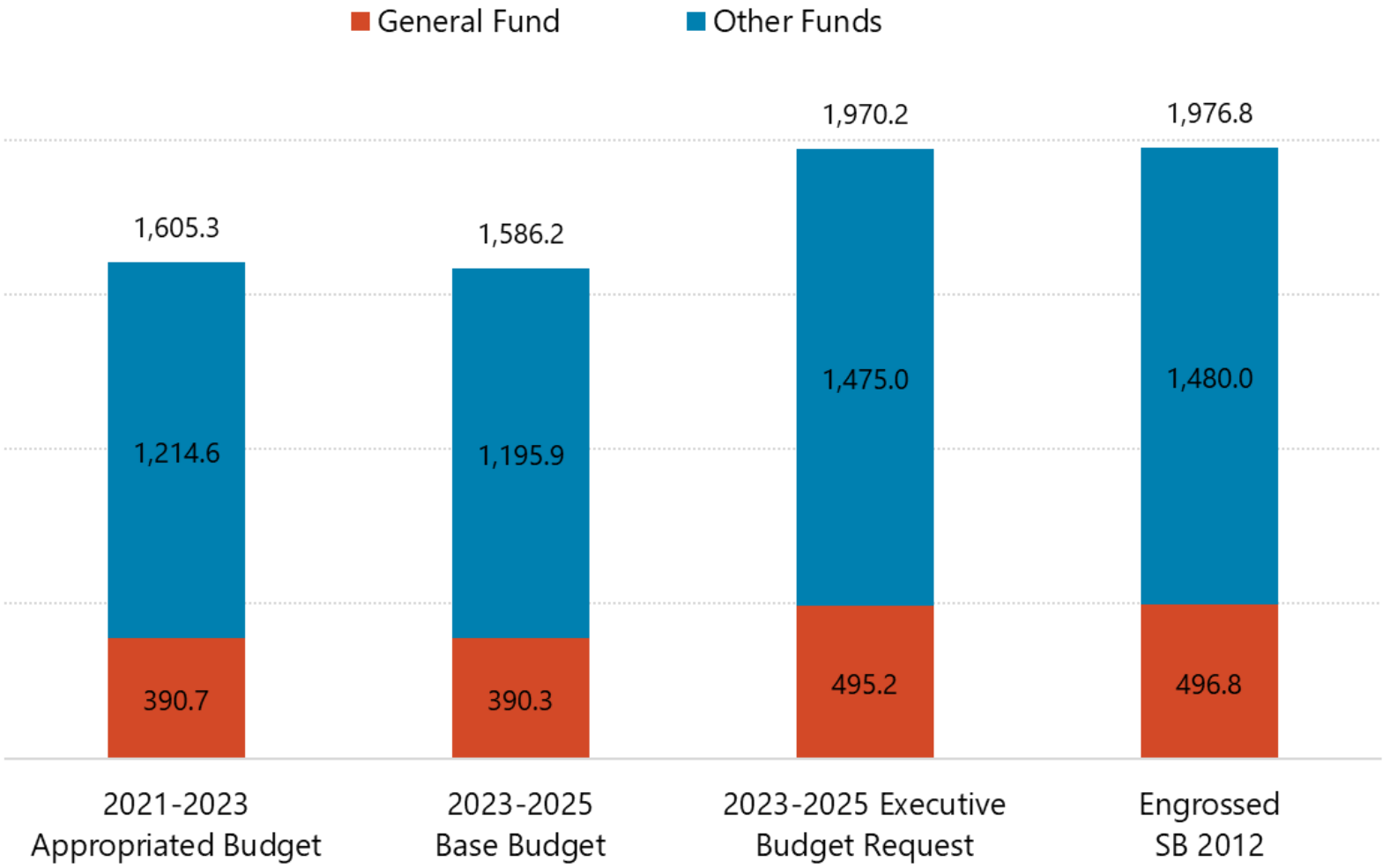
Medical Top Services

North Dakota Department of Health and Human Services
Medical Services
Unit and Cost Comparison
12 Month Average to Executive Budget Request (EBR) 2023 - 2025 Biennium

Division/Program	12 Month Average in Units (April 2021 - March 2022)	Monthly average units for EBR 2023-2025	Change from EBR to 12 mo Avg units	12 Month Average in Cost per Unit (April 2021 - March 2022)	Monthly average cost per unit for EBR 2023-2025	Change from EBR to 12 mo Avg cost per unit	Monthly average units for first 14 months of 19 - 21	Monthly average unit cost for first 14 months of 21 - 23
Inpatient Hospital	5,209	5,684	475	$1,647.81	$1,654.15	$6.34	5,209	$1,627.67
Outpatient Hospital	205,699	194,283	(11,416)	$22.88	$26.70	$3.82	211,223	$22.58
Professional Services	321,300	298,548	(22,752)	$17.30	$18.25	$0.95	325,004	$16.67
Drugs	90,782	201,162	110,380	$49.20	$17.58	($31.62)	94,563	$32.46
Indian Health Services	28,177	28,177	0	$83.35	$86.63	$3.28	29,934	$90.21
1915i State Plan Services	231	39,584	39,353	$14.44	$15.96	$1.52	612	$15.52
PRTF Services	1,499	1,568	69	$572.80	$628.50	$55.70	1,492	$570.44
Dental Services	18,352	18,353	1	$79.31	$79.52	$0.21	18,124	$79.02
Premiums	10,988	11,331	343	$159.20	$201.27	$42.07	11,242	$165.47
Expansion Medicaid	29,147	29,752	605	$1,122.97	$1,320.01	$197.04	30,756	$1,132.36

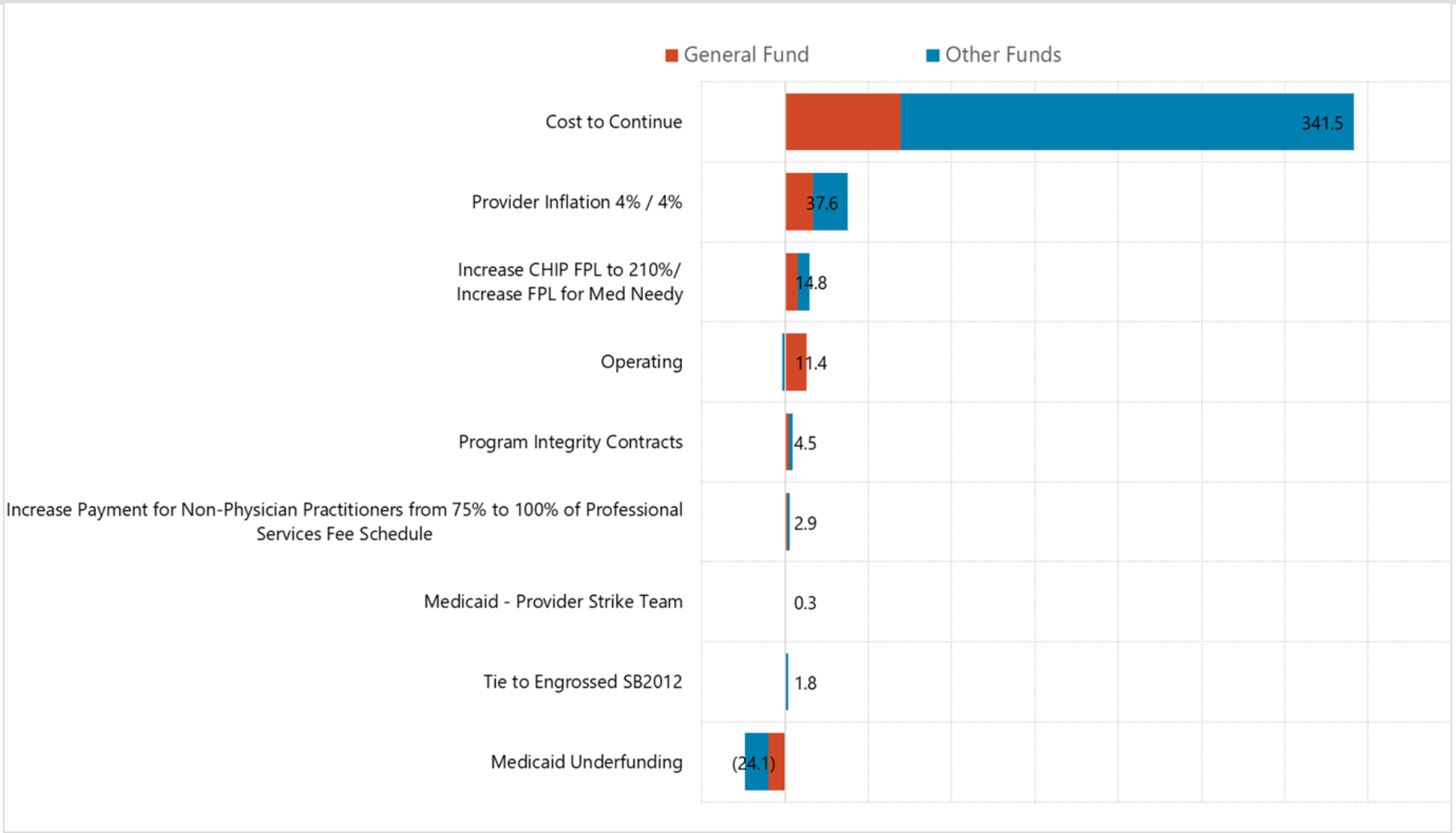
Comparison of total budget with funding (in millions)

Appropriated budget is larger than base



NORTH Dakota Be Legendary. | Health & Human Services

Comparison of base budget to Engrossed SB 2012 (in millions)



NORTH Dakota Be Legendary. | Health & Human Services

Request for Addition to Engrossed SB 2012

Funding for vendor contracts.

- Since HHS built this budget, several vendor contracts have increased in price, mainly due to inflation. In addition, Medical Services has contracts that are out of extensions and when those are procured, the total cost of the contract will increase.
- Budget Impact:

Total	General	Federal
$3,550,352	$1,523,656	$2,026,696

One-Time Funding - Medical

21-23 Biennium

- None

23-25 Biennium

- $4.5 million - Vendor contracts for audits related to nursing facilities and hospitals.

Included in Engrossed SB 2012

Increase eligibility for the Children's Health Insurance Program (CHIP) to 210% of the federal poverty level (FPL).

- Currently CHIP eligibility in ND is 175% FPL.
- Increasing eligibility to 210% FPL would enable about 670 more children to qualify.
- Budget Impact:

Total	General	Federal
$4,267,312	$1,389,270	$2,878,042



NORTH Dakota Be Legendary. | Health & Human Services

Included in Engrossed SB 2012

Increase FPL for traditional medically needy group (aged, blind, disabled) to 90% FPL.



- Currently this group is eligible at 83% FPL.
- Individuals in the 'medically needy' group must spend down their income in order to qualify for Medicaid coverage.
- This change would enable individuals to retain more of their income for personal use.
- Budget Impact:

Total	General	Federal
$10,500,000	$6,300,000	$4,200,000

Included in Engrossed SB 2012

Create a provider strike team to offer targeted support and technical assistance to Medicaid providers who employ direct care workers.



- These professionals will provide time-limited customized advice and guidance on billing systems, staffing practices, and service delivery models with the intention of helping them develop more sustainable business models and help address persistent and critical workforce shortages by ultimately growing their businesses.
- Budget Impact:

Total	General	Federal
$344,964	$59,614	$285,350

Included in Engrossed SB 2012

Vendor contracts for audits related to nursing facilities and hospitals.



- HHS does not have internal capacity or expertise to adequately audit nursing facilities and hospitals. This is a best practice of state Medicaid programs that ND should implement.
- Budget Impact:

Total	General	Federal
$4,500,000	$2,250,000	$2,250,000

Included in Executive Budget Request

Additional team member to provide outreach to newly enrolled pregnant women and children.

- Provide Welcome to Medicaid calls to newly enrolled members, to help them understand services that are covered and how to access them.
- Assist with connection to enrolled Medicaid providers.
- Budget Impact:

Total	General	Federal
$184,420	$92,210	$92,210



Summary of Medicaid Items Included in Engrossed SB 2012

	General	Federal	Total
Increase CHIP FPL to 210%*	$1,389,270	$2,878,042	$4,267,312
Increase FPL for traditional medically needy group (aged, blind, disabled) to 90% FPL*	$6,300,000	$4,200,000	$10,500,000
Provider strike team to offer targeted support and technical assistance to Medicaid providers*	$59,614	$285,350	$344,964
Vendor contracts for audits related to nursing facilities and hospitals*	$2,250,000	$2,250,000	$4,500,000
TOTAL	**$9,998,884**	**$9,613,392**	**$19,612,276**

Summary of Medicaid Items Included in Executive Budget Request

	General	Federal	Total
Early intervention team member	$92,210	$92,210	$184,420
TOTAL	**$92,210**	**$92,210**	**$184,420**

Summary of Additional Medicaid Budget Items Being Requested (not in Exec. Budget Request or Engrossed SB 2012)

	General	Federal	Total
Vendor contract enhancements	$1,523,656	$2,026,696	**$3,550,352**

Legislative Bills and their potential budget impact

- HB 1530 – requires Medicaid coverage of family adaptive behavioral treatment and guidance; dental screening and assessment; dental case management; and asynchronous teledentistry.
- SB 2071 – increases the federal poverty limit for pregnant women who qualify for Medicaid to 185%.
- SB 2181 - requires Medicaid coverage for lawfully present, otherwise eligible pregnant women.
- SB 2265 - requires the Department to establish at least one dual special needs plan for dually eligible Medicaid/Medicare members.



Senate Bill 2012

House Appropriations – Human Resources Subcommittee
Representative Jon Nelson, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

LeeAnn Thiel, Medical Services & Nancy Nikolas Maier, Adult and Aging Services

Long Term Care | March 21, 2023

Long Term Care (LTC) ND Century Code Chapters

Chapter	Chapter Name
50-10.2	Rights of Health Care Facility Residents
50-21	Nursing Homes and Basic Care Facilities
50-24.4	Nursing Home Rates
50-06.2	Comprehensive Human Services Programs
50-24.5	Aid to Aged, Blind, and Disabled Persons
50-24.7	Expanded Service Payments to the Aged and Disabled
50-11	Foster Care Homes for Children and Adults
50-30	Nursing Facility Alternative Funding



Long Term Care: What services are covered

- Nursing facility services
- Basic care facility services
- Program of All-Inclusive Care for the Elderly (PACE)
- HCBS services
  - Medicaid Aged & Disabled Waiver
  - Medicaid State Plan- Personal Care Services (MSP-PC)
  - SPED (Service Payments for the Elderly and Disabled)
  - Ex-SPED (Expanded Service Payments for the Elderly and Disabled)
- Children's waivers services
  - Children's Medically Fragile waiver
  - Children's Hospice waiver
  - Autism waiver

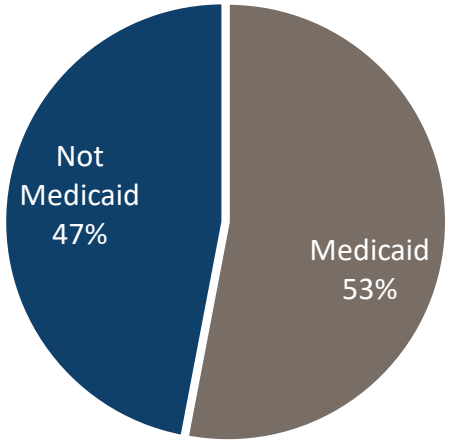


Who We Serve in the LTC Continuum: Institutional Care

5,207

Nursing Facility licensed beds

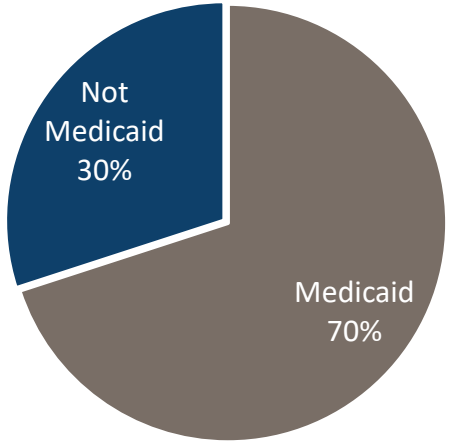
Approximately 53% of Nursing Facility residents have Medicaid coverage



1,339

Basic Care Facility licensed beds enrolled with Medicaid

Approximately 70% of Basic Care residents have Medicaid coverage



NORTH Dakota Be Legendary. | Health & Human Services

Long Term Care Walkthrough

		2021-2023 Legislatively Approved Budget	Funding Shift One-Time Funding	Cost to Continue	FMAP	Total Changes	To Governor	Inflation (4/3)	Pers Needs Allow, HCBS Svc	Medicall y Fragile Waiver	Increase Home Delvrd Meals & Autism Waiver/ Elim Autism Vouch	Executive Changes	To Chamber 1	Inflation (4/4)	Reduce Family Home Care Rate	Remove Basic Care Inflation	Chamber 1 Changes	To Chamber 2
Institutional	Nursing Facilities	616,449,930		113,161,848		113,161,848	729,611,778	-	3,439,800	-	-	3,439,800	733,051,578				-	733,051,578
	Basic Care	50,893,290		6,885,002		6,885,002	57,778,292	-	-	-	-	-	57,778,292				-	57,778,292
Home and Community Based Svc	Pace Pymt All-Incl Care Eldrly	33,601,989		(5,532,163)		(5,532,163)	28,069,826	-	-	-	-	-	28,069,826				-	28,069,826
	Aged & Disabled Waiver	46,820,167		2,936,921		2,936,921	49,757,088	-	2,093,584	-	-	2,093,584	51,850,672				-	51,850,672
	SPED	20,397,226		(3,938,190)		(3,938,190)	16,459,036	-	6,520,000	-	138,150	6,658,150	23,117,186		(1,462,500)		(1,462,500)	21,654,686
	Expanded SPED	1,958,865		(702,250)		(702,250)	1,256,615	-	-	-	-	-	1,256,615				-	1,256,615
	Personal Care Services	33,605,508		(1,500,636)		(1,500,636)	32,104,872	-	100,000	-	-	100,000	32,204,872				-	32,204,872
	Targeted Case Management	157,824		742,102		742,102	899,926	-	-	-	-	-	899,926				-	899,926
	Children's Med Fragile Waiver	398,028		5,949		5,949	403,977	-	-	392,422	-	392,422	796,399				-	796,399
	Children's Hospice Waiver	73,605		0		0	73,605	-	-	-	-	-	73,605				-	73,605
	Autism Waiver	1,955,531		81,668		81,668	2,037,199	-	-	-	8,776,756	8,776,756	10,813,955				-	10,813,955
	Autism Voucher	300,000		-		-	300,000	-	-	-	(300,000)	(300,000)	-				-	-
	Provider Inflation			-		-	-	10,506,185				10,506,185	10,506,185	988,349		(3,511,657)	(2,523,308)	7,982,877
	Total	806,611,963		112,140,250		112,140,250	918,752,213	10,506,185	12,153,384	392,422	8,614,906	31,666,897	950,419,110	988,349	(1,462,500)	(3,511,657)	(3,985,808)	946,433,302
	General Fund	396,106,321	1,000,000	52,743,861	8,628,268	62,372,128	458,478,449	6,173,513	9,750,819	186,400	4,007,109	20,117,841	478,596,290	580,129	(1,462,500)	(2,391,028)	(3,273,399)	475,322,891

LTC Unit and Cost Comparison

12 month Average to Executive Budget Request (EBR) 2023 - 2025 Biennium

Program	12 Month Average in Units (April 2021 - March 2022)	Monthly average units for EBR 2023-2025	Change from EBR to 12 mo Avg units	12 Month Average in Cost per Unit (April 2021 - March 2022)	Monthly average cost per unit for EBR 2023-2025	Change from EBR to 12 mo Avg cost per unit	Monthly average units for first 15 months of 21-23	Monthly average cost per unit for first 15 months of 21-23
NURSING FACILITIES	79,061	79,061	0	$277.98	$386.33	$108.35	79,360	$292.94
BASIC CARE	45,577	46,177	600	$48.21	$52.13	$3.92	46,160	$49.50
AGED & DISABLED WAIVER	33,934	49,480	15,546	$32.64	$43.66	$11.02	39,008	$35.70
PACE PYMT ALL-INCL CARE ELDRLY	171	245	74	$4,764.25	$4,773.78	$9.53	179	$4,772.75
SPED	60,072	62,076	2,004	$10.40	$15.52	$5.12	64,127	$10.75
EXPANDED SPED	4,126	4,126	0	$12.01	$12.69	$0.68	4,131	$12.22
PERSONAL CARE SERVICES	202,497	193,870	(8,627)	$6.50	$6.92	$0.42	204,154	$6.52
TARGETED CASE MANAGEMENT	1,698	1,699	1	$17.29	$22.07	$4.78	2,344	$17.88
CHILDREN'S MED FRAGILE WAIVER	61	93	32	$268.88	$356.81	$87.93	61	$258.12
CHILDREN'S HOSPICE WAIVER	0	1	1	$0.00	$3,066.88	$3,066.88	-	$0.00
AUTISM VOUCHER	12	0	(12)	$651.30	$0.00	($651.30)	12	$657.38
AUTISM WAIVER	1,283	27,746	26,463	$12.41	$16.24	$3.83	903	$16.09

NORTH Dakota Be Legendary. | Health & Human Services

Included in 2023-25 Engrossed SB 2012

Increase Personal Needs Allowance for members in nursing facilities, basic care facilities, and intermediate care facilities.

- Would enable members to retain more of their income to use for personal needs such as clothing and recreation.
- All members would receive a $35 increase per month.

Total	General	Federal
$3,439,800	$1,913,100	$1,526,700



NORTH Dakota Be Legendary. | Health & Human Services

Children's Waiver Services



- Medically Fragile waiver
  - Currently 25 slots
  - 15 on wait list
- Children's Hospice waiver
  - 30 slots
  - No wait list
- Autism waiver
  - Currently 150 slots
  - 84 on wait list

Included in 2023-25 Engrossed SB 2012

Increase benefit level and number of slots for the Medicaid Children's Medically Fragile Waiver

- Currently the annual cap for waiver expenditures per child is $18,966. This annual cap has not been increased since 2008.
- This request would increase the annual cap to $25,300.
- This request would also double the number of waiver slots from 25 to 50.

Total	General	Federal
$392,422	$186,400	$206,022



Included in 2023-25 Engrossed SB 2012

Enhance Medicaid Children's Autism Waiver and sunset Autism Voucher program

- Streamline children's autism services offered through HHS
- Add 195 additional waiver slots to cover the children who had been receiving voucher services as well as to address the waiver wait list
- Waiver would be enhanced with the addition of tutoring as a waiver service
- Increase age limit from 16 years to 18 years (proposed amendment to SB2012)

Total	General	Federal
$8,476,756	$3,868,959	$4,607,797



Additional LTC budget request

Funding for nursing facility value-based payment program

Total	General	Federal
$12,000,000	$6,000,000	$6,000,000

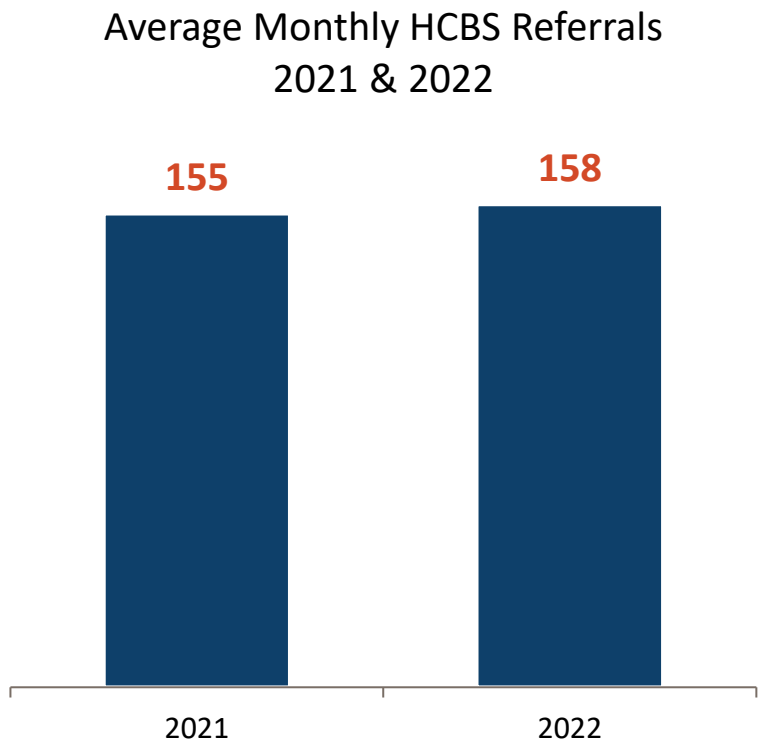
- HHS has worked closely with nursing facility stakeholders to design a value-based payment program.
- The item was inadvertently omitted from the executive budget request; it should have been included in the base budget.



Who We Serve in the LTC Continuum: Home and Community Based Services (HCBS)

There is a growing demand for Home and Community Based Services.

- HCBS services for older adults and adults with physical disability
  - Medicaid Aged & Disabled Waiver
  - Medicaid State Plan- Personal Care Services (MSP-PC)
  - SPED (Service Payments for the Elderly and Disabled)
  - Ex-SPED (Expanded Service Payments for the Elderly and Disabled)



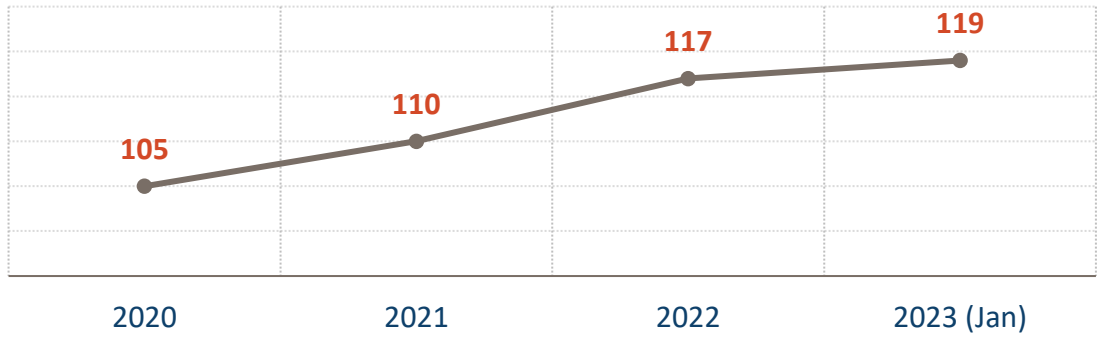
More North Dakotans are choosing home-based community care options every year

- ✓ Since the pandemic, the **demand** for in-home and community-based services has continued to **increase**
- ✓ Increased demand has increased the **average weighted caseload** per HCBS Case Manager
- ✓ **Many HCBS participants have complex needs** (medical and behavioral health needs) that increase the amount of time it takes to provide quality case management services
- ✓ Increased **need** for **additional** HCBS case management **staff**

Unduplicated HCBS Recipients



Average Weighted Caseload per Case Manager



NORTH Dakota Be Legendary. | Health & Human Services

ADULT & AGING SERVICES
Individuals receiving HCBS services (Dec 2022)

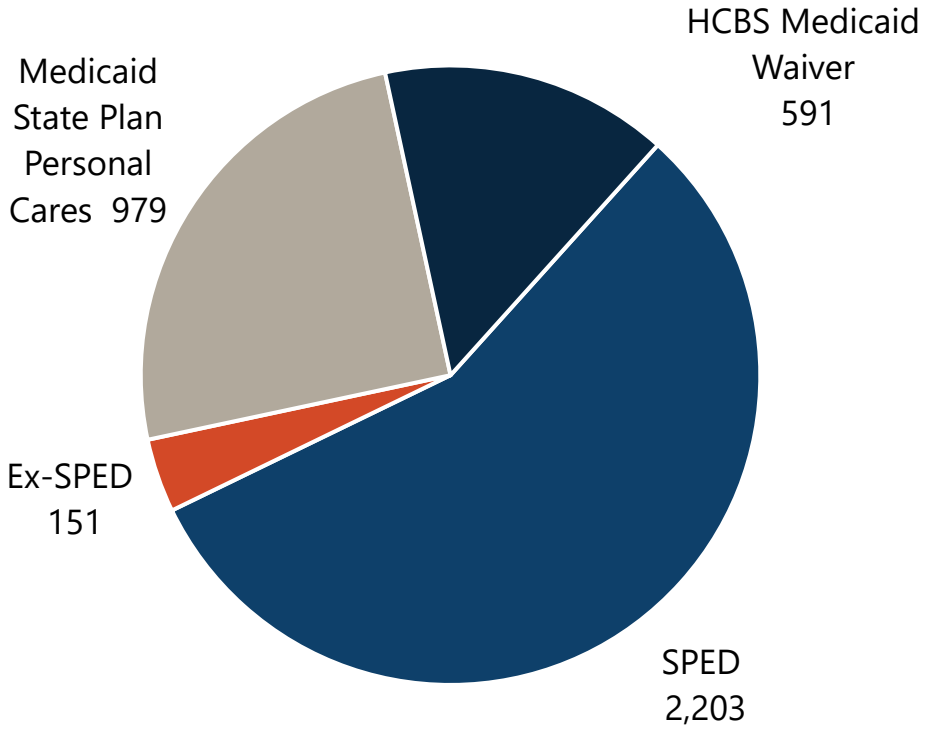
3,158
Number of unduplicated recipients supported by HCBS in CY2022

36% ↑
increase since 2020

- Primarily serves older adults and individuals with physical disabilities
- Recipients must be both functionally and financially eligible
- May have client cost share based on income
- Federal and state funds
- Recipients range in age from 15-104 yrs old

The number of ND residents **age 65+** will **increase by 53%** from 2010-2029

Individuals Receiving HCBS in Dec 2022



Source: DHS HCBS Caseload Data Nov 2022

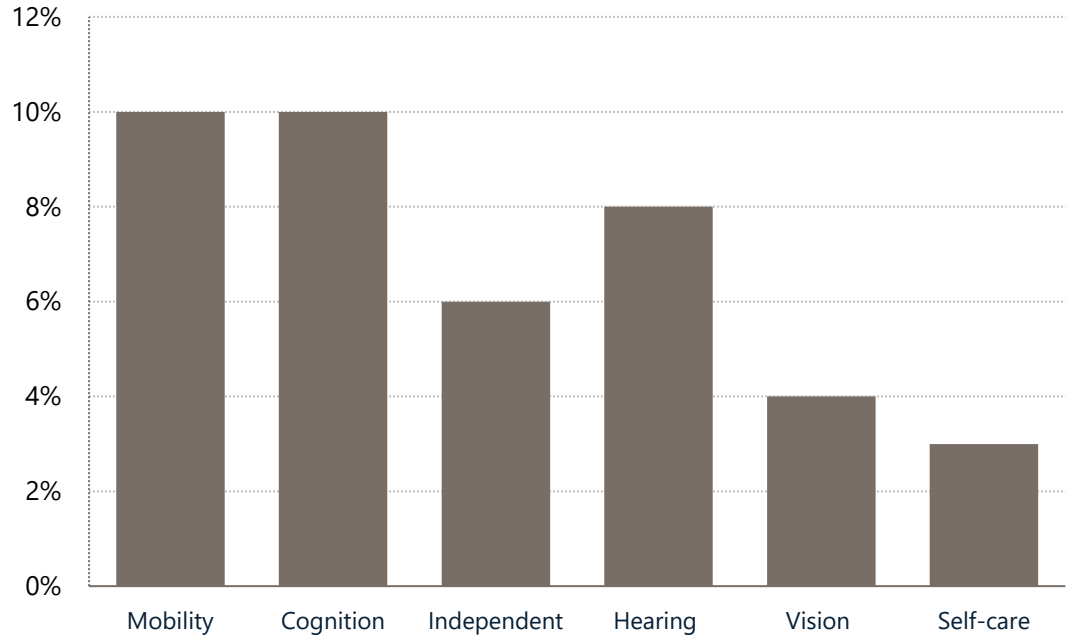
ND's older adult and adults with physical disability population –Who we serve

Types of Disability

- Mobility: Serious difficulty walking or climbing stairs
- Cognition: Serious Difficulty concentrating, remembering, or making decisions
- Independent living: Serious difficulty doing errands alone such as visiting a doctor's office
- Hearing: Deafness or serious difficulty hearing
- Vision: Blind or serious difficulty seeing
- Self-care: Difficulty dressing or bathing

16% of ND's population is 65+

Percentage of adults in ND with select functional disability types



Source: 2022 CDC Disability Impacts ND

NORTH Dakota Be Legendary. | Health & Human Services

ADULT & AGING SERVICES
Types of SUPPORT SERVICES available via HCBS

- Adult Day Care
- **Adult Foster Care**
- Adult Residential Care
- Attendant Care
- Case Management
- Chore Service
- Community Support Services / Residential Habilitation
- Community Transition Services
- **Companionship**
- Emergency Response System
- Environmental Modification
- Extended Personal Care
- Emergency Response System
- Environmental Modification
- **Family Home Care** & Family Personal Care
- **Home-Delivered Meals**
- Homemaker Services
- Non-Medical Transportation
- Personal Care Services
- Respite Care
- Specialized Equipment
- Supervision
- Supported Employment
- Transitional Care

NORTH Dakota Be Legendary. | Health & Human Services

Included in 2023-25 Engrossed SB 2012

Increase staff capacity to deliver HCBS case management and implement DOJ Settlement Agreement

Includes funds to hire 11 FTE to meet demand and strengthen the HCBS delivery system.

- *7 FTE HCBS Case Management 457/HSZ budget (EBR request was for 10 FTE)*
- 1 FTE Aging Services Generalist
- 2 FTE provider navigators
- 1 FTE quality assurance

Total	General	Other
$1,597,591	$247,780	$1,349,811
$783,430		$783,430

**Funding for 3 HCBS case managers included in EBR but not included in Engrossed SB 2012*

US Department of Justice Settlement Agreement requires the State to provide for a sufficient number of case managers to meeting with eligible individual's face-to face and develop a person-centered plan (PCP). HCBS Case Managers are also required to provide for all necessary services described in the PCP.



NORTH Dakota Be Legendary. | Health & Human Services

Implementing the Settlement Agreement between U.S. DOJ & State of North Dakota

PURPOSE is to ensure that ND will **meet Americans with Disabilities Act (ADA) requirements** by providing services, programs, and activities for individuals with physical disabilities in the most integrated setting appropriate to their needs.

Effective Dec. 14, 2020

Agreement will terminate eight years after effective date if Parties agree that the state has attained substantial compliance with all provisions and maintained that compliance for a period of one year.



WHO ARE WE TRYING TO REACH?

Defining Target Population

Basic Eligibility

- Individual with physical disability
- Over age 21
- Eligible or likely to become eligible to receive Medicaid long-term services and supports (LTSS)
- Is likely to require LTSS for at least 90 days.



IF in skilled nursing setting

- Receive Medicaid-funded nursing facility services AND
  - Likely to require long term services and supports
- Receive nursing facility services AND
  - Likely to become eligible for Medicaid within 90 days, have submitted a Medicaid application, and have approval for a long-term nursing facility stay

IF in hospital or home setting

- Referred for a nursing facility level of care determination AND
  - Likely to need services long term
- Need services to continue living in the community AND
  - Currently have a HCBS Case Manager or have contacted the ADRL

Adult & Aging Services: Who provides care?

Qualified Service Providers (QSPs)

Agency and individual independent contractors who enroll to provide various HCBS

1,156

Qualified Service Providers (QSPs)

137

Agency QSPs

1,019

Individual QSPs

What motivates individual QSPs to enroll as a provider?

- Someone important to them needed care

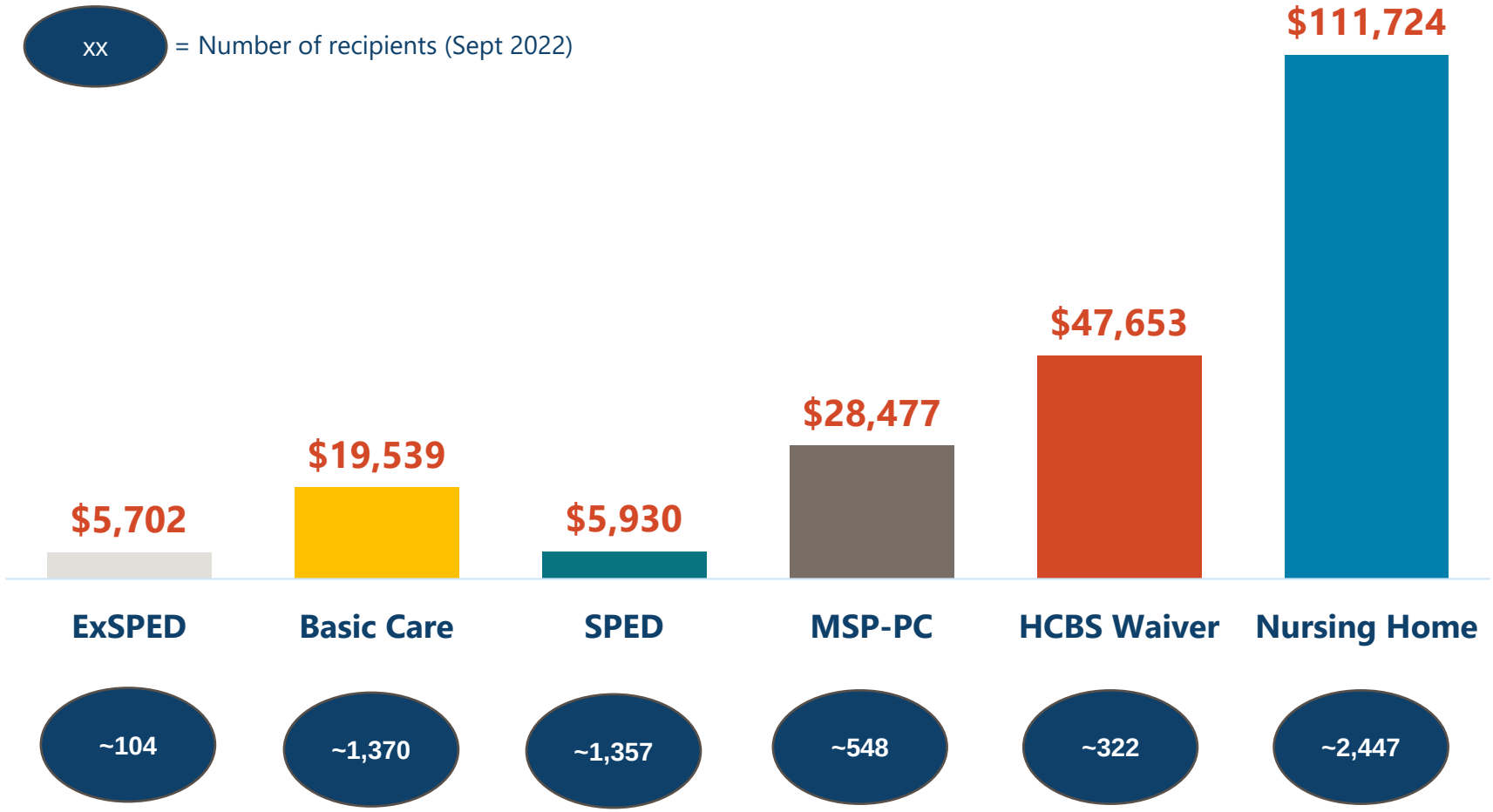
What would make it easier to stay a QSP?

- Higher rate for services provided

UND Independent QSP Survey June 2022

NORTH Dakota Be Legendary. | Health & Human Services

Average Annual Cost by Type of Service in LTC Continuum (Analysis of Sept 2022 claims data)

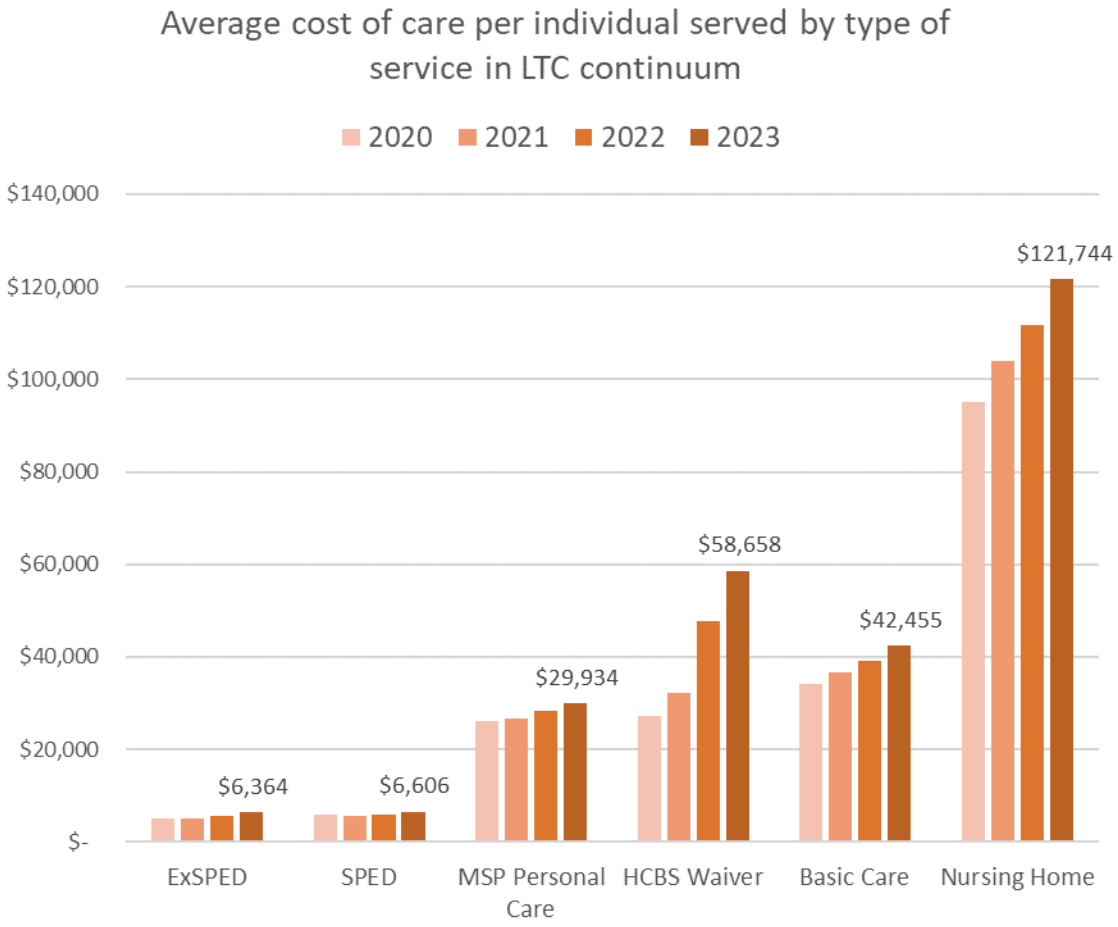


Eligibility criteria evaluate both a person's functional and financial needs.

- Ex-SPED is the in-home alternative to Basic Care
- HCBS waiver and MSP-PC are in-home alternatives to Nursing Homes
- SPED assists people with higher asset levels (up to $50,000)

NORTH Dakota Be Legendary. | Health & Human Services

LTC Services Comparison – Average annual cost per person 2020-2023



Average cost per person by type of service by year

	2020	2021	% chg 2020-21	2022	% chg 2021-22	2023	% chg 2022-23
ExSPED	$ 5,004	$ 5,071	1%	$ 5,702	12%	$ 6,364	12%
SPED	$ 5,836	$ 5,767	-1%	$ 5,930	3%	$ 6,606	11%
MSP Personal Care	$ 26,165	$ 26,591	2%	$ 28,477	7%	$ 29,934	5%
HCBS Waiver	$ 27,231	$ 32,111	18%	$ 47,653	48%	$ 58,658	23%
Basic Care	$ 34,055	$ 36,761	8%	$ 39,249	7%	$ 42,455	8%
Nursing Home	$ 95,100	$ 104,063	9%	$ 111,724	7%	$ 121,744	9%

Notes:
Data is based on paid date.
2020-2022 based on actual paid claims; 2023 is projected.

NORTH Dakota Be Legendary. | Health & Human Services

Included in 2023-25 Engrossed SB 2012

Increase quality of HCBS by reimbursing for QSP Agency on-call staff

- More HCBS recipients are needing 24-hour support to live safely in their home or community.
- US DOJ Settlement Agreement requires that Aging Services staff complete a health and safety plan that identifies back-up QSPs for HCBS recipients.
- Request appropriation to reimburse Agency QSPs to pay for dedicated on-call staff to assist members in the event of an emergency or "no-show" staffing issues.
- Funds would allow QSP agencies to designate and pay on call staff at night, weekends, and on holidays which will increase the safety and quality of HCBS.

Total	General	Federal
$351,000	$351,000	$0



Included in 2023-25 Engrossed SB 2012

Reimburse one additional Home-delivered meal per day under HCBS waiver, SPED and Ex-SPED

- Food insecurity and poor nutrition can lead to poor health outcomes and nursing home placement.
- Currently allow reimbursement for one meal per day.
- Two meals per day would will help ensure better nutrition for HCBS recipients and reduce the need to find homemaking staff to provide meal preparation.

Total	General	Federal
$138,150	$138,150	$0



Included in 2023-25 Engrossed SB 2012

Add companionship to SPED and Ex-SPED

- Social Isolation is a driver of poor health outcomes that can lead to nursing home placement.
- Companionship services are currently available in the HCBS Medicaid waiver and under the Older Americans Act for those 60+.
- Individuals under age 60 that don't qualify for the HCBS Medicaid waiver cannot access this service.
- Funding companionship will allow eligible individuals to access up to 15 hours per month of companionship services based on their therapeutic needs.

Total	General	Federal
$280,000	$280,000	$0



NORTH Dakota | Health & Human Services
Be Legendary.

Included in 2023-25 Engrossed SB 2012

Allow bed hold days for community support and residential habilitation

- Allow Agency QSPs enrolled to provide this service to bill up to 30 bed hold days per year, per member.
- HCBS Medicaid waiver eligible individuals must meet a nursing facility level of care and may have unstable Medical conditions, so hospitalizations are common.
- Allowing bed hold days would ensure individuals can keep their HCBS provider when hospitalized for short periods or during a rehab stay.

Total	General	Federal
$182,910	$86,882	$96,028



Included in 2023-25 Engrossed SB 2012

Increase rates for adult foster care and family home care

- Increase the Adult Foster Care rate from up to $96.18 to $150.00 per day and the Family Home Care rate from $48.12 to $80.00 per day.
- Incentivize 24-hour support opportunities for individuals who need this level of care.
- Increasing these rates will allow more eligible individuals to access a shared living environment that can meet their intermittent care needs.



Total	General	Federal	Senate Bill
$7,799,674	$7,019,837	$779,837	EBR 2012
$6,337,174*	$5,557,337	$779,837	ENG 2012

*Senate reduced FHC from $80 per day to $72.50

NORTH Dakota | Health & Human Services
Be Legendary.

Included in 2023-25 Engrossed SB 2012

Base rate for incentive to provide care to individuals with lower-level needs

- Create a higher base rate for the first hour of personal care or homemaker as an incentive for providers to serve individuals who only need a few hours of care each day or each week.
  - For example, individuals who only need help when they get up and when they go to bed.
- Pay time and a half of the regular agency and individual QSP rate
- Some QSPs will not serve individuals unless they are guaranteed a certain number of hours that will cover the expense of staff time and travel to the client.
- Serving people early, when they first start to need help because of age related functional impairments will help people stay healthier and avoid more costly levels of care.

Total	General	Federal
$100,000	$100,000	$0
$3,953,520	*$2,277,228*	*$1,676,292*

**Note: This item was included in the Executive Budget Request but at a placeholder amount as the actual amount was unknown at that time.*



NORTH Dakota | Health & Human Services
Be Legendary.

Additional LTC budget request

Offer higher acuity rates for individuals with complex medical or behavioral health needs

Total	General	Federal
$ 1,999,399	1,614,478	$385,522

- US DOJ Settlement Agreement required the State to conduct a rate study. Results were received November 2022 after budget was built.
- Recommendations from the study include paying a higher acuity rate to providers willing to serve individuals with complex needs.
- Currently pay the same rate for services regardless of difficulty of care factors.
- Higher rates would provide an incentive to serve individuals with higher level need.



Simplifying the service array

Create a personal care with supervision service in the HCBS waiver

Total	General	Federal
$ 0	$12,500,755 – HCBS waiver ($12,500,755) – MSP-PC	$13,538,405 - HCBS waiver ($13,538,405) – MSP-PC

- US DOJ Settlement Agreement required the State to conduct a rate study. Results were received November 2022 (after 2023-25 executive budget was built).
- Recommendations from the study include simplifying the service array to reduce the administrative burden (billing & documentation) for providers.
- This proposal creates a new service ("personal care with supervision") which would allow existing Medicaid members to move from Medicaid State Plan Personal Care (MSP-PC) to the HCBS waiver.
- Currently personal care and supervision must be billed separately. Creating a personal care with supervision service would combine these two services into one creating an easier way to document and bill for providers.



LTC: Overview of Budget Changes

By detailed expense

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
511x Salaries - Regular	$ -	$ -	$ -	$ -	$ -
512x Salaries - Other	-	-	-	-	-
513x Salaries Temp	-	-	-	-	-
514x Salaries Overtime	-	-	-	-	-
516x Salaries Benefits	-	-	-	-	-
Total Salaries & Benefits	$ -	$ -	$ -	$ -	$ -
52x Travel	-	-	-	-	-
53x Supply	-	-	-	-	-
54x Postage & Printing	-	-	-	-	-
55x Equipment under $5,000	-	-	-	-	-
56x Utilities	-	-	-	-	-
57x Insurance	-	-	-	-	-
58x Rent/Leases - Bldg/Equip	-	-	-	-	-
59x Repairs	-	-	-	-	-
61x Professional Development	-	-	-	-	-
62x Fees - Operating & Professional	-	-	-	-	-
67x Expenses	-	-	-	-	-
53x Supplies	-	-	-	-	-
60x IT Expenses	-	-	-	-	-
68x Land, Building, Other Capital	-	-	-	-	-
69x Over	-	-	-	-	-
69x Equipment Over $5,000	-	-	-	-	-
71x Grants, Benefits, & Claims	807,135,162	143,807,148	950,942,310	(3,985,808)	946,956,502
72x Transfers	-	-	-	-	-
Total Operating	$ 807,135,162	$ 143,807,148	$ 950,942,310	$ (3,985,808)	$ 946,956,502
Total	$ 807,135,162	$ 143,807,148	$ 950,942,310	$ (3,985,808)	$ 946,956,502

LTC: Overview of Budget Changes by Funding Source

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
General Fund	$ 396,629,520	$ 82,489,970	$ 479,119,490	$ (3,273,399)	$ 475,846,091
Federal Funds	409,193,642	62,317,178	471,510,820	(712,409)	470,798,411
Other Funds	1,312,000	(1,000,000)	312,000	-	312,000
Total Funds	$ 807,135,162	$ 143,807,148	$ 950,942,310	$ (3,985,808)	$ 946,956,502

Summary of LTC Items included in Engrossed SB 2012

	General	Federal	TOTAL
Increase personal needs allowance for members in nursing facilities, basic care facilities, and intermediate care facilities (ICF)	$3,439,800	$1,913,100	$1,526,700
Increase benefit level and number of slots for the Medicaid Children's Medically Fragile waiver	$186,400	$206,022	$392,422
Enhance Medicaid Children's Autism waiver and sunset Autism Voucher program	$3,868,959	$4,607,797	$8,476,756
Increase quality of HCBS by reimbursing for QSP Agency on-call staff	$351,000	$0	$351,000
Reimburse one additional home delivered meal per day under the HCBS waiver, SPED, and Ex-SPED	$138,150	$0	$138,150
Add companionship to SPED and Ex-SPED	$280,000	$0	$280,000
Allow bed hold days for community support and residential habilitation	$86,882	$96,028	$182,910
Increase rates for adult foster care and family home care	$7,019,837	$779,837	$7,799,674
Base rate for incentive to provide care to individuals with lower-level needs *	$100,000	$0	$100,000

**Note: This item was included in the Executive Budget Request but at the incorrect dollar amount (see adjustment on additional request summary)*

Summary of Additional LTC Budget Requests

	General	Federal	TOTAL
Nursing Facility Value-based payment program	$6,000,000	$6,000,000	$12,000,000
Offer higher acuity rates for individuals with complex medical or behavioral health needs	$1,614,478	$385,522	$1,999,399
Base rate for incentive to provide care to individuals with lower-level needs *	$2,277,228	$1,676,292	$3,953,520
TOTAL	$9,891,706	$8,061,814	$17,952,919

**Note: This item was included in the Executive Budget Request but at the incorrect dollar amount ($100,000); this summary reflects adjusted request.*

LTC: Legislative Bills and their potential budget impact

- **SB 2335** – establishes a cross-disability council, amends developmental disability definition, limited funding
- **SB 2276** – allow parents as paid caregivers
- **SB 2283** – Basic care rebasing, 6% / 4% provider inflation, $10 per day for 2023 & 2024





Contact information

Nancy Nikolas Maier

Director, Adult & Aging Services Section

nmaier@nd.gov

LeeAnn Thiel

Assistant Director, Medical Services Division

lthiel@nd.gov

NORTH Dakota Be Legendary. | Health & Human Services

Testimony on SB 2012
House Appropriations-Human Resources Division
March 22nd, 2023

Good afternoon, Chairman Nelson and members of the House Appropriations-Human Resources Division. My name is Shawn Stuhaug, President and CEO of Bethany Retirement Living in Fargo. Bethany has 288 skilled care beds, 77 basic care beds, 96 assisted living apartments and 58 senior apartments. I am here to testify in support of SB 2012 which provides funding for skilled care and basic care facilities. Today I am going to highlight specifically the need for adequate funding for basic care facilities.

Bethany's model of Assisted Living provides for a base price which includes rent, meals and housekeeping (room and board). Personal care and nursing services are tailored to the resident and charged via an "a-la-cart" service selection. Assisted Living is primarily private pay with some residents who are able to access funding through their personal Long Term Care Insurance and up to 20 residents who, based on financial eligibility, can access Section 8 HUD assistance.

Basic Care is designed to be an "all inclusive" model of care. This means residents have one daily rate that includes room, board, personal care and nursing services. All Basic Care residents receive three meals and three snacks each day. In terms of personal care and nursing service all residents receive medication administration, assistance with showering, and assistance with laundry and housekeeping. In addition many residents receive assistance with dressing, various nursing treatments and assistance to get to

meals and activities. Basic Care nursing staff provides case management services to assure residents receive medical care as directed by their physician. This includes arranging appointments, transportation and completing necessary follow-up after the appointment. Basic Care through Bethany's participation in the BCAP program allows for residents to access ND Medical Assistance to help pay for their costs in Basic Care.

At Bethany, the payor sources for the residents are as follows:
Skilled Nursing Care: 44% Private Pay, 12% Medicare, 44% Medicaid
Basic Care: 20% Private Pay, 80% Medicaid
Assisted Living: 90% Private Pay/Insurance, 10% HUD
Senior Apartments: 100% Private Pay
Note: Residents living in a SNF or Basic Care Facility who qualify for Medicaid pay all of their income to the facility—referred to as recipient liability. Medicaid then pays the amount left after the recipient liability. The only money a resident is able to keep is enough to offset the cost of a medical insurance policy and a small personal needs allowance.

Many of the residents we serve in our basic care operations are poor and have tried to live independently with services, but failed to thrive due to the need for 24 hour supervision. Without basic care, many of these residents would need a skilled nursing setting for 24- hour supervision at a much higher cost. Bethany's Basic Care services cost $142.93 per day. Of that daily cost, only $1.79 is a margin for us to operate and pay for cost of care increases over the ensuing year that inflation adjustments to our rates don't pay for. For the rate year of July 1, 2022 to June 30th, 2023 we were given a .25% inflation adjustment to our rates.

I'm sure you have heard from many, during their testimonies, that the cost increases over the past year have been well over .25%. In our basic care operations we have seen utility cost increases of about 30% and salary expense increases of about 6%. Over the past 3 years, we have had negative net income and negative cash flow in our basic care operations. In 2023, we are budgeted to lose more than $300,000 on $3.7 million of revenue. Cost of care is outpacing the reimbursement levels given in basic care.

Basic Care is a low cost option for those needing extra care. Basic Care offers a nice transition for those that have lived in senior independent housing or assisted living versus going directly into a skilled nursing facility. The health care system works best when people can move within the continuum of care and move to the next level only when it is absolutely necessary. This saves the health care system money and keeps people in the level of care they need to live their life to the fullest.

Thank you for the opportunity to testify in support of SB 2012. I would be happy to answer any questions.

Shawn Stuhaug, President/CEO
Bethany Retirement Living
201 S. University Dr.
Fargo, ND 58103
(701)-239-3000
E-mail: sstuhaug@bethanynd.org

Public Testimony on SB 2012
House Appropriations – Human Resource Division
March 22, 2023

Good afternoon, Chairman Nelson and members of the House Appropriations Human Resource Division. Thank you for the opportunity to testify on SB 2012. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. We represent 192 assisted living, basic care, and skilled nursing facilities in North Dakota. I am here to testify in support of SB 2012 and ask for your consideration of some additional dollars.

Thank you for your support in the current biennium. Two years ago, DHHS and our Association asked for your support to implement a new nursing facility payment system. You provided the funding, as well as went one step further. You provided us the CMS inflator, as well as the 2% and .25% inflator provided to all Medicaid providers. That helped us tremendously, as the pandemic and workforce crisis has devastated many providers. Let me share with you what is occurring.

Our new payment system was not equipped to withstand a pandemic, record inflation in 2022, and a loss of over 15% of our workforce. Many of our facilities continue to struggle. Five nursing facilities and two basic care facilities closed during the pandemic. Two critical access hospitals have announced they are closing their nursing facilities in 2024 and will only operate as a hospital. If we are unable to stabilize our operations, more facilities may close.

What I understand is in the budget is funding to continue the new pricing model and fair rental system. One of the most important features of the system will be rebasing of our rates on 1-1-24, which will be based on our June 20, 2023 cost report. Without that important feature, the payment system would fail. When you come back in 2025, that will undoubtedly be a top priority for us. Thank goodness it is in the budget and I hope you will continue to support it. I will review the nursing facility attachments before going on to basic care.

For our basic care members, they need some extra help this session. The past two years have been very difficult for them. Two basic care facilities have closed since July 2022.

SB 2283 relating to the basic care payment system was heard in House Human Services on March 8th. Based on the recommendations on a DHHS and North Dakota Long Term Care Association study on basic care, we are requesting additional dollars to improve their payment system, (SB 2283 is intertwined with SB 2012). SB 2012 provides the base funding for basic care but the funding for rebasing and inflationary adjustments was taken out of SB 2012 and put into SB 2283.

In 2022 basic care providers received an inflator of .25%, a period when we had record inflation of 9%. Basic care is underfunded and has been for the past seven years.

When SB 2283 is re-referred to you we urge your support of rebasing, appropriate inflationary adjustments and most important one-time funding of $10 per day in their July 1, 2023 rates and carried over in 2024 and then it is terminated. This funding is necessary to make basic care viable and able to care for residents. I have a few attachments on basic care that best describe what is occurring.

One final word on behalf of our residents in nursing facilities and basic care facilities. SB 2012 provides for an increase in the personal needs allowance for residents. This money is used for such items as a cellphone, to stay in communication with family members, cable TV, which was considered a luxury when the payment system was built in 1989 and DHHS rules require residents pay for, special hair care, including perms and color, clothing, shoes, and small gifts you still want to give grandchildren.

SB 2012 provides an increase of $35 per month, which would give nursing facility residents $100 per month and basic care residents $135 per month. The personal needs allowance for nursing facility residents has not been increased for 10 years and we are asking that you keep that intact in SB 2012.

In summary, thank you for your support and continued hard work. You have a monumental task ahead of you and we know you will do what is best for our vulnerable residents that depend on this support.

I would be happy to answer any questions.

Shelly Peterson, President
North Dakota Long Term Care Association

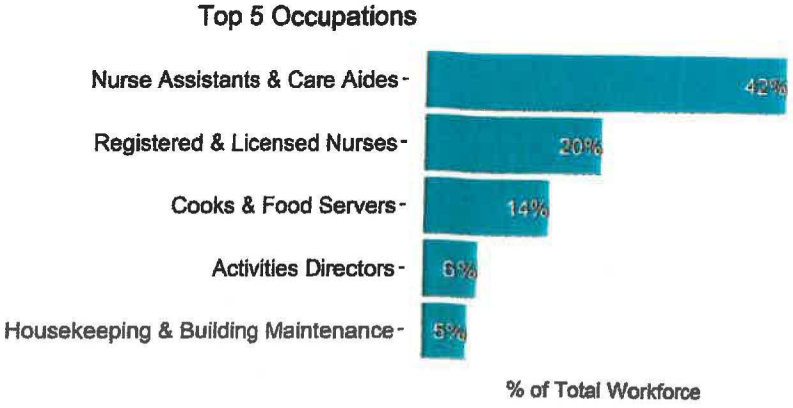
Nursing Facility Attachments

North Dakota

Skilled Nursing Jobs Report

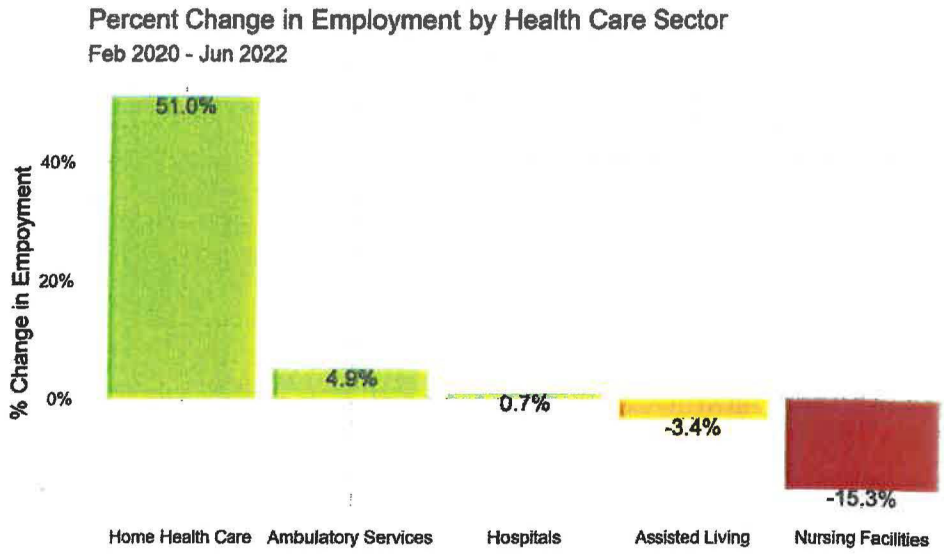
Skilled Nursing Workforce

7,205
Employees



Impact of COVID

While some health care industries have reached or surpassed pre-pandemic staffing levels, long term care facilities are still experiencing substantial job losses alongside rising wage costs and increasing agency staff use.



10.4%
Increase in Average Weekly Wage: Mar'20 - Jun'22

2.1x
Increase in Agency Nurse Staff Hours: Q4'19 - Q2'22

Sources: Bureau of Labor Statistics, Quarterly Census of Employment and Wages (Jun 2022) and Occupational Employment and Wage Statistics (May 2021) for NAICS Industries 623 and 6231. CMS Payroll Based Journal (2019-2022)

AHCA. AMERICAN HEALTH CARE ASSOCIATION
NCAL. NATIONAL CENTER FOR ASSISTED LIVING

Long Term Care Facility Closures
Updated January 2023

City	Facility	NF Beds	BC Beds	Close Date
Bismarck	CHI St. Alexius Health - TCU	19		July 2022 *
Bowman	Southwest Healthcare Services	34		December 2021
Bowman	Southwest Healthcare Services		16	Dec-22
Crosby	St. Luke's Sunrise Care Center	35		September 2021
Devils Lake	Eventide Devils Lake (closed 1 of 2 NF)	48		January 2021
Mott	GSS - Mott	42		June 2022
Northwood	Northwood Deaconess health Center	32		2024
Rugby	Heart of America	33		2024
Wilton	Redwood Village		16	July 2022
		243	**32**	

*Temporarily Closed - Has the option to re-open by 04-01-2023

Nursing Facility Facts

Nursing Facility WORKFORCE



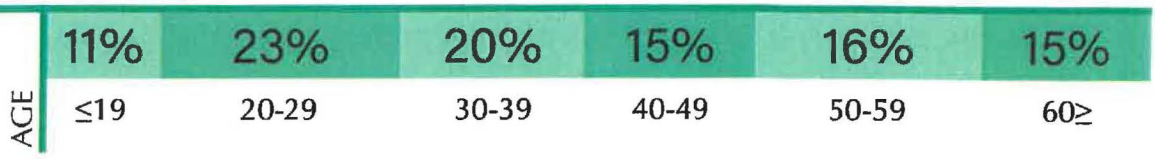


- The top issue facing nursing facilities is workforce.
- In July 2022, the midpoint CNA wage was $19.71.
- 50% of nursing facilities stopped admissions in 2022 because of lack of staff.
- 90% of nursing facilities used contract agency staff in 2022.
- During the pandemic nursing facilities lost 15.3% of their staff and they have not returned.
- In the past year, contract nursing costs have more than doubled from the previous 12 months, spending $63.8 million compared to $28.8 million.
- Thirty-one percent of the workforce is age 50 or older, with the oldest employee being 90.
- During the pandemic, five nursing facilities closed and 60% of those remaining are operating at a loss.

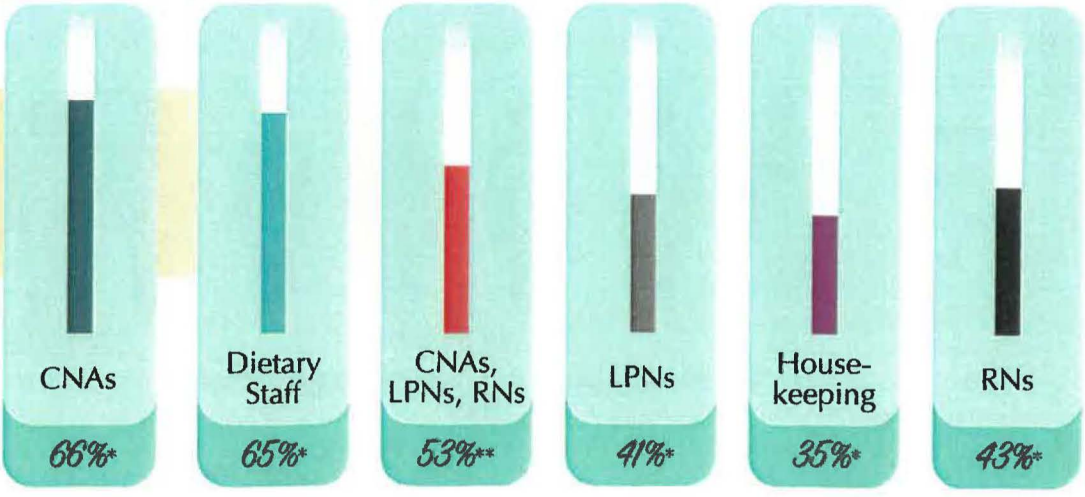


Age of Nursing Facility Workforce

n=5677



2022 Nursing Facility Staff Turnover



*NDLTCA Survey
**CMS PBJ Reporting

Nursing Facilities

North Dakota is ranking high
Resident Satisfaction

Item	Rating Value	North Dakota	United States
Overall Satisfaction	4 & 5	89%	75%
Nursing Care	4 & 5	92%	82%
Cleanliness	4 & 5	96%	86%
Dignity & Respect	4 & 5	96%	89%
Recommend to Others	4 & 5	93%	80%
Safety & Security	4 & 5	97%	91%
Individual Needs	4 & 5	92%	80%

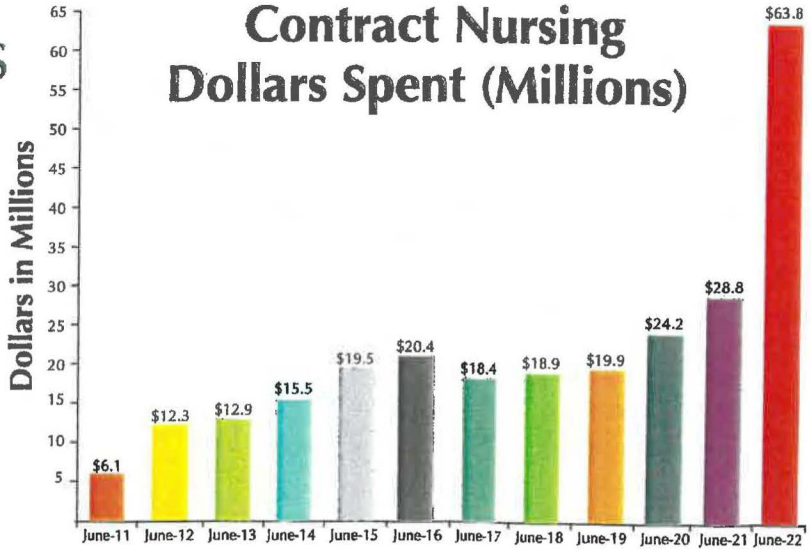


CMS tracks the hours worked by different types of staff in nursing facilities. These hours are used to calculate a ratio of staffing hours per resident per day. Hours per resident per day indicate the average amount of time staff are available to spend with each resident per day.

- **ND Nurse hours per day 4.66**
- **US Nurse hours per day 3.77**

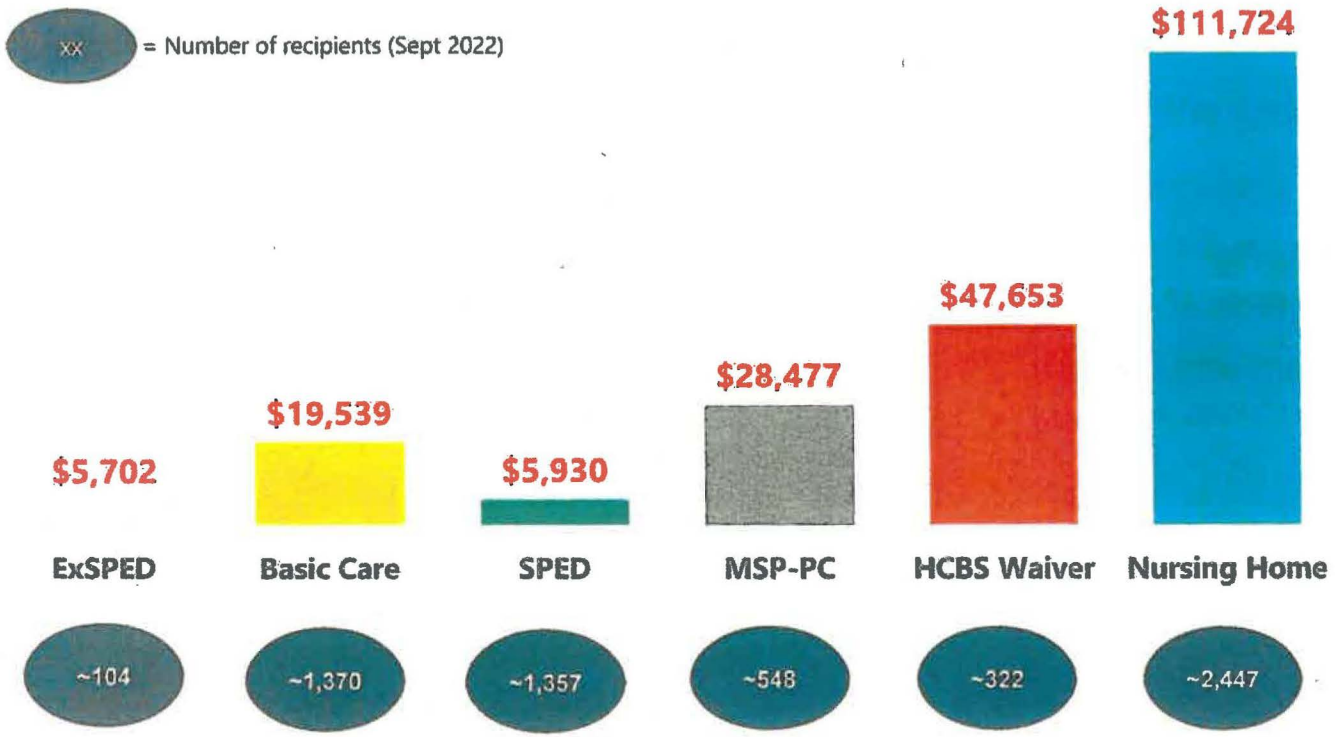
Contract Nursing
IN NURSING FACILITIES

When facilities face staffing shortages, one option is to use contract staff to provide daily resident care. In the past 11 years, the amount spent on contract nursing has increased over 400%.



Basic Care Attachments

Average Annual Cost by Type of Service in LTC Continuum (Analysis of Sept 2022 claims data)



Eligibility criteria evaluate both a person's functional and financial needs.

- Ex-SPED is the in-home alternative to Basic Care
- HCBS waiver and MSP-PC are in-home alternatives to Nursing Homes
- SPED assists people with higher asset levels (up to $50,000)

NORTH Dakota | Health & Human Services
Be Legendary.

Basic Care Facts

Basic Care COST

Almost half of the residents living in basic care need assistance to pay for their care. The average basic care assistance rate on July 1, 2022 was $137.56 per day. The average cost for providing care is $146.25, so for each resident served, the facility is losing almost $9.00 per day.

Almost half of all basic care facilities are operating at a loss, with 35% indicating they get few applicants for numerous open positions and feel they are in a continuing workforce crisis.



Does LTC Insurance pay in Basic Care Facilities? **11% of residents have LTC insurance that helps pay for their care.* n=798

Continued losses of the *past 7 years* are making it almost impossible to care for the residents with B-Cap (state assistance) as a payment source.

Basic Care Average Costs and State Reimbursement Rates

$	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
Average Cost	$116.12	$117.26	$121.64	$130.52	$124.52	$133.92	$146.25
Average Rate	$107.88	$111.60	$117.13	$123.80	$122.83	$129.12	$137.56
Difference	-$8.24	-$5.66	-$4.51	-$6.72	-$1.69	-$4.80	-$8.69

Basic Care Facts

BASIC CARE AT A GLANCE

65 licensed basic care facilities

2,105 licensed units

2022 average occupancy was **72%**

Basic Care Facts

- A basic care facility is a congregate residential setting with private and semi-private rooms, providing 24-hour staffing.
- Basic Care provides an all-inclusive rate providing room, meals, personal care services, supervision, activities, transportation, medication administration, nursing assessment, and care planning.
- Current residents range in age from 33 to 110 years old, with the average age being 81.

Care needs of basic care residents

65% of residents have impaired mental status, ranging from early stage dementia to disorientation.

28% of residents have a mental health diagnosis.

98% of residents need full assistance with medication administration.

43% of residents receiving psychoactive drugs.

12.7 the number of medications the average basic care resident takes.

61% of residents are independent in dressing, with 6% requiring extensive assistance.

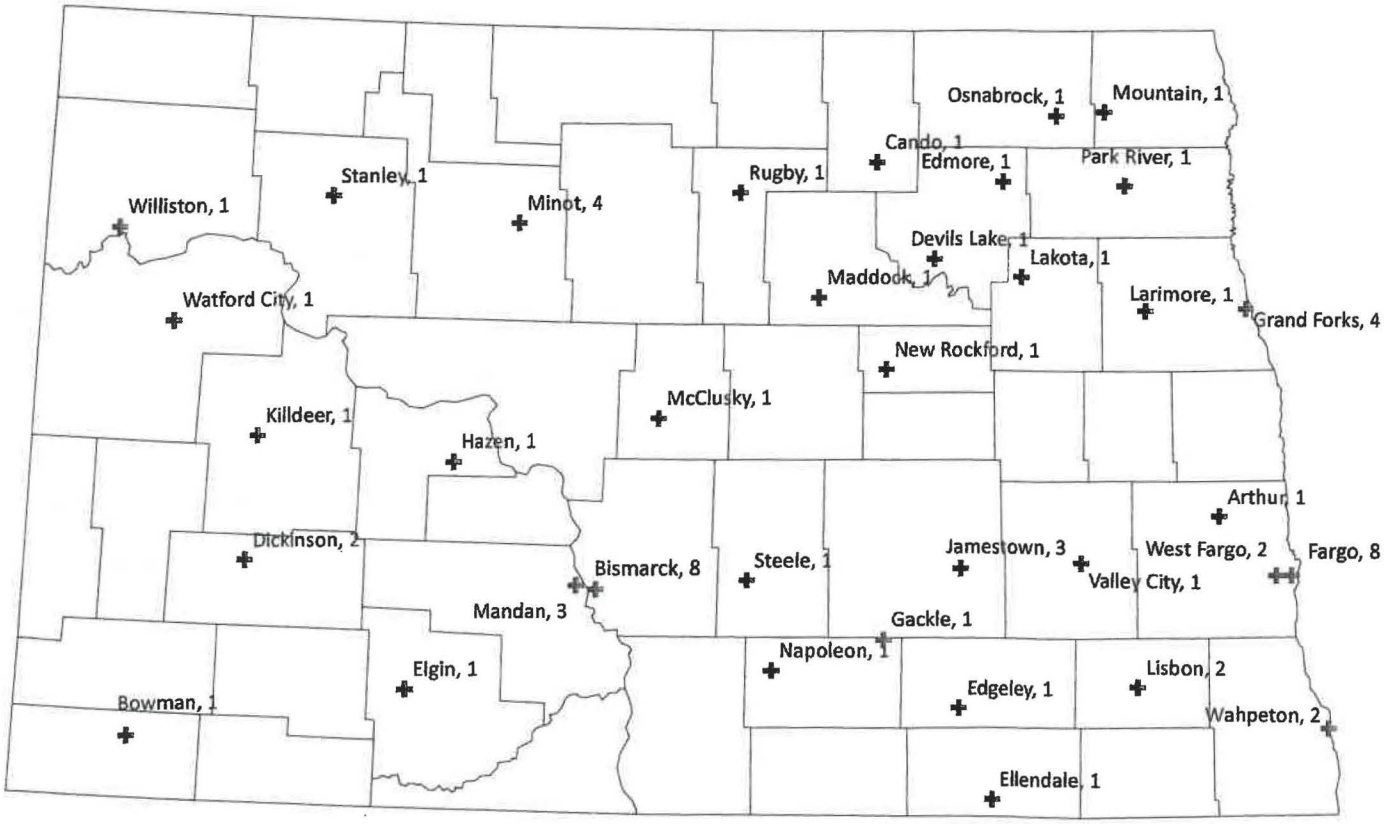
68% of residents are ambulatory and do not need any staff assistance, 58% use a walker or cane and 9% use a wheelchair.

89% of residents are independent in transferring and 75% with toileting.

71% of residents need assistance bathing.

Basic Care Map

North Dakota Basic Care Facilities, 2022



North Dakota Long Term Care Association

+ City (Number of Basic Care Facilities)

Source: ESRI, North Dakota Long Term Care Association Created by the North Dakota Healthcare Wokforce Group on 12/19/2022

House Appropriations – Human Resource Division
March 22, 2023

Good afternoon, Chairman Nelson and members of the House Appropriations - Human Resource Division. My name is Jill Foertsch, Administrator of St. Gerard's Community of Care in Hankinson. St. Gerard's is a 33-bed skilled nursing facility owned by the Franciscan Sisters of Dillingen. We also have an 11-unit Independent Living Unit as well as a daycare and preschool.

One of the biggest challenges for St. Gerard's is work force, primarily the lack of, particularly CNAs. We saw our own staffing levels drop significantly at the start of the pandemic causing us to rely on contract agency staff to provide direct resident care. Prior to that we rarely had to rely on contract staff.

During the pandemic we saw the cost of contract staff skyrocket.
CNA once cost $33/hr; increased to $44/hr, $65/hr, and $85/hr for OT.
LPN $44/hr; increased to $70/hr, $80/hr; highest $90/hr and $120/hr for OT.
RN $55/hr; increased to $90/hr, $110/hr, $130 for OT/Holiday.

In fiscal year 2021, St. Gerard's utilized contract staff for total of 7089 hours for direct resident care. The cost was $300,869.

In fiscal year 2022, St. Gerard's utilized contract staff for total of 14,163 hours for direct resident care. So, our hours doubled; but the cost nearly tripled to $827,513. We worked with five-seven different contract companies to secure the most feasible contracts.

Historically St. Gerard's has averaged 85-90 employees. During Q4 of 2021, we had 69 employees. That is huge for a small, rural facility. Working in LTC is extremely exhausting, physically, mentally, emotionally. Half of our current workforce is over the age 50. Our oldest employee is 83 yrs of age. We work hard to attract new staff and retain our current staff. But this is extremely difficult with such a competitive job market and low unemployment rates. Currently we have increased our employee base to 73.

We are/were *gradually* seeing a decrease in the number of contract staff hours needed and decrease in the overall cost. But this can all change in the blink of an eye such as when you have two workforce injuries which takes two full-time CNAs off the roster and still training new staff. Just last week we paid $93,000 to contract companies for six weeks for total of 3600 hrs staff time. Although these costs are more reasonable as compared to in the height of the pandemic, these costs are not sustainable.

Our model of service in Jesus' Name honors the elderly and regards every moment of life as sacred. This belief system can no longer be taken for granted in our culture. We take great pride in being able to continue providing quality, loving service to those in need of long term care. St. Gerard's is also an anchor for Hankinson and our surrounding communities. This means keeping families together, helping to allow our local businesses and school system to thrive.

Long-term care is asking for you to support funding for basic care and nursing facilities. We have worked hard to improve our payment system for long term care. We have been faced with numerous challenges but do not want to give up the fight. We need your support. Another important piece of the payment system is the Medicaid Value Based Purchasing Program which pays for performance. This will help to incentivize facilities to improve their performance and outcomes and aligns with quality initiatives being promoted by CMS.

Thank you for the opportunity to share with you about St. Gerard's and the current situation that we are going through.

Jill Foertsch, Administrator
St. Gerard's Community of Care
613 1st Ave SW PO Box 448
Hankinson, ND 58041
701-242-7891

PROJECTED ELIGIBILES THAT WILL CLOSE WITH UNWINDING ELIGIBLITY REDETERMINATION

Projected Traditional FFS Eligibles Closed From May 2023 - April 2024	13,549
Projected % of Traditional FFS Eligibles Closed May 2023 - April 2024	13.86%
Projected Traditional FFS Eligibles Still Open in May 2024	84,211
Projected Expansion MCO Eligibles Closed From May 2023 - April 2024	8,963
Projected % of Expansion MCO Eligibles Closed From May 2023 - April 2024	23.87%
Projected Expansion MCO Eligibles Still Open in May 2024	28,585
Projected Total of ALL Eligibles Closed From May 2023 - April 2024	22,512
Projected % of ALL Eligibles Closed From May 2023	16.64%
Projected ALL Eligibles Still Open in May 2024	112,796

CONSOLIDATED APPROPRIATIONS ACT 2023 PHASE-DOWN OF THE ENHANCED FMAP

	Medicaid Matching Rate Increase (Percentage Points)	CHIP Matching Rate Increase (Percentage Points)
January 1 - March 31, 2023	6.2	4.34
April 1 - June 30, 2023	5.0	3.5
July 1 – September 30, 2023	2.5	1.75
October 1 – December 31, 2023	1.5	1.05

Heart of America
medical center
your health. our passion.

March 22, 2023

Chairman Jon Nelson
North Dakota State Capitol
600 East Boulevard Avenue
Bismarck, ND 58505

Re: Testimony on Senate Bill 2012

> A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services.

Dear Chairman Nelson and Committee Members

I wish to share with the house members of the State of North Dakota my experience and knowledge as a hospital and long-term care administrator in a rural health care setting as it pertains to this legislation. I have practiced as a health care professional in this state since 1999 and I have been a hospital CEO since 2020. Much of my professional life has and is dedicated to providing health care to rural North Dakotans and I have a passion to assure that these patients continue to have viable access to good health care.

For rural health care to be able to continue in North Dakota, elder care facilities will continue to need resources. Human, and financial resources are necessary. This legislation will help to assure both resources are available to our patients in our communities.

In the community of Rugby we have a number of options for elder care. Heart of America Medical Center operates a 37 bed assisted living facility, a 60 bed basic care facility, and a 33 bed skilled nursing facility. After numerous meetings with members of the public, community leaders, board members, and staff it was determined that Rugby needed to build a new health care facility. The community determined that the new facility would not contain a skilled nursing facility for various reasons. One of the main reasons that led to this decision was the fact that we currently have a highly functional basic care facility in Rugby.

If Basic Care were ever to cease operations in Rugby it would be catastrophic for the community. Our new hospital will be able to house up to 18 non-skilled swing bed residents, but that would be a fraction

Heart of America medical center

your health. our passion.

of the beds needed for our community's needs. The Basic Care is essential to assuring our loved ones can continue to live in their home town community. It offers the right mix of services offered, staff needs, and costs for our community.

Last spring my family was looking for care options for my grandmother. She was 92 years old and starting to fail at home. However, she was not a true skilled nursing facility candidate. She was independent for eating, transferring, and self-cares. She also reminded me weekly that she "did not need a babysitter". Basic care was a perfect option for her. It also provided an option that was significantly less costly than skilled nursing. This is an option we need to support and enhance in our state.

In summary, we need your support of additional dollars for basic care. North Dakota has a proven program that is the most cost-effective option for those needing congregate living and 24-hour support. Additional dollars will support rural communities and help assure our families have access to this important level of care. I would be happy to respond to questions.

Respectfully,

Erik Christenson

Erik Christenson, CEO

800 south main avenue • rugby, nd 58368 - 2118 • 701.776.5261 • www.hamc.com
clinics: rugby 701.776.5235 • maddock 701.438.2555 • dunseith 701.244.5694

Testimony SB2012

House Appropriations

Human Resources

3/22/2023

Chairman Representative Nelson and Members of the House Appropriations, Human Resources Division.

My name is Vicki Peterson and I am a Family Consultant for Family Voices of ND. Family Voices of ND is the Family-to-Family Health Information Network in ND, a non-profit that works with families, professionals and self-advocates of children and youth with disabilities, special healthcare needs and chronic health conditions. I am also a parent of a young adult with an autism spectrum disorder and chronic health conditions.

I am testifying today in support of SB2012 with a couple concerns in the area of services for persons with autism spectrum disorders. One of my concerns is the removal of the ND Autism Voucher as a state program in ND. The ND Autism Voucher program was created in HB 1038 in the 2013 Legislative session. The reason the autism voucher program was created is, when the ND autism waiver program was established, SB2174 in 2009, there was a gap in services for person with an autism spectrum disorder. This gap consisted of children not meeting the level of care needed to qualify for the ND autism waiver. The level of care needed for the autism waiver and the developmental disability waiver is, ICF, or intermediate care facility. Not all children and youth with an autism spectrum diagnosis will meet that level of care. It was passed as a program that may fill in a gap of services that may be vital for a child with autism that would give support in an area of need. The criteria to meet eligibility requirements for the autism voucher program are a fpl of 200% (currently a family of 4 would be $55,500.00 p/yr.) an autism spectrum disorder diagnosis and be a resident of ND. The funds originally generated by this program

were $12,500.00 p/yr. per child, currently that is now down to $7500.00 p/yr. per child. The funds were cut during the 2021 session. This funding is state dollars not Medicaid dollars. These dollars cannot be used for therapy but were created to help families on some level of need, such as respite care, assistive technology, parent training, specialized camps, tutoring and possibly other services or items. Over the years there has been a struggle to know what exactly the voucher could pay for which led to less utilization. I have helped many families over the years access and utilize this program knowing that there is not another program that could help them in ND. Many do not even receive school services. NDHHS is wanting to remove the autism voucher program and designate more slots for the autism waiver. This just creates a gap in services once again.

The waitlist for the autism waiver is long ,84 currently and can change daily, but this will not be an option for all those currently being served under the autism voucher program. The children and youth being served will not all meet the level of care of ICF (Intermediate Care Facility). For those, they may be out of support completely. Many who applied for the autism voucher program, could and were denied by both the autism waiver and the developmental disability waiver for that very reason. My concern lies that there will be creating a gap again in services. You have heard that moving the persons on the autism voucher to the waiver will happen, but for some this will not happen.

You have also heard that some services may be added to the ND autism waiver, such as tutoring. So, the question would be is that the appropriate service to move? It is currently in the ND autism voucher as something that one could ask for, how many ask for this? As a former member of the ND Autism Task Force, it has always been brought to my attention that respite care has been the most requested. If the goal is to add services to the autism waiver, I would hope it would look at adding services that the participants can utilize and would utilize. Services currently under

the autism waiver, include Service Management, Respite Care, and Assistive Technology. The term respite in this particular waiver is defined *as a parent needing to rest, run errands, clean, take another child to an activity, socialize or take a break*. What I hear from many families is the need for in-home supports for supervision besides and extra pair of hands that helps when the parent is out of the house. Safety equipment can be a high need for some families as persons with autism may have elopement issues. It would seem fit to make sure things added to a waiver include services or items that would serve the greater need for support. Increasing the slots is vital as the number of persons diagnosed with an autism spectrum disorder in ND is continues to grow. In the past two weeks alone, 5 newly diagnosed children with autism have contacted Family Voices of ND or myself to help navigate services. The national average is at a current rate of 1-44 children (*CDC 2022 autism prevalence*). *This is an increase of 178% since 2000*. Families contacting Family Voices of ND are struggling to get an evaluation to even determine if an autism spectrum disorder exists. We can expect that waitlist for ND autism waiver will just continue to increase. The age limit increase is something every session it gets increased by two years to cover those currently on the autism waiver to not fall off of services. Autism Spectrum Disorder is a lifetime diagnosis, it does not just pertain to a child from birth to age 18. Mentioned yesterday a response from a question, "what happens at age 18?" the answer was "look to have them access other voucher programs". I have never heard of another voucher program that would help those with autism at age 18. Many then again are left without services in ND as they do not meet the level of care or the definition of eligibility at age 18.

SB 2256, led to the study of developmental disability services and the autism spectrum disorder programs. The ***Alverez and Marsal Study*** recommended to look at creating a cross-disability wavier with updating and changing the definition of developmental

disability. This would allow ND to cover the support needs without a disability category. This new definition would recognize adaptive social deficits that would possibly cover eligibility for those currently not qualifying for the autism waiver or IDD waiver currently. This is supported by the *American Association on Intellectual and Developmental Disabilities.*

I would like to just briefly mention that I am in support of increasing the level of benefit and number of slots for the Childrens Medically Fragile Waiver. Having 15 families on the waitlist for this waiver is far too many. The needs for the families in this targeted population are significant and do not wait for time to stand still until a slot opens. The costs incurred by the families can easily make life decisions on how much food to buy or paying for a life-needed medication. I encourage you to please add the request from ND HHS to this waiver.

Thank you for your time and consideration.

Vicki L Peterson

vicki@fvnd.org

701-258-2237



SB2012

House Appropriations Committee – HR Section
Representative Nelson, Chairman

NORTH Dakota Be Legendary. | Health & Human Services

Administration and Operations – Deputy Commissioner Sara Stolt
March 22, 2023

Presentation roadmap

- HHS administration and operations divisions | shared services model
- FTE overview
- Division impacts highlights
- 2023-2025 Budget request
- Policy bills
- HHS IT overview



HHS Goal: Become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the **FOUNDATIONS** of well-being

- Economic Health
- Behavioral Health
- Physical Health

Ensure everyone has the opportunity to realize their **POTENTIAL**

- Strong, Stable Families
- Services Closer to Home
- Early Childhood Experiences
- Efficiency Through Redesign
- High-Performing Team

Give everyone the **OPPORTUNITY** to decide to:

- Be Healthy
- Be Active
- Find & Prevent Disease Early

NORTH Dakota Be Legendary. | Health & Human Services

Shared Services (Administration and Operations)



Executive Office

- Commissioner
- Deputy Commissioner
- Project Management
- Quality and Data Governance
- IT Governance
- Change Management



Finance

- 4 Asst CFO's
- Budget Management
- Audit Management
- Procurement & Contracts
- Logistics Management
- General Accounting



Legal

- General Council
- Administrative Rules/Legislation
- Estate/Third Party Recovery
- Appeals
- ADA Compliance/ Civil Rights
- HIPAA Compliance
- Records Management



Human Resources

- Business Partners
- Ops & Digital
- Talent Acquisition
- Total Rewards
- Talent Mgmt/ Learning & Development
- Employee Health/Safety/Risk Mgmt



Communications

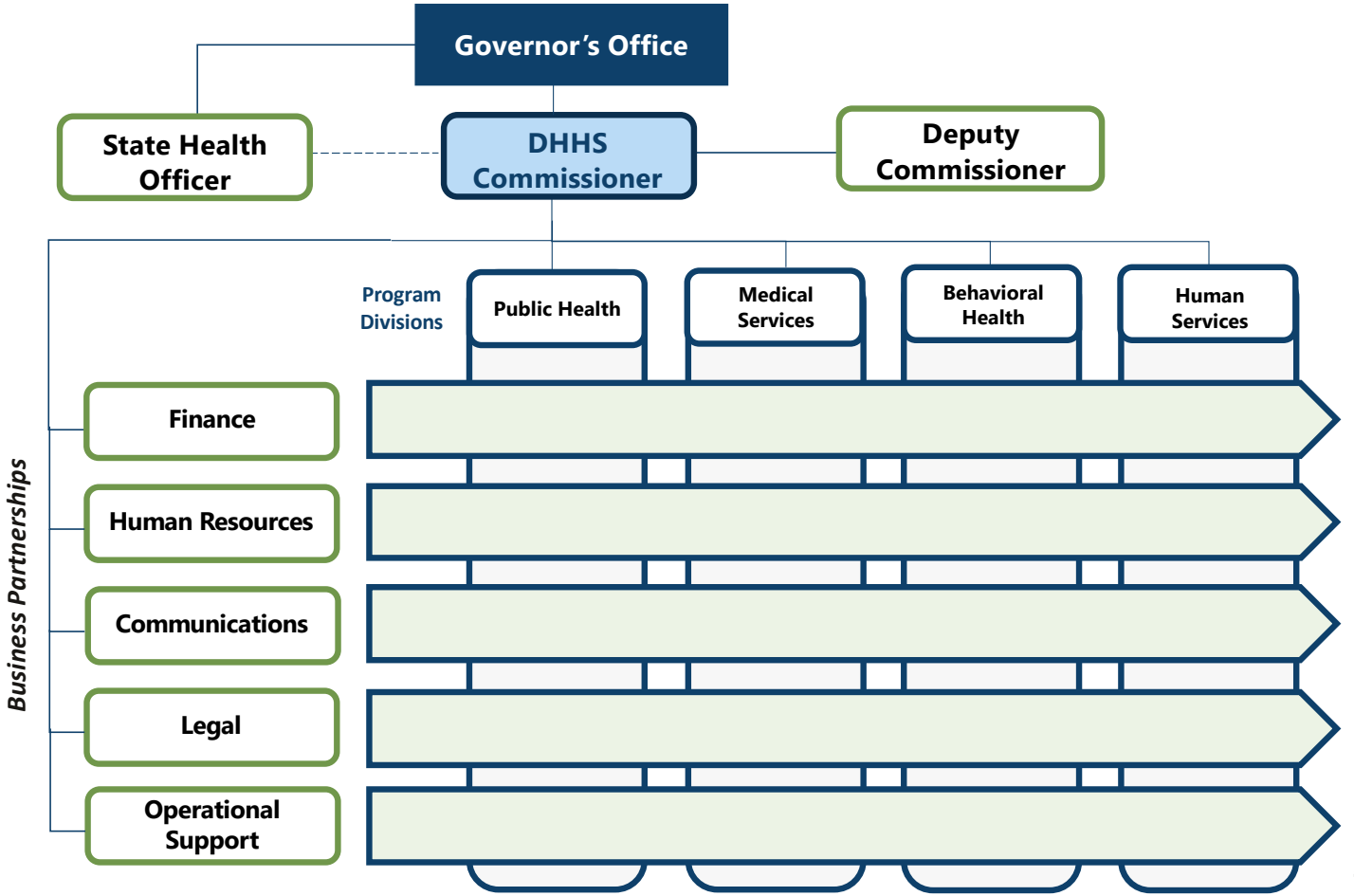
- Strategic communications and change management
- Marketing, outreach and education
- Media relations
- Multi-media support
- Team member communications

North Dakota's HHS **Shared Services Model**

Why?

Our shared services model…

- ***Supports optimized policy and service delivery*** *for program Divisions.*
- *Supports business partners (Finance, HR, Communications, and Legal) in providing* ***strategic business functions across HHS.***
- ***Structures service delivery based on the service provided*** *to best meet organizational need.*



Health and Human Services

2023-2025 Authorized and Vacant FTE

Administration - Support			
2023-2025 Authorized FTE Base	**2023-2025 Executive Budget FTE**	**2023-2025 Engrossed SB 2012 FTE**	**# vacancies 12-31-22 (from base)**
140.90	147.40	142.40	17.0



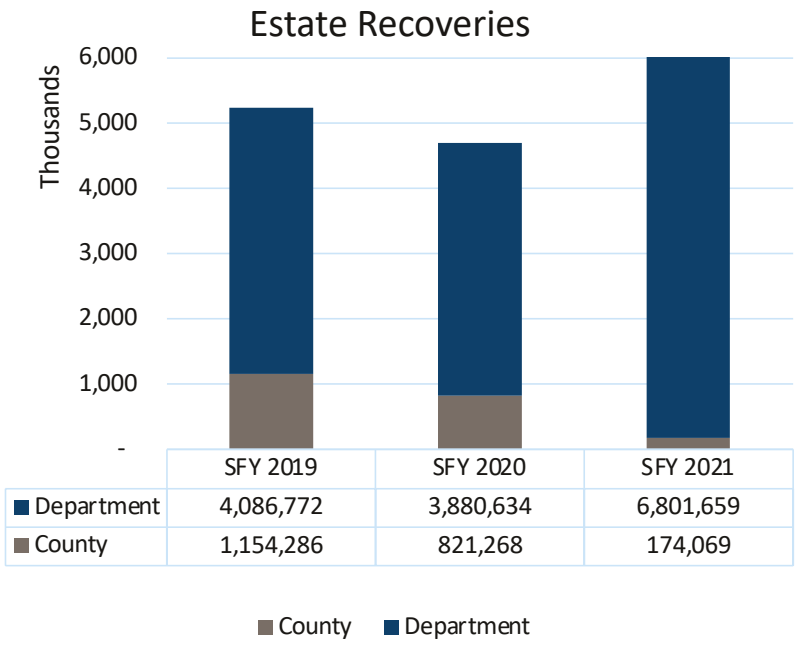
Division Impact Highlights

NORTH Dakota
Be Legendary. | Health & Human Services

Ensure program compliance

To reinvest in those we serve

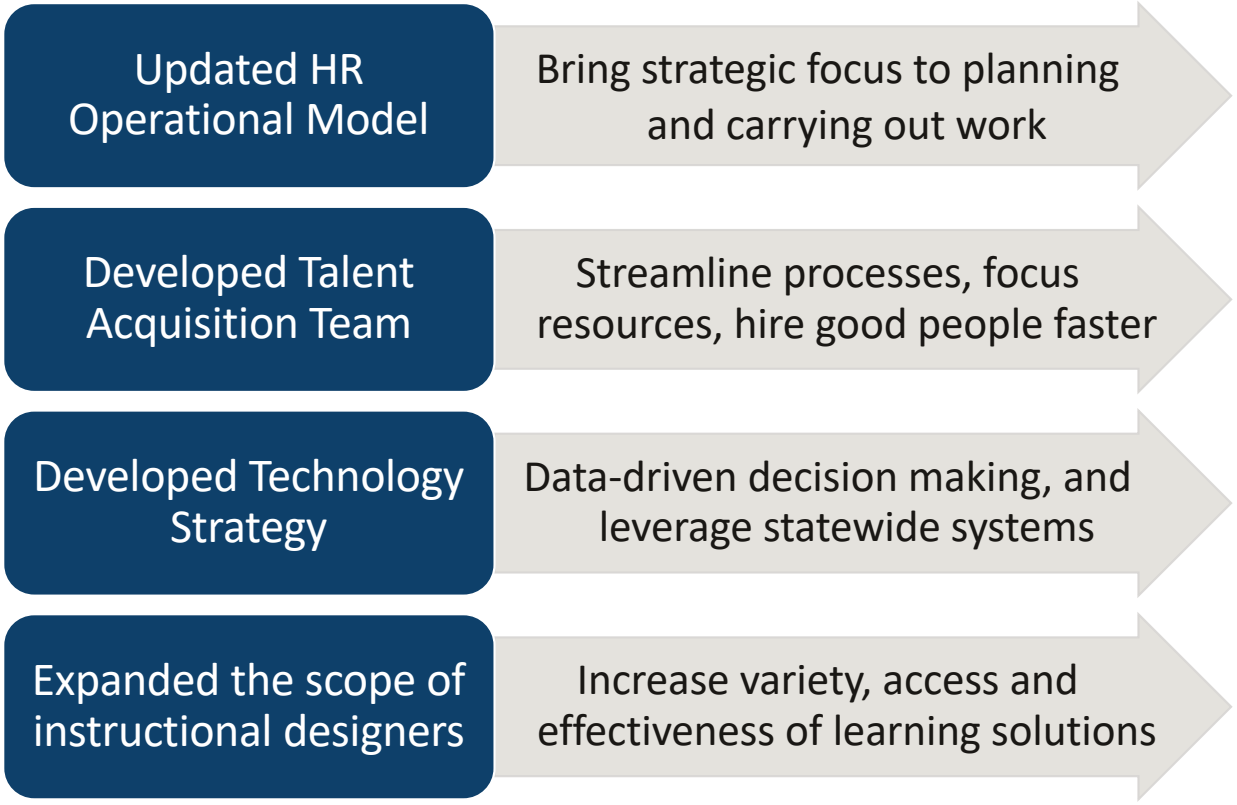
Case Type	SFY 2020	SFY 2021
Requests for Fair Hearings	284	343
Provider Appeals	569	1,399
Intentional Program Violations	78	96
Civil Rights	14	11
Administrative Rules	13	13
Trust Review Files	91	68



NORTH Dakota Be Legendary. | Health & Human Services

Ensure quality service delivery

Recruit and retain a high-performing workforce to help ensure that North Dakotans are served on time and safely



NORTH Dakota Be Legendary. | Health & Human Services

Ensure quality service delivery

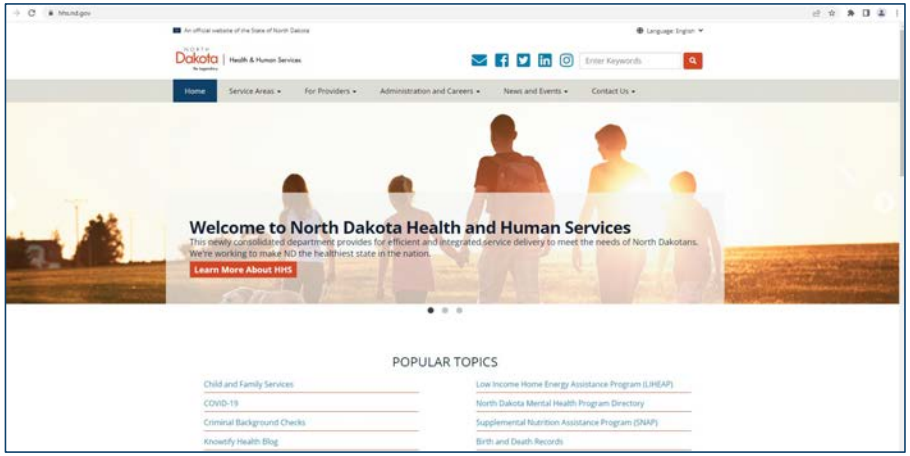
Recruit and retain a high-performing workforce to help ensure that North Dakotans are served on time and safely



NORTH Dakota Be Legendary. | Health & Human Services

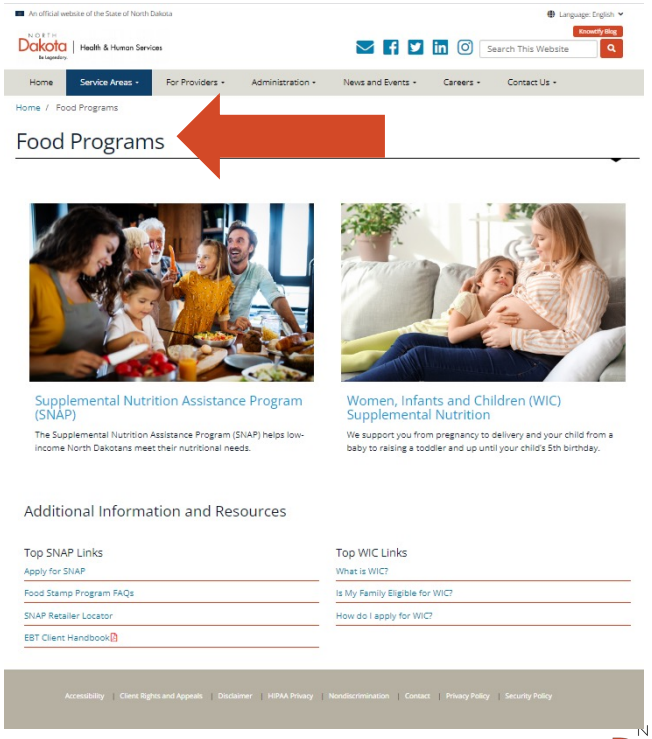
Improve access: Create one point of entry

HHS.nd.gov is a centralized source of information, programs and services, making it easier for North Dakotans to meet their health and well-being needs



HHS.nd.gov consolidated three legacy websites:

- Department of Health
- Department of Human Services
- Behavioral Health Division



One path to food programs:

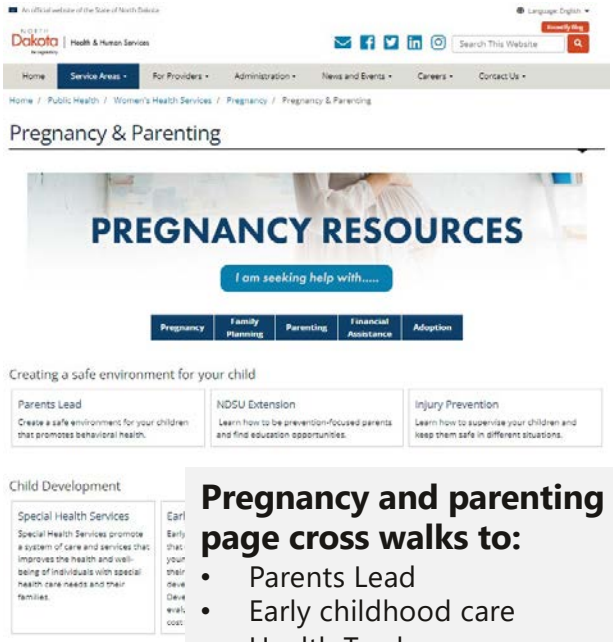
- Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants, and Children (WIC) Supplemental Nutrition

NORTH Dakota | Health & Human Services
Be Legendary.

Improve access: Strengthen communications touchpoints

Cross walk programs and services to connect North Dakotans to more ways to meet their health and well-being needs

HHS.nd.gov



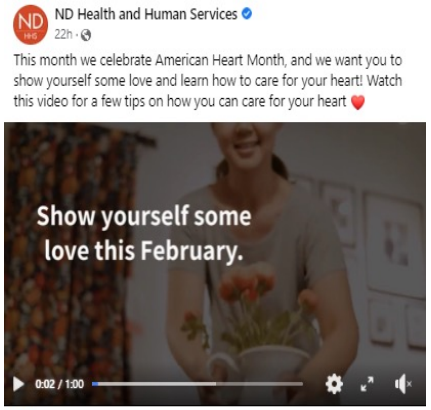
Pregnancy and parenting page cross walks to:

- Parents Lead
- Early childhood care
- Health Tracks
- Injury prevention
- And more

HHS social media examples



- Count the Kicks app
- ND Medicaid extended health coverage for moms and babies



Heart health month video features content from:

- ND Quits
- Behavioral Health
- Physical health (diet and exercise)

NORTH Dakota | Health & Human Services
Be Legendary.

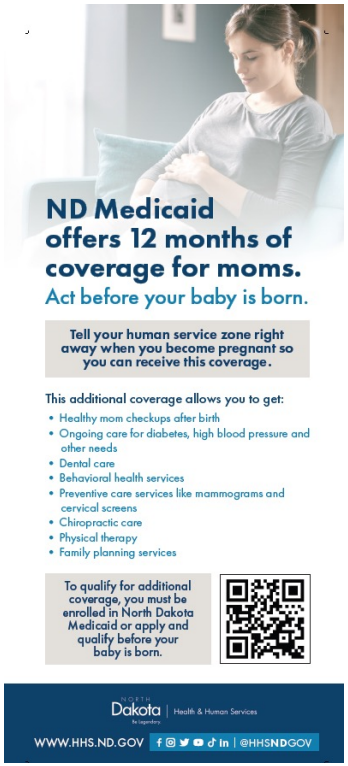
Improve access: Enhance points of service

Enhance communications at points of service to connect North Dakotans to more ways to meet their health and well-being needs

Represents a collaboration among Maternal and Child Health and Medical Services teams.

Outreach materials for new Medicaid extended health care coverage for moms and infants will be placed in:

- Local public health units
- Human service centers
- Human service zones
- WIC offices (Women, Infants and Children Supplemental Nutrition)





Outreach materials include:

- Floor banners
- Rack cards
- Flyers
- Wallet cards

NORTH Dakota | Health & Human Services
Be Legendary.

Drive quality

Through a strong procurement process and efficient provider payments



Drive quality while doubling accounts payable with no staff increases



Decreased audit findings since 2015



Successfully managed over 3,700 hundred procurements and contracts to ensure efficient use of taxpayer dollars

NORTH Dakota | Health & Human Services
Be Legendary.

Ensuring successful delivery and outcomes for those we serve



With each organizational project, system redesign, process improvement comes change. Lead change management with resources and tools for success.

Project Management

Tools, resources, best practices and staffing to support DHHS **priority projects**, portfolio management and program projects.

Process Improvement

Techniques, tools, resources, models and staff to redesign a process or system for greater efficiency and effectiveness.

Quality Management

Leading best practices, standards and consistency around how DHHS measures quality and creates a culture of quality.

IT Governance

Ensuring effective use of IT resources and ensuring efficiency with all IT efforts within DHHS.

Data Governance

Leading data strategy efforts and providing standards, training and tools to support data analytics across DHHS.

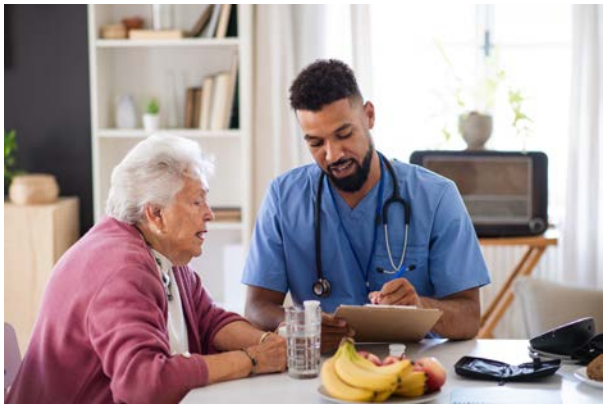


2023-2025 Budget request

The **program, systems and workforce support** necessary to continue to serve North Dakotans

NORTH Dakota Be Legendary. | Health & Human Services

There are three areas of inflation impacting the HHS budget



1) Provider Rates



2) State Compensation Plan



3) Operating costs

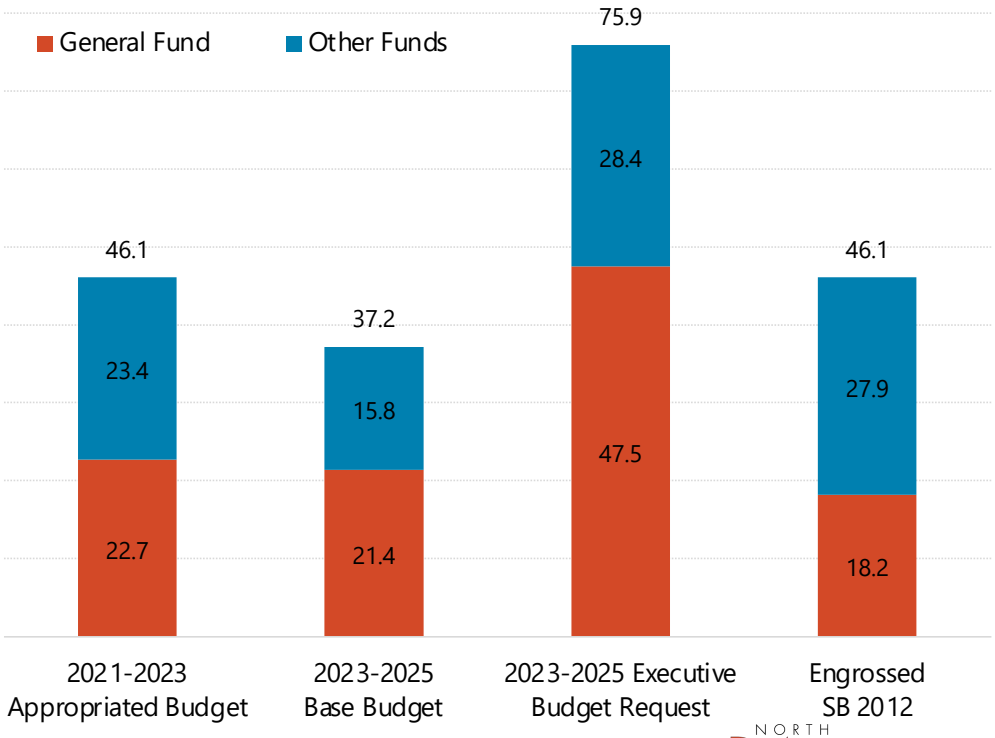
NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 budgets and related funding
By Major Expense: Admin + Operations

Description	**2023 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
Salaries and Benefits	$ 27,413,848	$ 6,761,084	$ 34,174,932	$ (2,331,414)	$ 31,843,518
Operating	8,070,097	29,741,394	37,811,491	(27,506,990)	10,304,501
IT Services	1,757,959	2,156,140	3,914,099	(355)	3,913,744
Capital Asset Expense	-	-	-	-	-
Capital Assets	-	-	-	-	-
Grants	-	-	-	-	-
Total	$ 37,241,904	$ 38,658,618	$ 75,900,522	$ (29,838,759)	$ 46,061,763
General Fund	**$ 21,368,312**	**$ 26,129,473**	**$ 47,497,785**	**$ (29,309,872)**	**$ 18,187,913**
Federal Funds	**15,280,389**	**12,038,909**	**27,319,298**	**(523,330)**	**26,795,968**
Other Funds	**593,203**	**490,236**	**1,083,439**	**(5,557)**	**1,077,882**
Total Funds	**$ 37,241,904**	**$ 38,658,618**	**$ 75,900,522**	**$ (29,838,759)**	**$ 46,061,763**
Full Time Equivalent (FTE)	140.90	6.50	147.40	(5.00)	142.40

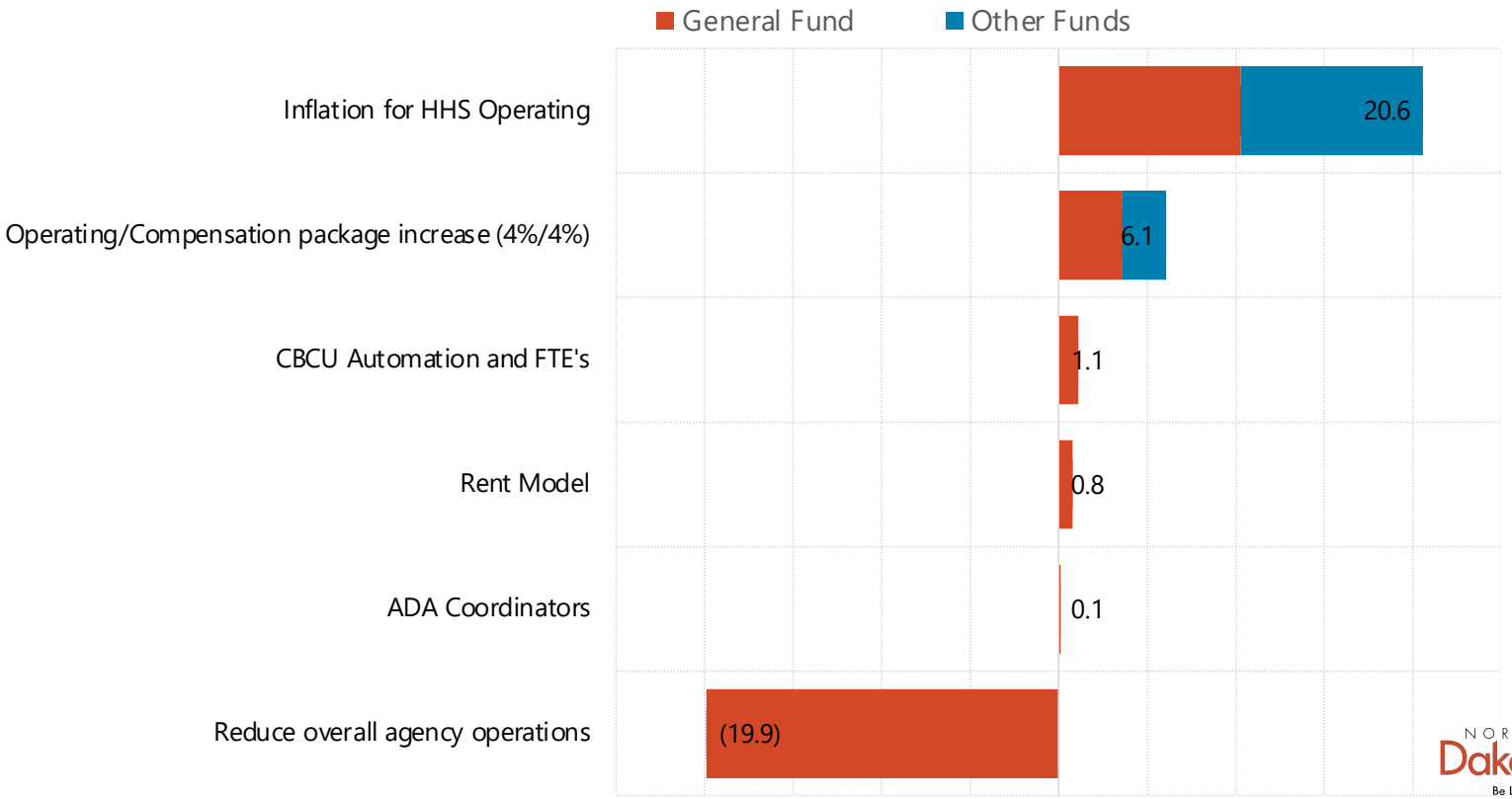
Comparison of total budget with funding (in millions)
Appropriated budget is larger than base

INCREASE FROM BASE TO ENGROSSED SB2012 $ 8.9 MILLION



NORTH Dakota Be Legendary. | Health & Human Services

Comparison of base budget to Engrossed SB 2012 (in millions)



NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 budgets and related funding

By detailed expense

Description	**2023 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
511x Salaries - Regular	$ 18,876,288	$ 3,412,350	$ 22,288,638	$ (1,777,229)	$ 20,511,409
512x Salaries - Other	-	-	-	-	-
513x Salaries Temp	287,583	1,273,190	1,560,773	-	1,560,773
514x Salaries Overtime	-	269,125	269,125	-	269,125
516x Salaries Benefits	8,249,977	1,806,420	10,056,397	(554,185)	9,502,212
Total Salaries & Benefits	$ 27,413,848	$ 6,761,084	$ 34,174,932	$ (2,331,414)	$ 31,843,518
52x Travel	883,385	200,676	1,084,061	(27,794)	1,056,267
53x Supply	126,473	68,862	195,335	(557)	194,778
54x Postage & Printing	2,150,537	102,733	2,253,270	-	2,253,270
55x Equipment under $5,000	19,950	(14,150)	5,800	-	5,800
56x Utilities	-	-	-	-	-
57x Insurance	238,504	39,456	277,960	-	277,960
58x Rent/Leases - Bldg/Equip	499,324	780,937	1,280,261	(3,242)	1,277,019
59x Repairs	33,106	(3,401)	29,705	-	29,705
61x Professional Development	146,769	19,544	166,313	-	166,313
62x Fees - Operating & Professional	3,972,049	28,546,737	32,518,786	(27,475,397)	5,043,389
67x Expenses	-	-	-	-	-
53x Supplies	52,081	49,019	101,100	-	101,100
60x IT Expenses	1,705,878	2,107,121	3,812,999	(355)	3,812,644
68x Land, Building, Other Capital	-	-	-	-	-
69x Over	-	-	-	-	-
69x Equipment Over $5,000	-	-	-	-	-
71x Grants, Benefits, & Claims	-	-	-	-	-
72x Transfers	-	-	-	-	-
Total Operating	$ 9,828,056	$ 31,897,534	$ 41,725,590	$ (27,507,345)	$ 14,218,245
Total	$ 37,241,904	$ 38,658,618	$ 75,900,522	$ (29,838,759)	$ 46,061,763

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 funding

Description	**2023 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
General Fund	**$ 21,368,312**	**$ 26,129,473**	**$ 47,497,785**	**$ (29,309,872)**	**$ 18,187,913**
Federal Funds	**15,280,389**	**12,038,909**	**27,319,298**	**(523,330)**	**26,795,968**
Other Funds	**593,203**	**490,236**	**1,083,439**	**(5,557)**	**1,077,882**
Total Funds	**$ 37,241,904**	**$ 38,658,618**	**$ 75,900,522**	**$ (29,838,759)**	**$ 46,061,763**

NORTH Dakota Be Legendary. | Health & Human Services



Policy Bills – Impact on Appropriations

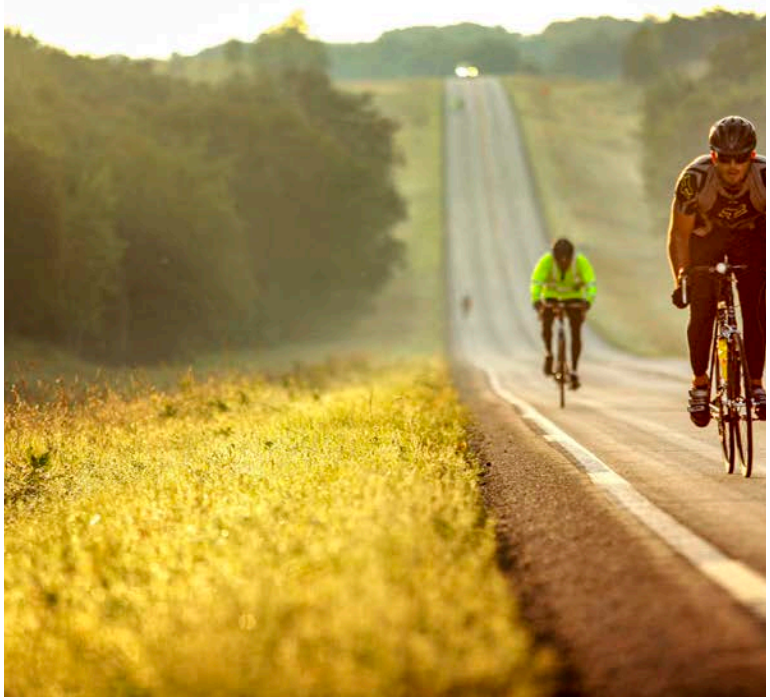
NORTH Dakota Be Legendary. | Health & Human Services



Health and Human Services
IT Overview

NORTH Dakota | Health & Human Services
Be Legendary.

Admin + IT Percentage of Total Budget



Total budget $5.793 billion.

- Admin support is $75.9M - 1.3%
- IT is $229M - 4%

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 budgets and related funding
By major expense

Description	**2023 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
Salaries and Benefits	$ -	$ -	$ -	$ -	$ -
Operating	314,658	18,342	333,000	-	333,000
IT Services	141,966,634	86,509,291	228,475,925	-	228,475,925
Capital Asset Expense	-	-	-	-	-
Capital Assets	75,000	-	75,000	-	75,000
Grants	-	-	-	-	-
Total	$ 142,356,292	$ 86,527,633	$ 228,883,925	$ -	$ 228,883,925

General Fund	**$ 60,127,345**	**$ 3,642,017**	**$ 63,769,362**	**$ -**	**$ 63,769,362**
Federal Funds	**79,809,422**	**51,560,881**	**$ 131,370,303**	**$ -**	**$ 131,370,303**
Other Funds	**2,419,525**	**31,324,735**	**$ 33,744,260**	**$ -**	**$ 33,744,260**
Total Funds	**$ 142,356,292**	**$ 86,527,633**	**$ 228,883,925**	**$ -**	**$ 228,883,925**

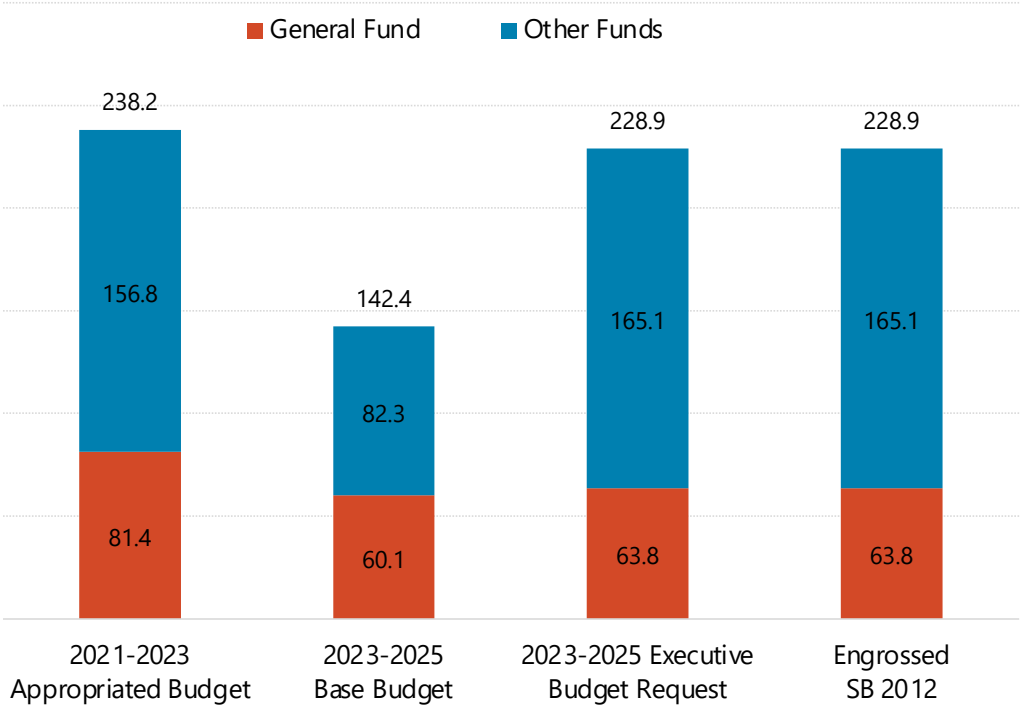
Full Time Equivalent (FTE)	-	-	-	-	-

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of total budget with funding (in millions)
Appropriated budget is larger than base

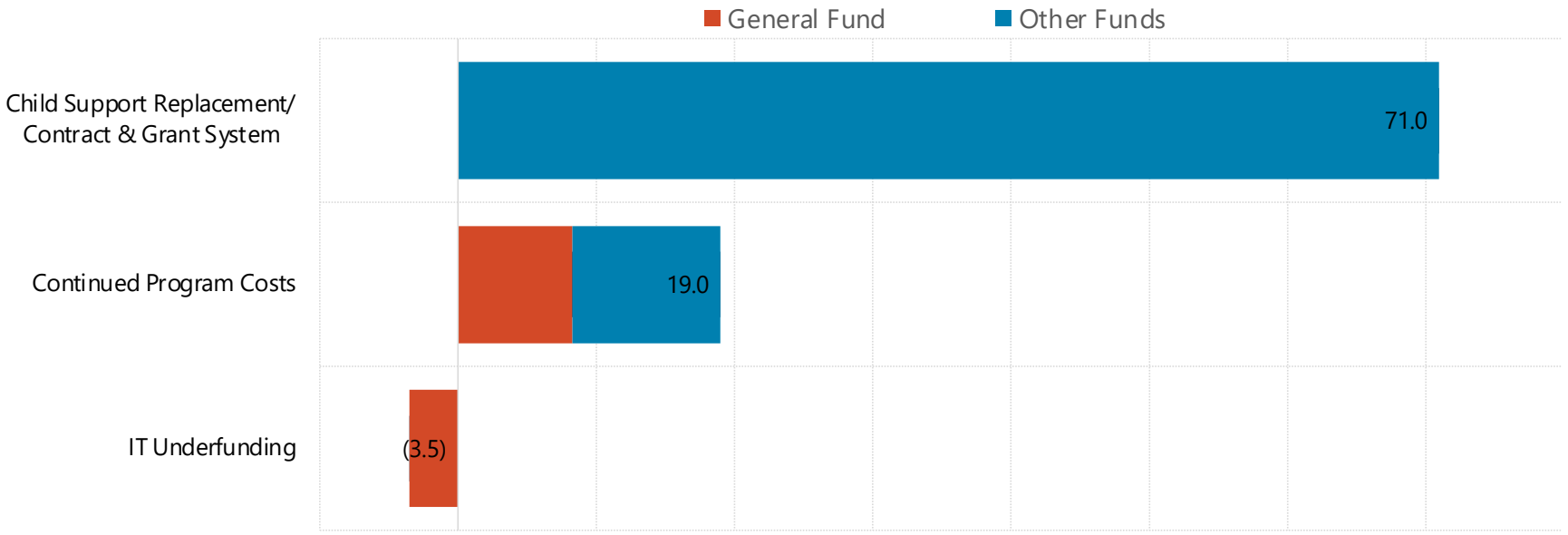
INCREASE FROM BASE TO ENGROSSED SB2012 $86.5 MILLION

Main Points:
- 1 - $60M Child Support System
- 2 - $11M Contract and Grant System
- 3 – $19M IT contracts and NDIT increases



NORTH Dakota Be Legendary. | Health & Human Services

Comparison of base budget to Engrossed SB 2012 (in millions)



NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 budgets and related funding
By detailed expense

Description	**2023 - 2025 Budget Base**	Increase / (Decrease)	**2023 - 2025 Executive Budget**	Increase / (Decrease)	**Engrossed SB 2012**
511x Salaries - Regular	$ -	$ -	$ -	$ -	$ -
512x Salaries - Other	-	-	-	-	-
513x Salaries Temp	-	-	-	-	-
514x Salaries Overtime	-	-	-	-	-
516x Salaries Benefits	-	-	-	-	-
Total Salaries & Benefits	$ -	$ -	$ -	$ -	$ -
52x Travel	-	-	-	-	-
53x Supply	-	-	-	-	-
54x Postage & Printing	314,659	18,341	333,000	-	333,000
55x Equipment under $5,000	-	-	-	-	-
56x Utilities	-	-	-	-	-
57x Insurance	-	-	-	-	-
58x Rent/Leases - Bldg/Equip	-	-	-	-	-
59x Repairs	-	-	-	-	-
61x Professional Development	-	-	-	-	-
62x Fees - Operating & Professional	-	-	-	-	-
67x Expenses	-	-	-	-	-
53x Supplies	-	32,000	32,000	-	32,000
60x IT Expenses	141,966,634	86,477,291	228,443,925	-	228,443,925
68x Land, Building, Other Capital	-	-	-	-	-
69x Over	-	-	-	-	-
69x Equipment Over $5,000	75,000	-	75,000	-	75,000
71x Grants, Benefits, & Claims	-	-	-	-	-
72x Transfers	-	-	-	-	-
Total Operating	$ 142,356,293	$ 86,527,632	$ 228,883,925	$ -	$ 228,883,925
Total	$ 142,356,293	$ 86,527,632	$ 228,883,925	$ -	$ 228,883,925

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of 2023-2025 funding

Description	2022 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
General Fund	$ 60,127,345	$ 3,642,017	$ 63,769,362	$ -	$ 63,769,362
Federal Funds	79,809,422	51,560,881	131,370,303	-	131,370,303
Other Funds	2,419,525	31,324,735	33,744,260	-	33,744,260
Total Funds	$ 142,356,292	$ 86,527,633	$ 228,883,925	$ -	$ 228,883,925

NORTH Dakota Be Legendary. | Health & Human Services

One-time funding requests

Admin + IT

- CBCU Automation: $1M
- Inflation $20M
- 2023-2025 Child Support Replacement: $60M
- 2023-2025 Contract and Grant Management System: $11M



NORTH Dakota Be Legendary. | Health & Human Services

SB 2012 Section 2: One-Time Expenditures
Child Support System Replacement

1

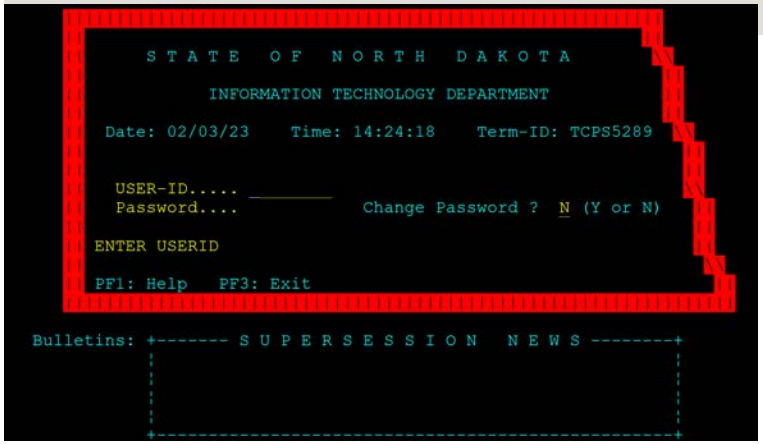
- Fully Automated Child Support Enforcement System (FACSES)
- $60 million estimate, covers:
  - Project Management
  - Design, Development, and Implementation
  - Independent Verification and Validation
  - Quality Assurance
  - User Acceptance Testing
- Integrated case management, electronic case records, and customer interface

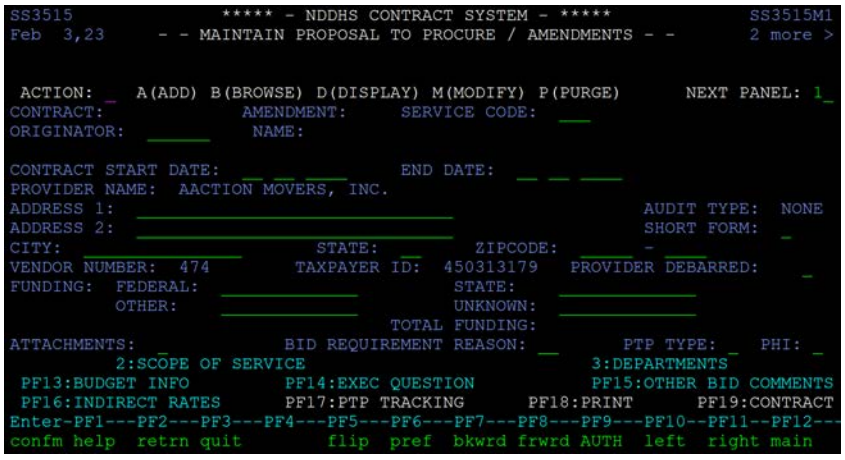


NORTH Dakota | Health & Human Services
Be Legendary.

Grants + Contracts System

2





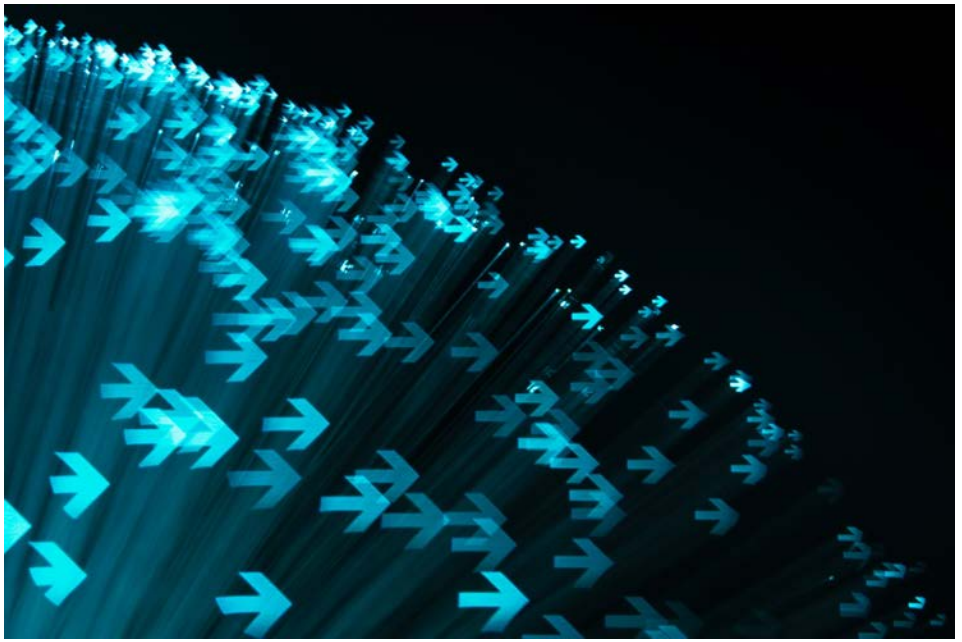
Current system

- Uses antiquated mainframe built in 1996
- Receives limited NDIT support
- Does not support efficient workflows or document storage
- Supports only certain parts of the procurement/ contract process
- Uses multiple spreadsheets to track processes and workflows
- Requires drafting contracts and amendments manually

NORTH Dakota Be Legendary. | Health & Human Services

Procurement/contracts new system

- One stop shop from beginning of procurement through contracting
- Vendors can submit online payment for processing through system
- No need for multiple tracking spreadsheets
- Up-to-date information available
- Better process for subrecipient monitoring
- Ability to integrate with a grants management system
- Ability for multiple reports and dashboards



NORTH Dakota Be Legendary. | Health & Human Services

Major IT Project 3: Background Check Automation

3



1. Shift from a paper-driven process to a fully automated system, driven by the program applicant
2. Enhance integration points with fingerprints, CBCU, providers and BCI
3. Increase timeliness and complete background checks

NORTH Dakota Be Legendary. | Health & Human Services

Opportunities and challenges

What will it take for HHS to meet the moment?

Talent

- Managing immense and **continual change**
- Workforce shortage and **talent war** with private sector for key roles:
  - Behavioral health clinicians
  - Child safety and protection case managers
  - Direct support caregivers
  - Nurses
- Our partnership with private partners for **service delivery** = their challenges are our challenges

Systems

- **Mainframe** environment
- **Data analysis** and **data modernization**
- **Re-design delivery of services** in eligibility determination, case management, provider enrollment
- **Integrate** behavioral health policy and service delivery
- OCR and Bots as **automation tools**
- Update **state lab**
- Phase 2 of **HHS integration effort**

Budget

- **Rates tied to quality** and complexity of care
- **Re-balancing investment** from institutional to non-institutional settings
- Address immediate / acute / urgent needs **without sacrificing investments** in approaches that can prevent crisis
- **Right sizing staff** to meet demand
- **Efficient operations / efficient team**

Policy

- FORWARD PROGRESS: Invest energy, talent and resources in **ongoing strategic initiatives**
- STRATEGIC PRIORITY: **Kids' health,** safety and wellbeing, and childhood obesity
- STRATEGIC PRIORITY: Update **state lab**
- STRATEGIC PRIORITY: Treatment environment at the **State Hospital**



Contact information

Sara Stolt

HHS Deputy Commissioner

sarastolt@nd.gov

www.hhs@nd.gov

NORTH Dakota Be Legendary. | Health & Human Services



SB2012

House Appropriations Committee – HR Section
Representative Nelson, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

HHS Workforce – Chris Jones, HHS Commissioner
March 22, 2023

HHS requested FTE to meet increased service demand and to keep pace with expanded service offerings

- Increased demand for Behavioral Health services
- Increased demand for Developmental Disability and Home and Community-Based Services
- Increased demand for child welfare services
- Legislatively added or expanded programs and services with statewide impact, including:
  - ND Rent Help
  - Refugee Services
  - New Early Childhood division
  - Crisis services
  - Expanded Medicaid coverage



NORTH Dakota Be Legendary. | Health & Human Services

Without these team members, our capacity will be diminished and North Dakotans will be negatively impacted

Delays in services and treatment

- Longer wait lists
- Fewer people served. Human service centers currently serve 34 out of 100 people who seek help.
- Program implementation delays
- Longer application processing times and delays in case reviews

Reduced quality

- Diminished continuity of care: People will go without quality behavioral health care services
- Exacerbation of symptoms
- Human error

Basic needs unmet

- Hunger
- Homelessness
- Children and adults living in vulnerable situations
- Untreated substance use / addiction
- Timely preventive care needs cannot be met
- Treatable conditions worsen

Decline in operational effectiveness

- Operations and administration efficiency is decreasing under heightened pressure
- Lost Human Service Center revenue
- Increased audit findings
- Increased OT and use of contract workers

NORTH Dakota Be Legendary. | Health & Human Services

Without these team members, the readiness of our team will further deteriorate

As a result of increased service demand and keeping pace with expanded service offerings, we've stretched our team beyond its capacity.

Current state, which will not change:

- Mandatory overtime
- Cancelled vacations / inability to take time off
- Increased use of sick leave
- Increased safety risks
- Increased burnout
- Decreased work / life balance
- Decreased team member engagement

Future state, talent base will further erode:

- Fuel further turnover and hiring challenges
- Lose organizational knowledge and previous training investments
- Reduction in opportunity for professional development
- Further decrease applicant pools
- Tarnish the HHS employer brand

HHS Workforce Strategy 2023-2025

Working toward implementation with limited and constrained resources

Talent Acquisition

- Pipeline development
- Reassessment of required qualifications
- Leverage databases such as Indeed and LinkedIn Recruiter

30% Resourced

Operational Efficiencies

- FTE/vacancy management
- HHS integration
- Data-driven decision making
- Leverage statewide/ enterprise systems
- Policy alignment
- Simplify processes

20% Resourced

High Performing Team

- Engagement and culture
- Employee health & safety
- Manager/Leader development
- Internal comms/ change mgmt
- Communities of practice

10% Resourced

Talent Management

- Succession planning
- Competency development
- Performance management
- Onboarding road map
- Increase variety, access & effectiveness of learning solutions

10% Resourced

Total Rewards

- Equitable compensation
- Pay practices
- Team member recognition

0% Resourced

HHS Team Members
Life-changing heroes to the North Dakotans they serve

"We are **thankful** for all of our therapists."

"...made my chair **easy** to use and **comfortable**."

"**Amazing organization** – super helpful to us!"

"You have a **top-notch** crew."

"She **went out of her way** to become certified in a therapy to help my son."

Feedback from people served and parents/guardians



Life Skills and Transition Center therapy team
Jill Hurst, Clayton Klimek, Kelly Campbell-Dokken, Allan Szklarski, Mary Dusek, Craig Kraft

NORTH Dakota | Health & Human Services
Be Legendary.

HHS Team Members
Life-changing heroes to those they serve



"Shout out to **Kathy Molland** (Children and Family Services) **and Karin O'Cain** (North Star Human Service Zone). From the amazing social worker that got us started in our journey and helped us answer any questions .... To Karin that puts all of her heart and dedication into these children's lives. Her follow-up and communication was superb!"

Feedback from North Dakotan

NORTH Dakota Be Legendary. | Health & Human Services



Contact information

Chris Jones

HHS Commissioner

cdjones@nd.gov

www.hhs@nd.gov

NORTH Dakota | Health & Human Services

Be Legendary.

Greater North Dakota Chamber

GREATER NORTH DAKOTA CHAMBER
SB 2012
House Appropriations Committee
Human Resources Division
Chair Jon Nelson
March 22, 2023

Mr. Chairman and members of the Committee, my name is Andrea Pfennig with the Greater North Dakota Chamber. GNDC is North Dakota's largest statewide business advocacy organization, with membership represented by small and large businesses, local chambers, and trade and industry associations across the state. We stand in **support** of Senate Bill 2012 as it relates to Medicaid Expansion.

The cost of healthcare is of paramount concern to North Dakota's business community. Without continued funding of Medicaid expansion at current rates, healthcare providers may be forced to shift the cost of care to others as a way to compensate for operational losses. This could result in increased health insurance costs for employers.

Additionally, Medicaid Expansion provides workers, who may not receive health insurance benefits through employment, options which are critical to maintaining a strong and healthy workforce in many industries.

Finally, from a workforce perspective, increased health insurance costs will only serve to put North Dakota employers at a disadvantage relative to other states.

In conclusion, we hope that you will support the funding for Medicaid Expansion in SB 2012 with a do pass recommendation.

	2021-2023 Legislatively Approved Budget	Funding Shift One-Time Funding	Cost to Continue	Underfunding	FMAP	Total Changes	To Governor	Inflation (4/3)	Increase CHIP eligibilty to 210%	Increase FPL for Medically Needy (includes Clawback)	Executive Changes	To Chamber 1	Inflation (4/4)	Increase Medicaid Reimbursement for Behavioral Health for 75% to 100%	Adjustment to tie to SB 2012	Chamber 1 Changes	To Chamber 2
Traditional Medicaid	852,588,712	-	52,902,550	(24,130,288)	-	28,772,262	881,360,974	-	4,267,312	10,500,000	14,767,312	896,128,286	-	2,867,516	-	2,867,516	898,995,802
Inpatient Hospital	179,766,425		45,885,646			45,885,646	225,652,071				-	225,652,071				-	225,652,071
Outpatient Hospital	109,157,626		15,351,174			15,351,174	124,508,800				-	124,508,800				-	124,508,800
Professional Services	111,446,608		19,346,895			19,346,895	130,793,503				-	130,793,503		2,867,516		2,867,516	133,661,019
Drugs	80,257,098		4,641,207			4,641,207	84,898,305				-	84,898,305				-	84,898,305
Indian Health Services	51,413,696		7,169,668			7,169,668	58,583,364				-	58,583,364				-	58,583,364
1915i State Plan Services	27,004,195		(11,843,807)			(11,843,807)	15,160,388				-	15,160,388				-	15,160,388
PRTF Services	34,657,042		(11,005,338)			(11,005,338)	23,651,704				-	23,651,704				-	23,651,704
Dental Services	28,653,048		6,374,380			6,374,380	35,027,428				-	35,027,428				-	35,027,428
Premiums	37,729,555		17,005,298			17,005,298	54,734,853				-	54,734,853				-	54,734,853
Other Services	192,503,419		(40,022,573)	(24,130,288)		(64,152,861)	128,350,558		4,267,312	10,500,000	14,767,312	143,117,870				-	143,117,870
Expansion Medicaid	650,966,710		291,583,569			291,583,569	942,550,279				-	942,550,279				-	942,550,279
Provider Inflation	-					-	-	34,483,317			34,483,317	34,483,317	3,121,236			3,121,236	37,604,553
Adjustment to tie to SB 2012	-					-	-				-	-			396,808	396,808	396,808
Total	1,503,555,422	-	344,486,119	(24,130,288)	-	320,355,830	1,823,911,253	34,483,317	4,267,312	10,500,000	49,250,629	1,873,161,881	3,121,236	2,867,516	396,808	6,385,560	1,879,547,442
General Fund	338,028,690	31,500,000	39,637,782	(10,052,678)	6,097,851	67,182,955	405,211,645	15,654,634	1,389,270	6,300,000	23,343,904	428,555,549	1,412,393	1,362,070	(331,180)	2,443,283	430,998,832

NORTH Dakota | Health & Human Services
Be Legendary.

Engrossed SB 2012
UNDERFUNDING AND OPERATING
2023 - 2025

Type of Underfunding	2023-25 Base Budget	Increase/ (Decrease)	Executive Budget Recommendation	Increase/ (Decrease)	Engrossed SB 2012
Medicaid	(24,130,288)	(24,130,288)	(24,130,288)		(24,130,288)
DHS Operating			-	(19,900,262)	(19,900,262)
Developmental Disabilities	(9,736,312)	(9,736,312)	(9,736,312)		(9,736,312)
Salary - HSC's and State Hospital	(4,468,507)	(4,468,507)	(4,468,507)		(4,468,507)
Information Technology	(3,512,330)	(3,512,330)	(3,512,330)		(3,512,330)
General Fund	**(22,648,527)**	**(22,648,527)**	**(22,648,527)**	**(19,900,262)**	**(42,548,789)**
Federal Funds	**(19,198,910)**	**(19,198,910)**	**(19,198,910)**		**(19,198,910)**
Other Funds			**-**		**-**
Total Funds	**(41,847,437)**	**(41,847,437)**	**(41,847,437)**	**(19,900,262)**	**(61,747,699)**

Division	2023-25 Base Budget	Increase/ (Decrease)	Executive Budget Recommendation	Increase/ (Decrease)	Engrossed SB 2012
ADMINISTRATION-SUPPORT	9,828,056	31,897,534	41,725,590	(27,507,345)	14,218,245
INFORMATION TECHNOLOGY SERVICES	142,281,293	86,527,632	228,808,925	-	228,808,925
ECONOMIC ASSISTANCE	10,001,932	(215,682)	9,786,250	-	9,786,250
CHILD SUPPORT	3,560,804	(890,045)	2,670,759	-	2,670,759
MEDICAL SERVICES	57,436,270	16,998,496	74,434,766	1,394,018	75,828,784
DD COUNCIL	241,944	(7,164)	234,780	-	234,780
AGING SERVICES	23,449,640	20,987,813	44,437,453	499,081	44,936,534
CHILDREN AND FAMILY SERVICES	6,173,064	115,010	6,288,074	-	6,288,074
BEHAVIORAL HEALTH POLICY	56,684,267	12,074,086	68,758,352	1,769,278	70,527,630
VOCATIONAL REHABILITATION	7,392,388	901,304	8,293,692	-	8,293,692
DEVELOPMENTAL DISABILITIES	8,689,454	2,360,701	11,050,155	1,596,690	12,646,845
DISABILITY DETERMINATION SERVICES	1,368,026	171,113	1,539,138	-	1,539,138
REFUGEE SERVICES	442,363	129,668	572,031	-	572,031
EARLY CHILDHOOD	575,522	10,416	585,938	(93,285)	492,653
HUMAN SERVICE CENTERS	15,641,235	6,414,929	22,056,164	4,962	22,061,126
STATE HOSPITAL	12,740,962	2,755,465	15,496,427	-	15,496,427
LIFE SKILLS & TRANSITION CNTR	8,000,305	1,575,785	9,576,090	-	9,576,090
HUMAN SERVICE ZONES	4,188,890	(3,720,080)	468,810	1,362,785	1,831,595
General Fund	**170,731,660**	**71,160,420**	**241,892,080**	**(25,339,137)**	**216,552,943**
Federal Funds	**176,356,593**	**63,704,364**	**240,060,957**	**3,045,558**	**243,106,515**
Other Funds	**21,608,161**	**43,222,196**	**64,830,357**	**1,319,762**	**66,150,120**
Total Funds	**368,696,414**	**178,086,980**	**546,783,394**	**(20,973,816)**	**525,809,578**

* Of the total Operating costs, 188,197,743 of which 84,421,044 is general fund for service contracts to vendors



March 22, 2023

House Appropriations Committee, Human Resources Division
Representative Jon Nelson, Chairman

_____

Chairman Nelson and members of the Human Resources Division of the House Appropriations Committee,

My name is Tim Eissinger and I thank you for the opportunity to provide written testimony to the committee. I joined Anne Carlsen in 2014 and have had the privilege of serving as the President/CEO of Anne Carlsen since 2017. Anne Carlsen provides services and supports to individuals with intellectual and developmental disabilities and delays in eight communities in North Dakota and employs 570 people. We have a very proud 81-year history in this state and feel fortunate to have expanded our abilities to provide services and supports to ND residents from across the entire state through our Jamestown Campus and the other seven communities supporting our broad spectrum of home and community-based services. Those services include residential services for children with medically and behaviorally complex needs, special education services, therapy services (PT, OT, and Speech), early intervention services for children birth to three, day habilitation, school contracts, assistive and adaptive technology supports, employment, in-home support and respite services, behavioral health/autism services and adaptive recreation programming.

I am offering this testimony in support of the 7% and 4% provider inflator as currently proposed in SB 2012 for DD providers. I know that the impacts of the last three years have been very challenging for all North Dakota citizens, businesses, educational settings, non-profits and government entities alike. The

impacts of COVID-19, workforce shortages, and inflation alone have put a great deal of pressure on our State to find solutions where there aren't any easy answers. I do not presume that the needs of Developmental Disability providers are any greater than any other provider systems seeking relief, but I would like the opportunity to address some of the impacts to Anne Carlsen.

Impact of new payment system implementation – 21.7% Decrease in Revenue: Tina Bay shared presentation data with this same committee last session (2/3/2021) that showed the non-identified ICF (Intermediate Care Facility) PMPM data (Per Member Per Month) revenue impact supplied by the Optumas Group. I won't speak to the impact on other providers in the State, but the identified Anne Carlsen data showed that our ICF revenues were negatively impacted by 21.7%. Working with children and young adults having some of the most medically and behaviorally complex challenges in the State is very demanding and has been made significantly more so by the effects of the pandemic and the state-wide workforce shortage. At Anne Carlsen, we have chosen to specialize in this area where few other North Dakota DD providers offer this type of care, because we feel it is important to provide these types of opportunities to North Dakota families. I'd also like to note that our medical acuity also continues to increase as evidenced by our HRST (Health Risk Screening Tool) and Oregon assessment data. These children are some of the most fragile in the state, and I believe we should be very careful and cautious in reducing resources to this vulnerable group.

Assessment Parity: Anne Carlsen has alerted the Department to the fact that we have seen some significant changes in rates when individuals in ICF services move from the ICAP (Inventory of Client and Agency Planning) assessment system to the SIS (Support Intensity Scale) assessment system. For background, Individuals served moving from the ICAP assessment to the SIS assessment is based on their age. In our instance, the person moves from the ICAP to the SIS assessment system once they turn

16 years of age. Unfortunately, in Anne Carlsen's experience, once an individual moves from the SIS to the ICAP assessment at age 16, some rates have dropped by as much as 30%. It is important to note here that the Department is working to bring a new SIS assessment on-line in North Dakota at some point in 2023, with a higher level of sensitivity to medical and behavioral acuity, but currently, we are not seeing consistent parity between the two assessment systems at this time.

Funded Percentage – 89.7% is now arbitrary: At present, the Brick rate formula reflects that for ICF, ICF- Medically Involved, and ICF – Medically Intensive, that the rate for services is capped at 89.7% of the calculated rate based on a third-party calculation of the support needs of the individual. This 89.7% limiter is referred to in the brick as the FUNDED PERCENTAGE. As I understand it, funded percentage was developed to introduce and constrain the new payment system and ensure its initial impact was budget neutral to the current budget at the time. We believe this constraint is no longer a necessary element to today's rate calculation and should be eliminated. If the unbiased, third-party assessment of support needs is accurate, then we feel providers should be paid for 100% of the calculated support needs of the individual. To further support our position to change funded percentage to 100% for ICF services, the services of Day/Pre-Vocational and Small Group; Individual Employment, In-Home Supports – Respite care; In-Home Supports – Habilitative care and Independent Habilitation are all currently paid at 100% funded percentage. The only other service impacted is Residential Habilitation which has a funded percentage of 92.3%

As I initially indicated, I am requesting consideration of retaining the 7% and 4% provider inflator for DD Providers, but should that not be possible, I think there should be additional due consideration for eliminating the funded percentage from the ICF Brick rate formula.

Thank you for your dedicated service to the citizens of North Dakota, and again for the opportunity to provide this written testimony. I would be happy to address any questions you might have.

Sincerely,

Tim Eissinger, CEO
Anne Carlsen
Cell: 701-269-7355

Medical Services Temporary Positions

Current # of Temporary Employees (March 2023)	21-23 Temporary Positions budget	21-23 **Projected** Temporary Positions Expenditures	23-25 Engrossed SB 2012 Temporary Positions budget
14	$482,639	$715,000	$1,344,583

2023-25 Temporary Positions Budget

- We project that there may be a need to add temporary team members due to the unwinding of Medicaid continuous enrollment.

Medicaid Expansion Capitation Cohorts - CY23

Rate Cohorts	Age Band	Gender
Child/Childless Adults	21-44	M
Child/Childless Adults	21-44	F
Child/Childless Adults	45-64	M
Child/Childless Adults	45-64	F
Retroactive Only, Not Currently Eligible	N/A	N/A

IHS/Tribal Care Coordination - Current Status

- ND DHHS currently aware of 3 signed care coordination agreements:
  - Sanford and Great Plains IHS Area Office
  - CHI and Great Plains IHS Area Office
  - Sanford and Three Affiliated Tribes
- At this time, there is one signed ND DHHS-Tribal Entity Agreement for Tribal Health Fund agreement with Turtle Mountain Band of Chippewa. This is an agreement between the department and a tribal government to meet the requirements of subsection 3 of section 50-24.1-40 of the North Dakota Century Code. ND DHHS has also received a Resolution from Turtle Mountain Band of Chippewa authorizing IHS on behalf of the Tribe to enter into Tribal Health Care Coordination Agreements.
- In December 2022, ND DHHS and Sanford Health Bismarck have successfully tested claims submission with the care coordination referral number in relation to the Three Affiliated Tribes and Sanford Health care coordination agreement.
- ND DHHS is planning to have an educational overview Tribal Care Coordination meeting with the Tribes in May where we will provide information and the current status as well offer an opportunity for shared planning on meeting the reporting requirements from statute and payment distribution.

Tennessee Managed Care Capitation Rates

- Tennessee Medicaid (TennCare) capitation rates: https://www.tn.gov/content/dam/tn/tenncare/documents2/actuarial21.pdf

Strategies to Control Health Care Cost Growth

- Implement a health care cost growth target.
- Promote adoption of population-based provider payment. Encourage or require increased adoption of advanced alternative payment methodologies, particularly those that move provider payment toward meaningful risk sharing.
- Cap provider payment rates or rate increases. Contain growth in prescription drug prices.
- Improve oversight of provider consolidation.
- Strengthen health insurance rate review.
- Adopt advanced benefit designs. Promote strategies that encourage consumers to choose lower-cost providers, such as reference-based benefit design and “smart shopper” programs.
- Promote use of community paramedicine.
- Improve behavioral health crisis systems.
- Reduce administrative waste.

Source: www.commonwealthfund.org/publications/issue-briefs/2022/Feb/state-strategies-slowing-health-care-cost-growth-commercial-market

Hospital Supplemental Payments

- Most hospital supplemental payments are funded by state-based hospital taxes, which can be up to 6% of revenue. In these situations, the tax funds the state portion of the supplemental payment, and federal funds can be used for the federal portion.
- North Dakota does not have hospital supplemental payments, except for a small amount in Disproportionate Hospital Share (DSH) payments.
- Due to changes in Centers for Medicare and Medicaid rules, it is becoming more difficult to obtain federal matching funds for supplemental payments.
- HHS would need more data from hospitals to better understand which hospitals have greater needs and which have greater cost growth than the national average. There needs to be an incentive to control cost growth.
- There are also concerns about the upper payment limit (UPL) and that ND is close to the UPL for hospital payments already.

NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Engrossed SB2012

NEW FTE Request Summary

Section	HHS DP Request	EBR Approved	Senate Changes	Net Changes in Engrossed SB 2012	Engrossed SB2012 Temp to FTE	Engrossed SB2012 - New FTE
ADMINISTRATION-SUPPORT	20	6.5	-5	1.5	1	0.5
ECONOMIC ASSISTANCE	1					
CHILD SUPPORT				-		
MEDICAL SERVICES	16	3	-1	2.0		2
DD COUNCIL				-		
AGING SERVICES*	22.2	15	-3	12.0		12
CHILDREN AND FAMILY SERVICES		4	-4	-		
BEHAVIORAL HEALTH DIVISION	5	2		2.0	1	1
VOCATIONAL REHABILITATION	1			-		
DEVELOPMENTAL DISABILITIES	12	4	-2	2.0		2
DISABILITY DETERMINATION SRVCS				-		
REFUGEE SERVICES	2			-		
EARLY CHILDHOOD		2	-1	1.0		1
STATE-WIDE HSC MANAGEMENT**	2	2	24	26.0		26
NORTHWEST HSC	6	4		4.0	2	2
NORTH CENTRAL HSC	4.5	3.5		3.5	3.5	0
LAKE REGION HSC	7	2		2.0	2	0
NORTHEAST HSC	11	6		6.0	6	0
SOUTHEAST HSC	26.5	18		18.0	18	0
SOUTH CENTRAL HSC	8	4		4.0	4	0
WEST CENTRAL HSC	19	7		7.0	7	0
BADLANDS HSC	4	3		3.0	2	1
STATE HOSPITAL				-		
LIFE SKILLS & TRANSITION CNTR				-		
HUMAN SERVICE ZONE FUND (457)				-		
Total DHS	**167.2**	**81**	**13**	**94.0**	**46.5**	**47.5**

Human Service Zone Fund (457) FTE Transfer Requests *(Funding Source Change from HSZ Fund to General Fund)*

	Transfer Request in EBR	Senate Change	Net Changes in Engrossed SB 2012
Aging (HCBS Case Managers)	67	-67	0
Early Childhood Services	26	-26	0
Administration	5	-5	0
Human Service Zone Fund	-98	98	0

*7 of the 12 aging positions are funded in the Human Services Zone (457) fund
** 24 CCBH positions

Updated: 3/23/23 4:25 p.m.

SB2012 Committee Members:

My name is Tami Barry and I have owned Tami's Angels Inc. for 36 years. We provide personal non medical care, and we offer up to seven days a week 24 hours a day. A large portion of our client base comes from HCBS. These wonderful folks are people that deserve and wish to stay in their own homes, have people available that are qualified to come in and help them with their most personal needs. Thanks to programs HCBS has to offer, the days of facing the nursing home as being your only option is no longer the case. These programs have allowed the disability community and the aging community choices. It can be grim for many or most to have the only option be in a long term care facility with a room and possibly a shared room.

The employees that agencies like mine hire, are the same employees skills that the nursing home requires. That is important in this discussion because long term care pays several more dollars per hour then what the legislature has allowed for funding those that want to remain as independent as possible in their own homes. The work that is provided by the non-medical staff is often referred to as the CNA's, is difficult, physically demanding, and can be exhausting. It is also rewarding, fulfilling, and something that allows you to be a part of watching someone live their best life as a disabled or aging individual.

Currently, as an agency, we are reimbursed $7.48 for every 15 minutes that we work. That comes to $29.92 per hour. Out of that reimbursement, payroll, liability insurance, continuing education, workman's comp, unemployment, and benefits not to mention overhead in management. Long term care or nursing homes pay CNA'S hourly as much as $23 to $27.00 per hour. Agencies like mine cannot compete with long term care even though the staff do the exact same work. I refuse to take on clients when I am faced with hiring less quality because we can't pay what the nursing home can pay. There are folks waiting for providers like me to be able to staff qualified, dependable and skilled individuals to provide their care. Non skill employment in the Fargo area pays $17 per hour in a lot of cases. How do we compete?

I am requesting that the opportunity for agencies like mine to be able to offer competitive pay, be strongly considered. Our staff deserve it, they deserve to be offered the same benefits that long term care can offer, and we need to be able to continue to provide the very important services in the homes of the disabled and aging population of North Dakota.

Respectfully,

Tami Barry
Tami's Angels, Inc.

OPTION 1

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1004 as approved by the sixty-eighth legislative assembly, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority from line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of House Bill No. 1004 as approved by the sixty-eighth legislative assembly and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly to subdivision 4 of section 1 of this Act for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department of health and human services may use the transfer authority in this section to transfer or expend funds for the continuation of the community behavioral health program pursuant to subsection 2 of section 54-23.3-10. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2024, any transfer made in excess of $50,000 and to the appropriations committees of the sixty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION 24. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and may be continued into the biennium beginning July 1, 2023, and ending June 30, 2025:

1. The sum of $750,000 appropriated from the general fund for suicide prevention grants in chapter 37 of the 2019 Session Laws;

2. The sum of $1,776,000 appropriated from the strategic investment and improvements fund and the sum of $5,328,000 appropriated from federal funds for the Medicaid management information system technology stack upgrade in chapter 37 of the 2019 Session Laws;
3. The sum of $600,000 appropriated from the general fund and the sum of $1,800,000 appropriated from federal funds for the Medicaid management information system technology stack upgrade in chapter 12 of the 2021 Session Laws;
4. The sum of $4,326,686 appropriated from the general fund and the sum of $30,673,314 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
5. Any amounts appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Session Laws ~~of which the amount appropriated for medical assistance percentage adjustments may be used for the home- and community-based services 10 percent enhancement plan~~;
6. Any amounts appropriated to the department of health and human services in chapter 550 of the 2021 Special Session Session Laws;
7. Any amounts appropriated to the department of health and human services for COVID-19 relief in chapters 27 and 28 of the 2021 Session Laws;
8. The amount appropriated for the modification of the department of human services' eligibility systems in chapter 578 of the 2011 Special Session Session Laws which was continued into the 2013-15 biennium, then the 2015-17 biennium, then the 2017-19 biennium, then the 2019-21 biennium, and then 2021-23 biennium; ~~and~~
9. The sum of $2,000,000 appropriated for substance use disorder voucher system grants in chapter 12 of the 2021 Session Laws which may be continued and spent pursuant to section 50-06-42.1; and

10. The sum of $15,000,000 appropriated from the general fund and the sum of $15,000,000 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws.

Department of Health and Human Services
Medical Services
Operating / Professional Fees and Services

Description	2021-23 Biennium Amount	2023-25 Base Budget	Increase/ (Decrease)	Executive Budget Recommendation	Increase/ (Decrease)	Engrossed SB 2012
Clawback - prescription drugs for duals	39,922,956	39,922,956	9,368,767	49,291,723	-	49,291,723
Program Integrity (hospital/nursing facility audits)			4,500,000	4,500,000	-	4,500,000
Noridian Healthcare Solutions - provider enrollment	3,520,300	3,520,300	-	3,520,300	-	3,520,300
Noridian Healthcare Solutions - MMIS call center	3,288,000	3,288,000	144,000	3,432,000	-	3,432,000
DDM Ascend Management - level of care screening	2,040,000	2,040,000	-	2,040,000	-	2,040,000
Keystone Peer Review Organization - prior auth. and util. review medical claims	1,000,000	1,000,000	694,407	1,694,407	-	1,694,407
Myers & Stauffer - DSH audits, CAH and DD cost settlement	1,282,298	1,282,298	352,267	1,634,565	-	1,634,565
Tie to Engrossed SB2012			-		1,394,018	1,394,018
Optumas - actuarial services	340,790	340,790	894,848	1,235,638	-	1,235,638
CHIP Health Services Initiative funds			770,000	770,000	-	770,000
Cotiviti - claims system editing	525,816	525,816	74,184	600,000	-	600,000
Optumas - VBP program	500,000	500,000	99,525	599,525	-	599,525
OTH - Interpreters (will be moved to grants)	499,200	499,200	-	499,200	-	499,200
Myers & Stauffer - cost report audits	1,113,522	1,113,522	(619,076)	494,446	-	494,446
Health Management Systems - third-party liability	126,000	126,000	321,494	447,494	-	447,494
Keystone Peer Review Organization - prior authorization and DUR Board services for pharmacy program	355,880	355,880	17,794	373,674	-	373,674
1915i Evaluation	300,000	300,000	-	300,000	-	300,000
Medicaid Evidence-based Decision (MED) project			300,000	300,000	-	300,000
Veridian Fiscal Solutions - fiscal agent services	282,757	282,757	14,138	296,895	-	296,895
Qlarant Quality Solutions Inc - Medicaid Expansion quality	-	-	267,240	267,240	-	267,240
First Data Bank - prescription database for claims payment	172,449	172,449	47,541	219,990	-	219,990
DDM Ascend - DOJ Nursing Facility Screening	200,000	200,000	-	200,000	-	200,000
Keystone Peer Review Organization - retrospective DUR	181,927	181,927	3,568	185,495	-	185,495
Communications			150,000	150,000	-	150,000
Lake Region State College - QSP training	123,500	123,500	21,608	145,108	-	145,108
Valid Identity Solutions - Medicaid ID Cards	124,470	124,470	6,224	130,694	-	130,694
Noridian Healthcare Solutions - claims collections/routing	122,848	122,848	7,152	130,000	-	130,000
Change Healthcare Pharmacy Solutions	103,200	103,200	5,160	108,360	-	108,360

Contract Nurse UR	104,750	104,750	-	104,750	-	104,750
Bamboo Health - PDMP data sharing			100,000	100,000	-	100,000
RJ Health Systems - drug rebates	120,000	120,000	(38,100)	81,900	-	81,900
DOJ PATH Contract Addition	65,860	65,860	-	65,860	-	65,860
Hospital UR and Medical Consultants	62,500	62,500	-	62,500	-	62,500
CenterX - formulary file for e-prescribing and e-authoriz.	36,000	36,000	1,800	37,800	-	37,800
IRS-DIFSLA Project - data matching	15,000	15,000	-	15,000	-	15,000
ND Board of Pharmacy - PDMP	10,000	10,000	-	10,000	-	10,000
Licensures, service awards, shredding etc.	6,202	6,202	-	6,202	-	6,202
HealthTech Solutions	250,000	250,000	(250,000)	-	-	-
LexisNexis	250,000	250,000	(250,000)	-	-	-
Autism Training	48,107	48,107	(48,107)	-	-	-
CHIP notices	18,000	18,000	(18,000)	-	-	-
Expansion FFS	58,101	58,101	(58,101)	-	-	-
EPSDT notices (Expansion FFS)	42,673	42,673	(42,673)	-	-	-
unallocated	(52,754)	(52,754)	52,754	-	-	-
General Fund	**44,397,484**	**44,397,484**	**12,558,653**	**56,956,137**	**-**	**56,956,137**
Federal Funds	**11,013,404**	**11,013,404**	**3,921,212**	**14,934,616**	**1,394,018**	**16,328,634**
Other Funds	**1,749,464**	**1,749,464**	**410,549**	**2,160,013**	**-**	**2,160,013**
Total Funds	**57,160,352**	**57,160,352**	**16,890,414**	**74,050,766**	**1,394,018**	**75,444,784**



Medicaid Managed Care

Chelsey Matter, Executive Director, Government Programs
House Appropriations, Human Resources
3.23.2023

Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross & Blue Shield Association

Definition of Managed Care

- Managed Care is a health care delivery system organized **to manage cost, utilization, and improve quality**.
- Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a **negotiated per member per month** (capitation) payment for these services.
- By contracting with MCOs to deliver Medicaid health care services to their members, states can better manage utilization of health services and take advantage of MCO's **experience in payment and care innovations**.

Key Terms and Definitions

- Alternative Payment Model (APM): A different way to pay for health care, aligning better outcomes with payment versus volume. Other common terms used: Accountable Care Organizations, Value-Based Care, Value-Based Payment
- Attribution: How a member is assigned to a primary care provider or group of providers.
- Capitation: Negotiated per member, per month amount for management of a population.
- Commercial insurance: Employer-sponsored coverage or Marketplace individual plans.
- Fee-for-Service (FFS): Traditional payment that involves payment for each service, regardless of outcome. More tests = more money.
- Medical Loss Ratio (MLR): Refers to the percentage of the premium dollars (or capitated amount in this case) that an insurance company spends to provide health care and improve the quality of care, versus how much the company spends on administrative and overhead costs.
- Network Adequacy: Ensuring members have access to health care services within a federally-defined distance and time.
- Profit Margin: Profit generated to the managed care organization after paying for medical expenses and accounting for administrative costs.

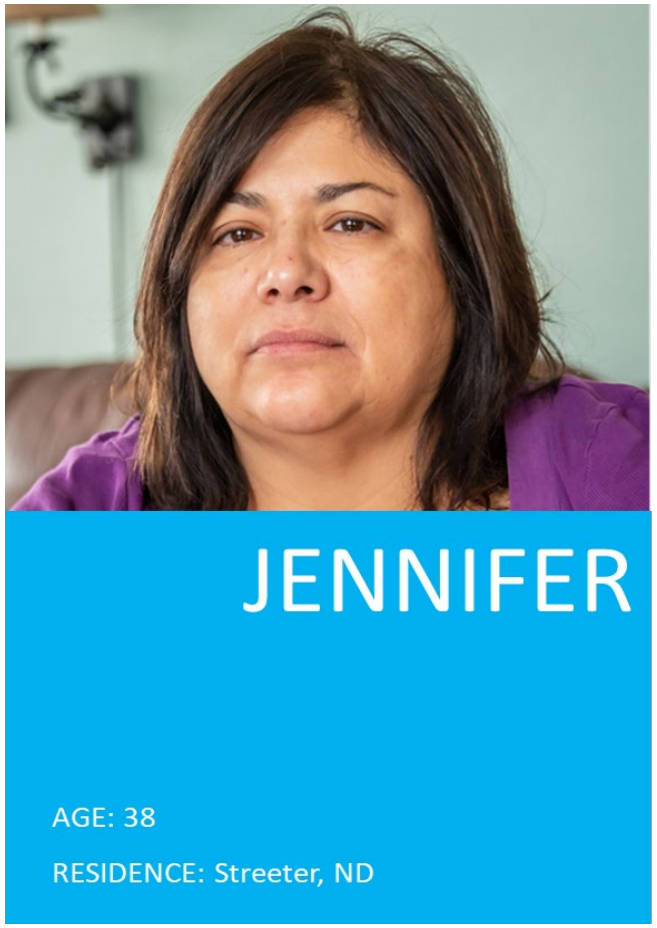
North Dakota Vision for Medicaid Managed Care

- Effectively and efficiently provide health care coverage to Medicaid Expansion (ME) members in a manner that **exceeds** State and federal requirements and standards;
- Improve health outcomes for the enrolled ME population, including through **high-touch care management**;
- Deliver high-quality, evidence-based care that is **cost-effective**;
- Utilize a **whole-person approach** to care that addresses physical, behavioral, and social risk factors to positively affect individuals' health; and,
- Employ innovative approaches to delivering and paying for services, including **value-added services**.

Source: Medicaid Expansion Request for Proposal (RFP)

BlueAlliance CARE+

How Medicaid Managed Care Works



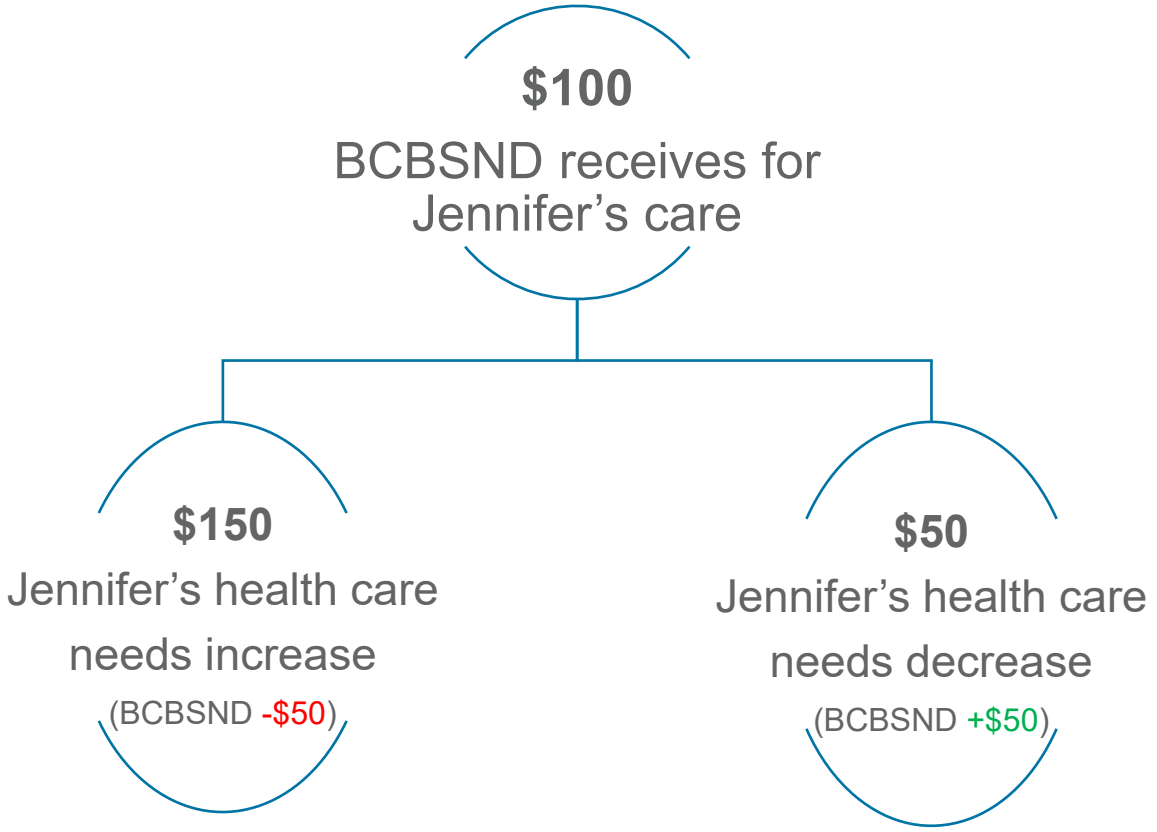
MEET JENNIFER

- Residing in Streeter, North Dakota, Jennifer has multiple health issues, including Hepatitis C, diabetes, hypertension, depression, multiple ER visits for pain, and back problems.
- She had two pregnancies complicated by hypertensive disease of pregnancy.
- There are no physical therapy services available in the member's immediate area.
- Jennifer has been receiving pain management through her primary care physician for several years and her PCP is recommending surgery.

BlueAlliance CARE+

Example of How Medicaid Managed Care is Funded

- Legislature appropriates funds for Medicaid Expansion
- State's contracted actuaries review claims history and set per member, per month capitation rate *annually* ($100)
- State monitors BCBSND's performance against set standards
- BCBSND's profit margin is capped



BlueAlliance CARE+

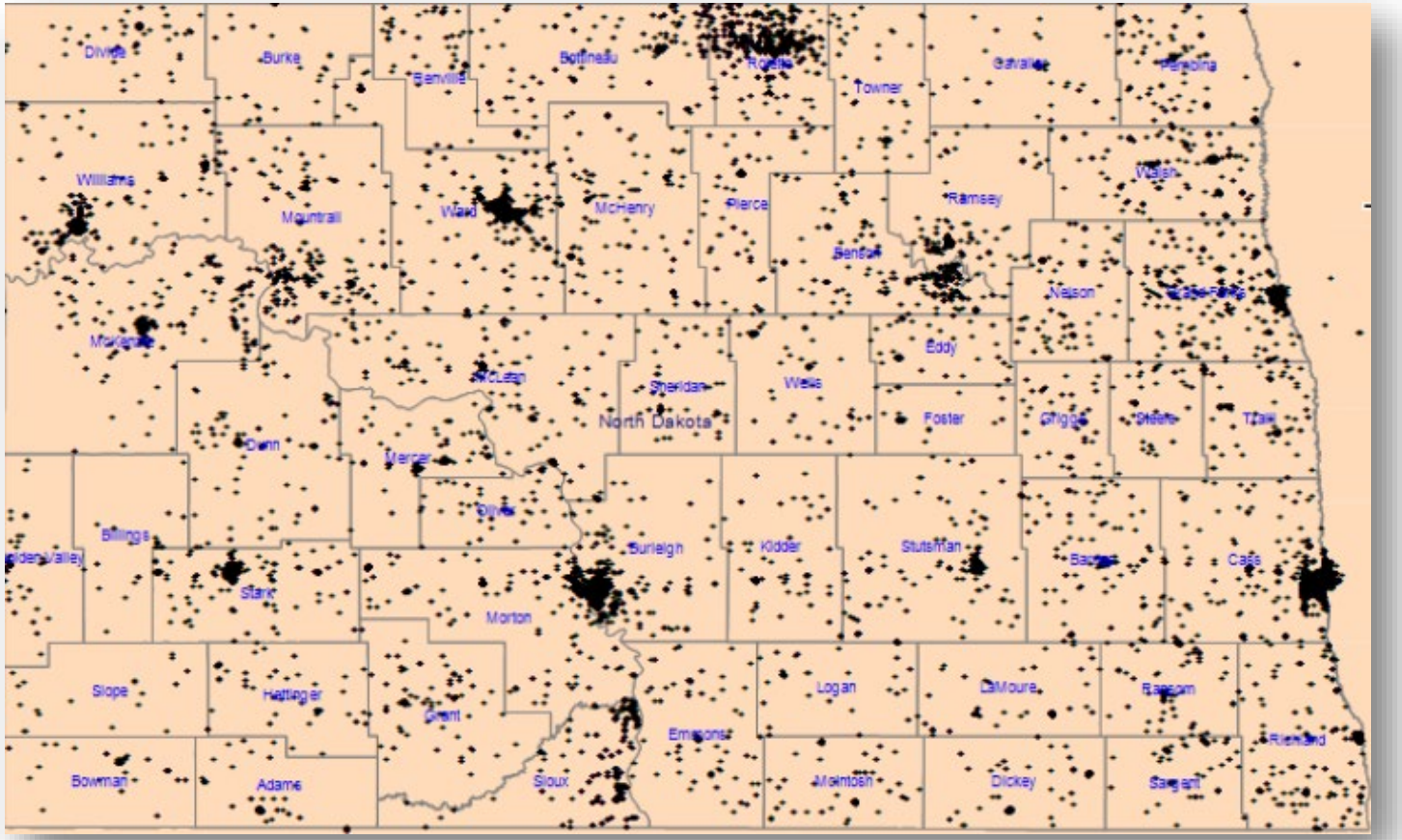
BCBSND Implementation Efforts

- January 1, 2022 go-live
- 28,000+ members at go-live, just under 35,000 members
- New programs/benefits:
  - Nurse line
  - Crisis line
  - Department of Corrections collaboration
  - Several crisis benefits
  - Members have access to all of our satellite offices for support if needed
  - Partnership with Arkos Health for in-home services
  - Virtual platforms added for behavioral health and wellness

Medicaid Expansion Operations

Member Demographics

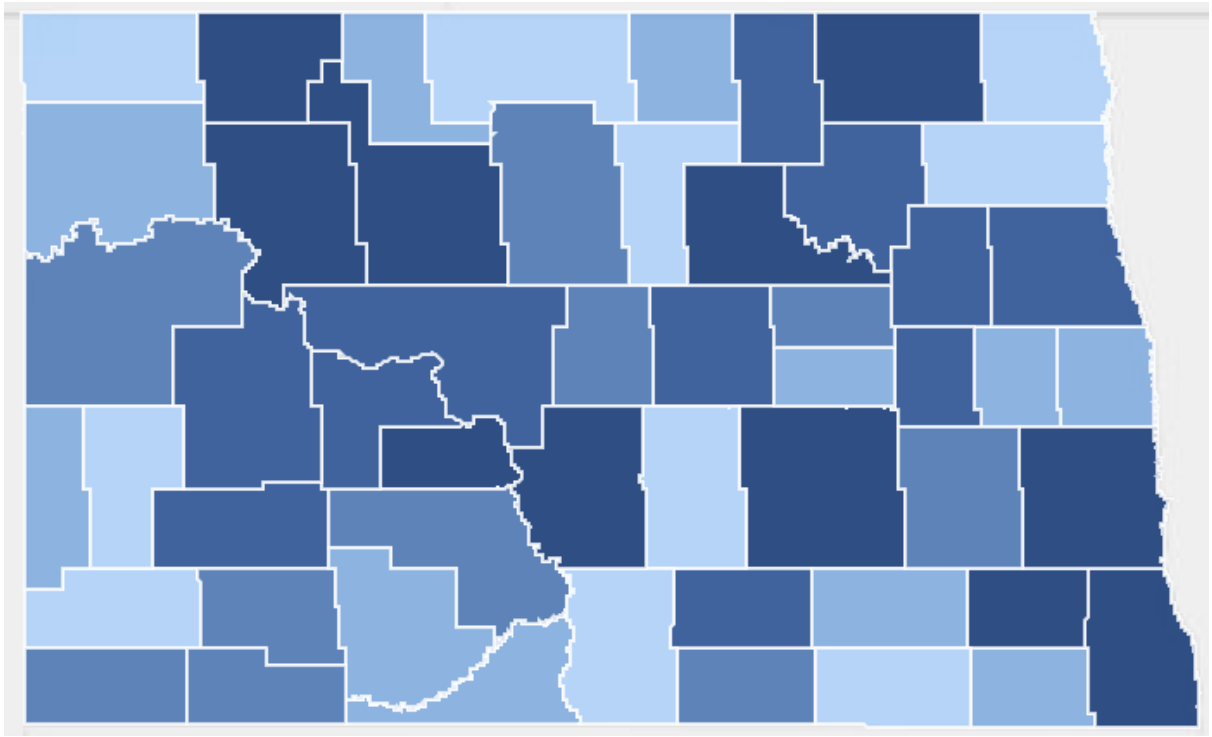
- 76% of members between the ages of 21 and 39
- Male: 50%, Female: 50%
- 300+ total homeless members
  - Primarily in Fargo, Bismarck, Fort Yates, Minot and Williston



BlueAlliance CARE+

Medicaid Expansion Operations

Member Demographics



February 2022 – January 2023 – Darker colors represent high risk populations

Health Segment	Percentage
Healthy	13.52%
Non-User	31.99%
Significant Acute	6.78%
At Risk	4.70%
Minor Chronic	6.34%
Multiple Minor Chronic	2.26%
Moderate Chronic	8.18%
Complex Chronic	14.52%
Multiple Complex Chronic	11.16%
Critical	0.55%

BlueAlliance CARE+

Roadmap to Adopt Value-Based Payment (VBP)

- Centers for Medicare and Medicaid Services (CMS) believes there is opportunity in Medicaid
- Medicare reports 90% of payments were part of VBP arrangements vs. 32% in Medicaid
- CMS advises states can facilitate shifts to value by:
  - Participating in multi-payer efforts (alignment)
  - Seeking extensive stakeholder engagement
  - Focusing on sustainability and continued aligned incentives

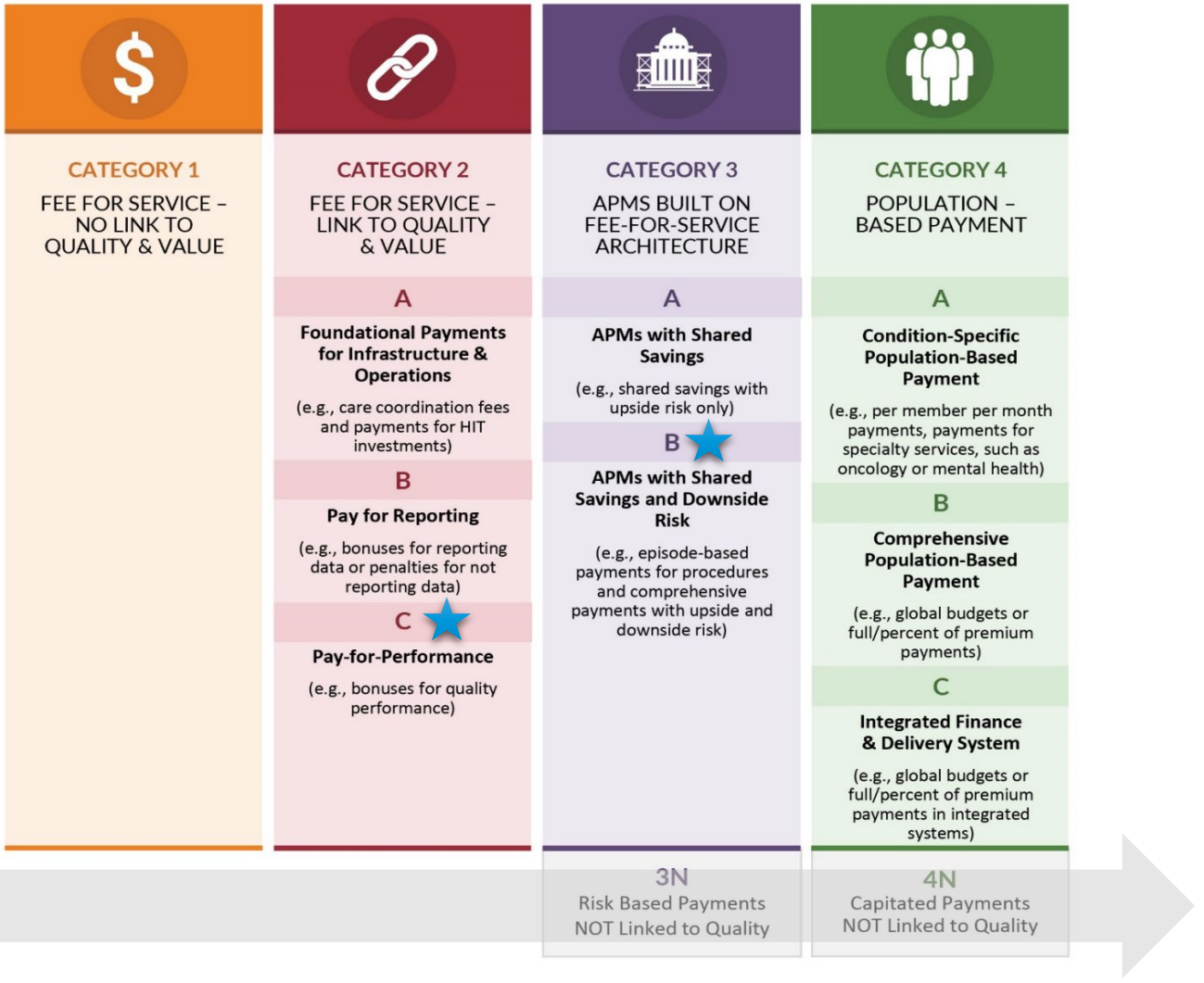


Source: HMA Weekly Roundup, September 23, 2020

BlueAlliance CARE+

Value-Based Payment Categories

Pressure from CMS and state budgets has led states to explore use of VBP models



https://hcp-lan.org/workproducts/apm-refresh-whitepaper-final.pdf

BlueAlliance CARE+

BCBSND's Value-Based Payment Journey

- 2009 – MediQHome
- 2011 – Total Cost of Care
- 2016 – BlueAlliance
- 2018 – Comprehensive Primary Care Plus
- 2022 – Care+ for Medicaid Expansion

Over **90%** of primary care providers participate



BlueAlliance CARE+

Quality Improvement Success

- Lower trend in avoidable hospitalizations
- Decreases in potentially preventable emergency room visits
- Increases in well child visits in infants and young kids
- Lower overall total cost of care trends

Key Components of Medicaid Expansion VBP

		BlueAlliance 2022 (Commercial Members)	BlueAlliance Care + (Medicaid Expansion Members)
Quality Measures	Attestation process	✓	✓
	Breast Cancer Screening	✓	
	Child & Adolescent Well Care Visit	*Shadow Measure*	
	Colorectal Cancer Screening	*Shadow Measure*	
	Potentially Preventable Admissions	✓	✓
	Potentially Preventable ER Visits	✓	✓
	Post-Discharge Follow-up Visits	✓	✓
	Primary Care Visits	✓	✓
	Well Child Visits 0-15 & 15-30 Months	✓	
Attribution		Retrospective monthly attribution	Retrospective monthly attribution + assignment for non-users
Member Months		12 minimum member months for quality	10 minimum member months for quality
Claims Runout		3 months	2 months
Contract Term		2020 - 2022	2022 only

BlueAlliance CARE+

BlueAlliance Care+ Strategy

Transforming health, community by community, through innovative programs.

BCBSND's goal is to design and implement value-based programs that support the provider community in our collective efforts to deliver a sustainable, meaningful, and reliable healthcare experience for our members.

Questions





Thank you!

NDMA
Est.1887 NORTH DAKOTA MEDICAL ASSOCIATION

1622 East Interstate Avenue
Bismarck, North Dakota
58503-0512

701.223.9475
www.ndmed.org

Physicians Dedicated to the Health of North Dakota

NDMA is the professional membership organization for North Dakota physicians, residents, and medical students. NDMA maintains a database of information on individual physicians and residents for many purposes. The data is comprised of new licensure information obtained routinely from the ND Board of Medicine, health systems and other facilities, and other sources.

Number of Physicians

As of January 27, 2023, North Dakota has an estimated 1,706 of regular active physicians. This does not include retired physicians, residents or medical students.

UND SMHS Graduates

Of the total 1,706 physicians, 609 are UND School of Medicine & Health Sciences graduates; and 293 are primary care physicians. Primary care physicians include family medicine, internal medicine, obstetrics, and pediatrics.

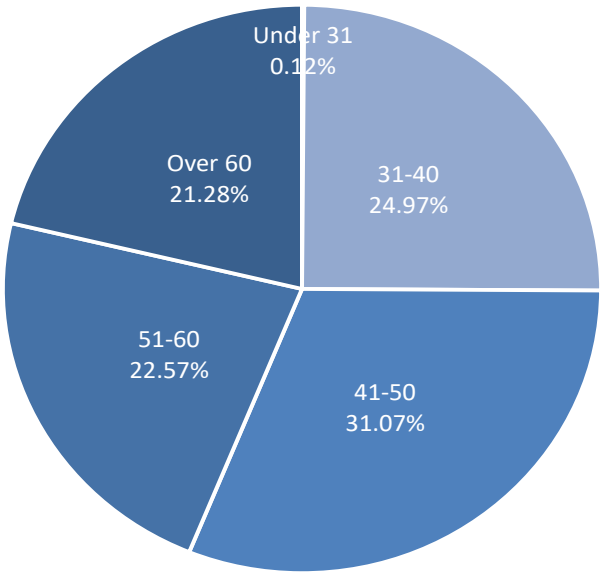
Gender and Age

Of the 1,706 total physicians, 1,149 or 67.4% are male; and 557 or 32.6% are female.

The overall average age of physicians is 50, with the breakdown by age group as follows:

Age	Number	% of Total	Age	Number	% of Total
Under 31	2	0.12%	**51-60**	385	22.57%
31-40	426	24.97%	**Over 60**	363	21.28%
41-50	530	31.07%	**Total**	1706	100.00%

North Dakota Practicing Physicians by Age



Specialty - Primary Care

Of the 1,706 total physicians, 32% or 547 physicians are in primary care. Primary care physicians include family medicine, internal medicine, obstetrics, and pediatrics.

North Dakota Practicing Physicians by Specialty (First Self-Designated Specialty Only)

Specialty	Count	%	Specialty	Count	%
Addiction Medicine	1	0.06%	Nuclear Radiology	1	0.06%
Allergy and Immunology	6	0.35%	Obstetrics and Gynecology	67	3.93%
Anatomic or Clinical Pathology	10	0.59%	Occupational Medicine	3	0.18%
Anatomic Pathology	20	1.17%	Oncology	8	0.47%
Anesthesiology	77	4.51%	Ophthalmology	36	2.11%
Cardiac Electrophysiology	3	0.18%	Orthopaedic Adult Reconstruction	1	0.06%
Cardiothoracic Surgery	2	0.12%	Orthopedic Surgery	56	3.28%
Cardiovascular Disease	31	1.82%	Orthopedic Trauma	2	0.12%
Cardiovascular Surgery	5	0.29%	Osteopathic Manipulative Medicine	1	0.06%
Child Abuse Pediatrics	1	0.06%	Otolaryngology	21	1.23%
Child and Adolescent Psychiatry	9	0.53%	Pain Management	3	0.18%
Child Neurology	1	0.06%	Pain Medicine (Anesthesiology)	8	0.47%
Clinical Pathology	3	0.18%	Pain Medicine (Physical Medicine & Rehab)	1	0.06%
Colon and Rectal Surgery	5	0.29%	Pathology	3	0.18%
Critical Care Medicine	19	1.11%	Pediatric Allergy	1	0.06%
Dermatologic Surgery	1	0.06%	Pediatric Anesthesiology (Anesthesiology)	1	0.06%
Dermatology	23	1.35%	Pediatric Cardiology	6	0.35%
Dermatopathology	2	0.12%	Pediatric Critical Care	8	0.47%
Diagnostic Radiology	52	3.05%	Pediatric Endocrinology	1	0.06%
Emergency Medicine	93	5.45%	Pediatric Gastroenterology	2	0.12%
Endocrinology, Diabetes and Metabolism	10	0.59%	Pediatric Hematology/Oncology	5	0.29%
Family Medicine	313	18.35%	Pediatric Hospital Medicine	3	0.18%
Female Pelvic Medicine & Reconstructive Surgery	1	0.06%	Pediatric Infectious Disease	1	0.06%
Forensic Pathology	2	0.12%	Pediatric Nephrology	1	0.06%
Gastroenterology	24	1.41%	Pediatric Neurology-Neurosurgery	3	0.18%
General Surgery	61	3.58%	Pediatric Ophthalmology	1	0.06%
Geriatric Medicine (Family Medicine)	2	0.12%	Pediatric Orthopedics	2	0.12%
Geriatric Medicine (Internal Medicine)	2	0.12%	Pediatric Radiology	1	0.06%
Hand Surgery	5	0.29%	Pediatric Rehabilitation Medicine	2	0.12%
Hematology	22	1.29%	Pediatric Rheumatology	2	0.12%
Hematology/Oncology	2	0.12%	Pediatric Surgery	3	0.18%
Hematopathology	1	0.06%	Pediatrics	76	4.45%
Hospice and Palliative Medicine	4	0.23%	Physical Medicine and Rehabilitation	13	0.76%
Hospital Medicine (Family Medicine)	20	1.17%	Plastic Surgery	11	0.64%
Hospital Medicine (Internal Medicine)	95	5.57%	Psychiatry	65	3.81%
Hospital Medicine (Palliative Medicine)	3	0.18%	Pulmonary Disease	10	0.59%
Hospital Medicine (Pediatrics)	17	1.00%	Radiation Oncology	11	0.64%
Infectious Disease	16	0.94%	Radiology	14	0.82%
Internal Medicine	87	5.10%	Reconstructive	1	0.06%
Interventional Cardiology	13	0.76%	Reproductive Endocrinology & Infertility	4	0.23%

Specialty	Count	%	Specialty	Count	%
Interventional Radiology	12	0.70%	**Rheumatology**	10	0.59%
Maternal and Fetal Medicine	5	0.29%	**Sleep Medicine** (Internal Medicine)	2	0.12%
Maxillofacial Surgery	13	0.76%	**Sports Medicine** (Family Medicine)	5	0.29%
Medical Genetics	1	0.06%	**Sports Medicine** (Orthopedic Surgery)	1	0.06%
Musculoskeletal Radiology	1	0.06%	**Surgical Critical Care**	4	0.23%
Neonatal-Perinatal Medicine	24	1.41%	**Surgical Oncology**	2	0.12%
Nephrology	22	1.29%	**Thoracic Surgery**	2	0.12%
Neurointerventional Radiology	1	0.06%	**Trauma Surgery**	3	0.18%
Neurological Surgery	18	1.06%	**Undersea & Hyperbaric Medicine**	1	0.06%
Neurology	32	1.88%	**Urology**	17	1.00%
Neurophysiology	1	0.06%	**Vascular Surgery**	5	0.29%
Neuroradiology	1	0.06%		1706	100.00%

Practice Location

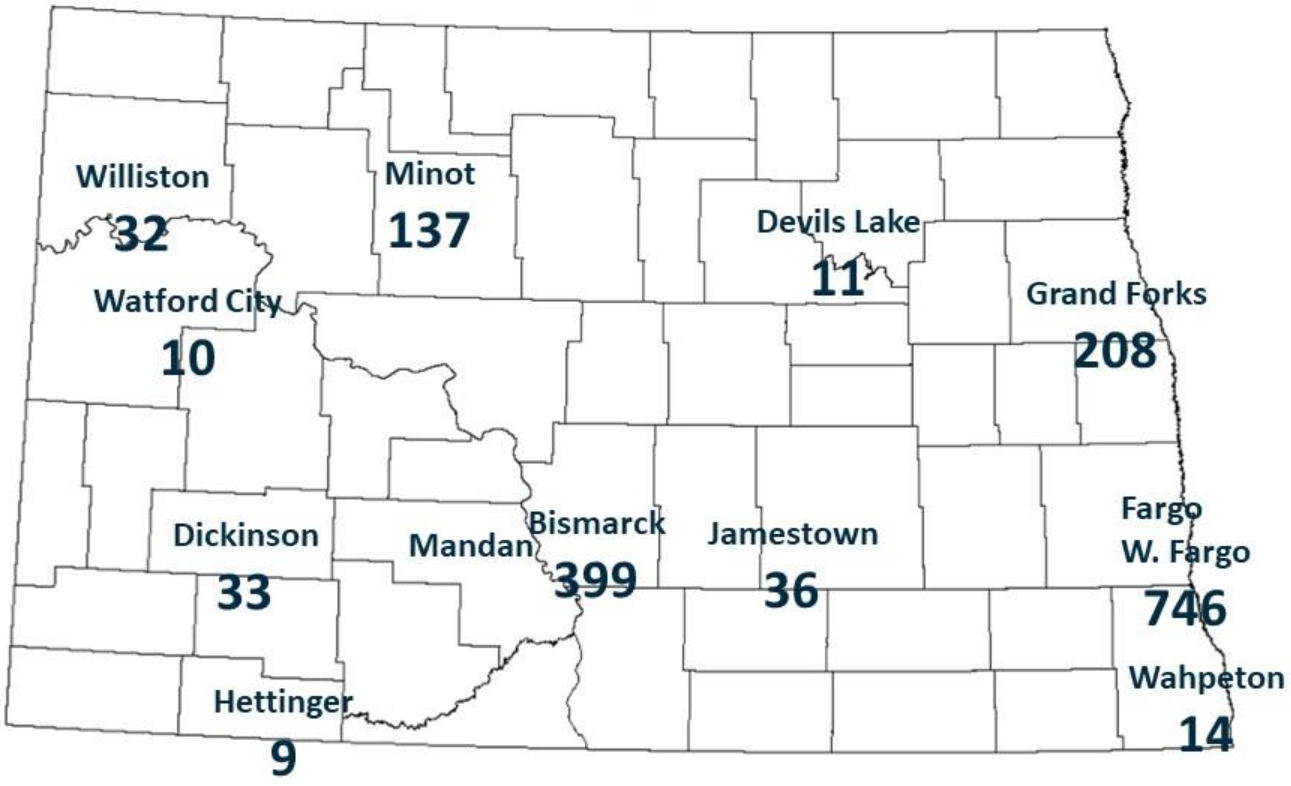
Overall, 87.34% or 1,490 physicians practice in urban areas; and 12.66% or 216 physicians practice in rural areas.

For this purpose, the term “urban” is based on the primary locations of Bismarck-Mandan, Fargo-West Fargo, Grand Forks and Minot.

When it comes to primary care, 72% of physicians practice in urban areas; and 28% practice in rural areas.

City	Count	%	City	Count	%	City	Count	%
Belcourt	2	0.12%	**Garrison**	1	0.06%	**New Town**	1	0.06%
Beulah	3	0.18%	**Grafton**	4	0.23%	**Northwood**	1	0.06%
Bismarck	390	22.86%	**Grand Forks**	208	12.19%	**Oakes**	4	0.23%
Bottineau	3	0.18%	**Harvey**	3	0.18%	**Park River**	3	0.18%
Bowman	1	0.06%	**Hazen**	5	0.29%	**Rolette**	1	0.06%
Carrington	1	0.06%	**Hettinger**	9	0.53%	**Rolla**	3	0.18%
Casselton	1	0.06%	**Hillsboro**	2	0.12%	**Rugby**	4	0.23%
Cavalier	3	0.18%	**Horace**	1	0.06%	**Stanley**	2	0.12%
Crosby	1	0.06%	**Jamestown**	36	2.11%	**Tioga**	1	0.06%
Devils Lake	11	0.64%	**Langdon**	1	0.06%	**Trenton**	1	0.06%
Dickinson	33	1.93%	**Linton**	1	0.06%	**Valley City**	5	0.29%
Dunseith	1	0.06%	**Mandan**	9	0.53%	**Wahpeton**	14	0.82%
Elgin	1	0.06%	**Mayville**	3	0.18%	**Watford City**	10	0.59%
Fargo	724	42.44%	**McVille**	1	0.06%	**West Fargo**	22	1.29%
Fort Totten	1	0.06%	**Milnor**	1	0.06%	**Williston**	32	1.88%
Fort Yates	2	0.12%	**Minot**	137	8.03%		1706	100.00%
Gackle	1	0.06%	**Minot AFB**	1	0.06%			

North Dakota Practicing Physicians by City*



*Cities with six or more physicians only.

NDMA

House Appropriations

Human Resources Division

SB 2012

March 22, 2023

Chairman Nelson and Committee Members, I'm Courtney Koebele and I serve as executive director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

You've heard testimony today that underlines the importance of Medicaid and Medicaid Expansion. Expanding Medicaid provided the much-needed coverage to our low-income patients, improved access to care, improved the health and well-being of the newly insured and improved the financial stability of our clinics and hospitals.

Medicaid expansion is not simply a budget issue. Lawmakers must also consider the real human effects of this decision, including the health and well-being of those who gain coverage under expansion. Medicaid expansion provided coverage to a population who never before had coverage – including behavioral health coverage.

Medicaid expansion is one of the most consequential state decisions in the history of Medicaid. The legislature's decision affected health care and health status of 33,000 of the state's citizens, with ripple effects throughout the entire health care system, the state budget, the economy, employers and others paying for health insurance.

Our physicians provide the safety net medical services for the most vulnerable of our population – a population of patients who present unique, and often some of most difficult, challenges. Our Medicaid patients benefit from the services physicians are able to provide them – from a North Dakota health care system that is recognized nationally as a high-quality, efficient health care system. However, we have unique healthcare workforce recruitment and retention challenges occurring in our state. Our capital needs continue to grow, with aging facilities, technology and equipment. Costs for medical equipment, new technology and supplies continue to increase. We must pay the same rates for physicians, nurses and other health care personnel as the rest of the country.

Physicians in North Dakota continue to do their part in providing good access to quality medical care for Medicaid beneficiaries and showing their ongoing commitment to the long-term sustainability of the Medicaid program. We look forward to working with the Committee in addressing the future needs for Medicaid medical services. Thank you for the opportunity to address this committee. I would be happy to answer any questions.

healthpolicyconsortium
Advancing sound health policy at a state, regional, and national level

SB 2012
House Appropriations Committee – Human Resources Division
Rep. Jon Nelson, Chair
March 22, 2023

Good afternoon, Chairman Nelson and members of the committee. My name is Todd Schaffer and I serve as president/CEO of Sanford Health Bismarck. I am a life-long North Dakotan – I grew up in Carrington, completed a pharmacy degree at North Dakota State University and then a medical degree at the University of North Dakota. I worked as family medicine physician in my hometown of Carrington for 10 years before moving to Bismarck to join Sanford. I also serve as a colonel and State Surgeon for the North Dakota National Guard.

I am here today representing the Health Policy Consortium, a healthcare advocacy group that includes Trinity Health in Minot, Altru in Grand Forks and Sanford Health in Fargo and Bismarck. Collectively we provide 80 percent of the acute healthcare services in North Dakota.

We, the leaders of North Dakota's four largest healthcare systems, are pleased to support SB 2012, the N.D. Department of Health and Human Services budget bill.

Let me begin by thanking each of you for your support and your leadership. North Dakota's lawmakers are a frontrunner in making decisions important to providing uninterrupted care for the patients we serve. We raise up your decision to leverage federal funding for North Dakota's Medicaid Expansion program. While other states struggle through hospital closures and shrinking access to care, North Dakota's hospitals are supported by sound policy decisions and innovative financial investments.

As you know, North Dakota's healthcare system has the unique challenge of delivering care in one of the most rural parts of the country. We provide the same advanced medical services offered in urban areas, competing for the same medical professionals and investing in the same technology—the two biggest drivers of healthcare costs—all while serving a smaller population. While we lack the advantage of economies of scale in urban areas, you have helped us maintain a healthy healthcare ecosystem and keep healthcare services close to home.

It is impossible to talk about the current state of healthcare without talking about the COVID-19 pandemic and its impact on North Dakota's hospitals and health systems. Healthcare has sustained

three years of economic and organizational upheaval. The public health emergency tested healthcare systems across the country, causing some to ration services and others to close their doors.

That didn't happen in North Dakota.

With your support, North Dakota's medical community was prepared to meet the challenges in unprecedented and inspiring ways, standing up dedicated COVID care units, expanding intensive care capacity and collaborating with one another to ensure the communities we serve had access to high-quality care when it was needed most.

As we emerge from the pandemic, we are now faced with troubling financial challenges. Hospitals took on tremendous debt to take care of North Dakota patients during COVID surges—contract staffing rates that were triple the cost of regular staff and millions of dollars was spent on PPE and infection prevention infrastructure upgrades. While COVID-specific expenses were largely offset by federal funding, much of the new spending was not. And today, with federal COVID funding a thing of the past, hospitals continue to rely upon travel staff and face enormously inflated capital and supply costs with no ability to increase prices.[1]

Whereas North Dakota hospital margins historically have averaged 1 to 3 percent, this is not the case post-pandemic. Throughout 2022, North Dakota hospitals have seen operating expenses soar and revenues flatten, requiring hospital leaders to reduce costly contract staff, reduce services and delay much-needed capital investments.

Wearing my Sanford hat, I can speak directly to some of the changes we have made at Sanford to weather the post-COVID inflated costs of both labor and supplies. In addition to delaying construction projects which ultimately negatively impacts patient care, we have worked hard to streamline services and, last fall, made the very difficult decision to reduce our non-patient care workforce to reduce our operating costs. My colleagues have made similar reductions.

The national landscape is the same: rising supply and labor expenses contributed to negative year-over-year margins throughout 2022 and continue into 2023. Hospitals and health systems are predicted to face unsustainable, historically low margins for several months to come[2], deficits that may take years to recover to pre-pandemic levels.

---

[1] Medicare and Medicaid payments are set by federal and state government, respectively; private health insurance rates are established annually via contract negotiations. Payments from Medicare and North Dakota traditional Medicaid are lower than the cost of providing the care.

[2] KaufmanHall National Flash Report, https://www.kaufmanhall.com/sites/default/files/2022-07/KH-NHFR-July-2022.pdf

In January 2023, Becker's Health reported more than 200 hospitals in the U.S. are at immediate risk of closing because of financial losses and lack of financial reserves to sustain operations, according a Center for Healthcare Quality and Payment Reform[3]. Another 431 hospitals are at high risk of closure.

On a positive note, states that expanded Medicaid—leveraging Medicaid Expansion's 90% federal match—continue to fare better than those that did not. Your decision to provide Medicaid Expansion reimbursement rates that cover the cost of care helps North Dakota hospitals recruit and retain workforce, invest in critically needed capital improvements and stand ready in the face of a worldwide pandemic.

Workforce

The topic of workforce has been discussed most if not every day in your work this session. It is our biggest challenge. We appreciate your focus in this area, recognizing that solving North Dakota's workforce shortage is going to involve many levers.

As you know, North Dakota's hospitals are an incubator for creating tomorrow's workforce. Our organizations collectively provide thousands of hours of training in our clinics, hospitals and laboratories. At Sanford alone we train more than 300 residents and fellows every year, nearly 500 medical students and host 158,000 nursing clinical care hours. We are recruiting hundreds of international nurses and investing resources to help ensure each nurse and her family are supported in our communities. And we are partnering with higher education by providing staff and resources to create more lab, rad tech and nursing assistant programs.

Behavioral health

Another important topic in this committee is the delivery of behavioral health services in North Dakota. We appreciate the State's leadership on this critical topic and appreciate the partnership opportunities the State has extended to North Dakota hospitals.

North Dakota hospitals are partnering with community services to provide prevention, intervention and treatment services. North Dakota's private health care sector helped more than 300,000 patients in 2022:

- Embedding behavioral health providers into primary care to give patients immediate access to intervention, counseling and education.
- Recognizing an increased number of babies born addicted to opioids and other drugs, hospitals support these high-risk pregnancies by placing behavioral health specialists in women's clinics and collaborating with medication assistance treatment programs.
- Leveraging telehealth to bring behavioral health specialists to patients in rural communities.

[3] https://chqpr.org/downloads/Rural_Hospitals_at_Risk_of_Closing.pdf

- Opioid prescribing stewardship: North Dakota healthcare providers have cut opioid prescribing in half in recent years. We educate our staff, patients and the communities we serve about addiction, working to remove stigma and barriers to care.
- Partnering with schools to bring behavioral health practitioners onsite to meet with children needing services.

In this committee last legislative session we were pleased to talk about our role in a school-based behavioral health program launched by the State's behavioral health division – a tiered system approach to helping students at high risk for behavioral health challenges. When the State and Simle Middle School Principal Russ Riehl invited us to be their provider partner we immediately said yes and have not looked back. We're grateful to be part of this successful program and have committed to growing with the program and scaling our small role to additional schools. We are now working with seven schools in the Bismarck school district, one in Wilton and just began conversations with Dickinson Public Schools where we plan to thee additional schools.

I'll close by bringing you back to Medicaid Expansion. I cannot overstate the stability Medicaid Expansion has provided. Leveraging Medicaid Expansion's 90 percent federal match to provide reimbursement rates that cover the cost of care is innovative and strategic. Without it, hospitals will need to reduce services, reduce staffing and, in some cases, close their doors.

On behalf of my colleagues, thank you for your support. HPC supports SB 2012 and encourages you, our state's policymakers, to engage North Dakota's healthcare leadership in your work to ensure access to affordable, high-quality care for your constituents. We could not continue to enhance healthcare in North Dakota without your leadership and support.

Thank you for your time, your service, and your consideration. I would be happy to answer any questions.

Sincerely,
Todd Schaffer,
President/CEO
Sanford Health

NORTH Dakota | Health and Human Services
Be Legendary

VACANCY REPORT
MARCH 2023

Deptid	Dept ID Name	Position Number	Working Title	FTE	Vacated	Status
325118	Aging Services	00030305	SS - Social Worker II	0.8	2/1/2023	Filled 4/1/23
325118	Aging Services	00030296	SS - Social Worker II	1	2/1/2023	Filled 3/27/23
325118	Aging Services	00030273	SS - Social Worker II	1	12/31/2022	Filled 3/6/23
325209	Badlands HSC	00002249	Psychiatrist	1	5/9/2020	Filled 10/23
325209	Badlands HSC	00003886	Nurse Practitioner	1	4/6/2022	Filled 6/23
325209	Badlands HSC	00003785	Advanced Clinical Spec	1	5/26/2022	Interviewing
325209	Badlands HSC	00003907	Health Hmn Svcs Prgm Admin IV	1	10/10/2022	In recruiting process
325209	Badlands HSC	00003941	Addiction Counselor II	1	8/15/2022	In recruiting process
325121	Behavioral Health Division	00004399	Clinical Policy Director	1	12/12/2020	Filled 4/3/23
325121	Behavioral Health Division	00004398	Administrator, Addiction Prog	1	1/13/2023	Interviewing
325121	Behavioral Health Division	00025260	Administrator, Suicide Prevent	1	7/20/2022	In recruiting process
325121	Behavioral Health Division	00028222	Administrator, Community Prevention	1	2/17/2021	In recruiting process
325111	Child Support	00025818	Legal Assistant I	1	2/1/2023	Filled 3/13/23
325111	Child Support	00025766	Legal Assistant I	1	1/1/2023	Filled 3/6/23
325111	Child Support	00025824	Child Support Payment Spec	1	10/28/2022	Interviewing
325111	Child Support	00025741	Administrative Assistant I	1	11/17/2022	Job description under revision
325111	Child Support	00004151	Lead Cust Support Specialist	1	1/4/2023	Offer extended
325111	Child Support	00025759	Legal Assistant I	1	1/1/2023	In recruiting process
325111	Child Support	00025825	Attorney I	1	1/3/2023	In recruiting process
325111	Child Support	00025725	Child Support Case Manager	1	3/1/2023	Will be posting
325106	Children & Family Services	00002397	Direct Care Associate I	1	1/15/2021	On hold (recent transfer to CFS)
325106	Children & Family Services	00002412	Direct Care Associate I	1	9/10/2021	On hold (recent transfer to CFS)
325106	Children & Family Services	00002333	Enhanced Case Mgmt Supervisor	1	9/29/2020	Was posted; cancelled; on hold (recent transfer to CFS)
325106	Children & Family Services	00002353	Enhanced Case Mgmt Specialist	1	10/26/2020	Was posted; cancelled; on hold (recent transfer to CFS)
325106	Children & Family Services	00002363	Enhanced Case Mgmt Specialist	1	4/28/2021	Was posted; cancelled; on hold (recent transfer to CFS)
325106	Children & Family Services	00002366	Enhanced Case Mgmt Specialist	1	8/1/2021	Was posted; cancelled; on hold (recent transfer to CFS)
325106	Children & Family Services	00002388	Enhanced Case Mgmt Specialist	1	2/1/2020	Was posted; cancelled; on hold (recent transfer to CFS)
325120	Developmental Disabilities	00003805	Develop Disability Case Mgr II	1	3/1/2023	Interviewing
325128	Disability Determination	00003486	Disability Claims Analyst I	1	4/26/2022	Filled 3/14/23
325128	Disability Determination	00003564	Disability Claims Analyst I	1	9/14/2022	Filled 3/14/23
325128	Disability Determination	00003516	Disability Claims Analyst I	1	11/11/2022	Will be posted in summer 2023
325112	Economic Assistance	00029524	Spaces Operations I	1	10/21/2021	Filled 3/27/23
325112	Economic Assistance	00002703	Spaces Operations I	1	12/14/2022	Filled 3/6/23
325112	Economic Assistance	00003292	UAT Test Analyst	1	11/1/2022	Will be posted
325103	Executive Office	00002323	Operations Director	1	2/26/2020	Filled 7/5/23
325103	Executive Office	00002751	Communications Manager	1	1/1/2021	Offer extended

NORTH Dakota | Health and Human Services
Be Legendary.

VACANCY REPORT
MARCH 2023

Deptid	Dept ID Name	Position Number	Working Title	FTE	Vacated	Status
325101	Fiscal Administration	00003676	Account Budget Spec III	0.5	11/4/2019	Will be posting
325101	Fiscal Administration	00030259	SS - Account Budget Spec II	1	1/23/2023	Interviewing
325101	Fiscal Administration	00002516	Admin Officer I	1	1/7/2023	In recruiting process
325101	Fiscal Administration	00002699	Account Technician I	1	11/5/2022	In recruiting process
325101	Fiscal Administration	00003329	Accounting Manager I	1	2/6/2023	In recruiting process
325101	Fiscal Administration	00003393	Account Budget Spec I	1	11/24/2022	In recruiting process
325101	Fiscal Administration	00002912	Direct Care Associate II	1	3/8/2020	Will be posting
325105	Human Resources	00003433	HR Associate	0.5	4/21/2022	Posted
325105	Human Resources	00004341	HR Associate	1	1/21/2023	Filled 3/30/23
325105	Human Resources	00002463	Activity Assistant II	1	7/10/2019	Will be posting
325202	Lake Region HSC	00002268	Psychiatrist	1	10/2/2021	Filled 10/23
325202	Lake Region HSC	00003444	Addiction Counselor III	1	10/29/2022	Interviewing
325202	Lake Region HSC	00003990	Addiction Counselor II	1	6/4/2022	Interviewing
325202	Lake Region HSC	00003419	Human Relations Counselor	1	11/5/2022	In recruiting process
325202	Lake Region HSC	00003420	Human Relations Counselor	1	12/31/2022	In recruiting process
325202	Lake Region HSC	00003761	MI Case Manager II	1	3/1/2023	In recruiting process
310721	Life Skills and Transition Ctr	00002117	Cook I	0.5	12/25/2022	Interviewing
310721	Life Skills and Transition Ctr	00010197	Cook I	0.5	7/30/2022	In recruiting process
310721	Life Skills and Transition Ctr	00010199	Cook I	0.5	11/6/2021	In recruiting process
310841	Life Skills and Transition Ctr	00002253	Direct Care Associate III	0.6	10/1/2022	In recruiting process
310810	Life Skills and Transition Ctr	00002355	Direct Care Associate II	0.8	2/8/2021	In recruiting process
310721	Life Skills and Transition Ctr	00002116	Cook I	1	10/7/2022	Filled 3/13/23
310820	Life Skills and Transition Ctr	00002298	Direct Care Associate III	1	6/10/2022	Filled 3/13/23
310830	Life Skills and Transition Ctr	00002297	Direct Care Associate II	1	1/28/2023	Filled 3/13/23
310830	Life Skills and Transition Ctr	00002329	Direct Care Associate III	1	12/1/2022	Filled 3/13/23
310845	Life Skills and Transition Ctr	00002435	Direct Care Associate III	1	7/23/2022	Filled 3/6/23
310721	Life Skills and Transition Ctr	00002106	Cook I	1	11/27/2021	Filled 4/1/23
310721	Life Skills and Transition Ctr	00002102	Cook I	1	11/1/2022	Filled 4/10/23
310845	Life Skills and Transition Ctr	00010190	Unit Program Coord	1	9/1/2022	Filled 4/10/23
310842	Life Skills and Transition Ctr	00002270	Unit Program Coord	1	2/10/2023	Filled 6/1/23
310721	Life Skills and Transition Ctr	00002088	Cook I	1	9/6/2022	Interviewing
310721	Life Skills and Transition Ctr	00002096	Cook II	1	2/25/2022	Interviewing
310721	Life Skills and Transition Ctr	00002097	Cook I	1	9/20/2022	Interviewing
310841	Life Skills and Transition Ctr	00002041	L P Nurse II	1	2/1/2023	Interviewing
310721	Life Skills and Transition Ctr	00002095	Food Services Assistant	1	6/13/2022	Offer extended
310820	Life Skills and Transition Ctr	00002274	Direct Care Associate II	1	8/1/2022	Offer extended

NORTH Dakota | Health and Human Services
Be Legendary.

VACANCY REPORT
MARCH 2023

Deptid	Dept ID Name	Position Number	Working Title	FTE	Vacated	Status
310830	Life Skills and Transition Ctr	00002015	Direct Care Associate I	1	12/1/2022	Offer extended
310830	Life Skills and Transition Ctr	00002351	Direct Care Supervisor	1	9/7/2022	Offer extended
310830	Life Skills and Transition Ctr	00002392	Direct Care Associate III	1	12/31/2022	Offer extended
310830	Life Skills and Transition Ctr	00029408	Direct Care Associate III	1	6/29/2022	Offer extended
310820	Life Skills and Transition Ctr	00002206	Direct Care Associate III	1	12/23/2022	In recruiting process
310820	Life Skills and Transition Ctr	00002308	Direct Care Associate I	1	2/1/2023	In recruiting process
310820	Life Skills and Transition Ctr	00002411	Direct Care Associate II	1	11/1/2022	In recruiting process
310820	Life Skills and Transition Ctr	00002425	Direct Care Associate II	1	11/10/2022	In recruiting process
310820	Life Skills and Transition Ctr	00002491	Adaptive Equipment Director	1	1/3/2022	In recruiting process
310820	Life Skills and Transition Ctr	00002932	Direct Care Associate II	1	9/1/2022	In recruiting process
310830	Life Skills and Transition Ctr	00002192	Direct Care Associate III	1	11/1/2022	In recruiting process
310830	Life Skills and Transition Ctr	00002255	Applied Behavioral Analyst II	1	7/1/2022	In recruiting process
310830	Life Skills and Transition Ctr	00002316	Direct Care Associate II	1	1/28/2023	In recruiting process
310830	Life Skills and Transition Ctr	00002430	Direct Care Associate II	1	6/16/2021	In recruiting process
310830	Life Skills and Transition Ctr	00002453	Direct Care Associate III	1	2/1/2023	In recruiting process
310830	Life Skills and Transition Ctr	00002489	Direct Care Associate I	1	1/1/2023	In recruiting process
310841	Life Skills and Transition Ctr	00002428	Direct Care Associate II	1	11/8/2022	In recruiting process
310845	Life Skills and Transition Ctr	00002278	Direct Care Associate I	1	10/28/2022	In recruiting process
310850	Life Skills and Transition Ctr	00002313	Direct Care Associate I	1	12/1/2022	In recruiting process
310850	Life Skills and Transition Ctr	00002426	Direct Care Associate III	1	10/17/2022	In recruiting process
310871	Life Skills and Transition Ctr	00002240	Direct Care Associate I	1	12/29/2021	In recruiting process
310871	Life Skills and Transition Ctr	00002284	Direct Care Associate III	1	12/16/2021	In recruiting process
310871	Life Skills and Transition Ctr	00002350	Direct Care Associate III	1	9/12/2022	In recruiting process
310	Life Skills and Transition Ctr	00002359	Direct Care Associate I	1	1/15/2021	In recruiting process
310723	Life Skills and Transition Ctr	00002131	Applied Behavioral Analyst II	1	10/26/2019	In recruiting process
310820	Life Skills and Transition Ctr	00002467	Direct Care Associate I	1	5/2/2021	In recruiting process
310709	Life Skills and Transition Ctr	00002066	Executive Assistant	1	8/28/2021	Updating job description and reposting
310804	Life Skills and Transition Ctr	00002189	Admin Assistant I	1	1/1/2023	Updating job description and reposting
310830	Life Skills and Transition Ctr	00002234	Direct Care Supervisor	1	1/1/2023	Updating job description and reposting
310830	Life Skills and Transition Ctr	00002367	Direct Care Supervisor	1	2/20/2023	Updating job description and reposting
325115	Medical Services	00003242	Health Hmn Svcs Prgm Admin IV	1	1/4/2023	Current manager on leave; will post upon return May 2023
325115	Medical Services	00004390	Research Analyst I	1	1/10/2023	Current manager on leave; will post upon return May 2023
325115	Medical Services	00004108	Human Service Program Spec	1	8/15/2022	Filled 3/20/23
325115	Medical Services	00010206	Nursing Facility VBP Admin	1	12/16/2019	Filled 3/20/23
325115	Medical Services	00028611	Human Service Program Spec	1	1/3/2023	Interviewing
325115	Medical Services	00003428	Med Assistance Director	1	10/4/2022	In recruiting process

NORTH Dakota | Health and Human Services
Be Legendary.

VACANCY REPORT
MARCH 2023

Deptid	Dept ID Name	Position Number	Working Title	FTE	Vacated	Status
325115	Medical Services	00002777	Project Manager	1	7/1/2019	Updating job description and reposting
325115	Medical Services	00003288	Enterprise Operations Spec	1	2/4/2023	Updating job description and reposting
325115	Medical Services	00004367	Human Service Pgrm Admin III	1	7/1/2022	Will be posted
325115	Medical Services	00029007	Health Hmn Svcs Prgm Admin V	1	12/1/2022	Will be posted
325115	Medical Services	00029714	Health Hmn Svcs Prgm Admin III	1	11/2/2022	Will be posted
325201	North Central HSC	00003984	Residential Direct Care	0.5	10/8/2022	Interviewing
325201	North Central HSC	00003666	Direct Care Associate III	1	8/27/2022	Interviewing
325201	North Central HSC	00003815	Addiction Counselor II	1	3/23/2022	Interviewing
325201	North Central HSC	00003936	Admin Assistant I	1	2/13/2023	Interviewing
325201	North Central HSC	00003159	Advanced Clinical Specialist	1	1/1/2023	Offer extended
325201	North Central HSC	00003521	MI Case Manager II	1	2/21/2023	Offer extended
325201	North Central HSC	00003697	Addiction Counselor II	1	12/1/2021	Offer extended
325201	North Central HSC	00030217	Advanced Clinical Specialist	1	9/24/2022	Offer extended
325201	North Central HSC	00003869	Residential Direct Care	1	11/11/2021	In recruiting process
325201	North Central HSC	00003945	Registered Nurse II	1	6/20/2022	In recruiting process
325201	North Central HSC	00003958	Direct Care Associate III	1	8/14/2021	In recruiting process
325201	North Central HSC	00003960	Registered Nurse II	1	2/26/2022	In recruiting process
325201	North Central HSC	00004130	Addiction Counselor II	1	12/19/2022	In recruiting process
325201	North Central HSC	00004164	Case Manager	1	8/8/2022	In recruiting process
325203	Northeast HSC	00030226	Advanced Clinical Specialist	0.5	1/17/2023	Interviewing
325203	Northeast HSC	00004268	Direct Care Associate II	0.8	10/25/2021	In recruiting process
325203	Northeast HSC	00004357	Admin Assistant I	0.8	11/3/2022	Will be posted
325203	Northeast HSC	00003507	Direct Care Associate III	1	11/4/2022	Filled
325203	Northeast HSC	00004266	Human Relations Counselor	1	12/31/2022	Filled
325203	Northeast HSC	00003352	Registered Nurse II	1	1/6/2023	Interviewing
325203	Northeast HSC	00003976	Advanced Clinical Spec	1	3/1/2022	Interviewing
325203	Northeast HSC	00004271	Advanced Clinical Spec	1	6/10/2022	Interviewing
325203	Northeast HSC	00004408	Addiction Counselor III	1	1/23/2023	Interviewing
325203	Northeast HSC	00030227	Advanced Clinical Specialist	1	4/4/2022	Interviewing
325203	Northeast HSC	00004272	Direct Care Associate II	1	12/29/2022	Offer extended
325203	Northeast HSC	00030224	Advanced Clinical Spec	1	5/1/2022	Offer extended
325203	Northeast HSC	00003166	MI Case Manager II	1	2/17/2023	In recruiting process
325203	Northeast HSC	00003321	Advanced Clinical Spec	1	1/21/2023	In recruiting process
325203	Northeast HSC	00003458	Direct Care Associate III	1	12/21/2022	In recruiting process
325203	Northeast HSC	00003693	Advanced Clinical Spec	1	12/13/2021	In recruiting process
325203	Northeast HSC	00004008	Human Relations Counselor	1	12/24/2022	In recruiting process

NORTH Dakota | Health and Human Services
Be Legendary.

VACANCY REPORT
MARCH 2023

Deptid	Dept ID Name	Position Number	Working Title	FTE	Vacated	Status
325203	Northeast HSC	00004091	Addiction Counselor II	1	10/14/2022	In recruiting process
325203	Northeast HSC	00004111	Direct Care Associate III	1	12/26/2021	In recruiting process
325203	Northeast HSC	00004349	Licensed Psychologist I	1	7/1/2022	In recruiting process
325203	Northeast HSC	00004409	Addiction Counselor II	1	12/31/2022	In recruiting process
325203	Northeast HSC	00004412	Direct Care Associate III	1	3/1/2023	In recruiting process
325203	Northeast HSC	00003310	Addiction Counselor II	1	3/11/2022	Will be posted
325203	Northeast HSC	00004092	Addiction Counselor II	1	1/15/2022	Will be posted
325203	Northeast HSC	00004269	Human Service Program Admin II	1	3/1/2023	Will be posted
325210	Northwest HSC	00031377	Administrative Assistant I	0.5	3/1/2023	In recruiting process
325210	Northwest HSC	00003938	Direct Care Associate III	0.75	10/22/2022	Interviewing
325210	Northwest HSC	00003530	Case Manager	1	2/6/2021	Filled
325210	Northwest HSC	00003753	Direct Care Associate III	1	1/4/2023	Filled
325210	Northwest HSC	00004122	Advanced Clinical Spec	1	1/19/2023	Filled
325210	Northwest HSC	00003334	MI Case Manager II	1	7/1/2022	Filled 4/23
325210	Northwest HSC	00030211	Advanced Clinical Spec	1	7/6/2022	Offer extended
325210	Northwest HSC	00003832	Medical Svcs V	1	2/2/2023	In recruiting process
325210	Northwest HSC	00003860	Licensed Psychologist I	1	1/1/2022	In recruiting process
325210	Northwest HSC	00003861	MI Case Manager II	1	10/15/2022	In recruiting process
325210	Northwest HSC	00003866	Addiction Counselor II	1	1/27/2022	In recruiting process
325210	Northwest HSC	00003955	Advanced Clinical Spec	1	10/1/2022	In recruiting process
325210	Northwest HSC	00004256	Case Manager	1	4/2/2022	In recruiting process
325206	South Central HSC	00004005	Addiction Counselor II	1	12/17/2022	Offer extended
325206	South Central HSC	00004166	Addiction Counselor I	1	9/23/2022	In recruiting process
325206	South Central HSC	00004311	Mental Illness Case Manager	1	10/17/2022	In recruiting process
325205	Southeast HSC	00004182	Health Hmn Svcs Prgm Admin IV	1	5/1/2022	Filled
325205	Southeast HSC	00003782	MI Case Manager II	1	10/13/2022	Filled 3/20/23
325205	Southeast HSC	00004218	Advanced Clinical Specialist	1	1/28/2023	Filled 3/20/23
325205	Southeast HSC	00003714	Human Relations Counselor	1	4/21/2022	Interviewing
325205	Southeast HSC	00004328	MI Case Manager II	1	2/1/2023	Interviewing
325205	Southeast HSC	00003647	Human Relations Counselor	1	3/1/2023	Offer extended
325205	Southeast HSC	00003672	Advanced Clinical Specialist	1	5/16/2022	Offer extended
325205	Southeast HSC	00004018	MI Case Manager II	1	2/11/2023	Offer extended
325205	Southeast HSC	00003461	Addiction Counselor II	1	10/5/2022	In recruiting process
325205	Southeast HSC	00003462	MI Case Manager II	1	3/1/2023	In recruiting process
325205	Southeast HSC	00003633	Human Relations Counselor	1	11/7/2022	In recruiting process
325205	Southeast HSC	00003925	Addiction Counselor II	1	1/16/2023	In recruiting process

NORTH Dakota | Health and Human Services
Be Legendary.

VACANCY REPORT
MARCH 2023

Deptid	Dept ID Name	Position Number	Working Title	FTE	Vacated	Status
325205	Southeast HSC	00004070	MI Case Manager II	1	12/24/2022	In recruiting process
312020	State Hospital	00002779	Registered Nurse II	0.9	9/1/2022	In recruiting process
312013	State Hospital	00002634	Institutions Custodian	1	8/15/2022	Filled 3/2/23
312020	State Hospital	00002873	Direct Care Associate III	1	1/27/2023	Filled 3/2/23
312020	State Hospital	00002845	Direct Care Associate III	1	8/19/2022	Filled 3/20/23
312020	State Hospital	00002969	Direct Care Associate III	1	11/1/2022	Filled 3/20/23
312020	State Hospital	00002992	Direct Care Associate I	1	10/16/2022	Filled 3/5/23
312020	State Hospital	00003342	Direct Care Assoc III	1	10/29/2022	Filled 3/6/23
312022	State Hospital	00002875	Unit Ward Clerk	1	4/1/2022	Filled 3/6/23
312020	State Hospital	00002855	Social Worker	1	5/19/2022	Filled 4/1/23
312003	State Hospital	00002670	Psychometrist I	1	12/15/2022	Filled 5/1/23
312020	State Hospital	00002930	Security Officer	1	7/29/2022	Offer extended
312020	State Hospital	00002974	Administrative Assistant	1	1/2/2022	Offer extended
312022	State Hospital	00002807	Security Officer	1	7/15/2022	Offer extended
312022	State Hospital	00002871	Security Officer	1	2/6/2022	Offer extended
312022	State Hospital	00002928	Security Officer	1	9/7/2022	Offer extended
312016	State Hospital	00002542	Administrative Assistant I	1	10/24/2022	On hold to determine direction
312020	State Hospital	00002760	Clinical Coordinator NDSH	1	8/6/2022	On hold to determine direction
312022	State Hospital	00002925	Unit Program Coord	1	6/11/2022	On hold to determine direction
312	State Hospital	00031000	Psychiatrist	1	N/A	In recruiting process
312003	State Hospital	00002666	Licensed Psychologist II	1	9/28/2022	In recruiting process
312011	State Hospital	00002133	Equipment Operator	1	8/21/2022	In recruiting process
312011	State Hospital	00002570	Electrician II	1	1/13/2022	In recruiting process
312011	State Hospital	00002956	Maintenance Worker II	1	11/1/2022	In recruiting process
312015	State Hospital	00002692	Health Hmn Svcs Prgm Admin III	1	1/1/2023	In recruiting process
312017	State Hospital	00002657	Physician	1	7/1/2022	In recruiting process
312017	State Hospital	00002685	Physician	1	1/21/2022	In recruiting process
312020	State Hospital	00002743	Direct Care Associate III	1	11/19/2022	In recruiting process
312020	State Hospital	00002748	Direct Care Associate III	1	11/8/2022	In recruiting process
312020	State Hospital	00002772	Direct Care Associate III	1	8/21/2022	In recruiting process
312020	State Hospital	00002775	Registered Nurse II	1	11/30/2022	In recruiting process
312020	State Hospital	00002776	Registered Nurse II	1	11/1/2022	In recruiting process
312020	State Hospital	00002780	Registered Nurse II	1	2/6/2023	In recruiting process
312020	State Hospital	00002781	Registered Nurse II	1	2/25/2023	In recruiting process
312020	State Hospital	00002786	Direct Care Associate II	1	1/31/2023	In recruiting process
312020	State Hospital	00002792	L P Nurse II	1	1/1/2023	In recruiting process

NORTH Dakota | Health and Human Services

VACANCY REPORT
MARCH 2023

Deptid	Dept ID Name	Position Number	Working Title	FTE	Vacated	Status
312020	State Hospital	00002805	Direct Care Associate III	1	9/1/2022	In recruiting process
312020	State Hospital	00002821	Direct Care Associate III	1	10/16/2022	In recruiting process
312020	State Hospital	00002831	Direct Care Associate I	1	12/11/2022	In recruiting process
312020	State Hospital	00002835	Direct Care Associate III	1	2/13/2023	In recruiting process
312020	State Hospital	00002844	Direct Care Associate III	1	12/14/2022	In recruiting process
312020	State Hospital	00002859	Direct Care Associate III	1	3/1/2023	In recruiting process
312020	State Hospital	00002862	Direct Care Associate III	1	10/27/2022	In recruiting process
312020	State Hospital	00002872	Direct Care Associate III	1	1/31/2023	In recruiting process
312020	State Hospital	00002901	Direct Care Associate III	1	3/1/2023	In recruiting process
312020	State Hospital	00002960	L P Nurse II	1	6/6/2022	In recruiting process
312020	State Hospital	00002961	L P Nurse II	1	11/1/2022	In recruiting process
312020	State Hospital	00002972	L P Nurse II	1	7/12/2022	In recruiting process
312020	State Hospital	00002986	Direct Care Associate III	1	2/18/2023	In recruiting process
312020	State Hospital	00002988	Direct Care Associate III	1	12/11/2022	In recruiting process
312020	State Hospital	00003000	Registered Nurse II	1	4/3/2022	In recruiting process
312020	State Hospital	00010307	Direct Care Associate I	1	12/11/2022	In recruiting process
312020	State Hospital	00026312	Direct Care Associate III	1	9/6/2022	In recruiting process
312022	State Hospital	00002527	Security Officer	1	9/6/2022	In recruiting process
312022	State Hospital	00002681	Activity Assistant II	1	12/12/2022	In recruiting process
312022	State Hospital	00002796	Direct Care Supervisor	1	9/13/2022	In recruiting process
312022	State Hospital	00002816	Direct Care Associate III	1	12/1/2021	In recruiting process
312022	State Hospital	00002838	Direct Care Associate I	1	1/9/2023	In recruiting process
312022	State Hospital	00002858	Direct Care Associate III	1	9/12/2022	In recruiting process
312022	State Hospital	00024589	Direct Care Associate III	1	12/19/2022	In recruiting process
312022	State Hospital	00024591	Direct Care Associate I	1	12/1/2022	In recruiting process
312022	State Hospital	00024594	Direct Care Associate III	1	2/22/2022	In recruiting process
312022	State Hospital	00026309	Activity Therapist II	1	12/15/2022	In recruiting process
312022	State Hospital	00026314	Direct Care Associate I	1	11/13/2022	In recruiting process
312022	State Hospital	00026317	Direct Care Associate III	1	11/9/2022	In recruiting process
312022	State Hospital	00029521	Direct Care Associate III	1	12/20/2022	In recruiting process
312023	State Hospital	00002678	Social Worker III	1	12/1/2022	In recruiting process
312024	State Hospital	00002040	Activity Assistant II	1	10/5/2022	In recruiting process
312024	State Hospital	00002704	Certified OCC Therapy Asst II	1	1/1/2022	In recruiting process
312024	State Hospital	00002914	Activity Assistant II	1	10/6/2022	In recruiting process
312025	State Hospital	00002935	Direct Care Associate III	1	12/1/2021	In recruiting process
312002	State Hospital	00002507	Chief Clinics Officer	1	12/17/2022	Will be posted

NORTH Dakota | Health and Human Services
Be Legendary.

VACANCY REPORT
MARCH 2023

Deptid	Dept ID Name	Position Number	Working Title	FTE	Vacated	Status
325211	Statewide HSC Administration	00002562	Nurse Practitioner	1	6/8/2021	Will be posted
325114	Vocational Rehabilitation	00003532	Voc Rehab Counselor	1	10/21/2021	Filled 3/12/23
325114	Vocational Rehabilitation	00003496	Sr Voc Rehab Counselor	1	2/24/2023	In recruiting process
325114	Vocational Rehabilitation	00003605	Sr Voc Rehab Counselor	1	3/1/2023	In recruiting process
325207	West Central HSC	00031386	PHYSICIAN-NOT CLASSIFIED	0.5	N/A	In recruiting process
325207	West Central HSC	00003313	Licensed Psychologist I	1	9/1/2021	Filled
325207	West Central HSC	00003482	Addiction Counselor II	1	12/3/2022	Interviewing
325207	West Central HSC	00004276	MI Case Manager II	1	3/1/2023	Interviewing
325207	West Central HSC	00003150	Advanced Clinical Spec	1	2/1/2023	Offer extended
325207	West Central HSC	00002852	Human Service Aide II	1	3/2/2023	In recruiting process
325207	West Central HSC	00003646	Addiction Technician	1	1/13/2023	In recruiting process
325207	West Central HSC	00003692	Addiction Counselor II	1	2/1/2023	In recruiting process
325207	West Central HSC	00003969	Physician	1	9/3/2022	In recruiting process
325207	West Central HSC	00004290	MI Case Manager II	1	2/6/2023	In recruiting process
325207	West Central HSC	00004416	Advanced Clinical Specialist	1	2/1/2023	In recruiting process
325207	West Central HSC	00030228	Advanced Clinical Spec	1	1/21/2023	In recruiting process
	TOTAL			261.95		

NORTH Dakota | Health & Human Services
Be Legendary.

MEDICAL GRANTS WALKTHROUGH

	2021-2023 Legislatively Approved Budget	Funding Shift One-Time Funding	Cost to Continue	Underfunding	FMAP	Total Changes	To Governor	Inflation (4/3)	Increase CHIP eligibilty to 210%	Increase FPL for Medically Needy (includes Clawback)	Ex Ch
Traditional Medicaid	852,588,712	-	52,902,550	(24,130,288)	-	28,772,262	881,360,974	-	4,267,312	10,500,000	1
Inpatient Hospital	179,766,425		45,885,646			45,885,646	225,652,071				
Outpatient Hospital	109,157,626		15,351,174			15,351,174	124,508,800				
Professional Services	111,446,608		19,346,895			19,346,895	130,793,503				
Drugs	80,257,098		4,641,207			4,641,207	84,898,305				
Indian Health Services	51,413,696		7,169,668			7,169,668	58,583,364				
1915i State Plan Services	27,004,195		(11,843,807)			(11,843,807)	15,160,388				
PRTF Services	34,657,042		(11,005,338)			(11,005,338)	23,651,704				
Dental Services	28,653,048		6,374,380			6,374,380	35,027,428				
Premiums	37,729,555		17,005,298			17,005,298	54,734,853				
Other Services	192,503,419		(40,022,573)	(24,130,288)		(64,152,861)	128,350,558		4,267,312	10,500,000	1
Expansion Medicaid	650,966,710		291,583,569			291,583,569	942,550,279				
Provider Inflation	-					-	-	34,483,317			3
Adjustment to tie to SB 2012	-					-	-				
Total	1,503,555,422	-	344,486,119	(24,130,288)	-	320,355,830	1,823,911,253	34,483,317	4,267,312	10,500,000	4
General Fund	338,028,690	31,500,000	39,637,782	(10,052,678)	6,097,851	67,182,955	405,211,645	15,654,634	1,389,270	6,300,000	2

NORTH Dakota | Health and Human Services
Be Legendary.

FTE REQUEST SUMMARY

Section	Current Budget FTE 2021-2023	PLUS: FTE Decision Packages	EQUALS: FTE To OMB		Current Budget FTE 2021-2023	PLUS: Executive Budget Changes	EQUALS: To Senate	MINUS: Senate Changes	EQUALS: To House	Description of Executive Budget Changes	Executive Budget Changes - Temp to FTE	Executive Budget Changes - New FTE	Executive Budget Changes - Zone FTE
325-100-15 ADMINISTRATION-SUPPORT	112.4	20	132.4		112.4	6.5	118.9	-5	113.9	Admin: 5 positions are due to the zones transfer and 1.5 FTE are due to CBCU unit additions		1.5	5
325-300-01 ECONOMIC ASSISTANCE	49.8	1	50.8		49.8		49.8		49.8				
325-300-02 CHILD SUPPORT	161.2		161.2		161.2		161.2		161.2				
325-300-03 MEDICAL SERVICES	90.5	16	106.5		90.5	3	93.5	-1	92.5	Medical Services: 2 positions for the Medical strike team , 1 position from early intervention team		3	
325-300-42 DD COUNCIL	1		1		1		1		1				
325-300-43 AGING SERVICES	45.7	10.2	55.9		45.7	82	127.7	-77	50.7	Aging Services: 67 positions from zones, 10 HCBS case management, 1 DOJ coordinator, 1 HCBS generalist and 2 HCBS Service navigators, 1 quality position		15	67
325-300-46 CHILDREN AND FAMILY SERVICES	33		33		33	4	37	-4	33	CFS: 4 positions for child protection and response team		4	
325-300-47 BEHAVIORAL HEALTH DIVISION	37	5	42		37	2	39		39	Behavioral Health: 1 BH Service navigator, 1 SUD voucher processor		2	
325-300-51 VOCATIONAL REHABILITATION	85	1	86		85		85		85				
325-300-52 DEVELOPMENTAL DISABILITIES	127.12	12	139.12		127.12	4	131.12	-2	129.12	DD: 2 DDPM, 1 position for early intervention team, 1 quality position		4	
325-300-53 DISABILITY DETERMINATION SRVCS	23		23		23		23		23				
325-300-54 REFUGEE SERVICES	4	2	6		4		4		4				
325-300-55 EARLY CHILDHOOD	19		19		19	28	47	-27	20	Early Childhood: 26 positions from zones, 1 child care & grants, 1 best in class		2	26
325-410-70 STATE-WIDE HSC MANAGEMENT	11	2	13		11	2	13	24	37	Statewide HSC: 2 expand mobile crisis unit		2	
325-410-71 NORTHWEST HSC	35.05	6	41.05		35.05	4	39.05		39.05	NWHSC: 2 peer supports, 1 registered nurse, 1 expand mobile crisis unit		4	
325-410-72 NORTH CENTRAL HSC	93.7	4.5	98.2		93.7	3.5	97.2		97.2	NCHSC: 2 Peer supports, 1.5 temp to FTE	1.5	2	
325-410-73 LAKE REGION HSC	44.5	7	51.5		44.5	2	46.5		46.5	LRHSC: 2 peer supports		2	
325-410-74 NORTHEAST HSC	105.1	11	116.1		105.1	6	111.1		111.1	NEHSC: 2 peer supports, 4 temp to FTE	4	2	
325-410-75 SOUTHEAST HSC	133.9	26.5	160.4		133.9	18	151.9		151.9	SEHSC: 2 peer supports, 16 temp to FTE	16	2	
325-410-76 SOUTH CENTRAL HSC	56	8	64		56	4	60		60	SCHSC: 2 peer supports, 2 temp to FTE	2	2	
325-410-77 WEST CENTRAL HSC	92	19	111		92	7	99		99	WCHSC: 2 peer supports, 5 temp to FTE	5	2	
325-410-78 BADLANDS HSC	59	4	63		59	3	62		62	BLHSC: 2 peer supports, 1 expand mobile crisis unit	1	2	
325-420 STATE HOSPITAL-TRADITIONAL	319.52		319.52		319.52		319.52		319.52				
325-421 SOTEP	67.5		67.5		67.5		67.5		67.5				
325-430 LIFE SKILLS & TRANSITION CNTR	303.34		303.34		303.34		303.34		303.34				
325-501 HUMAN SERVICE ZONES	156	12	168		156	-98	58	105	163				
Total DHS	2,265.33	167.2	2,432.53		2,265.33	81	2,346.33	13	2,359.33		29.5	51.5	98

NORTH Dakota | Health and Human Services
Be Legendary.

FTE REQUEST SUMMARY

NOTES:

^ The Zones transfer of 98 employees includes 5 admin positions, 26 early childhood positions and 67 aging services positions
Admin: 5 positions are due to the zones transfer and 1.5 FTE are due to CBCU unit additions
Medical Services: 2 positions for the Medical strike team , 1 position from early intervention team
Aging Services: 67 positions from zones, 10 HCBS case management, 1 DOJ coordinator, 1 HCBS generalist and 2 HCBS Service navigators, 1 quality position
CFS: 4 positions for child protection and response team
Behavioral Health: 1 BH Service navigator, 1 SUD voucher processor
DD: 2 DDPM, 1 position for early intervention team, 1 quality position
Early Childhood: 26 positions from zones, 1 child care & grants, 1 best in class
Statewide HSC: 2 expand mobile crisis unit
NWHSC: 2 peer supports, 1 registered nurse, 1 expand mobile crisis unit
NCHSC: 2 Peer supports, 1.5 temp to FTE
LRHSC: 2 peer supports
NEHSC: 2 peer supports, 4 temp to FTE
SEHSC: 2 peer supports, 16 temp to FTE
SCHSC: 2 peer supports, 2 temp to FTE
WCHSC: 2 peer supports, 5 temp to FTE
BLHSC: 2 peer supports, 1 expand mobile crisis unit
Health: 1 autopsy tech, 4 tribal liaison temp to FTE

Chamber 1 - Senate for DHS, House for PH

Rejected the zone transfer of FTE this included the following
- 5 Admin FTE - Jessica, Kristen, Daphne, Storm, Alicia
- 26 early childhood positions
- 67 aging positions

Admin - 5 positions were for zones transfers they were moved back into zones
Medical - Removed the 1 position for early intervention team
Aging - 67 aging positions were for zones transfers that were moved back into zones, removed 10 HCBS case managers and reduced to 7 which were moved into zones, 4 the first year of biennium, 3 the second
CFS - Removed the 4 child protection and response team, wanted Dept to reclassify 4 other positions in budget for these positions.
DD - Removed 2 DDPM positions
Early Childhood - Removed 1 for best in class
HSC's - added 24 positions for CCBHC's

NORTH Dakota | Health & Human Services

ICE

Bills Tracking for bills with potential Fiscal Impact
2023-2025 Biennium

				Appropriated Amount			Unfunded Amount			
FAIL PASS	Bill Number	Description of Bill	Fiscal Note	FTE	General	Other	Total	FTE	General	Other	Total
	HB 1013	A BILL for an Act to provide an appropriation for defraying the expenses of the commissioner of university and school lands; and to provide for distributions from permanent funds.					-				-
	HB 1014	A BILL for an Act to provide an appropriation for defraying the expenses of the industrial commission and the agencies under its control; to provide for a transfer; and to provide an exemption.					-				-
	HB 1026	A BILL for an Act to provide for a legislative management study regarding the implementation of behavioral health and acute psychiatric treatment recommendations.									
	HB 1027	A BILL for an Act to require human service centers to become certified community behavioral health clinics.					-				-
	HB 1028	A BILL for an Act to provide for a community health worker task force; to provide for a legislative management report; and to provide an appropriation.			50,000		50,000				-
	HB 1029	A BILL for an Act to create and enact a new chapter to title 43 and a new section to chapter 50-24.1 of the North Dakota Century Code, relating to regulation of community health workers and Medicaid reimbursement for community health worker services; and to provide a contingent effective date.	Y				-				-
	HB 1035	A BILL for an Act to create and enact a new section to chapter 50-06 of the North Dakota Century Code, relating to the cross-disability advisory council; to repeal section 50-06-32 of the North Dakota Century Code, relating to the autism spectrum disorder task force; to provide for a report; to provide an appropriation; and to provide an effective date.					-				-
	HB 1036	A BILL for an Act to amend and reenact subsection 1 of section 50-09-29 of the North Dakota Century Code, relating to the administration of the temporary assistance for needy families program.	Y				-		13,703,272		13,703,272
	HB 1046	A BILL for an Act relating to direct and indirect costs, billing practices, and payments to human service zones, human service zones agreements and plans, creation of human service zones, human service zone directors, and indirect cost plan.					-				-
	HB 1048	A BILL for an Act to amend and reenact subsection 1 of section 50-06-01.4 of the North Dakota Century Code, relating to administration of programs for individuals with developmental disabilities by the department of health and human services.									
	HB 1051	A BILL for an Act to amend and reenact section 50-06-05.1 of the North Dakota Century Code, relating to the powers and duties of the department of health and human services.	Y				-		17,940	10,122	28,062
	HB 1056	A BILL for an Act to amend and reenact section 46-02-09 of the North Dakota Century Code, relating to state printing requirements; and to repeal section 46-02-20 of the North Dakota Century Code, relating to in-plant print shops.					-				-

NORTH Dakota | Health & Human Services

FINANCE

FAIL PASS	Bill Number	Description of Bill	Fiscal Note	Appropriated Amount FTE	Appropriated Amount General	Appropriated Amount Other	Appropriated Amount Total	Unfunded Amount FTE	Unfunded Amount General	Unfunded Amount Other	Unfunded Amount Total
	HB 1082	Relating to the adoption of the Uniform Commercial Code amendments (2022); relating to the adoption of the Uniform Commercial Code amendments (2022).					-				-
	HB 1085	A BILL for an Act to create and enact subsection 7 of section 54-06-04 of the North Dakota Century Code, relating to information required in biennial reports to be maintained on agency websites as alternative to printed reports.					-				-
	HB 1091	A BILL for an Act to amend , relating to family foster care for children licenses, certifications, and approvals, and identified and kinship relatives; and to provide for a report to legislative management.	Y				-				-
	HB 1110	A BILL for an Act to amend and reenact section 50-06-32.1 of the North	Y				-				-
	HB 1114	A BILL for an Act to amend and reenact section 53-06.1-11.2 of the North Dakota Century Code, relating to transfers of charitable gaming funds; and to provide a continuing appropriation.					-				-
	HB 1138	A BILL for an Act to create and enact a new section to chapter 27-05 of the North Dakota Century Code, relating to a mental health diversion pilot program in the southeast judicial district; to provide for a report to the legislative management; and to provide an expiration date.					-		170,000		170,000
	HB 1144	A BILL for an Act to create and enact a new section to chapter 15.1-19 and section 50-11.1-02.4 of the North Dakota Century Code, relating to required training for mandated reporters of child abuse and neglect.									
	HB 1154	A BILL for an Act to amend and reenact section 28-32-22 of the North Dakota Century Code, relating to the informal disposition of an administrative proceeding.					-				-
	HB 1159	A BILL for an Act to amend and reenact subsection 13 of section 54-35-15.2 and sections 54-59-09 and 54-59-23 of the North Dakota Century Code, relating to the duties of the information technology committee and the state information technology advisory committee; and to repeal sections 54-59-02.1 and 54-59-07 of the North Dakota Century Code, relating to the state information technology advisory committee.					-				-
	HB 1162	A BILL for an Act to amend and reenact subsection 3 of section 23-46-01 and section 23-46-04 of the North Dakota Century Code, relating to state financial assistance for emergency medical services; and to provide an effective date.	Y				-				-
	HB 1164	A BILL for an Act to create and enact a new section to chapter 19-24.1 of the North Dakota Century Code, relating to limitations on cannabinoid edible products; and to amend and reenact section 19-24.1-01 of the North Dakota Century Code, relating to the definition of cannabinoid edible products.	Y				-				-
	HB 1165	A BILL for an Act to create and enact three new sections to chapter 23-01 of the North Dakota Century Code, relating to powers and duties of the department of health and human services public health division, central public health laboratory, and surge staffing;	Y				-				-

NCE

FAIL PASS	Bill Number	Description of Bill	Fiscal Note	Appropriated Amount FTE	Appropriated Amount General	Appropriated Amount Other	Appropriated Amount Total	Unfunded Amount FTE	Unfunded Amount General	Unfunded Amount Other	Unfunded Amount Total
	HB 1179	A BILL for an Act to create and enact a new section to chapter 54-27 of the North Dakota Century Code, relating to the growth of the state budget.					-				-
	HB 1202	A BILL for an Act to create and enact section 19-24.1-24.1 and a new subsection to section 19-24.1-36 of the North Dakota Century Code, relating to regulating edible medical marijuana products; to amend and reenact section 19-24.1-01 of the North Dakota Century Code, relating to definitions relating to medical marijuana products; and to declare an emergency.	Y				-				-
	HB 1220	A BILL for an Act to amend and reenact section 23-02.1-02 of the North Dakota Century Code, relating to the hours of operation of the office of statistical services; and to declare an emergency.					-				-
	HB 1221	A BILL for an Act to create and enact a new chapter to title 43 of the North Dakota Century Code, relating to professional transparency for health care practitioners.					-				-
	HB 1245	A BILL for an Act to amend and reenact sections 57-15-01, 57-15-30.2, and 57-20-07.1 of the North Dakota Century Code, relating to communication of property tax levies with the public, financial reporting to the state auditor, and property tax statements; to provide for a legislative management study; and to provide an effective date.					-				-
	HB 1261	A BILL for an Act to provide an appropriation to the department of health and human services for the implementation of Medicaid plan amendments or Medicaid waivers related to institutions for mental diseases; to provide for a report; and to declare an emergency.					-				-
	HB 1263	A BILL for an Act to create and enact a new subdivision to subsection 1 of section 27-20.2-05 of the North Dakota Century Code, relating to the powers of the director of juvenile court; and to amend and reenact sections 27-20.2-01 of the North Dakota Century Code, relating to the Juvenile Court Act definitions.					-				-
	HB 1264	A BILL for an Act to amend and reenact section 12-44.1-01 and subsection 3 of section 12-44.1-07.1 of the North Dakota Century Code, relating to jail and regional correctional center definitions and alternatives to physical custody of individuals; and to provide a penalty.					-				-
	HB 1288	A BILL for an Act to amend and reenact section 54-21-24.1 of the North Dakota Century Code, relating to the lease of additional space by state agencies.					-				-
	HB 1294	A BILL for an Act to provide an exemption; and to provide for the distribution of state financial assistance to eligible ambulance service operations.	Y				-				-
	HB 1312	A BILL for an Act to amend and reenact section 50-06-05.1 of the North Dakota Century Code, relating to continuation of an evidence-based online virtual mental health and suicide prevention simulation-based training program for schools.	Y				-				-
	HB 1345	A BILL for an Act to create and enact a new section to chapter 54-44.4 of the North Dakota Century Code, relating to state purchasing contracts.					-				-

North Dakota | Health & Human Services

FINANCE

FAIL PASS	Bill Number	Description of Bill	Fiscal Note	Appropriated Amount FTE	General	Other	Total	Unfunded Amount FTE	General	Other	Total
	HB 1368	A BILL for an Act to create and enact a new section to chapter 21-10 and a new section to chapter 44-08 of the North Dakota Century Code, relating to a prohibition on investments and contracts with companies that boycott Israel.					-				-
	HB 1375	A BILL for an Act to provide an appropriation to the department of health and human services to reimburse child-placing agencies for the costs of home study reports.			262,000		262,000				-
	HB 1390	A BILL for an Act to create and enact a new section to chapter 23-07 of the North Dakota Century Code, relating to the creation of a suicide fatality review commission; and to provide an appropriation.			15,000		15,000				-
	HB 1396	A BILL for an Act to amend and reenact sections 50-24.1-02, 50-24.1-17, and 50-24.1-41 of the North Dakota Century Code, relating to presumptive eligibility for medical assistance applicants.	Y				-				-
	HB 1403	A BILL for an Act to create and enact a new section to chapter 14-09 of the North Dakota Century Code, relating to prohibiting governmental entities from interfering with parental rights.					-				-
	HB 1406	A BILL for an Act to create and enact a new section to chapter 23-01 and a new section to chapter 32-12.1 of the North Dakota Century Code, relating to studying vaccines and the medical liability of a governmental entity.	Y				-				-
	HB 1419	A BILL for an Act to amend and reenact sections 14-09-09.30 and 14-09-09.36 of the North Dakota Century Code, relating to child support fees and late child support payments.	Y				-				-
	HB 1421	A BILL for an Act to provide an appropriation for workforce development training grants for new Americans.					-				-
	HB 1429	A BILL for an Act to create and enact a new section to chapter 54-06 of the North Dakota Century Code, relating to state contracts with certain companies that boycott energy, mining, and production agriculture.					-				-
	HB 1447	A BILL for an Act to create and enact a new section to chapter 50-06 of the North Dakota Century Code, relating to creation of the opioid settlement fund; to amend and reenact section 5 of chapter 3 of the 2021 Session Laws, relating to the funding of the opioid treatment and prevention program; to provide for a transfer; and to declare an emergency.				8,000,000	8,000,000				-
	HB 1457	A BILL for an Act to amend and reenact section 27-20.3-24 of the North Dakota Century Code, relating to creating a preference for foster home families in the adoption process.									
	HB 1468	A BILL for an Act to provide an appropriation to the department of health and human services for mental health awareness services.					-				-
	HB 1471	A BILL for an Act to create and enact a new section to chapter 50-06 of the North Dakota Century Code, relating to a food insecurity task force; and to provide for a report to the legislative management.					-				-
	HB 1474	A BILL for an Act to create and enact a new section to chapter 23-02.1 of the North Dakota Century Code, relating to vital statistic collection; and to amend and reenact section 1-01-49 of the North Dakota Century Code, relating to the definition of father, female, male, mother, and sex.					-				-

F NCE

FAIL PASS	Bill Number	Description of Bill	Fiscal Note	Appropriated Amount FTE	Appropriated Amount General	Appropriated Amount Other	Appropriated Amount Total	Unfunded Amount FTE	Unfunded Amount General	Unfunded Amount Other	Unfunded Amount Total
	HB 1476	A BILL for an Act to create and enact a new section to chapter 50-24.1 of the North Dakota Century Code, relating to a moratorium on contract nursing services.									
	HB 1478	A BILL for an Act to create and enact a new section to chapter 19-24.1 of the North Dakota Century Code, relating to the self-certification of an individual sixty-five years of age or older for the medical use of marijuana.	Y								
	HB 1480	A BILL for an Act to create and enact a new section to chapter 50-06 of the North Dakota Century Code, relating to a pay for success fund; to provide for a report; to provide for a continuing appropriation; and to provide for a transfer.					-			2,500,000	2,500,000
	HB 1492	A BILL for an Act to amend and reenact section 14-09-22 of the North Dakota Century Code, relating to defining mental injury for the crime of child abuse; and to provide a penalty.					-				-
	HB 1502	A BILL for an Act to create and enact a new section to chapter 23-02.1 and two new sections to chapter 23-16 of the North Dakota Century Code, relating to medical certification requirements, prohibitions on hospitals and health care facilities requiring employees receive certain vaccinations, and access to hospital care.					-				-
	HB 1505	A BILL for an Act to create and enact section 23-07-17.2 of the North Dakota Century Code, relating to a prohibition on requiring a vaccination; and to provide a penalty.					-				-
	HB 1508	A BILL for an Act to amend and reenact sections 54-10-01, 54-10-14, and 54-10-27 of the North Dakota Century Code, relating to audit fees of state institutions, political subdivisions, and occupational and professional boards; and to provide for retroactive application.					-				-
	HB 1509	A BILL for an Act to create and enact a new section to chapter 23-12 of the North Dakota Century Code, relating to pregnancy counseling services.					-				-
	HB 1519	A BILL for an Act to provide appropriations to the department of transportation, department of health and human services, department of career and technical education, department of agriculture, and industrial commission for unmanned aircraft system grants; and to provide a report.				1,000,000	1,000,000				-
	HB 1530	A BILL for an Act to create and enact a new section to chapter 50-24.1 of the North Dakota Century Code, relating to covered services for medical assistance.	Y						2,014,461	2,271,627	4,286,088
	HB 1535	A BILL for an Act to create and enact two new sections to chapter 47-16 of the North Dakota Century Code, relating to residential leases and evictions.									
	SB 2003	A BILL for an Act to provide an appropriation for defraying the expenses of the attorney general.									
	SB 2004	A BILL for an Act to provide an appropriation for defraying the expenses of the state auditor.					-				-
	SB 2013	A BILL for an Act to provide an appropriation for defraying the expenses of the department of public instruction, the state library, the school for the deaf, and North Dakota vision services - school for the blind; and to provide an exemption.					-				-

NORTH Dakota | Health & Human Services

FINANCE

FAIL PASS	Bill Number	Description of Bill	Fiscal Note	Appropriated Amount FTE	General	Other	Total	Unfunded Amount FTE	General	Other	Total
	SB 2015	A BILL for an Act to provide an appropriation for defraying the expenses of the various divisions under the supervision of the director of the office of management and budget; and to provide an exemption.					-				-
	SB 2025	A BILL for an Act to provide an appropriation for defraying the expenses of various state departments and institutions; and to declare an emergency.			25,000,000	285,000,000	310,000,000				-
	SB 2026	A BILL for an Act to provide a contingent appropriation to the department of health and human services relating to the demolition of state hospital buildings; and to declare an emergency.			5,000,000		5,000,000				-
	SB 2029	A BILL for an Act to amend and reenact sections 54-16-04.1 and 54-16-04.2 of the North Dakota Century Code, relating to emergency commission and budget section approval to accept and disburse federal funds and state special funds.					-				-
	SB 2030	A BILL for an Act to amend and reenact section 50-24.6-09 of the North Dakota Century Code, relating to value-based purchasing for medical assistance; to provide for a department of health and human services study of value-based purchasing for pharmaceuticals as a feasible option for the state; and to provide for a legislative management report.	Y				-				-
	SB 2035	A BILL for an Act to provide appropriations to the office of management and budget and the department of health and human services for guardianship services.					-				-
	SB 2042	A BILL for an Act to create and enact sections relating to resolution of identical bids or proposals in procurement and secretary of state registration; , relating to reciprocal preference requirements in procurement, resident North Dakota bidder, seller, vendor, offeror, or contractor, exemptions from procurement, procurement solicitation methods, bidder registration requirements, approved vendors, and public notices.					-				-
	SB 2046	A BILL for an Act to amend and reenact section 12.1-04-08 of the North Dakota Century Code, relating to fitness to proceed.									
	SB 2071	A BILL for an Act to amend and reenact section 50-24.1-41 of the North Dakota Century Code, relating to medical assistance for pregnant women.	Y				-		957,290	1,083,617	2,040,907
	SB 2077	A BILL for an Act to amend and reenact section 50-06-21 of the North Dakota Century Code, relating to gambling disorder prevention, awareness, crisis intervention, rehabilitation, and treatment services.	Y				-				-
	SB 2083	A BILL for an Act to create and enact a new section relating to collaborative care and consultation services provided by the state hospital;relating to the object of the state hospital and the operation of regional human service centers; and to declare an emergency	Y				-				-
	SB 2087	A BILL for an Act to amend and reenact subsection 1 of section 50-09-29 of the North Dakota Century Code, relating to requirements for administration of temporary assistance for needy families.	Y				-			137,490	137,490

ICE

FAIL PASS	Bill Number	Description of Bill	Fiscal Note	Appropriated Amount FTE	Appropriated Amount General	Appropriated Amount Other	Appropriated Amount Total	Unfunded Amount FTE	Unfunded Amount General	Unfunded Amount Other	Unfunded Amount Total
	SB 2088	A BILL for an Act to amend and reenact sections 50-32-01 and 50-32-02 of the North Dakota Century Code, relating to assisted living facilities; and to repeal sections 50-32-02.1 and 50-32-03 of the North Dakota Century Code, relating to the licensing of assisted living facilities and powers and duties of the department of health and human services	Y				-				-
	SB 2104	A BILL for an Act to amend and reenact relating to early childhood services, resource and referral services, workforce development, early childhood inclusion support program, best in class program, and disclosure of child abuse and neglect confirmed decisions involving early childhood services.	Y				-				-
	SB 2109	A BILL for an Act to create and enact subsection 5 of section 32-12.2-15 of the North Dakota Century Code, relating to limitation of liability provisions contained within packaging or clickthrough agreements for certain products.					-				-
	SB 2124	A BILL for an Act to amend and reenact subsection 2 of section 44-08-04 of the North Dakota Century Code, relating to meal reimbursement.					-		34,045		34,045
	SB 2127	A BILL for an Act to amend and reenact section 43-12.3-06 of the North Dakota Century Code, relating to the student loan repayment program; to provide an appropriation to the department of health and human services for the behavioral health loan repayment program; and to declare an emergency.					-				-
	SB 2128	A BILL for an Act to require human service centers to become certified community behavioral health clinics.	Y		1,000,000		1,000,000	-			-
	SB 2129	A BILL for an Act to amend and reenact section 50-06-26 of the North Dakota Century Code, relating to the alternatives-to-abortion program; and to provide for an appropriation to the department of health and human services to establish and maintain the alternatives-to-abortion program.			400,000		400,000				-
	SB 2139	A BILL for an Act to amend and reenact sections 11-19.1-15 and 23-06-03 of the North Dakota Century Code, relating to final disposition of individuals who are indigent.	Y				-			612,000	612,000
	SB 2149	A BILL for an Act to create and enact a new section to chapter 50-06 and chapter 57-40.7 of the North Dakota Century Code, relating to the creation of the 988 crisis hotline program and the 988 crisis stabilization fund and the imposition of a 988 access fee; to provide a continuing appropriation; and to provide an effective date.	Y		50,000		50,000			4,257,700	4,257,700
	SB 2152	A BILL for an Act to create and enact a new section to chapter 50-06 of the North Dakota Century Code, relating to certification of recovery residences.	Y				-		133,033		133,033
	SB 2155	A BILL for an Act to provide an appropriation to the department of health and human services for federally qualified health center grants; and to provide for a legislative management study on expanding the number of federally qualified health centers.			1,000,000		1,000,000				-
	SB 2158	A BILL for an Act to provide for a legislative management study of the comprehensive health association of North Dakota.					-				-

NORTH Dakota | Health & Human Services

FINANCE

FAIL PASS	Bill Number	Description of Bill	Fiscal Note	Appropriated Amount FTE	Appropriated Amount General	Appropriated Amount Other	Appropriated Amount Total	Unfunded Amount FTE	Unfunded Amount General	Unfunded Amount Other	Unfunded Amount Total
	SB 2166	A BILL for an Act to provide an appropriation for a grant for substance use disorder and mental health recovery services.					-				-
	SB 2180	A BILL for an Act to amend and reenact subsection 1 of section 54-10-01, sections 54-10-14, 54-10-15, and 54-10-27 of the North Dakota Century Code, relating to the annual comprehensive financial report, audits of state agencies, reports, financial audits, and petitions.					-				-
	SB 2181	A BILL for an Act to amend and reenact sections 50-09-29, 50-24.1-02.6, and 50-24.1-41 of the North Dakota Century Code, relating to public assistance for pregnant women.	Y				-		371,848	1,157,684	1,529,532
	SB 2185	A BILL for an Act to provide for an appropriation to the department of health and human services for the development of a pregnancy and parenting resource website; and to declare an emergency.			100,000		100,000				-
	SB 2190	A BILL for an Act to amend and reenact sections 50-33-02 and 50-33-07 of the North Dakota Century Code, relating to the child care assistance program; and to provide a statement of legislative intent.	Y				-		2,805,979		2,805,979
	SB 2201	A BILL for an Act to amend and reenact sections 19-24.1-15 and 19-24.1-16 and subsection 2 of section 19-24.1-18 of the North Dakota Century Code, relating to medical marijuana certification and application fees.	Y				-				-
	SB 2215	A BILL for an Act to provide an appropriation to the department of health and human services for recreation services for individuals with developmental disabilities.			150,000		150,000				-
	SB 2217	A BILL for an Act to create and enact a new section to chapter 51-07 of the North Dakota Century Code, relating to the calculation of interchange fees for electronic payment transactions; and to provide a penalty.					-				-
	SB 2219	section 39-06-19, section 39-06-32, subsection 4 of section 39-06-33, subdivision i of subsection 2 of section 39-06-49, subsection 5 of section 39-06.1-11, and subsection 2 of section 39-16-03.1 of the North Dakota Century Code, relating to suspension of an operator's license for nonpayment of child support, the issuance of a temporary permit, authority to suspend an operator's license for failure to pay a fine, hearings on suspension or revocation of license, license reinstatement fees, temporary restricted licenses, and entries on driver's record abstract; and to provide a penalty.									
	SB 2230	A BILL for an Act to create and enact a new section to chapter 50-06 of the North Dakota Century Code, relating to establishing an adoption assistance program for costs associated with the home study process; and to provide an appropriation.			250,000		250,000				-
	SB 2233	A BILL for an Act to amend and reenact subsection 3 of section 4.1-01.1-07, subsection 6 of section 6-09-15.5, section 6-09-29, subsection 4 of section 6-09-46.2, subsection 5 of section 6-09-49.2, sections 6-09.8-03, 6-09.13-04, 6-09.14-02, 6-09.15-02, 6-09.16-03, and 6-09.18-05, subsection 6 of section 15.1-36-08, section 17-03-02, and subsection 2 of section 54-63.1-07 of the North Dakota Century Code, relating to the audit of loan programs administered by the Bank of North Dakota.					-				-

North Dakota | Health & Human Services

I ...ICE

FAIL PASS	Bill Number	Description of Bill	Fiscal Note	Appropriated Amount FTE	Appropriated Amount General	Appropriated Amount Other	Appropriated Amount Total	Unfunded Amount FTE	Unfunded Amount General	Unfunded Amount Other	Unfunded Amount Total
	SB 2238	A BILL for an Act to amend and reenact section 50-11.1-06.2 of the North Dakota Century Code, relating to criminal history record checks for early childhood services providers; and to provide for a legislative management study.	Y				-		1,539,158		1,539,158
	SB 2240	A BILL for an Act to amend and reenact section 50-24.1-37 of the North Dakota Century Code, relating to the Medicaid expansion program; and to provide an appropriation.					-				-
	SB 2257	A BILL for an Act to amend and reenact section 1 of chapter 398 of the 2019 Session Laws, relating to a task force on prevention of sexual abuse of children; and to provide for a legislative management report and a report to the governor.					-				-
	SB 2265	A BILL for an Act to create and enact a new section to chapter 50-24.1 of the North Dakota Century Code, relating to a dual special needs plan for Medicaid; and to provide an appropriation.			237,516		237,516				-
	SB 2268	A BILL for an Act to provide an appropriation to the department of health and human services for a pilot program for support services for youth at risk.					-				
	SB 2272	A BILL for an Act to amend and reenact section 25-02-03 of the North Dakota Century Code, relating to the object of the state hospital.					-				-
	SB 2274	A BILL for an Act to create and enact chapter 14-02.7 of the North Dakota Century Code, relating to discrimination based on vaccination status or possession of an immunity passport.									
	SB 2276	A BILL for an Act to create and enact a new section to chapter 50-24.1 of the North Dakota Century Code, relating to legally responsible individuals providing Medicaid waiver services.	Y				-		4,366,159	4,953,502	9,319,661
	SB 2283	A BILL for an Act to amend and reenact section 50-24.5-02.3 of the North Dakota Century Code, relating to basic care payment rates; to provide for a study; to provide an appropriation; and to declare an emergency.	Y		19,718,386	7,984,183	27,702,569				-
	SB 2287	A BILL for an Act to create and enact subdivision f of subsection 1 of section 43-12.3-06 of the North Dakota Century Code, relating to the health care professional student loan repayment program; and to provide					-				-
	SB 2291	A BILL for an Act to amend and reenact subsection 1 of section 50-09-29 of the North Dakota Century Code, relating to the administration of the temporary assistance for needy families program.	Y						13,703,271		
	SB 2296	A BILL for an Act to create and enact two new sections to chapter 28-32 of the North Dakota Century Code, relating to agency adjudications and judicial deference in administrative hearings.					-		1,091,768	676,328	1,768,096
	SB 2298	A BILL for an Act to create and enact a new section to chapter 53-08 of the North Dakota Century Code, relating to recreational activities on land owned or leased by the state.					-				-
	SB 2301	A BILL for an Act to create and enact a new section to chapter 50-11.1 of the North Dakota Century Code, relating to the establishment of a child care stabilization program.	Y				-		36,181,170		36,181,170

NORTH Dakota | Health & Human Services

FINANCE

FAIL PASS	Bill Number	Description of Bill	Fiscal Note	Appropriated Amount FTE	Appropriated Amount General	Appropriated Amount Other	Appropriated Amount Total	Unfunded Amount FTE	Unfunded Amount General	Unfunded Amount Other	Unfunded Amount Total
	SB 2322	A BILL for an Act to create and enact a new section to chapter 50-06 of the North Dakota Century Code, relating to the mental health and well-being advisory committee; to provide for a legislative management report; and to provide an appropriation.					-				-
	SB 2323	A BILL for an Act to provide an appropriation to the department of health and human services for early childhood programs.					-				-
	SB 2327	A BILL for an Act to create and enact chapter 14-15.2 and a new section to chapter 44-04 of the North Dakota Century Code, relating to the creation of the fathers' adoption registry and an exemption to open records requests pertaining to the registry; to amend and reenact sections 14-15-09 and 14-15-19 of the North Dakota Century Code, relating to the requirements to petition for adoption and relinquishment of parental rights; and to provide a penalty.	Y				-				-
	SB 2332	A BILL for an Act to provide an appropriation to the department of health and human services for providing primary, palliative, and hospice home-based services.					-				-
	SB 2335	A BILL for an Act to create and enact a new section to chapter 50-06 and section 50-11-01.7 of the North Dakota Century Code, relating to training and screening for fetal alcohol spectrum disorder and creating a fetal alcohol spectrum disorder council; and to amend and reenact section 15.1-32-01, subsection 3 of section 25-01.2-01, and section 27-20.3-04 of the North Dakota Century Code, relating to fetal alcohol spectrum disorder; and to provide a report.	Y				-				-
	SB 2341	A BILL for an Act to amend and reenact section 50-11-00.1 of the North Dakota Century Code, relating to definitions for foster homes for children and treatment centers for trafficked youth.					-				-
	SB 2344	A BILL for an Act to amend and reenact section 43-12.3-06 of the North Dakota Century Code, relating to the health care professional student loan repayment program; and to provide an appropriation.			48,000		48,000				-
	SB 2345	A BILL for an Act to create and enact a new chapter to title 27 of the North Dakota Century Code, relating to the task force on guardianship monitoring to promote the accountability of all guardians; and to provide an appropriation.			290,000		290,000				-
	SB 2347	A BILL for an Act to amend and reenact section 48-01.2-02.1 of the North Dakota Century Code, relating to the threshold for procuring plans, drawings, and specifications from an architect or engineer for construction of a public improvement.									
	SB 2351	A BILL for an Act to create and enact a new section to chapter 15.1-06 of the North Dakota Century Code, relating to a data collection system for classroom and hallway clearings.									
	SB 2367	A BILL for an Act to amend and reenact section 57-51.1-07.5 of the North Dakota Century Code, relating to the allocation of the state share of oil and gas taxes.									
	SB 2384	A BILL for an Act to create and enact a new section to chapter 12.1-31 of the North Dakota Century Code, relating to prohibiting the use of vaccines developed using messenger ribonucleic acid technology in the state; and to provide a penalty.									

NORTH Dakota | Health & Human Services

NCE

FAIL PASS	Bill Number	Description of Bill	Fiscal Note	Appropriated Amount				Unfunded Amount			
				FTE	General	Other	Total	FTE	General	Other	Total
	SB 2388	A BILL for an Act to amend and reenact sections 19-24.1-05, 19-24.1-18, and 19-24.1-19 of the North Dakota Century Code, relating to reapplication for registered identification cards for marijuana.	Y								
	HCR 3001	A concurrent resolution authorizing the Budget Section of the Legislative Management to hold the required legislative hearings on state plans for the receipt and expenditure of new or revised block grants passed by Congress.									-
	Total	127		-	53,570,902	301,984,183	355,555,085	-	77,089,394	17,660,070	81,046,193

**Note Bills with no dollar amounts listed indicate fiscal impact may not be determined at this time

NORTH Dakota | Health and Human Services
Be Legendary.

ADMINISTRATION - SUPPORT
Operating / Porfessional Fees and Services

Description	2021-23 Biennium Amount	2023-25 Base Budget	Increase/ (Decrease)	Executive Budget Recommendation	Increase/ (Decrease)	Engrossed SB 2012
Inflation for HHS operating	-	-	20,564,344	20,564,344	-	20,564,344
Senate underfunding	-	-	-	-	(19,900,262)	(19,900,262)
Legal services (OAH & AG)	1,490,931	1,490,931	(88,978)	1,401,953	-	1,401,953
State Auditor services	565,300	565,300	54,990	620,290	-	620,290
Indirect cost reimbursement	523,800	523,800	-	523,800	-	523,800
Background checks - CBCU	409,599	409,599	-	409,599	-	409,599
Special lawsuit funding	-	-	250,000	250,000	-	250,000
Advertising and background checks	56,610	56,610	154,390	211,000	-	211,000
Public Health	190,361	190,361	15,027	205,388	-	205,388
Intranet contract	175,000	175,000	5,000	180,000	-	180,000
HHS Website maintenance and enhancements	-	-	156,000	156,000	-	156,000
Miscellaneous professional fees & services	47,237	47,237	85,469	132,706		132,706
Epiphany Associates	-	-	120,000	120,000	-	120,000
Administrative rulemaking changes	45,955	45,955	72,616	118,571	-	118,571
Postage	32,256	32,256	17,744	50,000	-	50,000
Catch Intelligence	225,000	225,000	(225,000)	-	-	-
Digital marketing campaign	210,000	210,000	(210,000)	-	-	-
Budget corrected in Engrossed SB 2012	-	-	6,544,097	6,544,097	(6,544,097)	-
Shifting cost from 457 to HHS Admin	-	-	1,031,038	1,031,038	(1,031,038)	-
General Fund	**1,410,699**	**1,410,699**	**17,938,405**	**19,349,104**	**(27,197,760)**	**(7,848,656)**
Federal Funds	**1,960,967**	**1,960,967**	**10,115,022**	**12,075,989**	**162,645**	**12,238,634**
Other Funds	**600,383**	**600,383**	**493,310**	**1,093,693**	**(440,282)**	**653,411**
Total Funds	**3,972,049**	**3,972,049**	**28,546,737**	**32,518,786**	**(27,475,397)**	**5,043,389**

SB 2012

House Appropriations
Human Resources Division

NDHA
North Dakota Hospital Association
Est. 1934

Items to review

- Hospital Challenges
  - Workforce
  - Financial concerns
- State Medicaid reimbursement comparisons
- Why NDHA supports engrossed SB 2012

Hospital Challenges

- **Workforce**
  - #1 challenge for hospitals
  - Concern before COVID-19
  - In both urban and rural areas
  - 25% increase in wages since Covid
    - Urban hospitals wages have increased $382 million, 2019 vs. 2022
    - Rural hospitals contract labor $14 million 2019 and $39 million in 2022

Workforce Survey

- NDHA conducted Nursing Survey – summer 2022
  - How many full-time nurse positions do you have open?
    - 1,326
    - 42 hospitals
  - How many contract nurses do you have?
    - 717
    - During COVID-19 hospitals paying $200 - $225 per hour, before $85
  - Hospitals getting creative to retain and recruit
    - bonus and loan forgiveness programs
    - recruit from other countries
    - Thank you, legislators for supporting different workforce programs

Hospital Challenges

- **Financial Concerns**
  - **Urban Hospitals**
    - Operating margins cut by 50% since COVID-19
      - includes federal COVID funding received
    - Inflation (increases)
      - Pharmacy 48%
      - Wages 25%
      - Supplies 11%

Hospital Challenges

- **Financial Concerns**
  - **Rural**
    - 36 rural hospitals (Critical Access Hospitals)
      - 17 have positive operating margins in 2022
        - half of 17 would have negative margins without federal COVID funding
    - Mean operating margin = -.5%
    - Median operating margin = -2.1%

- **Thank you for supporting Medicaid Expansion**
  - Affordable Care Act– ND expanded Medicaid to adults with incomes up to 138% of federal poverty level
  - 90% federally funded
  - Implemented in January 2014
  - 34,200 covered lives are getting healthcare on a regular basis
    - 24,800 February 2021, due to PHE
  - Uncompensated care for hospitals reduced 50% two years after implementation
  - Bottom line, the state's 10% investment has provided access to care

Reimbursement Comparisons

- A lot of discussion on how ND Medicaid Rates compare to other states.
  - Traditional and Expansion reimbursement
- Are we comparing apples to apples?
- Won't disagree ND Medicaid base rates may be at top tier
  - traditional Medicaid still reimburses below cost of care.
  - Medicaid Expansion helps subsidize.

Reimbursement Comparisons

- **<u>Medicaid Base and Supplemental Payments to Hospitals</u>**
  - How states pay hospitals:
    - 1. **Base Payment** (fee for service/managed care) – North Dakota
    - 2. **Supplemental Payments**
      - Disproportionate share – serve volume of high Medicaid and low income
      - Upper Payment Limit – gap between Medicaid and Medicare
      - Uncompensated care pool payments
      - Delivery system in reform incentive payments

Reimbursement Comparisons

- **Medicaid Base and Supplemental Payments to Hospitals**
  - MACPAC
    - Medicaid and CHIP Payment and Access Commission
    - Non-partisan legislative branch agency that provides policy and data analysis to Congress and U.S. Department of HHS
    - 2021 Issue Brief
    - Pages 12-13

Reimbursement Comparisons

- **Medicaid Base and Supplemental Payments to Hospitals**
  - It's difficult to compare Medicaid Expansion/Traditional payment rates between states.
    - North Dakota $13,966 vs. Arkansas $1,647
      - Arkansas - $137 per month
    - Arkansas hospitals receive $475 million more in supplemental payments
    - Arkansas hospitals can afford to take less in Expansion rates
    - North Dakota hospitals cannot afford less in reimbursement
      - ND – receives $3.2 million in supplemental payments, lowest in the nation
    - How does ND rank in total Medicaid reimbursement to providers when you factor in what other states receive in supplemental payments.

SB 2012

- **Hospitals support engrossed SB 2012**
  - Support Inflationary Increases - 4% each year
    - impacts hospital reimbursement (fee schedules)
    - support increase based on hospital cost increases
  - Support preserving current Medicaid Expansion rates to providers
    - Hospitals contract with BCBSND
  - Support fair Medicaid Value-Based Purchasing programs
    - Urban hospitals support designing quality program for traditional Medicaid
    - Monthly discussions have taken place for over a year
    - Both sides continue to work together
    - Hospitals appreciate DHHS allowing provider input

- **Questions**

  - Tim Blasl
  - President
  - North Dakota Hospital Association

IssueBrief

MACPAC

June 2021

Advising Congress on Medicaid and CHIP Policy

Medicaid Base and Supplemental Payments to Hospitals

States make a number of different types of Medicaid payments to hospitals and have broad flexibility to design their own payment methods. The two broad categories of payments are (1) base payments for services and (2) supplemental payments, which are typically made in a lump sum for a fixed period of time. States vary in the mix of base and supplemental payments that they make, as well as the overall level of payment to hospitals.

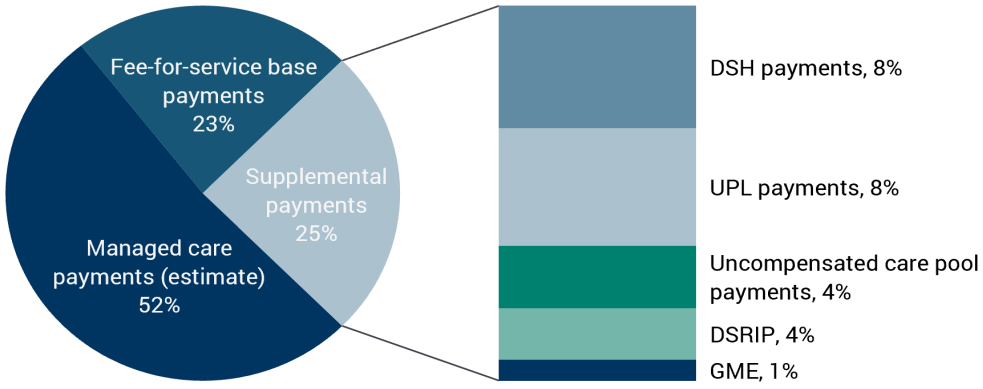
This issue brief reviews each type of Medicaid hospital payment, with information on payment goals, payment amounts, and the relationship to other types of Medicaid payments. It also provides illustrative examples showing how the use of supplemental payments varies by state and additional information about how state methods for financing Medicaid payments affect net hospital payments. We provide complete state-by-state information on supplemental payments to hospitals in Appendix A.

Medicaid Spending on Hospitals

Medicaid spent $206.6 billion on hospital care in 2019.[1] Hospital spending accounted for 34 percent of total Medicaid spending and Medicaid payments to hospitals accounted for 17 percent of all payments to hospitals in 2019 (OACT 2020).

In fiscal year (FY) 2019, about half of Medicaid payments to hospitals were made on a fee-for-service (FFS) basis and about half of payments were made through managed care delivery systems (Figure 1). About half of FFS payments were base payments for services and about half were supplemental payments.

FIGURE 1. Base and Supplemental Payments as a Share of Total Medicaid Payments to Hospitals, FY 2019



Medicaid and CHIP Payment and Access Commission

1800 M Street NW
Suite 650 South
Washington, DC 20036

www.macpac.gov
202-350-2000
202-273-2452

Notes: FY is fiscal year. DSH is disproportionate share hospital. UPL is upper payment limit. DSRIP is delivery system reform incentive payment. GME is graduate medical education. DSRIP and uncompensated care pool payments must be authorized under Section 1115 waivers. Managed care payments to hospitals are estimated based on total managed care spending reported by states. Totals do not sum due to rounding.

Source: MACPAC, 2021, analysis of CMS-64 net expenditure data as of August 05, 2020 and CMS-64 Schedule C waiver report data as of September 24, 2020.

Base Payments

Base payments to hospitals pay for specific services provided to Medicaid enrollees. Payment policies differ among states and between FFS and managed care delivery systems.

Fee for service

Payment goals. FFS payment policies are required to be consistent with the statutory goals of efficiency, economy, quality, and access (§ 1902(a)(30)(A) of the Social Security Act). Specifically, payments must be sufficient to enlist enough providers so that services are available to Medicaid-enrolled patients at least to the extent they are available to the general population in the geographic area. The Centers for Medicare & Medicaid Services (CMS) assesses the adequacy of FFS payments when it approves FFS payment methodologies. Under 2015 regulations for monitoring access, states must submit access monitoring review plans every three years and whenever the state proposes a reduction in provider payments (42 CFR § 447.203).

Payment amounts. FFS base payments for inpatient hospital services vary considerably across states. Based on analysis of 2011 claims data, payments for inpatient services ranged from 49 percent to 169 percent of the national average (MACPAC 2017a). States were not consistently high or low payers across all inpatient services. Payment amounts for the same service also varied within each state.

On average, Medicaid FFS base payments are below hospitals' costs of providing services to Medicaid enrollees and are below Medicare payment rates for comparable services. In 2011, for example, FFS base payment rates were 78 percent of Medicare for the 18 Medicare-severity diagnostic-related groups that MACPAC studied (MACPAC 2017a).

Relationship to other payments. States can supplement low FFS base payments by using upper payment limit (UPL), disproportionate share hospital (DSH), or uncompensated care pool payments to pay for Medicaid shortfall, which is the difference between a hospital's Medicaid payments and its cost to provide services to Medicaid-enrolled patients.

Managed care

Payment goals. Managed care capitation rates are required to be actuarially sound, meaning that they cover reasonable, appropriate, and attainable costs in providing covered services to Medicaid enrollees. Managed care plans typically have flexibility in determining the rates they will pay providers, but must meet state network adequacy requirements. CMS reviews capitation rates for managed care contracts and requires states to conduct external quality reviews at least once every three years, but CMS does not review the rates that managed care plans pay providers.

Payment amounts. The limited data available on managed care payments to hospitals suggests that these payments are similar to FFS in some states, but different in others. For example, an analysis of hospital payment-to-cost ratios in Florida in state fiscal year (SFY) 2013 found that Medicaid managed care payment rates were similar to FFS (a payment-to-cost ratio of 80 percent for managed care compared to 78 percent for FFS). However, a similar analysis of payments in Massachusetts in FY 2014 found that the managed care payment-to-cost ratio was much higher than FFS: an 87 percent payment-to-cost ratio for managed care compared to 72 percent in fee-for-service (MACPAC 2018a). During the summer of 2018, MACPAC interviewed state officials and stakeholders in five states (Arizona, Louisiana, Michigan, Mississippi, and Virginia) and found that Medicaid managed care payments to hospitals closely track those made under fee for service (Marks et al. 2018).

Relationship to other payments. States generally are prohibited from making supplemental payments for services provided in managed care delivery systems; however, a number of states have received waivers under Section 1115 of the Social Security Act in order to continue making supplemental payments when they expanded managed care.[2] In April 2016, CMS established a new option allowing states to require managed care plans to direct rate increases or payment for quality improvement activities to particular providers without a waiver (CMS 2016). Payments under this new directed-payment option differ from pass-through payments, which must be phased out under the new rule because pass-through payments in managed care are lump sum payments that are not directly tied to services.

Supplemental Payments

There are five major types of Medicaid supplemental payments to hospitals (Table 1). Some of these supplemental payments are intended to pay for services provided to Medicaid-enrolled patients and some are meant to support other goals. For example, DSH, UPL, and uncompensated care pool payments help to supplement Medicaid base payment rates that are often below hospital costs, but DSH and uncompensated care pool payments also help to support the costs of care provided to uninsured patients. States vary in the mix and amount of supplemental payments they make (Appendix A).

TABLE 1. Spending and Implied Goals of Medicaid Supplemental Payments to Hospitals, FY 2018

Type of supplemental payment	Total spending (billions)	Number of states reporting spending	Intent of payment implied from federal rules		
			Medicaid enrolled patients	Uninsured individuals	Other purposes
DSH	$14.9	50	✓	✓	
UPL	$14.3	32	✓		
Uncompensated care pools	$7.6	8	✓	✓	
DSRIP	$6.3	10			✓
GME	$2.5	30			✓

Notes: FY is fiscal year. DSH is disproportionate share hospital. UPL is upper payment limit. GME is graduate medical education. DSRIP is delivery system reform incentive payment. Analysis excludes managed care payments and DSH payments to mental health facilities. Number of states reporting spending includes the District of Columbia.

Source: MACPAC, 2021, analysis of CMS-64 FMR net expenditure data as of August 05, 2020 and CMS-64 Schedule C waiver report data as of September 24, 2020.

Overall spending on Medicaid supplemental payments to hospitals has changed over time, and because many types of supplemental payments are interchangeable, changes to one type of payment may affect other payments. For example, after Congress imposed limits on DSH spending in the 1990s, UPL payments grew rapidly in the early 2000s.[3]

Disproportionate share hospital payments

Payment goals. Medicaid DSH payments are statutorily required payments to hospitals that serve a high share of Medicaid and low-income patients.[4] DSH payments cannot exceed the hospital's uncompensated care costs for both Medicaid-enrolled and uninsured patients, defined as follows:

- **Medicaid shortfall** is the difference between a hospital's costs of serving Medicaid-enrolled patients and the payments that it receives for those services, including FFS, managed care, UPL, graduate medical education (GME), and uncompensated care pool payments, but excluding delivery system reform incentive payments (DSRIP).

- **Unpaid costs of care for uninsured patients** includes both charity care (for which the hospital does not charge the patient at all or charges the patient a discounted rate below the hospital's cost of delivering the care) and bad debt (for which the hospital charges the patient but is not able to collect). Medicaid DSH does not pay for bad debt expenses for patients with insurance who cannot pay because they cannot afford deductibles or copays.

Payment amounts. DSH payments to hospitals totaled $14.9 billion in FY 2019. This amount excludes DSH payments to institutions for mental diseases (IMDs), which are beyond the scope of this issue brief.

State DSH spending is limited by federal allotments, which vary widely by state. In FY 2018, federal funds allotted to states for DSH payments totaled $12.3 billion. State-specific DSH allotments that year ranged from less than $15 million in six states (Delaware, Hawaii, Montana, North Dakota, South Dakota, and Wyoming) to more than $1 billion in three states (California, New York, and Texas). DSH allotments are largely based on each state's DSH spending in 1992, when DSH allotments were first established.

Relationship to other payments. DSH payments can be used offset low base payments, but they are the only type of Medicaid payment in statute that is explicitly intended to pay for unpaid costs of care for uninsured patients.[5]

Changes to base and non-DSH supplemental payments can affect the amount of DSH funding a hospital is eligible to receive. For example, increases in base and non-DSH supplemental payments reduce a hospital's Medicaid shortfall and thus reduce the total uncompensated care costs that DSH can pay for.

Upper payment limit payments

Payment goals. UPL payments are lump-sum payments that are intended to fill in the difference between FFS base payments and the amount that Medicare would have paid for the same service. In the aggregate for each class of providers, FFS and UPL payments for services cannot exceed a reasonable estimate of what would have been paid according to Medicare payment principles. Classes of providers are defined based on ownership (i.e., government, non-state government, and privately owned). States can use a variety of methods to estimate what Medicare would have paid, including a payment-based method (i.e., based on

the hospital's aggregate Medicare payments relative to its charges) or a cost-based method (i.e., the hospital's costs according to Medicare cost principles).

Payment amounts. UPL payments for inpatient and outpatient hospital services totaled $14.3 billion in FY 2019.[6] The use of UPL payments varies widely by state: in FY 2019, UPL payments to hospitals were less than 1 percent of Medicaid benefit spending in 16 states and more than 10 percent of Medicaid benefit spending in 4 states.

Relationship to other payments. UPL payments are explicitly intended to supplement low FFS base payment rates. If states increase base payments rates to hospitals, the amount of UPL payments that a state can make is reduced.

Because UPL limits are established in the aggregate, UPL payments to individual hospitals can exceed the hospitals' costs as long as total payments for each class of providers are below the UPL. This policy is different than DSH, which cannot pay more than a hospital's uncompensated care costs.

Uncompensated care pool payments

Payment goals. Uncompensated care pools are authorized under Section 1115 demonstrations and were initially used as a way to preserve FFS supplemental payments when states expanded the use of managed care and could not otherwise continue to make the same level of UPL payments to hospitals. Eight states reported uncompensated care pool spending in FY 2019 (Arizona, California, Florida, Kansas, Massachusetts, New Mexico, Tennessee, and Texas).

States negotiate the parameters of their uncompensated care pools with CMS and can define uncompensated care using definitions that differ from those used for DSH purposes. For example, Florida's Low Income Pool pays for patients who are underinsured as well as for patients who are uninsured. California's Global Payment Program pays for hospital unpaid costs of care incurred outside of the hospital setting, but it does not pay for Medicaid shortfall.

Payment amounts. Uncompensated care pool payments totaled $7.6 billion in FY 2019. The payment amounts are established in each state's Section 1115 demonstration special terms and conditions. In some states, the amount of funding for uncompensated care pools declines over time to reflect expected declines in uncompensated care as a result of coverage expansions, but in other states, funding for uncompensated care pools increases each year based on inflation.

Relationship to other payments. States can use DSH, UPL, and uncompensated care pool payments interchangeably to pay for Medicaid shortfall.

Delivery system reform incentive payments

Payment goals. DSRIP programs direct Medicaid funds toward provider-led efforts to improve health care quality and access. DSRIP programs are authorized under Section 1115 demonstrations, and like uncompensated care pools, some states have sought DSRIP programs as a way to preserve supplemental payments in managed care. Additional information about the design and structure of DSRIP programs is provided in MACPAC's issue brief, *Delivery System Reform Incentive Payment Programs* (MACPAC 2020).

DSRIPs are not considered to be payments for Medicaid services and are instead intended to pay for infrastructure and investments in care improvement activities for a state's safety-net health system as a whole.

Payment amounts. DSRIP payments totaled $6.3 billion in FY 2019. Most DSRIP payments go to hospitals, but some DSRIP payments support non-hospital providers as well.[7]

Relationship to other payments. Because DSRIP payments are not classified as payments for Medicaid services, they do not affect other hospital payments. Thus, even if a hospital is receiving the maximum amount of funding allowable under DSH and UPL rules, it can still receive additional DSRIP funding.

CMS has indicated that it views DSRIP funding as a one-time investment, and does not plan to renew DSRIP demonstrations. Instead, the agency is encouraging states to develop plans to sustain DSRIP by incorporating value-based purchasing strategies into managed care contracts.

Graduate medical education payments

Payment goals. Medicaid GME payments help support teaching hospitals.[8] These institutions' higher costs can reflect both the direct costs of training (e.g., residents' salaries) as well as indirect costs associated with a more severe case mix. Some states make GME payments as a supplemental payment, while other states account for GME costs in the calculation of base payments to teaching hospitals.

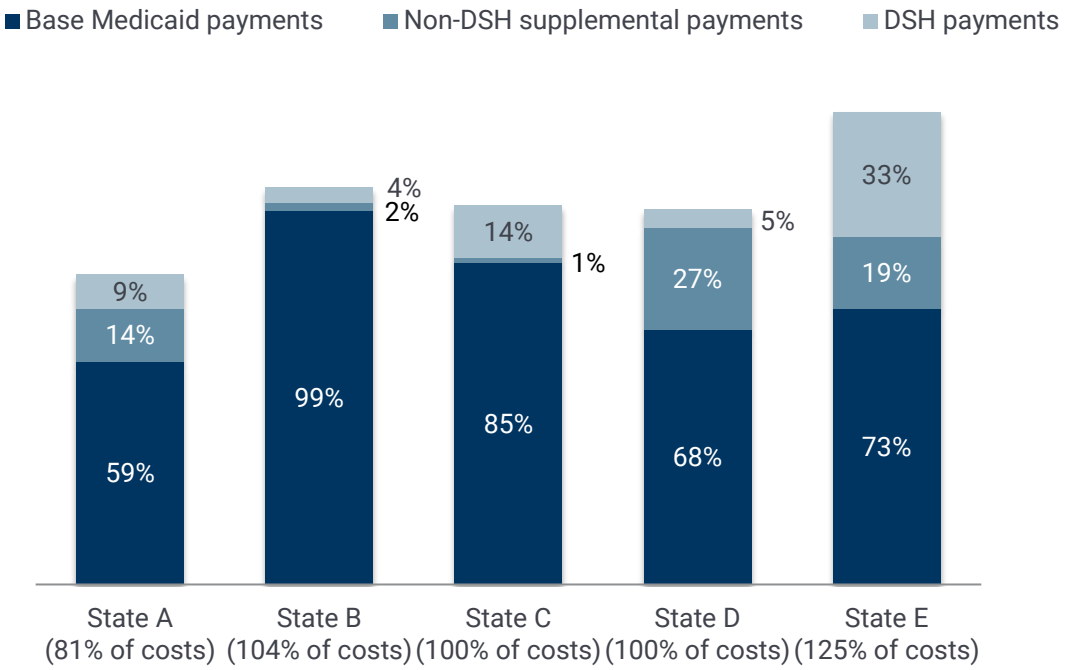
Payment amounts. In FY 2019, 30 states reported $2.5 billion in Medicaid GME supplemental payments. States do not separately report GME payments included in base payment rates to hospitals.

Relationship to other payments. States can make GME supplemental payments in both FFS and managed care delivery systems. GME payments are considered Medicaid payments for the purposes of calculating Medicaid shortfall for DSH and UPL purposes.

State Variation in Hospital Payment

Total Medicaid payments to hospitals vary widely by state because of differences in base payment rates and differences in the use of supplemental payments. Data from the annual, hospital-specific Medicaid DSH audits help illustrate this variation (Figure 2). In this example, overall Medicaid payment to DSH hospitals as a share of Medicaid costs ranges from 81 percent of costs in state A to 125 percent of costs in state E.[9]

FIGURE 2. Medicaid Payments to DSH Hospitals as a Percentage of Medicaid Costs for Selected States, SPRY 2014



Notes: DSH is disproportionate share hospital. SPRY is state plan rate year, which often coincides with state fiscal year and may not align with the federal fiscal year. Institutions for mental diseases were excluded from this analysis. Base Medicaid payments include fee-for-service as well as managed care payments for services. Non-DSH supplemental payments include upper payment limit payments in fee-for-service Medicaid, graduate medical education payments, and supplemental payments authorized under Section 1115 demonstrations (except for delivery system reform incentive payments, which are not reported on DSH audits). DSH payments and non-DSH supplemental payments may also be used to pay for non-Medicaid costs, such as unpaid costs of care for uninsured patients. Payment levels shown do not account for provider contributions to the non-federal share; these contributions may reduce net payments. All states in this analysis distribute DSH payments to more than half of hospitals in their state. Numbers do not sum due to rounding.

Source: MACPAC 2018b.

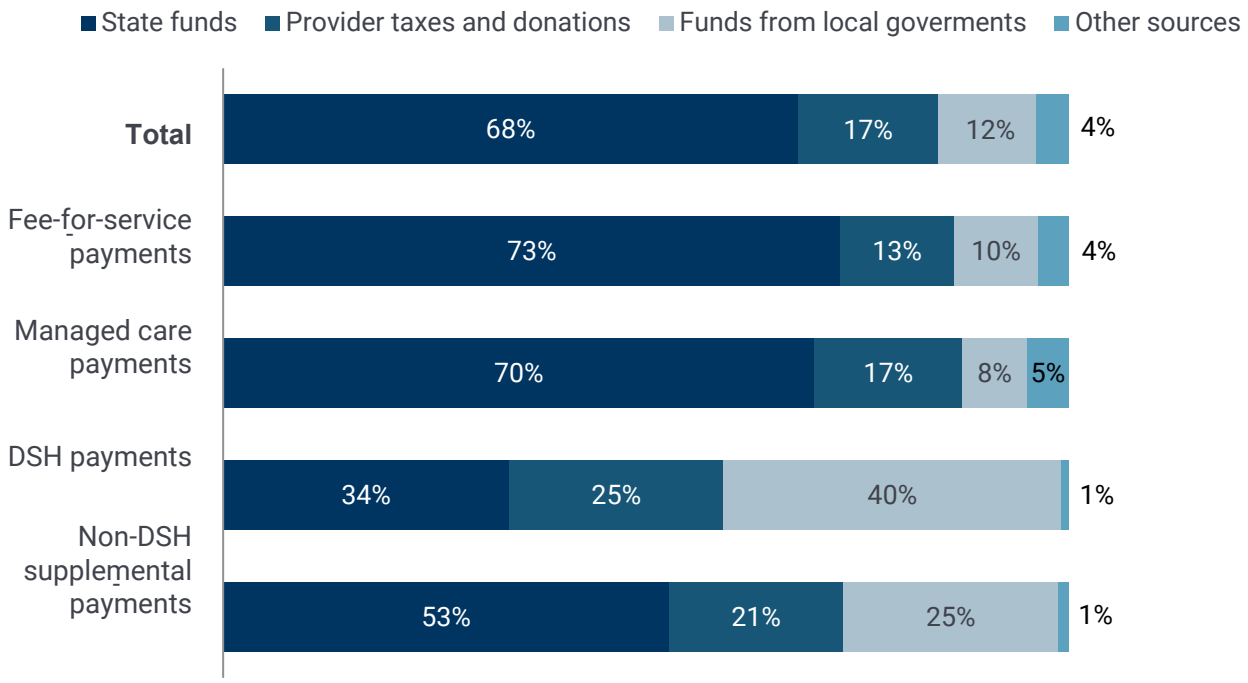
Although states B, C, and D pay hospitals roughly 100 percent of Medicaid costs, they differ in their use of supplemental payments. State B makes relatively small supplemental payments, while states C and D make relatively large supplemental payments to pay for Medicaid shortfall. However, state C makes more DSH payments than non-DSH supplemental payments, while state D makes more non-DSH supplemental payments than DSH payments.

State E is an example of a state that appears to pay hospitals well above their costs of serving Medicaid patients. However, in this case, total payments to hospitals in the state are 95 percent of hospital costs for Medicaid and uninsured patients. As a result, it is likely that state E is also using Medicaid supplemental payments to pay for care provided to uninsured individuals.

Effect of State Financing Methods

In considering how Medicaid programs pay hospitals, it is also important to consider how these payments are financed. While the majority of the non-federal share of funds for Medicaid payments comes from state funds, most DSH and non-DSH supplemental payments are financed by provider taxes and funds from local governments (Figure 3).

FIGURE 3. Share of Non-Federal Funds for Medicaid Payments from Different Sources, SFY 2018



Notes: SFY is state fiscal year. DSH is disproportionate share hospital. State funds include state general funds and inter-agency transfers. Funds from local governments include intergovernmental transfers and certified public expenditures. Other sources include funds, such as tobacco settlement funds, that are used to fund the state's non-federal share of Medicaid expenditures and are not considered to fit in the other categories listed. Numbers do not add due to rounding. Data reflects all Medicaid payments, not just Medicaid payments to hospitals.

Source: GAO 2021.

The approaches that states use to finance the non-federal share of these payments may affect how they are targeted. For example, states that finance DSH payments with broad-based provider taxes often distribute DSH payments broadly, and states that finance DSH payments with funds from local governments (typically through public hospitals) often target DSH funds to public hospitals (MACPAC 2017b).

Provider taxes and intergovernmental transfers from public hospitals can reduce the net payments that providers receive. For example, assuming that DSH hospitals contributed to the non-federal share of payments financed with provider taxes and funds from local governments at the same rate as other providers, we estimate that these provider contributions reduced total Medicaid payments to DSH hospitals by 11 percent in 2011 (Nelb et al. 2016).

Hospital-specific data on the sources of non-federal share are not publicly available. In the February 2016 *Report to Congress on Medicaid Disproportionate Share Hospital Payments*, MACPAC recommended that the Secretary of the U.S. Department of Health and Human Services (HHS) collect and report hospital-specific data on all types of Medicaid payments to hospitals, as well as data on the sources of non-federal share necessary to determine net Medicaid payment at the provider level (MACPAC 2016). The Consolidated Appropriations Act, 2021, (P.L. 116-260) requires HHS to collect and report data on non-DSH supplemental payments beginning October 1, 2021, but HHS is not required to collect and report data on the sources of non-federal share.

Learn more:

- A Framework for Evaluating Medicaid Provider Payment Policy, in MACPAC's March 2015 *Report to Congress on Medicaid and CHIP*
- *State Medicaid Payment Policies for Inpatient Hospital Services* (December 2018 policy compendium and issue brief)
- *State Medicaid Payment Policies for Outpatient Hospital Services* (July 2016 policy compendium and issue brief)
- *Factors Affecting the Development of Medicaid Hospital Payment Policies: Findings from Structured Interviews in Five States* (October 2018 contractor report)
- Annual Analysis of Disproportionate Share Hospital Payments to States, in MACPAC's March 2021 *Report to Congress on Medicaid and CHIP*
- Oversight of Upper Payment Limit Supplemental Payments to Hospitals, in MACPAC's March 2019 *Report to Congress on Medicaid and CHIP*
- Examining the Policy Implications of Medicaid Non-Disproportionate Share Hospital Supplemental Payments, in MACPAC's March 2014 *Report to the Congress on Medicaid and CHIP*
- *Delivery System Reform Incentive Payments (DSRIP) Programs* (March 2018 issue brief)
- Using Medicaid Supplemental Payments to Drive Delivery System Reform, in MACPAC's June 2015 *Report to Congress on Medicaid and CHIP*

Endnotes

[1] Estimates of Medicaid hospital spending in National Health Expenditures Accounts data include both fee-for-service (FFS) and managed care payments for inpatient and outpatient hospital services. They also include payments for nursing facility services and home health services provided by hospitals.

[2] Section 1115 of the Social Security Act provides broad authority to the Secretary of the Department of Health and Human Services (HHS) to approve demonstrations that are likely to assist in promoting the objectives of the Medicaid program. This includes the authority to waive Medicaid requirements and to provide federal matching funds for costs that would not otherwise be matchable under the state plan, such as supplemental payments in managed care delivery systems.[3] Additional background information about the history of Medicaid DSH payment policy is included in Chapter 1 and Appendix A of

MACPAC's February 2016 *Report to Congress on Medicaid Disproportionate Share Hospital Payments* and additional information about the history of UPL payments is provided in Chapter 2 of MACPAC's March 2019 *Report to Congress on Medicaid and CHIP*.

[4] Medicare also makes DSH payments to hospitals that using different rules than Medicaid.

[5] Section 1115 uncompensated care payments also can help pay for unpaid costs of care for uninsured patients, but these payments must be authorized under Section 1115 waivers.

[6] States also make UPL payments for nursing facility services and other types of Medicaid payments that are beyond the scope of this issue brief.

[7] We do not have data to distinguish DSRIP payments to hospitals and DSRIP payments to non-hospital providers.

[8] Medicare also makes GME payments to hospitals using different rules than Medicaid.

[9] Although DSH audit data are only available for hospitals that receive DSH payments, we selected five states that provide DSH payment and cost information for the majority of hospitals in their state so that these examples are more generalizable than DSH audit data from states that only provide DSH to one or two hospitals. Additional information on Medicaid payments and costs for DSH hospitals by state is included in Appendix A of Chapter 3 of MACPAC's March 2018 report, Annual Analysis of Disproportionate Share Hospital Allotments to States.

References

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2016. CMCS Informational bulletin regarding "The use of new or increased pass-through payments in Medicaid managed care delivery systems." July 29, 2016. https://www.medicaid.gov/federal-policy-guidance/downloads/cib072916.pdf.

Marks, T., K. Gifford, S. Perlin, et al. 2018. *Factors affecting the development of Medicaid hospital payment policies: Findings from structured interviews in five states.* Final report to the Medicaid and CHIP Payment and Access Commission. Washington, DC: Health Management Associates.https://www.macpac.gov/publication/factors-affecting-the-development-of-medicaid-hospital-payment-policies-findings-from-structured-interviews-in-five-states/.

Medicaid and CHIP Payment and Access Commission (MACPAC). 2020. Delivery system reform incentive payment programs (DSRIP). April 2020. Washington, DC: MACPAC. https://www.macpac.gov/publication/delivery-system-reform-incentive-payment-programs/.

Medicaid and CHIP Payment and Access Commission (MACPAC). 2018a. Analysis of Navigant 2015 and Navigant 2016.

Medicaid and CHIP Payment and Access Commission (MACPAC). 2018b. Chapter 3: Annual Analysis of Disproportionate Share Hospital Allotments to States. In *Report to Congress on Medicaid and CHIP*. March 2018. Washington, DC: MACPAC. https://www.macpac.gov/publication/march-2018-report-to-congress-on-medicaid-and-chip/.

Medicaid and CHIP Payment and Access Commission (MACPAC). 2017a. *Medicaid hospital payment: A comparison across states and to Medicare.* April 2017. Washington, DC: MACPAC. https://www.macpac.gov/publication/medicaid-hospital-payment-a-comparison-across-states-and-to-medicare/.

Medicaid and CHIP Payment and Access Commission (MACPAC). 2017b. Chapter 3: Improving the targeting of disproportionate share hospital payments to providers. In *Report to Congress on Medicaid and CHIP.* March 2017. Washington, DC: MACPAC. https://www.macpac.gov/publication/improving-the-targeting-of-disproportionate-share-hospital-payments-to-providers/.

Medicaid and CHIP Payment and Access Commission (MACPAC). 2016. *Report to Congress on Medicaid Disproportionate Share Hospital Payments.* February 2016. Washington, DC: MACPAC. https://www.macpac.gov/publication/report-to-congress-on-medicaid-disproportionate-share-hospital-payments/.

Navigant. 2016. *Evaluation of safety net care pool financing report.* Boston, MA: Massachusetts Executive Office of Health and Human Services. https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ma/MassHealth/ma-masshealth-safetynet-financing-rpt-02012016.pdf.

Navigant. 2015. *Study of hospital funding and payment methodologies for Florida Medicaid*. Tallahassee, Florida: Florida Agency for Health Care Administration. http://www.fdhc.state.fl.us/medicaid/Finance/finance/LIP-DSH/LIP/docs/FL_Medicaid_Funding_and_Payment_Study_2015-02-27.pdf.

Nelb, R., J. Teisl, A. Dobson, J. DaVanzo, and L. Koenig. 2016. For disproportionate-share hospitals, taxes and fees curtail Medicaid payments. *Health Affairs* 35, no. 12: 2277–2281. https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2016.0602.

Office of the Actuary (OACT), Centers for Medicare & Medicaid Services (CMS). 2020. *National health expenditures by type of service and source of funds: Calendar years 1960–2019.* Baltimore, MD: OACT. https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.

U.S. Government Accountability Office (GAO). 2021. Questionnaire data on states' methods for financing Medicaid payments in 2018, a supplement to GAO-21-98. E-mail to MACPAC, February 23.

U.S. Government Accountability Office (GAO). 2020. *CMS needs more information on states' financing and payment arrangements to* improve *oversight.* Report no. GAO-21-98. Washington, DC: GAO. https://www.gao.gov/products/GAO-21-98.

Appendix A. State-Level Data

TABLE A-1. Medicaid Supplemental Payments to Hospitals, by State, FY 2019 (millions)

State	Total hospital supplemental payments	DSH payments	UPL payments	Uncompensated care pool payments	DSRIP[1]	GME
Total	**$45,669.0**	**$14,946.5**	**$14,268.4**	**$7,602.0**	**$6,316.9**	**$2,535.2**
Alabama	**1,310.0**	486.3	823.7	–	–	–
Alaska	**9.6**	9.6	–	–	–	–
Arizona	**445.5**	135.4	–	16.5	–	293.6
Arkansas	**479.6**	81.3	389.7	–	–	8.6
California	**10,393.7**	636.5	5,852.1	2,413.2	1,491.9	–
Colorado	**1,418.9**	248.2	1,165.4	–	–	5.3
Connecticut	**511.6**	3.2	487.1	–	–	21.3
Delaware	**9.1**	9.1	–	–	–	–
District of Columbia	**100.1**	82.2	17.9	–	–	–
Florida	**1,226.0**	236.8	15.9	756.3	–	217.0
Georgia	**463.8**	455.8	7.9	–	–	–
Hawaii[3]	**36.7**	36.2	0.5	–	–	–
Idaho	**37.5**	26.0	11.5	–	–	–
Illinois	**1,088.4**	205.2	636.8	–	–	246.3
Indiana	**303.9**	267.4	–	–	–	36.6
Iowa	**110.1**	70.9	–	–	–	39.2
Kansas	**142.5**	68.1	–	50.8	22.1	1.5
Kentucky	**220.7**	212.9	6.3	–	–	1.4
Louisiana	**1,182.4**	1,080.3	62.3	–	–	39.8
Maine	**91.1**	1.8	75.3	–	–	14.0
Maryland[2]	**52.9**	-0.2	–	–	–	53.1
Massachusetts	**913.7**	–	82.5	404.4	426.8	–
Michigan	**788.0**	160.9	564.2	–	–	62.9
Minnesota	**194.9**	61.6	56.6	–	–	76.7
Mississippi	**230.1**	230.1	–	–	–	–
Missouri	**680.9**	539.6	–	–	–	141.3
Montana	**238.3**	1.8	228.0	–	–	8.5
Nebraska	**58.5**	58.5	–	–	–	–
Nevada	**330.8**	101.8	197.2	–	–	31.8
New Hampshire	**244.6**	225.9	0.3	–	18.4	–
New Jersey	**1,004.3**	765.5	–	–	–	238.8

State	Total hospital supplemental payments	DSH payments	UPL payments	Uncompensated care pool payments	DSRIP[1]	GME
New Mexico	**231.3**	32.3	–	68.9	12.0	118.2
New York	**5,430.9**	3,096.0	420.7	–	1,914.2	–
North Carolina	**1,454.5**	307.7	1,061.3	–	–	85.5
North Dakota	**3.2**	1.0	2.2	–	–	–
Ohio	**1,741.8**	1,315.2	426.5	–	–	–
Oklahoma	**786.6**	40.8	629.5	–	107.7	8.6
Oregon	**132.2**	29.4	–	–	–	102.8
Pennsylvania	**1,240.4**	811.3	287.6	–	–	141.6
Rhode Island	**142.5**	142.3	0.2	–	–	–
South Carolina	**619.5**	498.1	51.4	–	–	70.0
South Dakota	**3.7**	0.8	–	–	–	2.9
Tennessee	**459.4**	79.1	–	380.3	–	–
Texas	**7,851.8**	1,658.2	–	3,511.7	2,559.5	122.5
Utah	**73.9**	31.1	36.7	–	–	6.1
Vermont	**25.8**	22.7	–	–	3.1	–
Virginia	**1,006.9**	93.0	586.2	–	–	327.7
Washington[3]	**-75.0**	163.8	–	–	-238.8	–
West Virginia	**64.6**	53.0	–	–	–	11.7
Wisconsin	**121.5**	71.5	50.0	–	–	–
Wyoming	**35.1**	0.5	34.6	–	–	–

Notes: FY is fiscal year. DSH is disproportionate share hospital. UPL is upper payment limit. GME is graduate medical education. DSRIP is delivery system reform incentive payment. Analysis excludes managed care payments and payments to mental health facilities. States also make DSH payments to institutions for mental diseases and also make UPL payments to non-hospital providers.
— Dash indicates zero.
[1] DSRIP funding supports hospital and non-hospital providers. Because the majority of DSRIP payments go to hospitals, these payments are reported as supplemental payments to hospitals. This column also includes DSRIP-like payments authorized under Section 1115 demonstrations that also incentivize delivery system reforms but have a different program name.
[2] Maryland reported negative DSH payments in FY 2019 due to prior period adjustments.
[3] Washington reported negative DSRIP payments in FY 2019 due to prior period adjustments.

Source: MACPAC, 2021, analysis of CMS-64 FMR net expenditure data as of August 05, 2020, and CMS-64 Schedule C waiver report data as of September 24, 2020.

#26860

Stepping Stones Resource Center
(a program of Fraser LTD)

• Youth and Young Adults coming to the Stepping Stones Resource Center have **experienced extreme trauma** including human trafficking, addiction, mental illness, and violence.
• SSRC **saves the lives** of traumatized youth and young adults so they can live again:
    • **Suicide prevention** with on-site access to mental health professionals
    • Crisis intervention and response to **overdose**;
    • Childcare assistance, Hygiene, Nutrition, and Vocational support; and
    • Extended, 24-7 shelter hours from November through May.
• SSRC is a STATEWIDE inclusive, **wraparound** model that enables youth and young adults to achieve a new quality of life;
    • Recent explorations of alternative funding have indicated SSRC services exceed the scope and purpose of FTR, Community Connect, and 1915(i).
• The **need has exploded** to support youth and young adults in crisis due to growing threats from mental illness, substance abuse, and the disruption of society, while traditional supports struggle to respond.
• The **North Dakota State Hospital** and local mental health providers routinely refer youth and young adults to SSRC because of our integrated model of support.
• SSRC receives **less than 10%** of its funding from HHS sources.
• **Crisis intervention programs** for youth and young adults **need financial support NOW** for their ongoing operations.

Fraser Ltd.
A Chance for Choice

SSRC would be interested in collaborating with any future efforts to serve people in need.

Bruce Murry
Lobbyist
701.220.4933
bmurry@me.com

Sandra Leyland
CEO, President
701.238.4069
sleyland@fraserltd.org

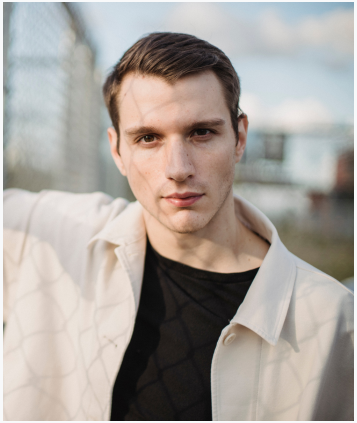


VOICES OF OUR YOUTH



STEPPING STONES RESOURCE CENTER (SSRC)

FRASER, LTD.



Joe

19 years old

In 2016 I needed to escape the life that threatened to ensnare me in violence, crime, and prison. At 19 years old, I found myself homeless, sleeping in a car, and going weeks without a shower. Friends encouraged me to come to Stepping Stones Resource Center (SSRC) to get help. SSRC helped me with a room at Permanent Supportive Housing and assisted me in getting enrolled in high school where I earned my GED. I also became a nursing assistant and am now a certified medical assistant.

How SSRC helped

- Basic Needs
- Housing
- High School Diploma
- Employment

FRASER, LTD.



Heather

22 years old

I was introduced to drugs and alcohol by my parents at age 11. My first experience with homelessness was at age 15 when my parents abandoned me. While experiencing homelessness I became a victim of human trafficking. After connecting myself with SSRC, I was able to get the help I needed. It took a lot of work and I continue to work on my mental health, but I am now able to Identify myself as a survivor, not a victim.

How SSRC helped

- Basic Needs
- Housing
- Counseling Services

FRASER, LTD.



Aaron

18 years old

I witnessed the murder of my grandfather as a child, I lost my dad to a violent crime, and I experienced significant abuse at the hands of the people that were supposed to be taking care of me. When I arrived at SSRC I only communicated using gestures, and at times, in writing. Once I moved into Permanent Supportive Housing (PSH) I started speaking with staff and other youth. When someone from my treatment team asked why I decided to start talking again, it was because ***I finally felt safe.***

How SSRC helped

- Housing
- Employment
- Behavioral Health Needs

FRASER, LTD.



Samantha

21 years old

I met the staff of SSRC when they came to meet with me at the hospital. My 4-month-old son was admitted with significant injuries which were the result of abuse by his father. Due to the severity of his injuries, he was taken away from me and placed into custodyby Child Protective Services (CPS). The staff of SSRC has been with me every step of the way and helped me get the assistance and resources I needed. I continue to work hard and now have full custody of my son.

How SSRC helped

- Housing
- Employment
- Transportation

FRASER, LTD.



How SSRC helped

- Basic Needs
- Housing
- Family

Josh

18 years old

Extended Hours saved my life. I still remember the first night I arrived. It was snowing and I was so cold that my lips had turned blue and I was physically shaking. I was able to take a warm shower, get clean clothes and have a hot meal. I was able to stay with Fraser for months. Even with all the help, I ended up moving back to Bismarck to be closer to family. I struggled with substance abuse my whole life, but when I moved back I ended up losing my life to an overdose. My family reached out to the staff at Fraser to let them know how much SSRC meant to me, they were my second family.

FRASER, LTD.



Shannon

21 years old

I grew up in a family that struggled with substance use. My first memories of homelessness started at age 10. My dad and I would jump around from place to place. I first began using substances to help cope when my dad got sick and it started to spiral out of control when he died. Once I found SSRC I was able to finally feel safe and get the help I needed to break the cycle of addiction.

How SSRC helped

- Housing
- Companionship
- Counseling

FRASER, LTD.



Jacob

24 years old

I have been going to Fraser for 4 years now. I have severe mental health issues and abuse substances. I am currently in jail. The only people that come to visit me are my case managers from Fraser. They have helped me get seen by a mental health professional and also have referred me to NA and AA groups. I have started attending church here at the jail two times a week and I am feeling the best I have been in years. I view the staff at Fraser as my only support and they are a part of my family.

How SSRC helped

- Mental Health Resources
- Family

FRASER, LTD.



Jessica

23 years old

I am a single mom to three children. I was fleeing domestic violence and had to find a place to go. I found myself at Extended Hours because all of the other shelters were full. After working with my case manager, she was able to get me into an apartment and has assisted me with getting the additional help I need to provide for my children. SSRC has connected me with the Rape and Abuse Crisis Center and Valley Hope Counseling so I can continue to work through my trauma and be the best mom I can be.

How SSRC helped

- Basic Needs
- Housing
- Mental Health Resources
- Family

FRASER, LTD.



STEPPING STONES RESOURCE CENTER (SSRC)

SB2012

Chairman Nelson and members of the House Appropriations Committee

March 10, 2023

RE: Family Voices of North Dakota

Dear Mr. Chairman,

On behalf of the North Dakota State Council on Developmental Disabilities (NDSCDD) Consumer Leadership Committee, I am pleased to submit this letter of support for Family Voices of North Dakota (FVND) and to support their funding request in the budget to continue services provided by the FVND to families across the state.

The NDSCDD recognizes the need for continued leadership coordination and collaboration in the following areas across North Dakota: 1) Assist families of Children Special Health Care Needs make informed choices about health care in order to promote good treatment decisions, cost effectiveness and improved health outcomes; 2) Provide information regarding the health care needs of and resources available for Children Special Health Care Needs; 3) Identify successful health delivery models; 4) Develop with representatives of health care providers, managed care organizations, health care purchasers, and appropriate State agencies, a model for collaboration between families of Children Special Health Care Needs and health professionals; 5) Provide training and guidance regarding the care of Children Special Health Care Needs; 6) Conduct outreach activities to families, health professionals, schools and other appropriate entities; and 7) Be staffed by such families who have expertise in Federal and State public and private health care systems and health providers.

The NDSCDD looks forward to working collaboratively as a community partner to FVND in the development of family supports, ongoing partnerships, and leadership development. The work they do is important and needed in our state.

Sincerely,

Trevor Vannett and Consumer Leadership Committee Members, NDSCDD

House Appropriations – Human Resources Division

Representative Jon Nelson, Chairman

March 16th, 2023

Testimony of: Jim Vetter, Vice President of Treatment Services and Government Relations at Dakota Boys and Girls Ranch – j.vetter@dakotaranch.org 701.221.5330

Responding to the Children's Behavioral Health Crisis: Request for Increased Reimbursement for Tier 2 & Tier 3 Mental Health Professionals

Chairman Nelson and members of the House Appropriations Committee – Human Resources Division. My name is Jim Vetter, Dakota Boys and Girls Ranch. I am testifying to offer my strongest support of the increase of North Dakota Medicaid reimbursement rates for Tier 2 and Tier 3 behavioral health providers. The need for a more comprehensive continuum of outpatient services for children is at an all-time high. An increase in these rates will drastically improve three key areas critical in providing services to some of our most vulnerable children. First, it will improve accessibility. Waitlists for services continue to be very long and higher reimbursement rates will help private practice and community mental health agencies big and small maintain financial viability and increase the likelihood of expanding services. Secondly, it will help increase the quality of services. Many providers in private practice limit their North Dakota Medicaid caseload due to low reimbursement rates which leaves many non-profit community mental health agencies to take on the responsibility of serving those clients. Lastly, an increase to the Medicaid reimbursement will help address the workforce shortage by allowing agencies to offer more competitive salaries.

I am also testifying in support of SB 2012 which includes this appropriation. However, as it was passed in the Senate, the increase in reimbursement would not take effect until July 1, 2024. I am asking this committee to please consider the increase in funding to start July 1, 2023. Increased reimbursement would help us maintain our current Tier 2 and Tier 3 behavioral health providers through competitive salaries and it supports recruiting providers to address our communities' increasing needs. There is a critical need for improved children's behavioral health services. This change will bring children the timely, accessible services they require.

Thank you for this opportunity to provide testimony on this important issue. Please feel free to contact me directly at 701.221.5330.

TESTIMONY
SB 2012
March 16, 2023
Jennifer Illich

Members of the House Appropriations Committee,

My name is Jennifer Illich, and I am the executive director of FirstLink. Thank you for the opportunity to provide testimony today about the life saving work of FirstLink. I am here to express support for SB 2012. **FirstLink is the only designated center in North Dakota to answer the 988 suicide and crisis lifeline, the 211 information and referral phone lines**, and answer the human service crisis phone lines after hours. FirstLink services are imperative to build a strong mental health system that provides the care, support, and services needed to help people build better lives throughout North Dakota.

FirstLink answering these phone lines is part of a long-term effort to build complete mental health and suicide prevention crisis response system in North Dakota. The overwhelming majority of callers can be stabilized over the phone. Those who need more support are connected to appropriate mental health services. **FirstLink serves as a hub of information** and a connector to other non-profit and behavioral health centers. We screen and triage for open access, subacute stabilization centers and **deploy mobile crisis units for the Human Service Centers throughout North Dakota.**

FirstLink's 988 suicide and crisis phone line and 211information and referral phone line are overseen by two different national agencies. **Both phone lines have separate national accreditations** and best practices, and rules and regulations to follow.

FirstLink's budget can be confusing due to the nature of our phone lines. We receive separate funding for each phone line from different state departments. With this divide in funding, each departments pays some of what FirstLink needs for our total funding needs. **In reality, we have not had enough funding from any of the departments.**

FirstLink's budget needs have drastically increased in the past 2 years due to many factors.

Overwhelming increase in our call volume

- **Pulling all call types**
  - *** 71,325 people supported in 2020**
  - *** 83,976 people supported in 2021**
  - *** 85,681 people supported in 2022**

Looking at only the numbers related directly to suicide calls:

- **10 years ago, we handled 1,501** calls directly related to suicide
- We talked to:
  * **12,915 people in North Dakota in 2020**
  * **15,465 people in North Dakota in 2021**
  * **In 2022, this number increased to over 19,000 people directly related to suicide.**

- **REQUIRED** that we must now have fiber optic phone lines. **We had to move our entire operation** because our previous location only had traditional, copper wire service.
  - We handle a variety of different call types, so this new fiber optic phone service line is set up to handle all crises. A definite positive.

- **REQUIRED to add redundancy to our vendors**: we are now **required** to have 2 phone service providers, 2 internet companies, free-standing generators, and professional-grade surge protectors.

FirstLink needs increased financial support to continue operating 24/7/365 and meet all of the new requirements of the 211 phone line. We must add FTE to our team to keep up with the increases in call volume. We need to update our technology services because every second counts when talking to someone that is suicidal or in a behavioral health crisis. We need to add redundancy to ensure that our phone lines never go down. We need to have a diverse and culturally competent workforce and pay our staff professional wages to provide quality service to those reaching out for help and to help with staff retention.

I am reaching out for support of that financial help that we need to continue answering the 211 phone lines and for that we can continue answering the phone lines after hours for the Human Service Centers.

Currently, we were trying to get funding from SB 2149, which was to add a tax user fee similar to how 911 is currently funded. Yesterday, the House Finance and Taxation committee amended SB 2149 to remove the cell phone fee and replace it with a general fund appropriation to support the 988 crisis stabilization fund at an amount of 2 million dollars for the biennium. This amendment to this bill is moving forward with a fraction of our original proposed budget needs which was 4 million dollars for the biennium. This means that we need funding from this budget funding source to cover part of our financial needs.

Emergency services like FirstLink need a base funding source that is sustainable and protected from budget cuts at a funding rate that can support the agency.

I hope you will consider supporting SB 2012, so we can support our most vulnerable neighbors in a moment of crisis.

I sincerely thank you for listening and for your ongoing support. I did include a fact sheet, stats and current and projected budget needs on the online platform.

I look forward to your questions.

Jennifer Illich
Executive Director
FirstLink
701-293-6462

FirstLink services

FirstLink is a free, confidential service available to anyone 24/7/365 for listening and support, referrals to resources/help, and crisis intervention. FirstLink answers the 211 helpline, the 988 Suicide & Crisis Lifeline, and communicates via the text line 898-211.

FirstLink is a unique non-profit in that we serve the entire state of North Dakota, we are available 24/7/365 for phone support, we work with every population, and **we never charge the consumer for the phone support service.**

Suicide support services

- Incoming calls directly related to suicide
- Incoming calls from people who are worried about others related to suicide
- Care and Support follow-up program, calls, carding cards, caring text
- Education and awareness classes in the community
- National accreditation through American Association of Suicidology (AAS)

Behavioral health support

- Non-judgmental listening and support
- Validate concerns

Information and referral

- Community directory with over 5,500 services
- Information reached by dialing 211 or 988, texting zip code to 898211, and posted to website
- Live connections as appropriate
- National accreditation through Alliance and Information Referral System (AIRS)

Community Education

- FirstLink presents suicide prevention and intervention trainings to community members, agencies and youth.

Website: myfirstlink.org

Community Directory https://prd.icarol.com/landing.html?token=22978899-2ed3-4b35-8687-8773159d829b&cssMode=Publish&orgNum=2318&db=2318

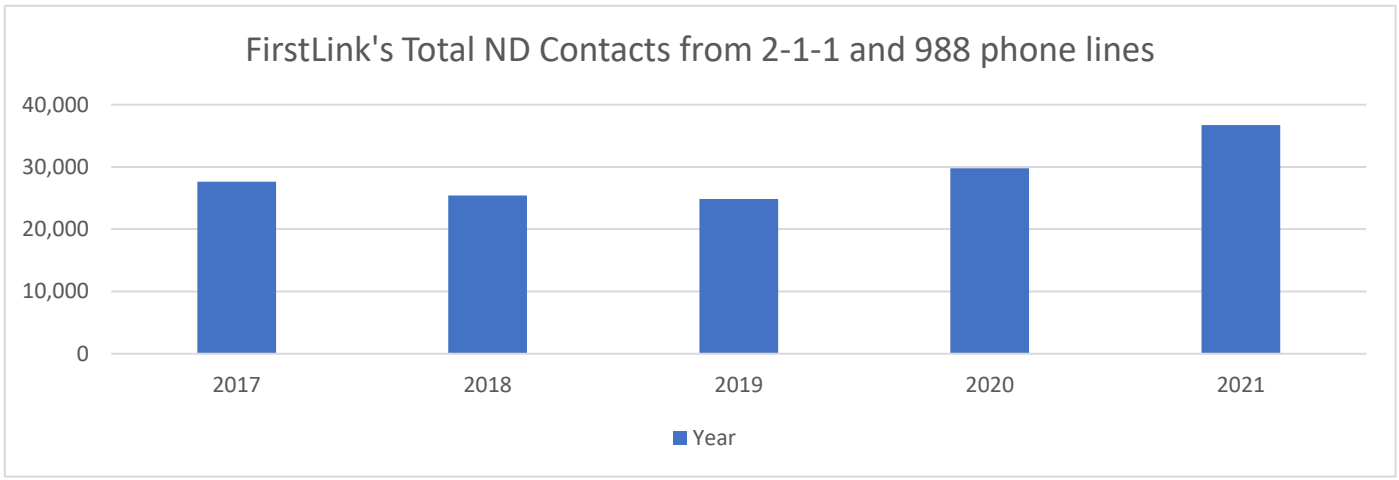
PROPOSED 988 FirstLink 23-25 biennium budget	
Payroll expense	3245968
Education and outreach	186960
Operating expense	405804
Professional fees	247932
Total	**4086664**

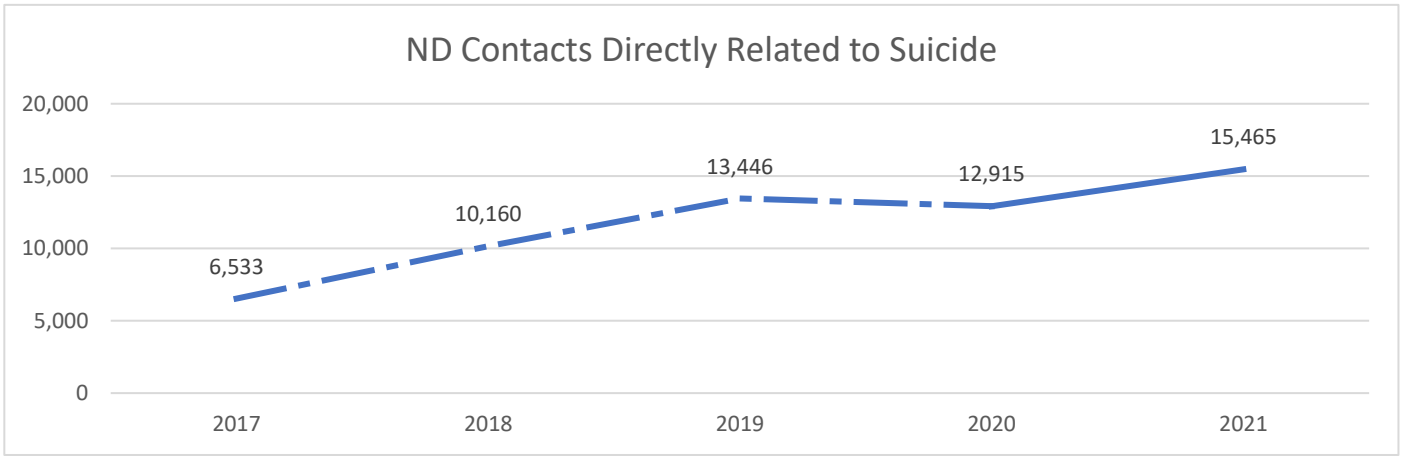
CURRENT 988 FirstLink 21-23 Biennium Budget	
Payroll expense	2461168
Education and outreach	158,900
Operating expense	246,000
Professional fees	149,500
Total	**3015568**

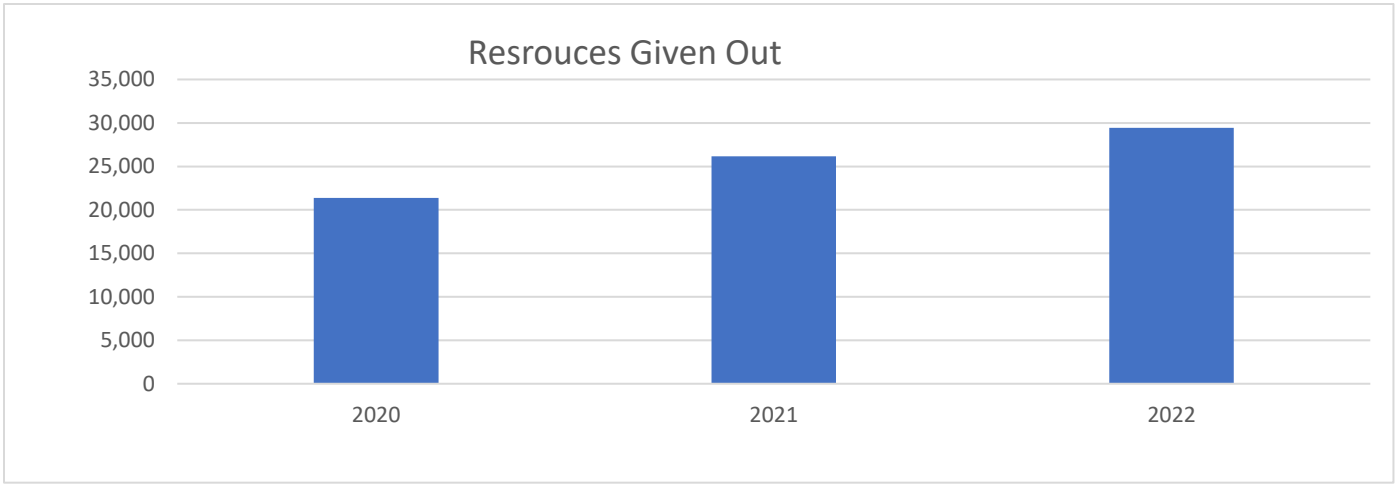
Budget Breakdown	
Payroll Expense	
Payroll	2550000
Payroll Taxes Expense	390150
Simple IRA Employer Exp	76500
Medical Plan Premiums	226318
Workers Comp Insurance	3000
Total	**3245968**
Education and Outreach	
Training Seminars	12000
Travel	32900
Annual Breakfast	18000
Annual Film Festival	18000
988 ads	64060
Printing, training material, posters	6000
Mailing	6000
Books	30000
Total	**186960**
Operating Expense	
Postage meter rental	7000
Copier lease	10000
Office rent	174000
Postage, caring cards	4000
Printing fees, internal policies, binder info	4000
Telephone	77804
Office supplies	42000
Technology, monitors, computers	70000
Employee recruitment fee	10000
Volunteer-staff recognition	7000
Total	**405804**

Budget Breakdown	
Payroll Expense	
Payroll	1950000
Payroll Taxes Expense	298350
Simple IRA Employer Exp	58500
Medical Plan Premiums	151318
Workers Comp Insurance	3000
Total	**2461168**
Education and Outreach	
Training Seminars	12000
Travel	32900
Annual Breakfast	10000
Annual Film Festival	10000
988 ads	62000
Printing, training material, posters	6000
Mailing	6000
Books	20000
Total	**158900**
Operating Expense	
Postage meter rental	7000
Copier lease	8500
Office rent	36000
Postage, caring cards	37000
Printing fees, internal policies, binder info	3500
Telephone	60000
Office supplies	35000
Technology, monitors, computers	45000
Employee recruitment fee	8000
Volunteer-staff recognition	6000
Total	**246000**

Professional Fees			**Professional Fees**	
Equipment maintenance support (internal and external phone lines, generator, IT)	53932		Equipment maintenance support (internal and external phone lines, generator, IT)	47,500
Service fees (database management program fees such as iCarol, iSolved, Prevention Pays, maintenance, IT and phone support	70000		Service fees (database management program fees such as iCarol, iSolved, Prevention Pays, maintenance, IT and phone support	50,000
Dues, orgnaization memberships (AIRS, AAS, NDANO)	60000		Dues, orgnaization memberships (AIRS, AAS, NDANO)	52,000
Professional fees (IT support, phone support, database management support, repair vendors, insurance)	64000		Professional fees (IT support, phone support, databmanagement support, repair vendors, insurance)	60,000
Total	**247932**		**Total**	**209,500**


FirstLink's Total ND Contacts from 2-1-1 and 988 phone lines
40,000
30,000
20,000
10,000
0
2017
2018
2019
2020
2021
Year


ND Contacts Directly Related to Suicide
20,000
15,000
10,000
5,000
0
6,533
10,160
13,446
12,915
15,465
2017
2018
2019
2020
2021


Resrouces Given Out
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
2020
2021
2022

PROTECTION & ADVOCACY PROJECT
400 EAST BROADWAY, SUITE 409
BISMARCK, ND 58501-4071
701.328.2950

House Appropriations – Human Resources Division
Senate Bill 2012 – March 16, 2023
Testimony of Veronica Zietz, P&A Executive Director

Greetings Chairman Nelson and members of the House Appropriations – Human Resources Division. My name is Veronica Zietz and I'm the Executive Director of the North Dakota Protection and Advocacy Project (P&A). P&A protects the human, civil and legal rights of individuals with disabilities; this includes individuals with intellectual and developmental disabilities, mental health disabilities, brain injuries, and other impairments.

P&A was created in response to the deplorable treatment of people with disabilities in institutional settings. This resulted in US Congress passing the Developmental Disabilities Assistance and Bill of Rights Act of 1975, which recognized that a federally directed system of legal advocacy was necessary to ensure the humane care, treatment, habilitation, and protection of individuals with disabilities. Every US state and territory is federally mandated to have a protection and advocacy agency.

The population P&A serves is touched by almost every aspect of the Department of Health and Human Services Budget primarily Medicaid, Developmental Disabilities, Life Skills Transition Center (LSTC), Human Service Centers, the State Hospital, and Vocational Rehabilitation, though other sections also affect individuals with disabilities.

Chairman Nelson, last week you asked about implications of the Olmstead decision in relation to the State's services, specifically regarding census at state-run institutions. Anytime individuals with disabilities are unnecessarily placed in institutions, when they can be served in the community there is potential for an Olmstead issue. For this reason, it is in the State's best interest to focus on the development of home and community-based services (HCBS) and to ensure that's where financial resources are focused.

While P&A appreciates the services provided by the Department of Health & Human Services (HHS) there are challenges and concerns within the service system.

The home and community-based service system for individuals with disabilities is currently facing many challenges. P&A is seeing major problems around individuals with disabilities being discharged from services either through formal 30-day discharge notices, or an unwillingness to allow the individual to return if hospitalized or in another temporary placement. When this occurs, other providers are often unwilling to accept an individual into their services, which may result in individuals being funneled into institutional settings. Reasons provided for discharges include 1) workforce shortage and 2) lack of adequate compensation and expertise to serve individuals with complex needs.

I won't belabor the issue of workforce, as advocates and legislators, alike have spent much of this session discussing these challenges. I will, however, note that there are compensation disparities based on setting for individuals providing direct care to individuals with disabilities and other vulnerable populations. It is also worth noting that staffing shortages deter quality care for individuals with disabilities. P&A sees this every day as we receive and investigate a growing number of abuse, neglect, and exploitation reports.

Instead, I'd like to focus on the second point which I believe may be remedied by changes in policy/practice and refocusing state resources. The 30-day discharge process is outlined in administrative code and gives HHS the power to accept or deny a 30-day notice. In our experience a 30-day notice is generally accepted by HHS. In comparison to the discharge process for long term care (LTC) the process for individuals with disabilities is flawed in that it doesn't require the provider to secure a placement for the individual being discharged.

When individuals are given a 30-day notice HHS follows a process for requesting providers to review a referral in that area/statewide relative to their ability to serve the person being discharged. Many providers are not willing to accept new individuals due to being short staffed and lack of willingness to serve complex individuals. When a placement is not secured individuals end up in restrictive and expensive institutional settings, that our state has identified as the safety net (LSTC and State Hospital).

P&A works on these cases under our community inclusion priority. While P&A's client management database doesn't allow searching by "30-day notice" I was able to work with a handful of staff to provide you with some case examples that we are actively working right now.

P&A Case Examples:

- A 30-day had been given multiple times over the course of a couple years, but no other agencies accepted the client. The client stayed with the provider until the person was admitted to the

State Hospital. After the admission, the agency was unwilling to allow the individual to return to services and then discharged the client. There still have been no providers that have accepted this client and the client has been at the State Hospital since October 2022.

- The client was in the LSTC and transitioned to community provider. After experiencing some behavioral support challenges, the community provider discharged client to the State Hospital, where she currently remains.
- The client received a 30-day notice from two community providers due to behavioral challenges. Neither provider was willing to complete an outlier because of the challenges with obtaining them. The client was admitted to the State Hospital in August 2022 and remains there at this time.
- The client engaged in physical aggression which resulted in an injury to a staff member. Client went to the psychiatric unit and was then transferred to the LSTC.
- The client was living at home and getting in-home supports through community provider. Staffing was challenging and he was only getting 200 hours, the client was discharged from community services and went to the LSTC.
- The client was sent to State Hospital because of behavior (elopement). Once at NDSH client was discharged from provider services.
- The client's behavior (danger to self and others) resulted in admission to psychiatric unit at which point provider discharged.
- The client's behaviors/mental health needs (elopement and destroying property) resulted in discharge.
- Provider staff was unwilling to work with client due to behaviors (stealing and aggression towards objects/staff).
- Provider cited not having enough staff as the reason for discharge.
- Provider discharged because client's behaviors are too intense, and staffing is a concern.
- Provider stated staffing shortages is the reason for discharge.
- The provider is discharging because of staffing and inability to meet client's healthcare needs.
- Provider discharge is because the client's behaviors are becoming more challenging.
- Provider discharged because they don't have the mental health expertise needed to support client.

Each one of these anecdotes represents a real person who at some point in time was successfully served in the community and is now being served in an institutional setting at daily rate of $1,231.49/day or $449,494/year for each person at the LSTC (per Heather Jenkins Oct. 2022) and $1,223/day or

$446,395/year for each person at the State Hospital (average cost of care per bed across all units per Dr. Yabut testimony Feb. 2, 2023). This shows that our system is flawed, and the State must take action. Through our work, we have identified the following to be contributing factors for discharge from community-based services and subsequent institutionalization:

1. Flawed administrative code relating to discharge process.
2. Staffing shortages.
3. Inadequate level of hours/services determined by State versus person's actual needs (SIS assessment and outlier process).
4. Lack of adequate compensation to serve individuals with complex needs.

These problems within the service system are evident from LSTC's recent testimony which noted the facility didn't meet identified census goals for 2021 – 2023. This resulted in outspending their budget by $16 million. It is even more concerning that LSTC is not setting census goals for this biennium and is asking for an additional $16 million dollars for next biennium to address the increased population. Without reduction goals for State institutions, North Dakota will continue to push individuals towards institutional settings to the detriment of individuals with disabilities and at a great financial cost to the State.

The 67th Legislative Assembly through legislative intent included in HB 1012 Section 55 directed the HHS to seek an appropriation via the American Rescue Plan Act during the Special Session for the purpose of transitioning individuals from the LSTC to community providers. This language derived from the First Engrossment with Senate Amendments Section 16 which included one-time funding $5.2 million to be used for LSTC transitions to the community. Unfortunately when this topic was brought forth during the 2021 Special Session it was not selected for funding as HHS noted their Section 9817 Medicaid Plan held $4.75 million for LSTC transitions, $6.6 million for new services, and $4.4 million for HCBS infrastructure. Sadly, this investment which according to the 9817 document was to be completed in March 2022 did not result in the outcomes that were hoped for in relation to ensuring the transition of individuals to community settings. With this background in mind, I would like to share with you a variety of possible solutions.

Solutions:

1. Direct HHS to examine administrative code language and implementation regarding discharge to ensure individuals aren't left without services.

2. Study the payment disparities for professionals based on setting (nursing homes, basic care, assisted living, intermediate care facilities (ICF), LSTC, State Hospital, etc.) and create an equal playing field through targeted equity or equal distribution of inflators.
3. Include census reduction and average length of stay goals for LSTC in SB 2012.
4. Shift the LSTC's 23 – 25 biennium increase request from LSTC to HCBS providers, creating a $16M fund for direct payments to HCBS providers serving high need individuals with a zero-reject model in mind.
5. Direct HHS to examine the SIS assessment and outlier process and create reasonable method for request and appeal. Also include mechanism that examines cost-benefit of approving the outlier request over providing service in institution.
6. Reconvene the Transition to the Community Task Force with the intent to engage in active steps to achieve transition to community settings with target goals and outcomes.
7. Create a reimbursement mechanism for community providers to add the necessary support services such as behavioral support, occupational therapy, speech therapy, physical therapy, psychiatric support to ensure that a robust infrastructure in community services matches the services provided within institutional settings.
8. Create a process for community providers to request technical assistance/support from HHS when an individual is at risk of discharge. Whereby HHS staff/experts can provide HCBS provider with training, consultation, etc. to mitigate likelihood of discharge.
9. Create a public-facing online dashboard that tracks information on services provided to people with disabilities (intellectual, developmental, mental health, brain injury, etc.) that ensures the integrity of data provided. This should include the 1) number of people approved for services, 2) number of hours/services approved versus utilization, and 3) waitlist by service type or provider. This will assist in identifying gaps so targeted solutions can be proposed.

I would like to thank the Committee for listening to my comments and taking them into consideration as you begin making decisions on SB 2012.

Veronica Zietz
Executive Director Protection & Advocacy Project
vzietz@nd.gov

HEALTH AND HUMAN SERVICES
ESTIMATED GENERAL FUND TURNBACK
PREPARED MARCH 10, 2023

New information from March 10 report in a shades of orange

Legislative Action	Major Program Area	Budget Items Impacted	General Fund Turnback Estimate Before Exemptions	Funding Provided by an Exemption to Continue into 2023-25 Biennium	Adjusted General Fund Turnback	Other Funding Provided by an Exemption to Continue into 2023-25 Biennium
2021 Session HB 1012 Section 7 2021 Special Session HB 1506 Section 5	Program & Policy	FMAP Savings - Increased COVID Enhancement may adjust for 2023 FMAP up to $16M	$ 115,717,174	$ -	$ 115,717,174	
2021 Special Session HB 1505 Section 10	Field Services	OMB CRF funding switch	4,400,000	-	4,400,000	
2023 Session Engrossed SB 2012 Section 24 Item 1	Program & Policy	Suicide Prevention Services	750,000	750,000	-	-
2023 Session Engrossed SB 2012 Section 24 Item 3	Management	MMIS Tech Stack Upgrade project	600,000	600,000	-	1,800,000
2023 Session Engrossed SB 2012 Section 24 Item 4	Management	MMIS Modularization Project	4,326,686	4,326,686	-	30,673,314
Pending 2023 Session Legislative Approval	Management	FRAME/CCWIPS Replacement Project	15,000,000	15,000,000	-	15,000,000
Total			$ 140,793,860	$ 20,676,686	$ 120,117,174	47,473,314
Additional Information for House Appropriations HR section						
2023 Session Engrossed SB 2012 Section 24 Item 2	Management	MMIS Tech Stack Upgrade project				7,104,000
2023 Session Engrossed SB 2012 Section 24 Item 5, 6, & 7	Management/ Program & Policy	Various COVID Funding Chapters 549 & 550 of the 2021 Special Session Laws and Chapter 27 & 28 of the 2021 Session Laws				393,650,132
2023 Session Engrossed SB 2012 Section 24 Item 8	Management	Eligibility Systems (SPACES)				2,500,000
2023 Session Engrossed SB 2012 Section 24 Item 9	Program & Policy	Substance Use Disorder Voucher System				2,000,000
Subtotal			-	-	-	405,254,132
Total			140,793,860	20,676,686	120,117,174	452,727,446

THE FMAP

The Federal Medical Assistance Percentage

WHAT IS THE FMAP?

The Federal Medical Assistance Percentage (FMAP) rates are used in determining the amount of federal matching funds for state expenditures for assistance payments for certain social services, and state medical and medical insurance expenditures.

AT HHS, THESE RATES APPLY TO:

- Traditional Medicaid Services
- Long-Term Care Services*
- Medicaid Wavier Services**
- Child Welfare/ IV-E Foster Care & Subsidized Adoption

**Excluding state programs SPED (Service Payments to Elderly and Disabled) and expanded SPED.*

***Including Home and Community Based Services, Developmental Disabilities Services and 1915(i) Services.*

BY THE NUMBERS

Federal Matching Assistance Percentage (N.D.)

FMAP follows the federal fiscal year from Oct-Sept	Rate
Oct. 1, 2019 - Sept. 30, 2020	50.05%
Oct. 1, 2020 - Sept. 30, 2021	52.40%
Oct. 1, 2021 - Sept. 30, 2022	53.59%
Oct. 1, 2022 - Sept. 30, 2023	51.55%
Oct. 1, 2023 - Sept. 30, 2024	53.82%

COVID FMAP Increase of 6.2% to FMAP	Rate
Jan. 1, 2020 - Sept. 30, 2020	56.25%
Oct. 1, 2020 - Sept. 30, 2021	58.60%
Oct. 1, 2021 - Sept. 30, 2022	59.79%
Oct. 1, 2022 - March 31, 2023***	57.75%

*** The enhanced COVID FMAP will be phased out in 2023. The 2024 FMAP (without an enhancement) will be effective 1/1/2024.

FEDERAL FISCAL YEAR EFFECTIVE DATES EQUAL:

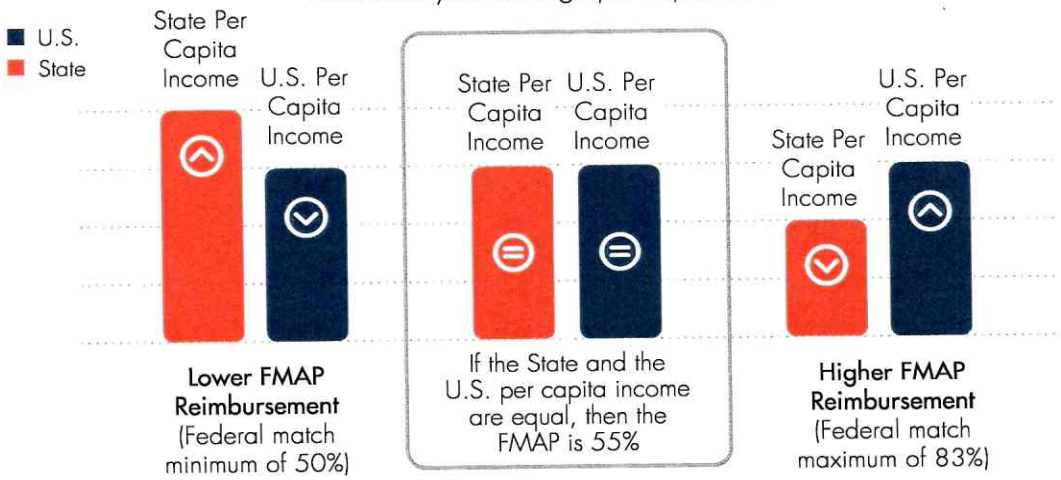
OCT. 1 — SEPT. 30

2022 ⊘ 2023

The FMAP is calculated each federal fiscal year and is effective Oct. 1 through Sept. 30 each year.

HOW FMAP WORKS...

The FMAP formula compares a state's three year average per capita income relative to the U.S. three year average per capita income.



Lower FMAP Reimbursement (Federal match minimum of 50%)

If the State and the U.S. per capita income are equal, then the FMAP is 55%

Higher FMAP Reimbursement (Federal match maximum of 83%)

Updated Januray 2023

NORTH Dakota Be Legendary. | Health & Human Services

March 9, 2023
SB 2012- Economic Assistance
House Appropriations- Human Resources Division
Janelle Moos, AARP North Dakota

Chairman Nelson and members of the House Appropriations Human Resources Division, I am Janelle Moos, Associate State Director of Advocacy at AARP North Dakota. AARP is a non-profit, non-partisan membership organization with more than 83,000 members in North Dakota.

Our mission is to empower people to choose how they live as they age. We wanted to take a moment to weigh in on a couple of important economic assistance issues. First, SNAP is an important program that ensures older adults and families get the nutrition needed. We have closely monitored the food crisis more Americans and North Dakotans faced during the pandemic. SNAP benefits are an important tool that addresses this crucial problem. It is an especially important program for Americans over 50 because many face challenges to employment, live on fixed incomes, live alone, and have limited financial resources to pay for necessities like food, housing, and essential medicine. To people struggling to put food on the table, hunger is not a political issue, it is a daily reality. SNAP is a vital lifeline that feeds nearly 24,000 North Dakota households. 35% of those recipients are either elderly or disabled. Participants generally spend their SNAP dollars locally, soon after receiving them, boosting local economies. An important benefit in this time.

Also, LIHEAP has served as a lifeline for low-income families. As you may know, AARP believe utility issues and rates are a key pocketbook issue. We have intervened in various cases in front of the North Dakota Public Service Commission on behalf of older adults and consumers and know the struggle of families to afford their utility payments. Having a safety net for families especially in our climate is the right thing to do. We encourage you to continue to support these programs to ensure no North Dakotan goes hungry or without heating or cooling

assistance when they need it. Again, we appreciate the time to raise issues important to North Dakotans 50+.

Thank you.

North Dakota: 2020 Long-Term Services and Supports (LTSS) State Scorecard

The fourth edition of the *LTSS State Scorecard*, released in fall 2020, takes a multi-dimensional approach to measure state-level performance of LTSS systems that assist older adults, people with physical disabilities, and family caregivers. Unlike many other rankings that focus on a particular aspect of LTSS system performance, the *Scorecard* compares state LTSS systems across multiple dimensions, reflecting the importance and interconnectedness each has on the overall LTSS system. The full report is available at www.longtermscorecard.org

Data used for this *Scorecard* was analyzed in 2019, prior to the COVID-19 outbreak. Therefore, performance on this *Scorecard* does not include the impact of the pandemic on the LTSS system, which is considerable. Nevertheless, the *Scorecard* indicators continue to be highly relevant, both in the current environment and in a future post-COVID world.

Purpose: The *Scorecard* aims to empower state and federal policy makers and consumers with information they need to effectively assess their state's performance across multiple dimensions and indicators, learn from other states, and improve the lives of older adults, people with physical disabilities, and their families.

Results: The *Scorecard* examines state performance, both overall and along five key dimensions. Each dimension comprises 4 to 7 data indicators, for a total of 26 indicators. The *Scorecard* also measures changes in performance over the previous three years wherever possible (reference data available for 21 of the 26 indicators). The table below summarizes current performance and change in performance at the dimension level. Indicator data appear on the next page.

Dimension	Rank	Number of indicators with trend*	Number of indicators showing:		
			Substantial improvement	Little or no change	Substantial decline
OVERALL	**28**	**21**	**7**	**13**	**1**
Affordability & Access	**30**	6	1	4	1
Choice of Setting & Provider	**25**	6	2	4	0
Quality of Life & Quality of Care	**20**	2	1	1	0
Support for Family Caregivers**	**34**	4	2	2	0
Effective Transitions	**22**	3	1	2	0

* Trend cannot be shown if data are missing for either the current or baseline data year.
** The support for family caregivers dimension comprises 12 policy areas, organized into four broad categories. Change is shown at the category level in the table above. Policy data are shown on the next page.

North Dakota: 2020 Long-Term Services and Supports State Scorecard Data

Dimension and Indicator (Current Data Year)	Current Rate	Baseline Rate	Rank	Change	National Average	Top State Rate
OVERALL RANK			**28**			
Affordability and Access			**30**			
Nursing Home Cost (2018-19)	**328%**	333%	**48**	▬	245%	168%
Home Care Cost (2018-19)	**99%**	97%	**46**	▬	80%	51%
Long-Term Care Insurance (2018)	**106**	119	**4**	✗	43	138
Low-Income PWD with Medicaid (2016-18)	**59.1%**	51.8%	**12**	✓	56.7%	79.2%
PWD with Medicaid LTSS (2017)	**41**	43	**24**	▬	46	100
ADRC/NWD Functions (2019)	**54%**	52%	**37**	▬	66%	96%
Choice of Setting and Provider			**25**			
Medicaid LTSS Balance: Spending (2016)	**17.3%**	17.1%	**48**	▬	45.1%	73.5%
Medicaid LTSS Balance: Users (2017)	**27.7%**	29.1%	**51**	▬	64.2%	83.9%
Self-Direction (2019)	**5.6**	*	**35**	*	30.4	149.1
Home Health Aide Supply (2016-18)	**25**	16	**12**	✓	22	47
Assisted Living Supply (2016)	**102**	105	**1**	▬	49	102
Adult Day Services Supply (2016)	**48**	10	**17**	✓	61	171
Subsidized Housing Opportunities (2017-18)	**6.1%**	6.2%	**21**	▬	6.2%	18.6%
Quality of Life and Quality of Care			**20**			
PWD Rate of Employment (2016-18)	**38.1%**	25.3%	**1**	✓	21.4%	38.1%
Nursing Home Residents with Pressure Sores (2018)	**4.8%**	*	**1**	*	7.3%	4.8%
Nursing Home Antipsychotic Use (2018)	**17.8%**	18.5%	**44**	▬	14.6%	7.8%
HCBS Quality Benchmarking (2015-19)	**0**	*	**38**	*	1.30	3.60
Support for Family Caregivers			**34**			
Supporting Working Family Caregivers (6 policies)	**0**	0	**38**	▬	3.17	13.50
Family Responsibility Protected Classification (2019)	**0**	0			0.29	2.00
Exceeds Federal FMLA (2019)	**0**	0			0.29	3.00
Paid Family Leave (2019)	**0**	0			0.50	3.50
Mandatory Paid Sick Days (2019)	**0**	0			0.85	3.00
Flexible Sick Days (2019)	**0**	0			0.75	3.00
Unemployment Insurance for Family Caregivers (2019)	**0**	0			0.49	1.00
Person- and Family-Centered Care (3 policies)	**3.00**	1.28	**28**	✓	3.04	5.50
Spousal Impoverishment Protections (2019)	**1.00**	0.28			0.90	2.00
Having Caregiver Assessment (2019)	**1.00**	1.00			1.34	2.50
CARE Act Legislation (2019)	**1.00**	0			0.80	1.00
Nurse Delegation and Scope of Practice (2 policies)	**4.50**	4.00	**13**	✓	3.30	5.00
Nursing Tasks Able to be Delegated (2019)	**3.50**	3.50			2.69	4.00
Nurse Practitioner Scope of Practice (2019)	**1.00**	0.50			0.61	1.00
Transportation Policies (1 policy)	**0**	0	**8**	▬	0.14	1.00
Volunteer Driver Protection (2019)	**0**	0			0.14	1.00
Effective Transitions			**22**			
Nursing Home Residents with Low Care Needs (2017)	**13.1%**	*	**41**	*	8.9%	2.1%
Home Health Hospital Admissions (2017)	**14.7%**	17.6%	**7**	✓	15.8%	13.8%
Nursing Home Hospital Admissions (2016)	**14.4%**	13.8%	**22**	▬	16.8%	4.7%
Burdensome Transitions (2016)	**20.1%**	19.2%	**5**	▬	28.6%	16.2%
Successful Discharge to Community (2017-18)	**49.9%**	*	**48**	*	53.9%	68.5%

* Comparable data not available for baseline and/or current year. Rank cannot be calculated without current data. Change in performance cannot be calculated without both baseline and current data.
ADRC/NWD = Aging and Disability Resource Center/No Wrong Door
CARE Act = Caregiver Advise, Record, Enable Act
FMLA = Family and Medical Leave Act
HCBS = Home- and Community-Based Services
LTSS = Long-Term Services and Supports
PWD = People with Disabilities

Key for Change:

✓	Performance improvement
▬	Little or no change in performance
✗	Performance decline
*	No trend available

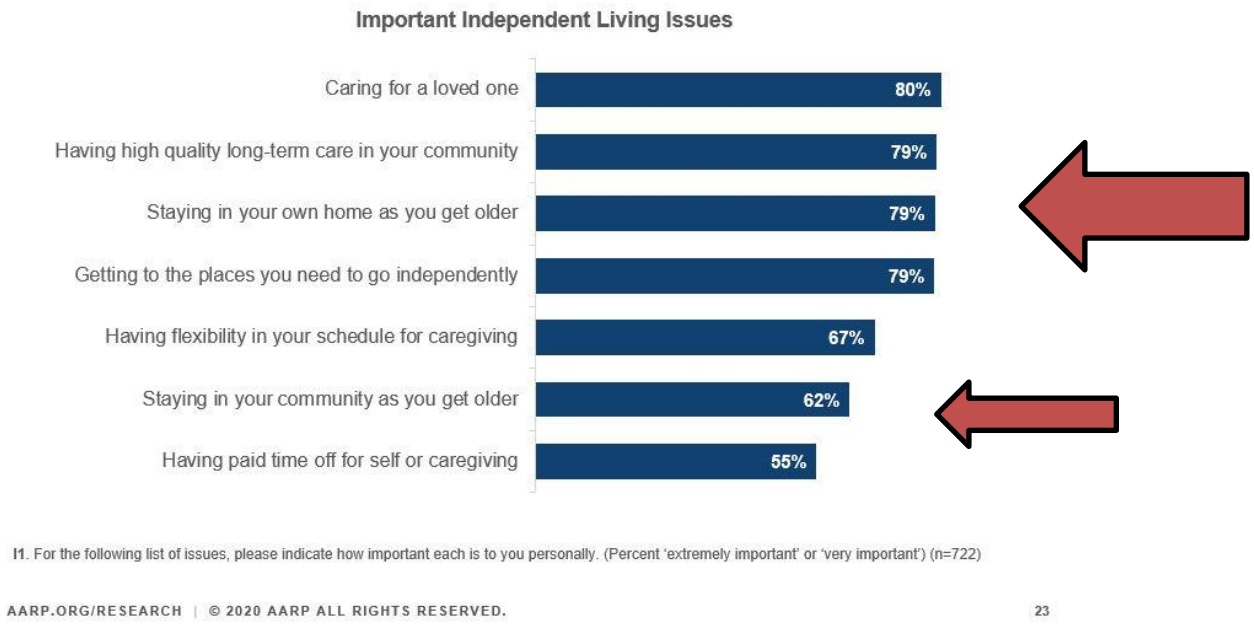
House Appropriations Committee, Human Resources Division
IN SUPPORT – SB 2012 – DHS Budget – Aging Services
March 9, 2023
Janelle Moos, AARP North Dakota

Chairman Nelson and members of the House Appropriations Human Resources Division Committee, I am Janelle Moos, State Director at AARP North Dakota.

AARP is a non-profit, non-partisan membership organization with more than 8,000 members in North Dakota. Our mission is to empower people to choose how they live as they age.

We appreciate this committee's work to dig into issue important to older North Dakotans and this need will continue to grow. Today our population age 50+ is almost 256,000 and 50% of those households are age 65 or older. Today in North Dakota over 9 counties have a mean age of over 50 and a number of others are right on their heels.

Below is a chart from our 2020 North Dakota Vital Voices Survey, a state specific survey of issues that impact North Dakotan's 45+ conducted every three years. In our survey two years ago, 79% indicated that staying in their own home as they got older, getting to the places they need to go and having access to quality long term care in their community was extremely or very important. Also, 62% said staying in their community as they got older was extremely or very important. It was no surprise to us and I am sure it doesn't surprise you.



As noted in the overview from the Aging Services Division earlier in the session, the demand for in-home services has continued to increase and participants living in home and community-based settings have complex medical and behavioral health needs. This increase in demand for HCBS has caused an increase demand on the time for case managers to work with their HCBS clients – increased case management caseload from 105-117 clients in less than two years, while also managing new referrals- at least 160 new cases every month.

The Governor's budget includes 13 additional FTEs- which we support- and will help the Department manage this increase in demand for services including:

- 10 HCBS case managers
- 2 new service navigators for provider referral searching
- 1 generalist to promote senior education

Attached you will find the *North Dakota: 2020 Long-Term Services and Supports (LTSS) State Scorecard*. This is the 4th time the Commonwealth Fund, The Scan Foundation and AARP have teamed up to provide a state LTSS assessment with apples to apples comparisons. If you look at the card you will see North Dakota made substantial improvement in 7 of the 21 indicators. And two of those were in the area of Choice of Setting and Provider dimension. In fact, North Dakota was recognized nationally during the roll out of the 2020 Scorecard for the work it has done to make improvements.

But let's be clear, while we have done good work, we still have plenty of work to do. Specifically, look at the indicators on the back related to Nursing Home Cost, Medicaid LTSS

Balance: Spending and Medicaid LTSS Balance: Users, and Successful Discharge to Community where we continue to rank low. Again, for AARP and the thousands of North Dakotans we represent, it's about choice. Older North Dakotans deserve to know they have options for care as they age. Overwhelmingly they prefer to stay in their homes and communities and the budget should continue the state moving in a direction that prioritizes Home and Community Based care.

In order to continue to support HCBS, investments need to be made to provide assistance to caregivers and HCBS recipients including increase in daily rates for adult foster care and family home care, bed hold days for residential rehab and community supports, adding companionship to SPED and EX-SPED, and increasing the guardianship establishment funds.

Finally, as noted in the budget overview, in the last two years the cost and ways meals are delivered to seniors has changed. The meals programs funded through the Aging and Adults services budget are a critical lifeline for older adults. They promote good health and as evidenced during the pandemic a critical component to keeping individuals at home and in their communities. Increasing the senior meal rate will allow reimbursement for two meals vs. one will help decrease the instances of malnourishment that leads to hospitalization and increased LTC needs. It should also be noted that meals programs also help to combat isolation and loneliness.

Combine these factors with the idea that it appears many of these senior providers will be losing some additional federal supports they received during the pandemic and knowing they have seen a significant shift in their costs as they have moved to almost exclusively pick up or to go meals, and there is a need for a funding increase. We would encourage you to increase the meals funding to ensure that this critical service can meet the needs.

Again, we appreciate the time to raise issues important to North Dakotans 50+ and would be happy to answer any questions. Thank you.

NORTH Dakota Be Legendary.
Health & Human Services

ND Medicaid Payment Facts

Information Brief

Another day, another $1.3 Million. ND will spend $1.3 Million a day on Medicaid Expansion in the 2023-2025 biennium budget.

➢ND spends $3.560 Billion on Medicaid. $3.560 Billion in the 2023-2025 biennium budget is **20% of the State of North Dakota's $18 Billion health spend.** *(Source: CMS | National Health Expenditures)*

➢**ND is in the top tier of states** for Medicaid physician pay rates. *(Source: Kaiser | Medicare to Medicaid Fee Index)*

➢**ND ranks highest in Medicaid Expansion** annual per capita expenditures. *(Source: Medicaid.gov)*

➢ND Medicaid **Expansion currently covers 35,000 North Dakotans** or 4.4 percent of the State's 800,000 citizens. It is one revenue source for medical providers.

➢ **Medicaid Expansion participants will receive the same benefits and services,** regardless of changes to budget or provider rates.

Most **supplemental payments are funded by state-based hospital taxes**, which can be up to 6% of total revenue.

➢Supplemental payments are additional payments to providers to provide financial support and are not made in exchange for services to Medicaid participants.

➢Most hospital supplemental payments are funded by state-based hospital taxes, which can be up to 6% of total revenue. *(Source: Title 42 Code of Federal Regulations)*

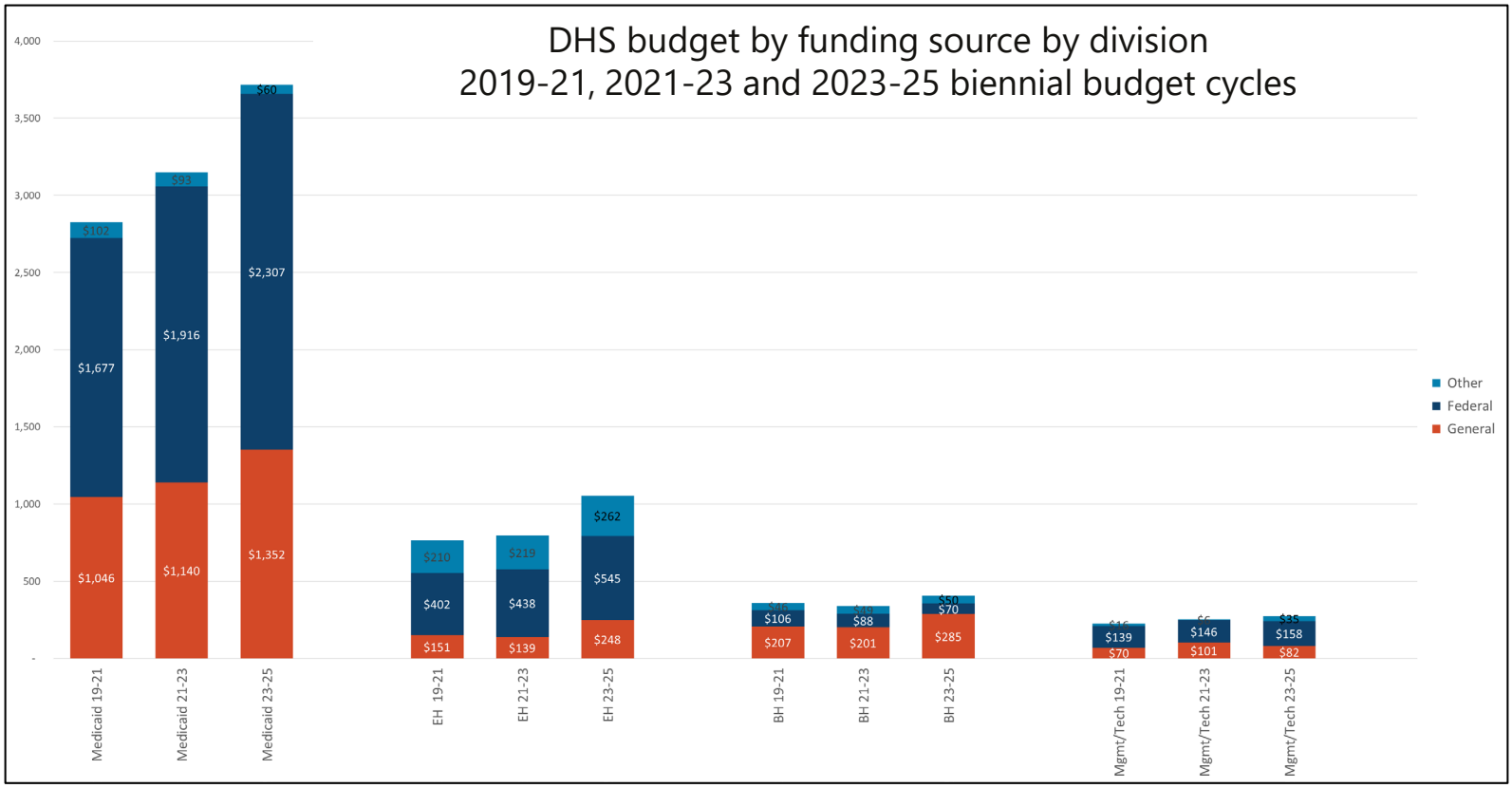
➢CMS requires that state hospital taxes be broad based, uniformly imposed and that all hospitals pay the tax. Taxes may negatively impact some hospitals because while all are required to pay the tax, some may not receive a supplement payment. *(Source: Kaiser | States and Medicaid Provider Taxes or Fees)*

➢ND Medicaid's total supplement payment amount in 2021 was $1.4M. *(Source: Medicaid and CHIP Payment and Access Commission | Annual-Analysis-of-Disproportionate-Share-Hospital-Allotments-to-States)*

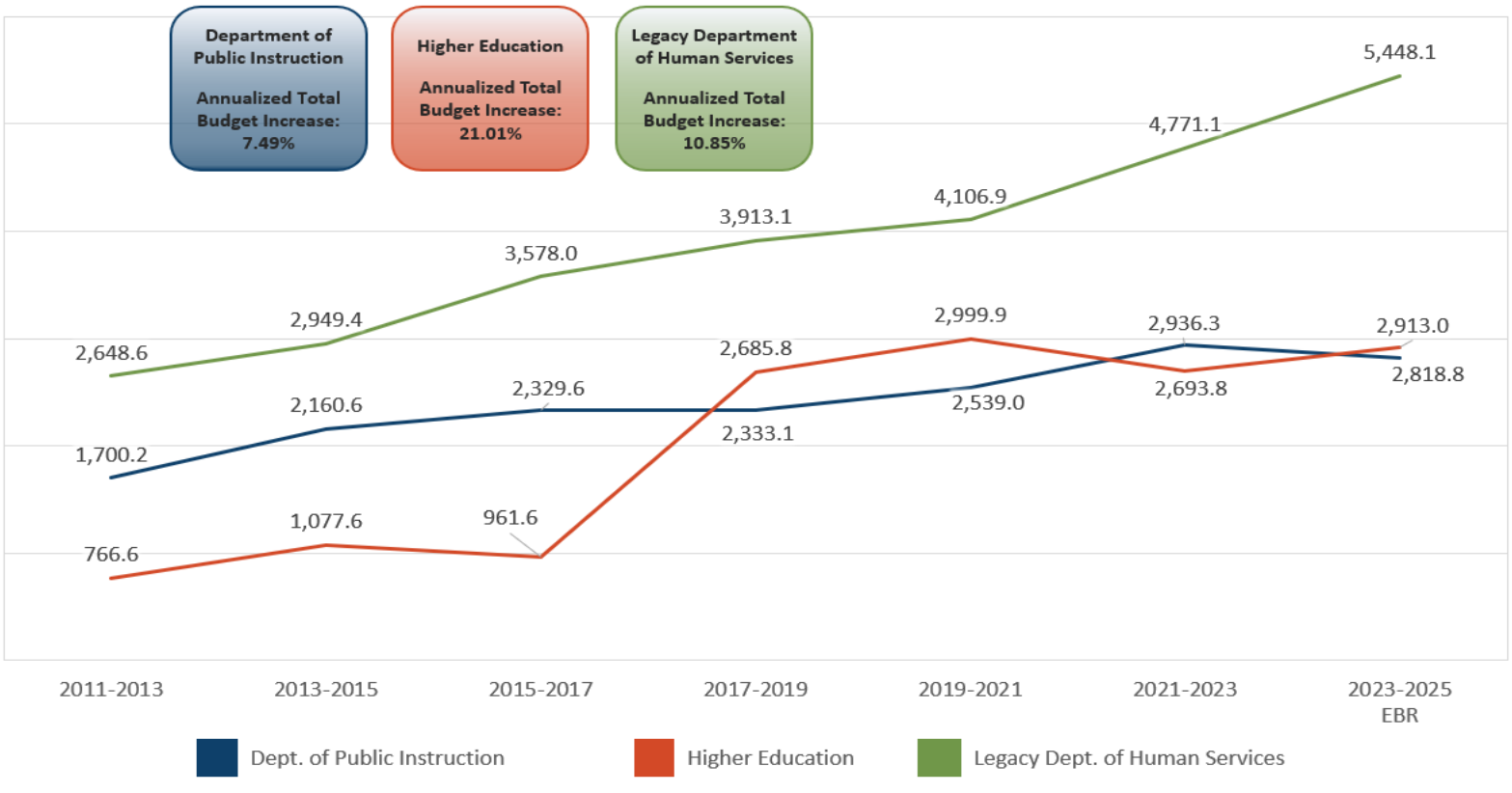
ND Medicaid Budget

Information Brief

Medicaid, long-term care and developmental disability **represent 64% of SB 2012 budget** for the 2023-25 biennium.



Reducing the Medicaid Expansion budget will help bend the curve on budget increases.



NORTH Dakota Be Legendary.
Health & Human Services

Engrossed SB 2012 Medicaid Expansion Budget Option 1

Information Brief

Part A
General Fund savings: $11 Million

Where do the savings come from? **Part A:**

- Reduces Expansion budget estimate by **$11 Million** based on current utilization information.
- Impacts HHS only.

Description	General Fund	Other Funds	Total Funds	Average Cost of Premiums per Month	Change in Premiums from EBR	Average Number of Premiums per Month
Executive Budget Request (EBR) - Managed Care Expansion	$94,255,028	$848,295,256	$942,550,284	$1,320.01	0%	29,752
Budget Estimate Update (Reduction) - 24 month impact	(11,075,387)	(99,678,486)	(110,753,873)			
Managed Care Expansion Budget After Reassessment	$83,179,641	$748,616,770	$831,796,411	$1,164.92	-13%	29,752

Part B
General Fund savings: $25 Million

Where do the savings come from? **Part B:**

- Aligns Expansion rates with Traditional Medicaid rates for an additional **$25 Million.**
- Impacts HHS, Blue Cross Blue Shield of ND and Providers.
- No change to benefits or services provided to North Dakotans.
- These funds may be reallocated to other needed programs and services, such as Behavioral Health.

Managed Care Expansion Budget After Reassessment	$83,179,641	$748,616,770	$831,796,411	$1,164.92	-13%	29,752
Managed Care Expansion Reimbursement at Traditional Rate (Reduction) - 18 month impact	(25,475,752)	(229,281,767)	(254,757,519)			
Managed Care Expansion Budget at Traditional Rates	$57,703,889	$519,335,003	$577,038,892	$808.13	-63%	29,752

Medicaid Expansion Budget Option 1

- **Total General Fund savings: $36 Million** ($11M + $25M)

NORTH Dakota Be Legendary.
Health & Human Services

Engrossed SB 2012 Medicaid Expansion Budget Option 2

Information Brief

Part A
General Fund savings: $11 Million

Where do the savings come from? **Part A:**

- Reduces Expansion budget estimate by **$11 Million** based on current utilization information.
- Impacts HHS only.

Description	General Fund	Other Funds	Total Funds	Average Cost of Premiums per Month	Change in Premiums from EBR	Average Number of Premiums per Month
Executive Budget Request (EBR) - Managed Care Expansion	$94,255,028	$848,295,256	$942,550,284	$1,320.01	0%	29,752
Budget Estimate Update (Reduction) - 24 month impact	(11,075,387)	(99,678,486)	(110,753,873)			
Managed Care Expansion Budget After Reassessment	$83,179,641	$748,616,770	$831,796,411	$1,164.92	-13%	29,752

Part B
General Fund savings: $17 Million

Where do the savings come from? **Part B:**

- Aligns Expansion rates **with 125%** of Traditional Medicaid rates for an additional **$17 Million.**
- Impacts HHS, Blue Cross Blue Shield of ND and Providers.
- No change to benefits or services provided to North Dakotans.
- These funds may be reallocated to other needed programs and services, such as Behavioral Health.

Managed Care Expansion Budget After Reassessment	$83,179,641	$748,616,770	$831,796,411	$1,164.92	-13%	29,752
Managed Care Expansion Reimbursement at 125% Traditional Rate (Reduction) - 18 month impact	(17,114,813)	(154,033,318)	(171,148,131)			
Managed Care Expansion Budget at 125% of Traditional Rates	$66,064,828	$594,583,452	$660,648,280	$925.23	-43%	29,752

Medicaid Expansion Budget Option 2

- **Total General Fund savings: $28 Million** ($11M + $17M)

ND Legislative session 2023-2025

NORTH Dakota Be Legendary.
Health & Human Services

ND Medicaid Expansion

Information Brief

What are the impacts of reducing the Medicaid Expansion budget?

Impacts to ND Medicaid Expansion participants

- **No impact to Medicaid Expansion participants**. Medicaid Expansion benefits and services remain the same.
- In-network providers must see Medicaid Expansion patients without discrimination per their contracts.
- ND Medicaid provider networks are strong with providers across the state.

Impact to Providers

- It will take 6 months to implement, with 18 months of impact to providers.
- Medicaid Expansion providers will experience a 40% rate reduction on 35,000 Medicaid Expansion participants, which represent 4.4% of the state's 800,000 population.
- **Developmental Disability providers will not be impacted** by a reduction to the Medicaid Expansion budget.
- Long-term care providers will not be impacted.
- Traditional Medicaid will not be impacted. Traditional Medicaid covers 100,000 North Dakotans or 12% of ND's population.

Impacts to ND's medical industry

- ND will move toward more sustainable health care cost growth. By comparison, ND pays more for Medicaid Expansion provider rates than any other state.
- As Medicaid provider rates increase, pressure is put on the commercial side to increase rates to align pricing. Reducing the Medicaid Expansion budget will help mitigate continued increases in health care costs for all North Dakotans.
- In 2019, ND's medical industry spending was $8 Billion. Budget option 1 will take out $254M, which is a 3% reduction in total industry spending. Budget option 2 will take out $171M, which is a 2% reduction.

JWHammer LLC
Access, Analysis, Results

North Dakota
INSURANCE
DEPARTMENT
PROTECTING THE PUBLIC GOOD
JON GODFREAD, COMMISSIONER

North Dakota's Health Care Cost Study: An Unprecedented Look at Health Care Costs and the Necessary Steps Towards Controlling Same

Commissioner Jon Godfread, NDID

Jennifer Hammer, JWHammer, LLC

September 23, 2021

Background of Health Care Cost Study

- **Spring 2019:** North Dakota legislature approves a health care cost study to be performed by the North Dakota Insurance Department

- **October 2019:** the North Dakota Insurance Department (NDID) engaged JWHammer, LLC and consultant Horizon Government Affairs (HGA) to develop a multi-pronged study of North Dakota's health costs, including data gathering and analysis, baseline current-policy projections for the next several years, development of policy alternatives, and cost estimates of alternative policies relative to baseline.

- **October 2019 – Summer 2020:** Collection and analysis of data occurs.

- **September 2020:** Preliminary Report prepared.

- **December 2020:** Final report prepared with data for 2019 on North Dakota and 50-state insurance markets from the National Association of Insurance Commissioners (NAIC) and the Medicare Cost Report system.

How was the Study conducted?

In-Depth Study of Nine North Dakota Hospitals.

- Issued a data request to these nine hospitals based on the American Hospital Association's (AHA's) annual survey, after discussion with the state's hospitals and the North Dakota Hospital Association (NDHA).
- NDHA arranged to have the historical data submissions for the survey sent back from the AHA to each hospital, to make the data response less burdensome.
- One key purpose of the data request was to supplement and verify the publicly available data from HCRIS, which we use for state-by-state comparisons. Our preliminary finding is that the HCRIS 2010-2018 data provides a good summary of the state's utilization, expenses, and revenues, although there were several cases where we had to make corrections to the HCRIS data for individual North Dakota hospitals based on the hospital's AHA data response and in subsequent discussion with hospitals.
- The one concept where the HCRIS and AHA did differ noticeably was on the hospitals' allocations of their revenues from payers: commercial vs. Medicare and Medicaid. In general, we have defaulted to using the AHA data as a guide for our projections.

Agenda:

1. Summary of the Hospital Market
2. Significant Findings of Volatile Health Care Costs
3. **Solution:** Private Reinsurance
4. Secret Shopper Survey
5. Is it Patient Financial Assistance?
6. Revenues – Where are they going?
7. **Solution:** Price Disclosures are Necessary
8. Pharmacy Cost Increases
9. **Solution:** Management of Chronic Conditions
10. Insurance Market Findings: It's Steady

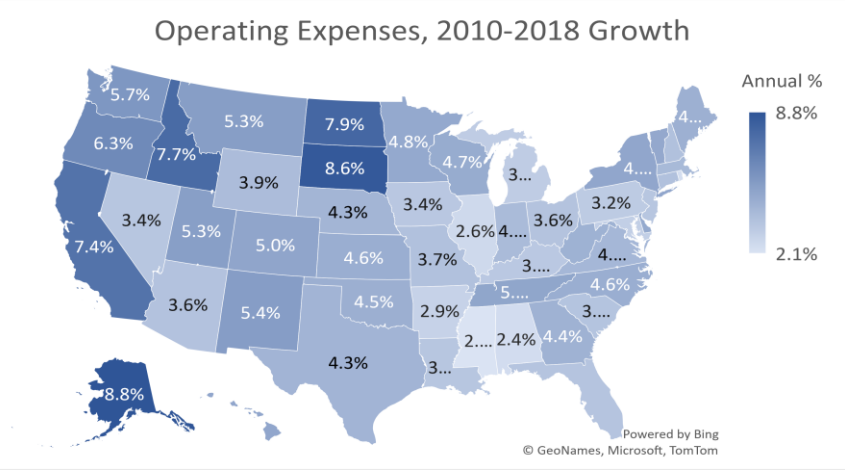
Hospital Market Summary

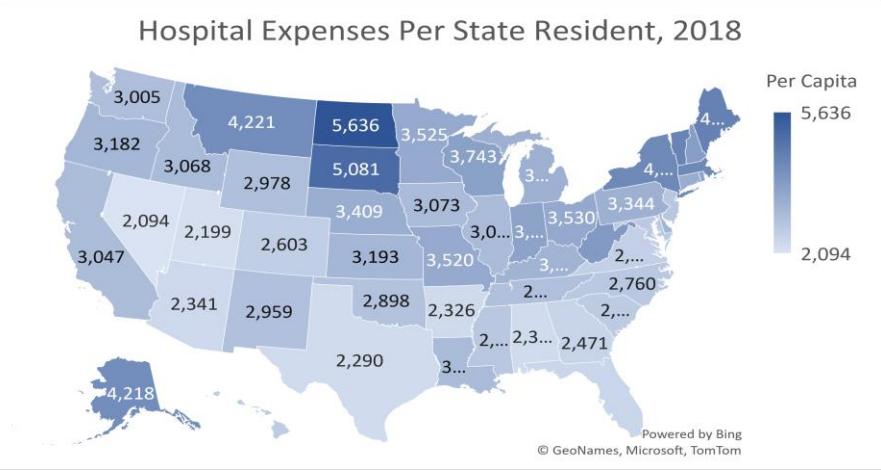
North Dakota Hospital Rankings vs. Other States, 2010-2018*	Rank (highest to lowest)	
	Level	Growth
Inpatient Discharges		14
Inpatient Days		5
Inpatient Days per 1,000 People	4	12
Average Length of Stay	4	3
Occupancy Rate	39	23
Beds Per Person	5	12
Operating Expenses		3
Operating Expenses per Person	1	4
Operating Revenues		2
Operating Revenues per Person	2	3
Average Salaries per FTE	4	5
Inpatient Revenue per Discharge	7	2
Commercial to Medicare Rate Ratio	12	9
Medicare Case Mix Index	30	16
Medicare Revenues per Enrollee	2	2
Medicare Inpatient Revenues		4
Medicare Inpatient Revenue per Discharge +	30	3
Medicare Outpatient Revenues		3
Medicare Outpatient Revenues per Enrollee	1	2
Medicaid Revenues		3
Medicaid Inpatient Discharges		7
Medicaid Inpatient Days		6
Medicaid Revenues per Enrollee	1	1
Private Patient Revenues per Private Insurance Enrollee	6	9
Patient Financial Assistance	38	3

Source. HGA based on data from the Medicare Hospital Cost Reports.
Level Rankings are based on 2017 or 2018, and Growth Rankings are based on 2010 or 2011 to 2017 or 2018, depending on data availability.

High Hospital Operating Expenses

- North Dakota's growth from 2010-2017 is more than double the national average.
- Ranked 3rd in the U.S.: Only South Dakota and Alaska rank higher.
- North Dakota's growth from 2010-2017 is more than double the national average.
- Operating expenses per resident: North Dakota ranked 1st in the U.S.
- Operating Expenses. Overall operating expenses for North Dakota hospitals grew by an average of 7.9 percent annually between 2010 and 2018, well above the national average of 4.5 percent per year. Only South Dakota and Alaska had more rapid rates of growth in expenses during this period (see Tables 18-19 and Figure 6). North Dakota's hospital operating expenses per state resident were highest in the nation in 2018. Between 2010 and 2018, North Dakota overtook DC for the highest expenses per capita.





Patient Utilization Measures Were Stagnant, Grew by About 1-2% Per Year

Aggregate Utilization Measures (AHA Data vs. HCRIS)

DRAFT

Nine Responding Plans (by calendar year)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Average Annual Growth
Admissions				**AHA Historical Data**							
Medicare	33,327	33,734	33,991	32,447	32,033	32,892	33,266	34,081	34,850	35,016	0.6%
Medicaid	11,395	12,010	11,550	10,543	11,624	13,287	15,540	15,659	16,227	16,447	4.2%
Private/Other	35,648	36,899	39,871	39,410	37,116	34,288	29,914	30,295	30,009	31,147	-1.5%
Total	80,370	82,643	85,411	82,399	80,773	80,467	78,719	80,034	81,085	82,610	0.3%
Days											
Medicare	165,591	172,163	178,394	177,299	171,340	179,089	175,646	172,764	175,152	173,370	0.5%
Medicaid	47,813	50,064	51,015	51,457	63,848	73,616	83,832	84,841	86,288	86,551	6.8%
Private/Other	124,500	128,035	139,158	137,875	130,317	125,119	119,596	113,605	114,437	120,147	-0.4%
Total	337,903	350,262	368,567	366,630	366,805	379,124	379,073	371,210	375,877	380,068	1.3%
Inpatient Surgeries	25,872	25,684	26,030	25,702	24,987	24,696	24,635	24,718	24,202	24,156	-0.8%
ED Visits	206,738	224,232	244,550	244,103	252,343	256,880	253,005	246,322	244,994	247,200	2.0%
Outpatient Visits	1,809,797	1,838,424	1,958,487	2,083,629	2,148,674	2,156,467	2,171,771	2,109,200	2,061,083	2,013,684	1.2%
Outpatient Surgeries	43,231	53,934	61,136	63,953	66,806	68,218	68,734	69,183	69,905	69,564	5.4%
Beds	1,554	1,593	1,588	1,603	1,634	1,638	1,631	1,668	1,700	1,675	0.8%
Occupancy Rate	59.6%	60.3%	63.6%	62.7%	61.5%	63.4%	63.7%	61.0%	60.6%	62.2%	0.5%
Average Length of Stay (days per admission)											
Medicare	5.0	5.1	5.2	5.5	5.3	5.4	5.3	5.1	5.0	5.0	0.0%
Medicaid	4.2	4.2	4.4	4.9	5.5	5.5	5.4	5.4	5.3	5.3	2.5%
Private/Other	3.5	3.5	3.5	3.5	3.5	3.6	4.0	3.8	3.8	3.9	1.1%
Weighted Average	4.2	4.2	4.3	4.4	4.5	4.7	4.8	4.6	4.6	4.6	1.0%
Overall Utilization Index, 2010=1 \a	1.00	1.04	1.11	1.12	1.13	1.15	1.14	1.13	1.13	1.13	1.4%
Admissions				**HCRIS Data**							
Medicare	26,680	26,921	27,699	27,191	27,753	28,782	29,288	30,106	30,354		1.6%
Medicaid	10,095	10,334	9,921	8,798	9,210	10,145	11,133	10,850	11,555		1.7%
Private/Other	39,380	40,528	39,610	39,613	36,258	35,500	35,670	36,442	35,008		-1.5%
Total	76,155	77,783	77,230	75,602	73,221	74,428	76,092	77,398	76,917		0.1%
Days											
Medicare	122,885	129,796	135,946	136,284	137,920	147,385	149,090	148,579	148,875		2.4%
Medicaid	49,019	49,788	53,843	55,584	65,111	70,929	73,126	71,768	69,828		4.5%
Private/Other	136,558	142,672	145,570	141,440	134,108	130,901	130,184	130,771	132,611		-0.4%
Total	308,463	322,257	335,359	333,308	337,139	349,215	352,400	351,118	351,315		1.6%
Beds	1,308	1,312	1,337	1,442	1,388	1,436	1,452	1,475	1,475		1.5%
Occupancy Rate	64.6%	67.3%	68.7%	63.3%	66.5%	66.6%	66.5%	65.2%	65.2%		
Average Length of Stay (days per admission)											
Medicare	4.6	4.8	4.9	5.0	5.0	5.1	5.1	4.9	4.9		0.8%
Medicaid	4.9	4.8	5.4	6.3	7.1	7.0	6.6	6.6	6.0		2.8%
Private/Other	3.5	3.5	3.7	3.6	3.7	3.7	3.6	3.6	3.8		1.1%
Weighted Average	4.1	4.1	4.3	4.4	4.6	4.7	4.6	4.5	4.6		1.5%

Source: Horizon Government Affairs. HCRIS data via RAND, vintage 11-4-19.

Note: Average annual growth rate is 2010-2019 for AHA data; 2010-2018 for HCRIS data.

\a Overall utilization composite index is calculated by HGA using data from the AHA survey responses. It is not an AHA calculation.

Growth in Costs Per Unit of Use Averaged 6.5% Per Year

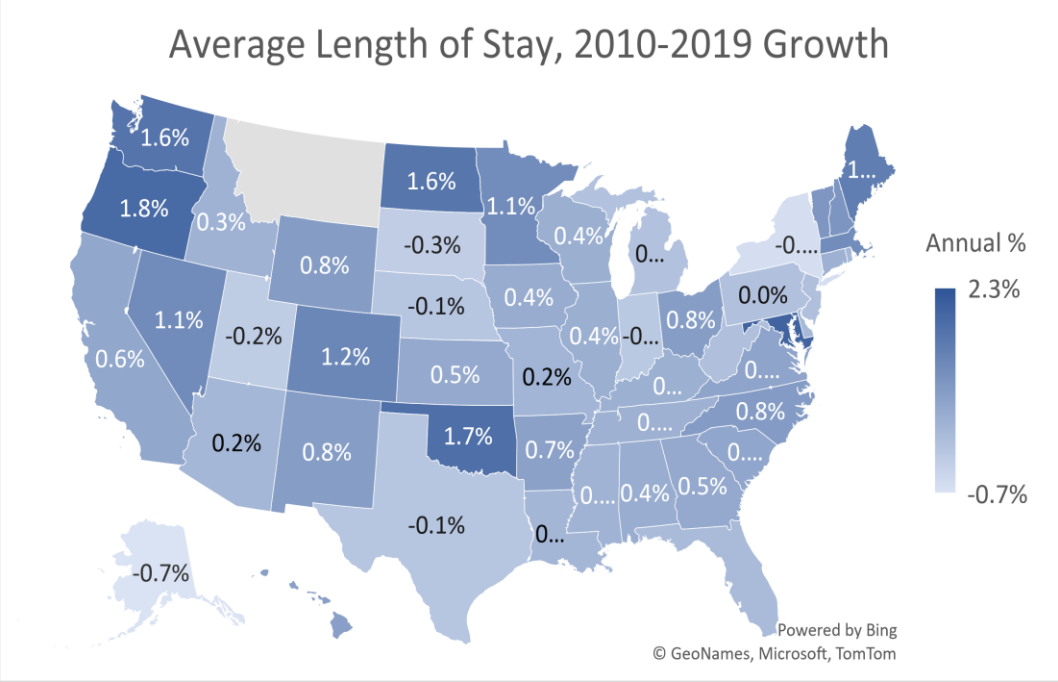
Average Annual Growth in Expenses Per Unit of Use, 2010-2019 **DRAFT**

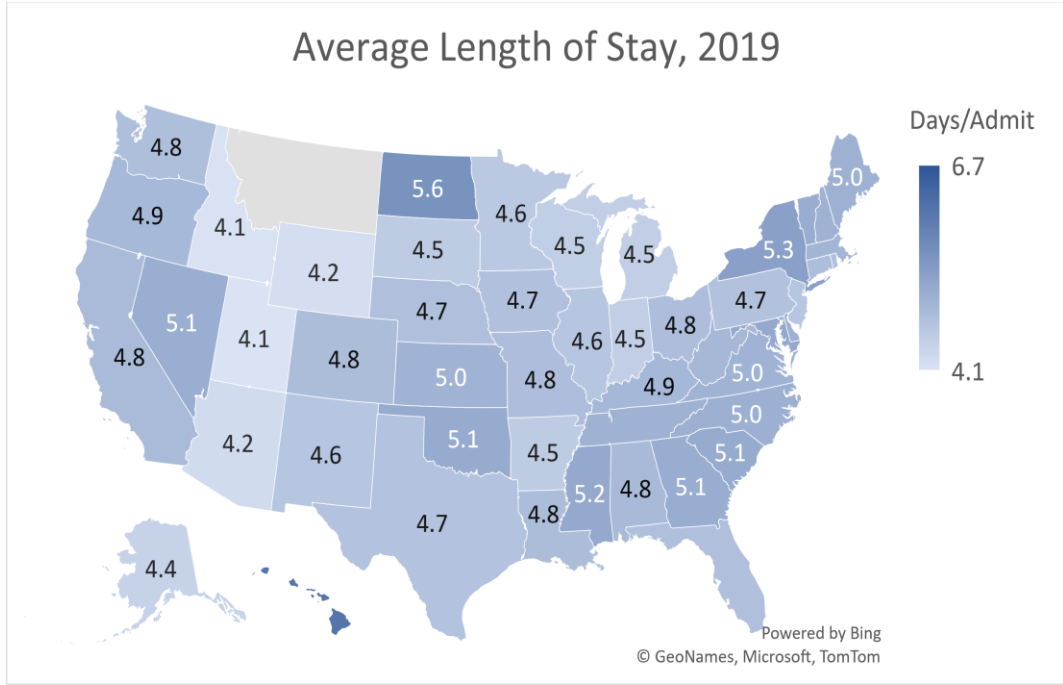
Six Large Acute Care Hospitals	Expense Growth	Utilization Growth	Unit Costs Expenses/Use
St Alexius	4.0%	-1.0%	5.0%
Sanford Bismarck	8.9%	4.4%	4.3%
Essentia	5.1%	0.8%	4.3%
Sanford Fargo	14.0%	2.4%	11.3%
Altru	6.0%	1.4%	4.5%
Trinity	3.1%	-1.0%	4.1%
Large Hospitals Weighted Average	**8.0%**	**1.5%**	**6.5%**
Three Critical Access Hospitals	7.4%	0.2%	7.2%
All 9 Hospitals Weighted Average	**8.0%**	**1.4%**	**6.5%**

Source: Horizon Government Affairs.

Note: Weighting is a custom blend of inpatient and outpatient utilization by HGA.

Significant Increase in Length of Stays (3rd in growth)





Hospital Revenues and Expenses Have Risen by about 7.5-8.0% Per Year

Aggregate Revenues and Expenses (AHA Data vs. HCRIS), All Nine Reporting Hospitals **DRAFT**

(by calendar year)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Average Annual Growth
				AHA-Style Data							
AHA Data											
Payroll	947	1,062	1,187	1,226	1,261	1,360	1,467	1,561	1,631	1,681	6.6%
Benefits	169	188	210	214	220	242	271	288	298	309	6.9%
Total, Wages and Benefits	1,116	1,250	1,397	1,440	1,481	1,602	1,739	1,850	1,929	1,990	6.6%
Interest Expense	30	32	34	36	39	42	43	46	49	47	5.4%
Other Expenses	754	886	1,126	1,223	1,315	1,395	1,459	1,532	1,649	1,747	9.8%
Total, Expenses	1,899	2,169	2,556	2,699	2,835	3,038	3,240	3,428	3,627	3,784	8.0%
Patient Revenues	1,934	2,195	2,521	2,618	2,824	3,072	3,221	3,360	3,495	3,598	7.1%
Non-Patient, Non-Oper. Revenue	102	105	130	183	199	170	183	203	256	327	13.8%
Total, Revenues	2,036	2,300	2,651	2,801	3,023	3,241	3,404	3,563	3,751	3,925	7.6%
Margin	136	131	94	103	188	203	164	135	124	140	
Margin %	7%	6%	4%	4%	6%	6%	5%	4%	3%	4%	
Medicare Cost Reports				**HCRIS Data**							
Total Wages and Benefits	1,008	1,171	1,370	1,437	1,489	1,572	1,650	1,711	1,744		7.1%
Interest Expense	32	35	36	38	40	42	43	48	52		6.5%
Other Expenses	930	1,089	1,260	1,335	1,429	1,537	1,667	1,766	1,851		9.0%
Operating Expenses	1,970	2,295	2,666	2,810	2,958	3,152	3,361	3,526	3,647		8.0%
Patient Revenues	2,012	2,336	2,622	2,729	2,944	3,190	3,323	3,419	3,532		7.3%
Non-Patient, Non-Oper. Revenue	102	94	108	164	181	155	192	230	239		11.2%
Total, Revenues	2,114	2,430	2,730	2,893	3,125	3,344	3,514	3,649	3,771		7.5%
Margin	102	94	108	164	181	155	192	230	239		
Margin %	5%	4%	4%	6%	6%	5%	5%	6%	6%		

Source: Tabulations and calculations by Horizon Government Affairs. HCRIS data as processed by RAND vintage 11-4-2019.

Note: Average annual growth rate is 2010-2019 for AHA data; 2010-2018 for HCRIS data.

Average Salaries Rose 4%

Average Salaries (HCRIS Data) **DRAFT**

(by calendar year)	2010	2011	2012	2013	2014	2015	2016	2017	2018	Average Annual Growth
	HCRIS Wages and Salaries per FTE									
6 Large Acute Care Hospitals										
St Alexius	66,688	72,970	73,775	78,038	79,763	82,923	88,278	101,845	106,813	6.1%
Sanford Bismarck	70,999	79,883	87,866	88,893	89,920	86,573	100,681	97,246	103,652	4.8%
Essentia	72,667	71,527	74,581	78,618	81,676	83,275	85,040	92,315	93,902	3.3%
Sanford Fargo	79,517	90,554	98,717	95,554	95,203	96,490	100,311	103,115	102,572	3.2%
Altru	82,330	83,528	90,990	92,367	96,429	99,393	101,598	107,803	112,262	4.0%
Trinity \a	75,000	75,027	75,897	81,238	77,714	90,581	87,712	86,785	100,138	4.2%
Weighted Average	76,175	81,754	87,583	88,527	89,487	92,278	96,403	100,402	104,313	4.0%
3 Critical Access Hospitals										
Jamestown	71,088	72,469	75,005	74,807	76,079	81,821	89,217	81,652	87,322	2.6%
Dickinson	63,473	79,882	79,882	85,063	90,865	95,036	101,822	97,886	94,557	5.1%
Williston	71,560	84,470	79,205	67,530	74,404	74,404	89,186	95,240	90,427	3.0%
Weighted Average	68,565	79,824	78,296	75,573	80,402	83,195	93,680	92,507	91,113	3.6%
All Reporting Hospitals	75,682	81,638	87,047	87,747	88,905	91,704	96,239	99,924	103,532	4.0%

Source: HCRIS via RAND vintage 11-4-2019. Additional Calculation and Estimates by Horizon Government Affairs.

Note: Weighting is a custom blend of inpatient and outpatient utilization by HGA.

\a 2010 figure is a rough approximation; Average annual growth is calculated 2011-2018.

Hospital Compensation for Top Executives and Physicians Ranged Widely

Top Executive and Physician Compensation Reported on IRS Form 990 **DRAFT**

Millions of Dollars

	2010	2011	2012	2013	2014	2015	2016	2017	Average Annual Growth
Top Executives				**St Alexius**					
Highest	0.61	0.50	0.70	0.56	0.80	0.76	0.61	0.62	0%
2nd	0.48	0.50	0.55	0.43	0.67	0.65	0.57	0.56	2%
3rd	0.25	0.28	0.30	0.23	0.38	0.53	0.29	0.40	7%
Top Physicians									
Highest	1.50	1.67	1.98	1.96	2.30	2.00	2.09	1.70	2%
2nd	1.40	1.65	1.60	1.56	2.10	1.98	1.30	1.46	1%
3rd	0.91	0.80	1.00	0.76	1.00	1.20	0.99	1.04	2%
Top Executives				**Sanford (group, includes other states)**					
Highest	1.85	2.07	2.15	4.80	2.50	4.60	4.17	3.16	8%
2nd	1.08	1.20	1.11	3.78	1.36	1.18	3.03	1.48	5%
3rd	1.00	0.99	0.87	1.95	1.02	1.15	1.17	1.10	1%
Top Physicians									
Highest	2.30	2.10	2.12	2.63	3.40	2.92	2.93	2.92	3%
2nd	2.30	2.08	2.10	2.43	2.49	2.68	2.68	2.69	2%
3rd	1.80	2.06	2.09	2.29	2.30	2.49	2.58	2.68	6%
Top Executives				**Altru**					
Highest	0.42	0.50	0.54	0.57	0.69	1.08	1.09	0.85	11%
2nd	0.35	0.33	0.39	0.47	0.43	0.66	0.76	0.75	12%
3rd	0.32	0.30	0.35	0.31	0.42	0.65	0.68	0.56	8%
Top Physicians									
Highest	1.60	1.77	1.85	1.86	1.19	1.20	1.36	1.40	-2%
2nd	1.10	1.08	1.07	1.10	1.03	0.99	1.00	1.18	1%
3rd	1.05	1.08	1.04	0.99	1.03	0.91	0.97	1.01	-1%
Top Executives				**Trinity**					
Highest	0.41	0.44	0.49	0.56	0.68	0.83	0.76	0.84	11%
2nd	0.29	0.26	0.26	0.25	0.30	0.35	0.37	0.38	4%
3rd	0.22	0.24	0.22	0.21	0.25	0.28	0.28	0.29	4%
Top Physicians									
Highest	0.99	1.01	0.82	1.08	0.62	0.55	0.85	0.78	-3%
2nd	0.71	0.84	0.55	0.75	0.13	0.20	0.58	0.60	-2%

Source: Tabulations and calculations by Horizon Government Affairs.

Note: Average annual growth rate calculations are from 2010-2017.

Solution to the Volatile Health Care Costs: What does it look like? Private Reinsurance

The State of North Dakota in conjunction with RAND would purchase a transparent, reliable, and easily understood reinsurance policy that provides immediate recoveries based on predetermined attachment and exhaustion points.

When considering the existing Reinsurance Association of North Dakota (RAND) program, there are two main structural options to consider.

Excess of Loss

- Provides recoveries after a pre-determined amount of loss
- Smooths results in excess of pre-determined attachment point

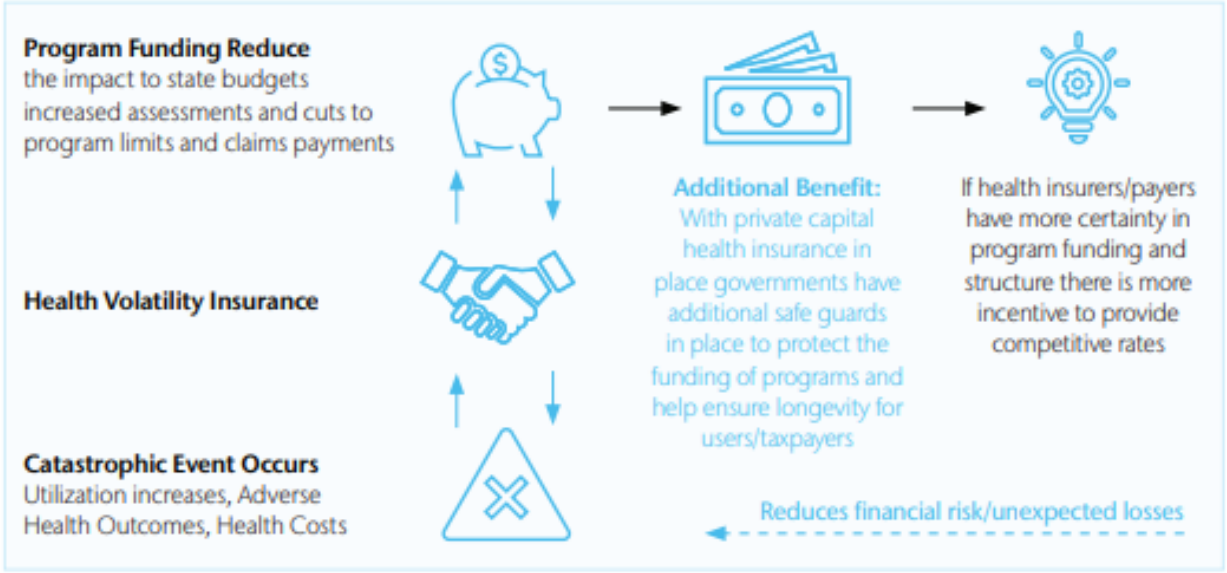
Aggregate Stop Loss

- Provides recoveries after a pre-determined amount of loss in a defined/determined time period
- Coverage ensures the aggregation of numerous claims do not drain the financial reserves of the risk-bearer/entity

Private Reinsurance through a 1332

Reinsurance through state waivers under Section 1332 of the Affordable Care Act has driven down pricing and expanded insurance options for individuals on marketplace plans. Federal pass-through dollars under 1332 waivers, such as Advanced Premium Tax Credits and Premium Tax Credits, can help states further stabilize their health insurance markets, expand insurance options, and expand access: by allowing states to utilize pass-through funding to fund third-party reinsurance in addition to existing state-based reinsurance.

Third-party reinsurance helps states identify and quantify financial exposure to high-cost health claims alongside cost-effective solutions to reduce and transfer that financial exposure away from taxpayers, stabilizing the market. Removing large swings in health premium volatility can stabilize markets over long period of time, allowing consumers to benefit even in years where health costs rise.



State Example

North Dakota has newly passed legislation (HB 1087) that allows the state to utilize federal pass through dollars to fund third party reinsurance as a supplement to their current program. This allows the State of North Dakota to prepare for unexpected spikes in volatility and keep their market rates and offering competitive for all eligible constituents.

Contact

Danielle Iordanou
Public Sector Health Lead
Public Sector Partnership
415.402.6392
danielle.iordanou@aon.com

A Deeper Drive into the Cost Drivers:

1. Secret Shopper: Is it individual hospitals?
2. Is charity care driving the results?
3. A closer look at revenues
4. Is an older population driving costs? A brief look at Medicare
5. Solution: Price Disclosures

Secret Shopping Produced Wide Price Variances

This issue raises consumer education and protection concerns.

Direct to Consumer Pricing: Disclosure of Consumer Prices. We used a secret shopper to compare prices at several hospitals in North Dakota for three common procedures: colonoscopy, normal vaginal delivery, and caesarian section (see Table 60). What we found was drastically different estimates. For colonoscopy, the prices quoted ranged from a high of $5,509 to a low of $1,775, a difference of more than 300 percent. For vaginal childbirth, the range from highest quoted price to lowest was nearly 350 percent, and for delivery by Caesarian Section, prices ranged from about $5,000 to more than $31,000, a difference of more than 600 percent.

Hospital-Reported Prices for Selected Common Procedures

	Colonoscopy	Normal Vaginal Delivery	Caesarian Section
Trinity Hospital - St.Josephs (Minot)	2,980	4,343	5,058
St.Alexius Medical Center (Bismarck)	1,775	4,895	9,675
Sanford Medical Center (Fargo)	3,843	15,056	22,376
Sanford Medical Center (Bismarck)	5,509	13,603	20,386
Altru Health System (Grand Forks)	2,064	12,239	19,269
Jamestown Regional Medical Center	2,100	13,000	25,000
Innovis Health (Fargo)	4,700	11,000	31,000
Ratio of Highest to Lowest (Percent)	**310%**	**347%**	**613%**

Source: JWHammer LLC.

Patient Financial Assistance: What is it?

Patient Financial Assistance. HCRIS reported charity care is based on both uninsured and insured patients qualifying for hospitals' financial assistance programs, less partial payments received. The valuation of the assistance is adjusted to a cost basis using cost-to-charge ratios. As noted above, North Dakota hospitals' financial assistance has increased rapidly (see Table 36 and Figure 17). However, at 1.3 percent of net patient revenues, the level of assistance is low compared with most other states, and well below the national average of nearly 3 percent (see Table 37). Importantly, the valuation of patient financial assistance in the HCRIS data is quite volatile from year to year, and therefore may be more uncertain than other measures.

Patient Financial Assistance is About 1% of Patient Revenues

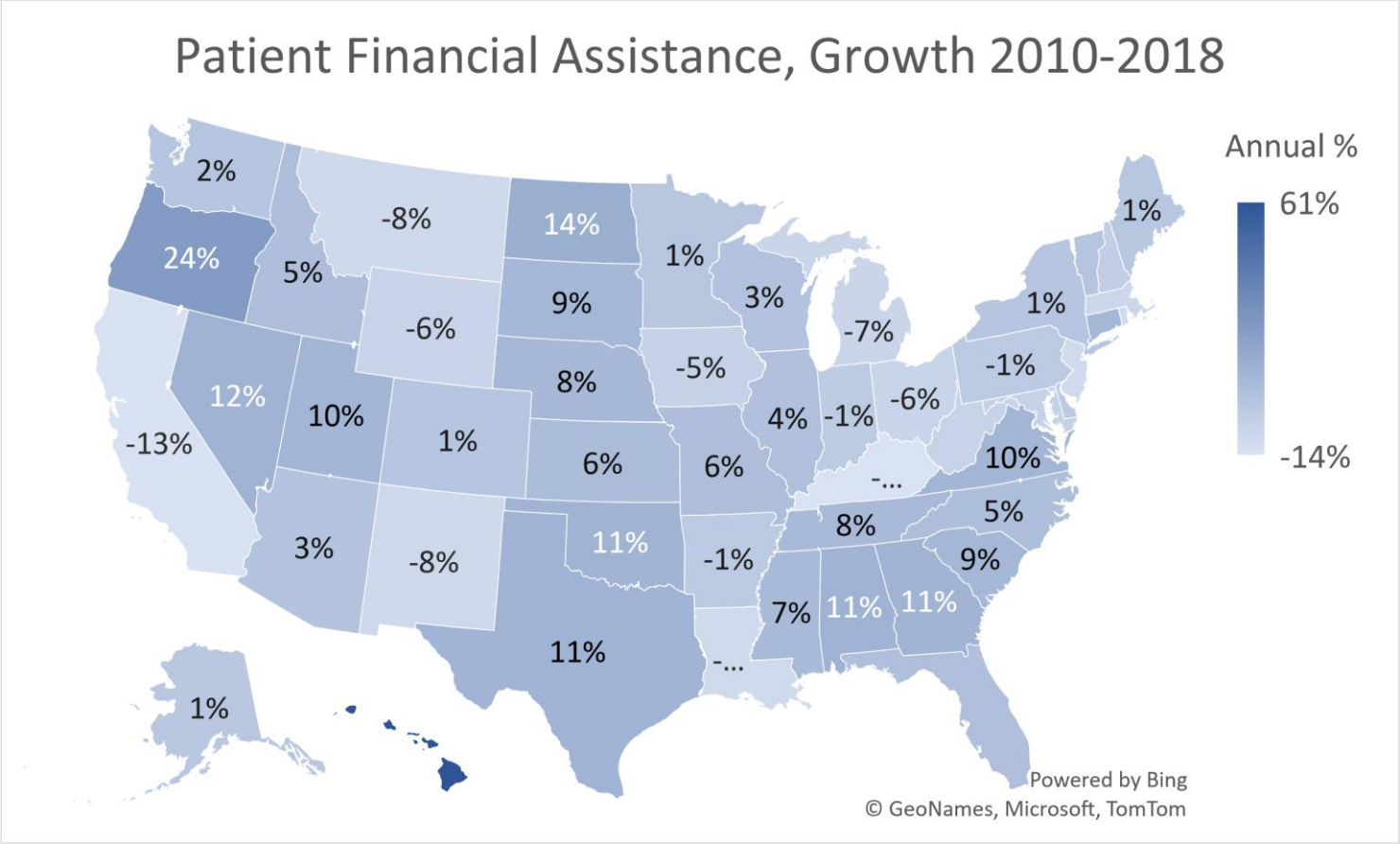
Financial Assistance (Uninsured and Insured Patients) **DRAFT**

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Average Annual Growth
Raw HCRIS Data (by cost report year, millions of dollars)											
6 Large Acute Care Hospitals											
St Alexius		1	1	1	0	3	4	3	2	2	18.4%
Sanford Bismarck		5	13	7	6	8	5	5	6	4	-1.0%
Essentia		2	1	2	1	3	2	4	4	5	10.1%
Sanford Fargo		4	5	9	17	17	12	13	16	18	22.4%
Altru		2	1	2	2	1	1	1	4	/a	12.7%
Trinity \a		0	0	0	3	1	5	6	11	2	-10.2%
Total		13	22	21	30	33	30	32	43	/a	9.6%
3 Critical Access Hospitals		3	2	2	2	1	1	2	3	4	1.3%
Other Critical Access Hospitals		2	2	3	2	1	1	3	3	/a	12.4%
All North Dakota Hospials		19	27	25	34	36	32	36	49	/a	9.8%
As a Percentage of Net Patient Revenues											
6 Large Acute Care Hospitals											
St Alexius		0.3%	0.5%	0.5%	0.2%	1.0%	1.3%	1.1%	0.7%		
Sanford Bismarck		1.5%	4.1%	3.9%	1.7%	1.9%	1.0%	0.9%	1.2%		
Essentia		0.9%	0.3%	0.6%	0.3%	0.9%	0.6%	1.1%	1.0%		
Sanford Fargo		0.7%	0.7%	1.1%	1.9%	1.8%	1.2%	1.2%	1.4%		
Altru		0.4%	0.3%	0.4%	0.4%	0.3%	0.3%	0.2%	0.7%		
Trinity		0.0%	0.0%	0.0%	0.8%	0.2%	1.1%	1.3%	2.4%		
Total		0.6%	0.9%	0.9%	1.1%	1.1%	1.0%	1.0%	1.3%		
3 Critical Access Hospitals		2.9%	1.8%	1.2%	1.3%	0.4%	0.7%	1.0%	1.4%		
Other Critical Access Hospitals		0.9%	0.7%	0.8%	0.6%	0.5%	0.3%	0.8%	0.9%		
All North Dakota Hospitals		0.8%	0.9%	0.9%	1.1%	1.0%	0.9%	1.0%	1.3%		

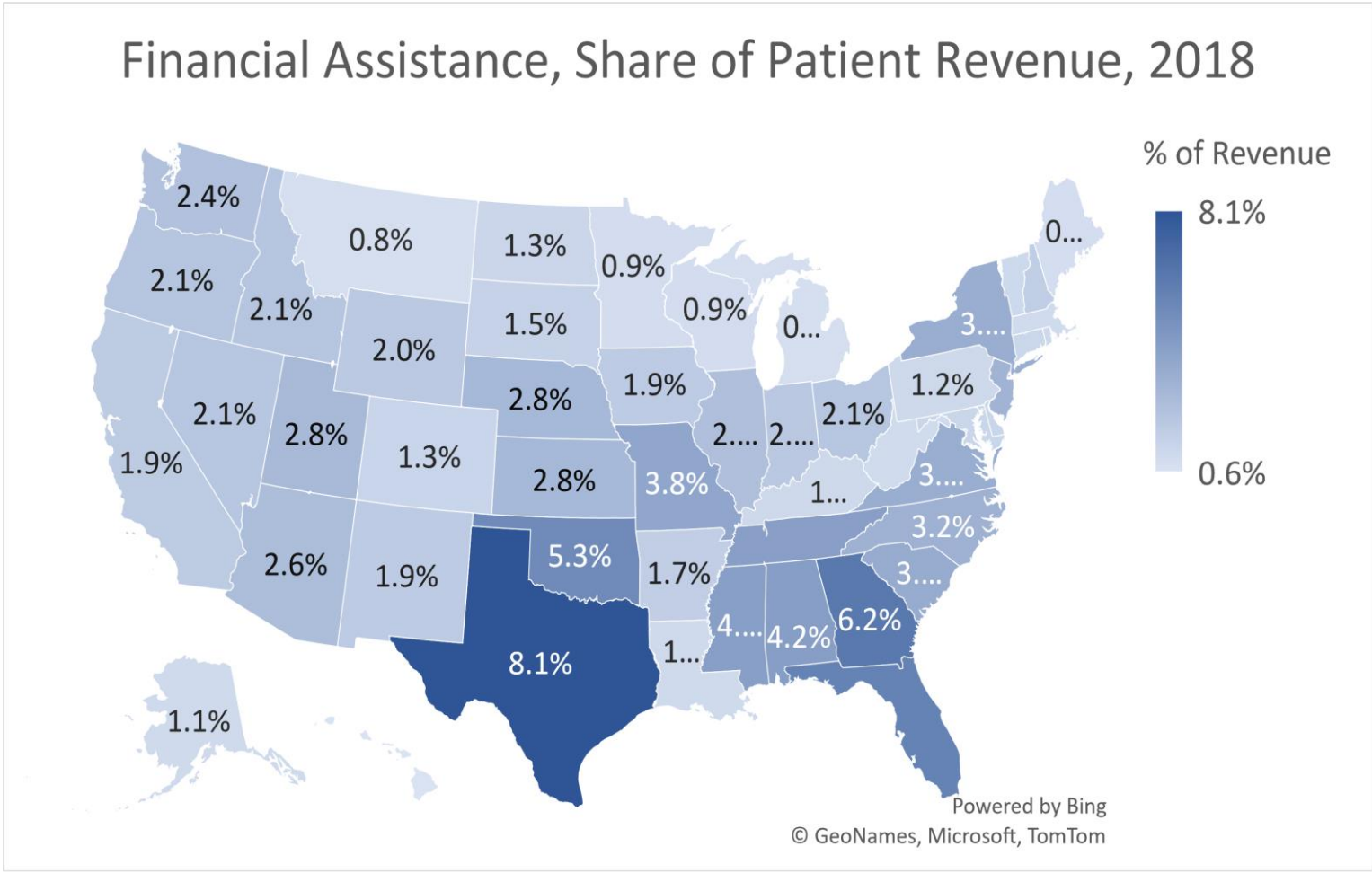
Source: Tabulations and calculations by Horizon Government Affairs. HCRIS data as processed by RAND vintage 11-4-2019; 2019 figures from vintage 11-1-2020.

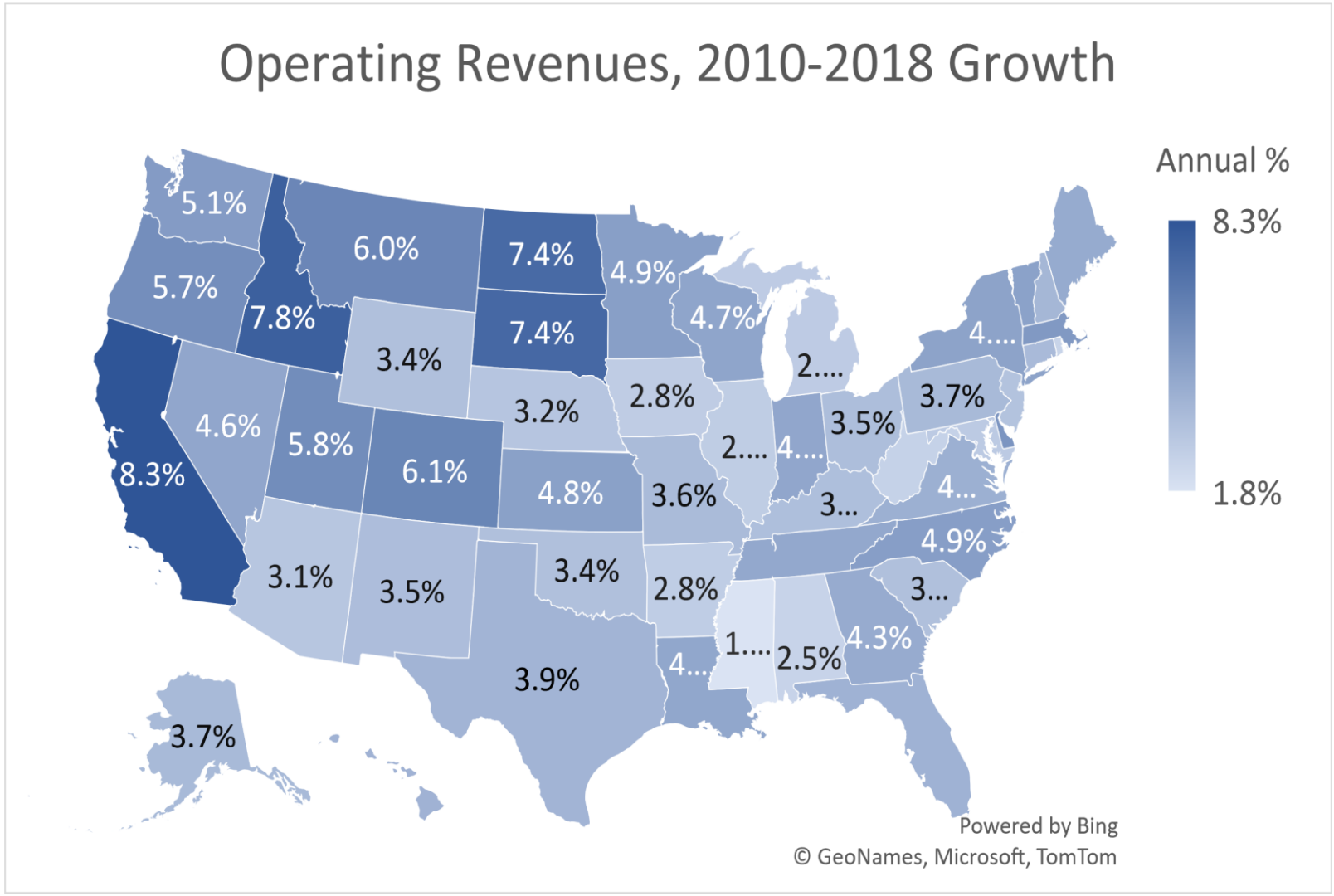
Note: Average annual growth rate calculations are from 2011-2019 except as noted.

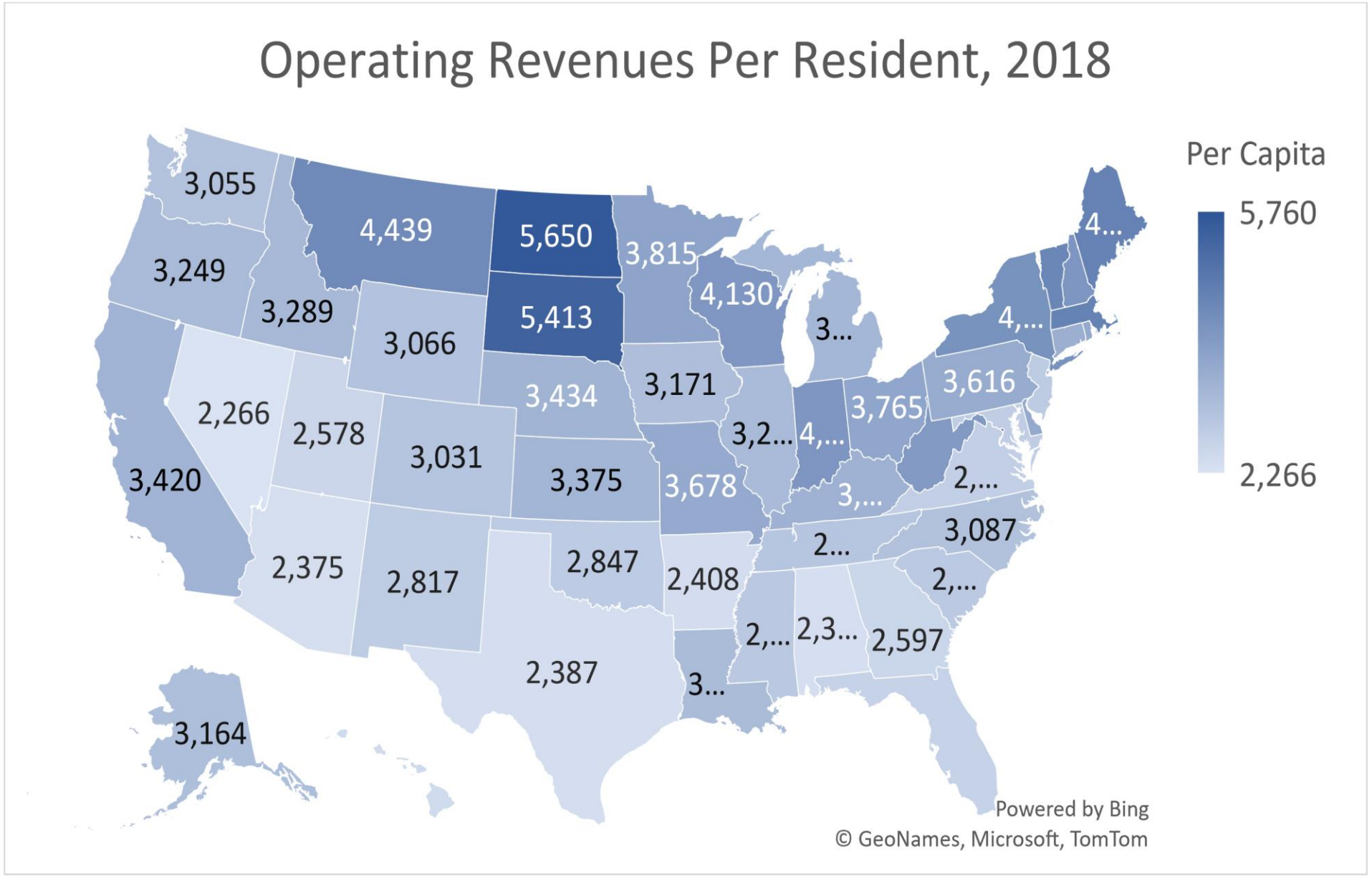
\a Data for some hospitals is missing for 2019. Average annual growth is computed from 2011-2018. Trinity reported zero financial assistance in 2011-2013; growth is calculated as 2014-2019.


Patient Financial Assistance, Growth 2010-2018
Annual %
61%
-14%
2%
24%
5%
-8%
14%
1%
1%
9%
3%
-6%
-7%
1%
-5%
-1%
8%
12%
10%
1%
4%
-1%
-6%
-13%
6%
6%
10%
-...
5%
8%
3%
-8%
11%
-1%
9%
7%
11%
11%
11%
-...
1%
Powered by Bing
© GeoNames, Microsoft, TomTom

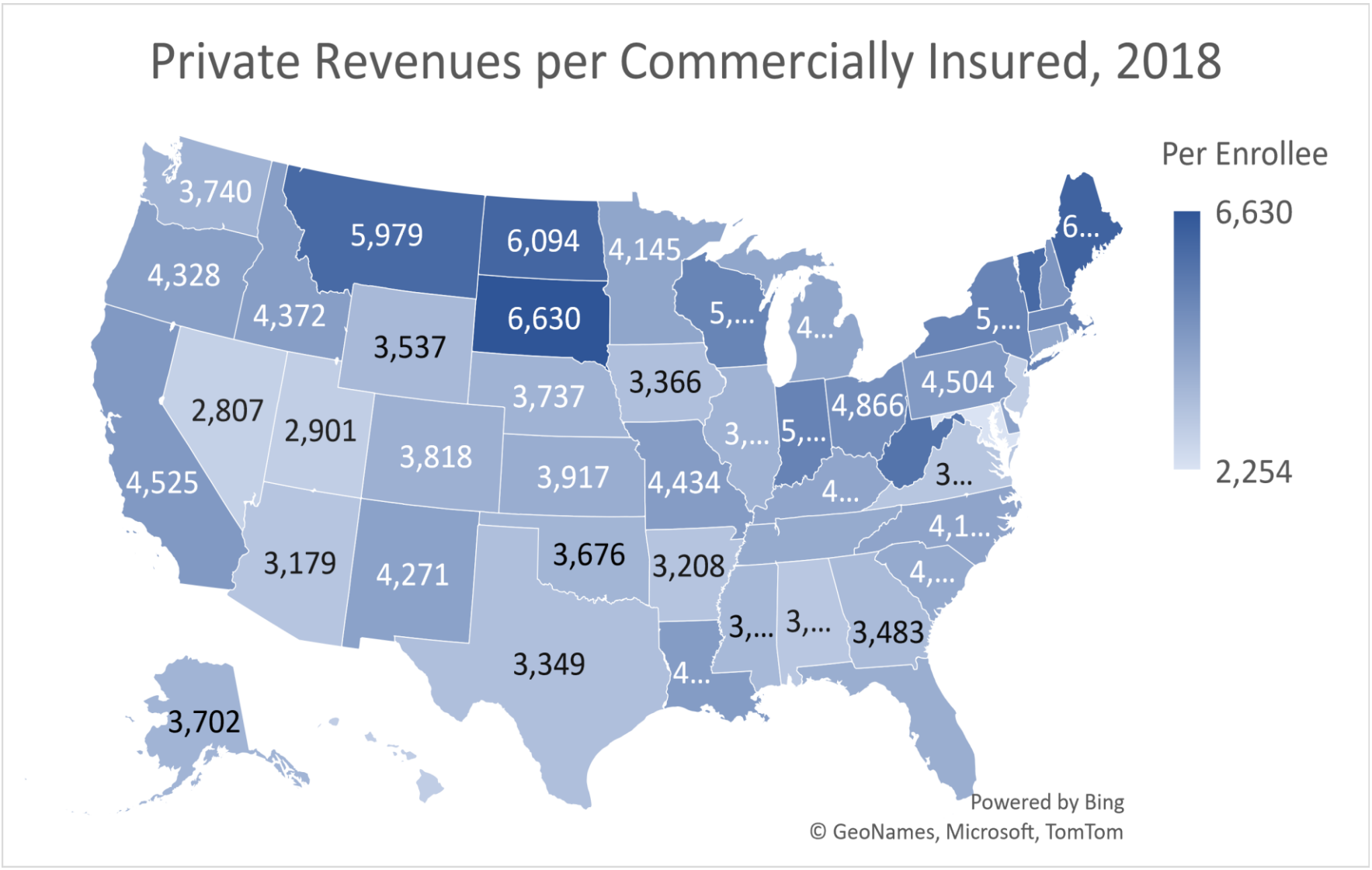
Financial Assistance, Share of Patient Revenue, 2018

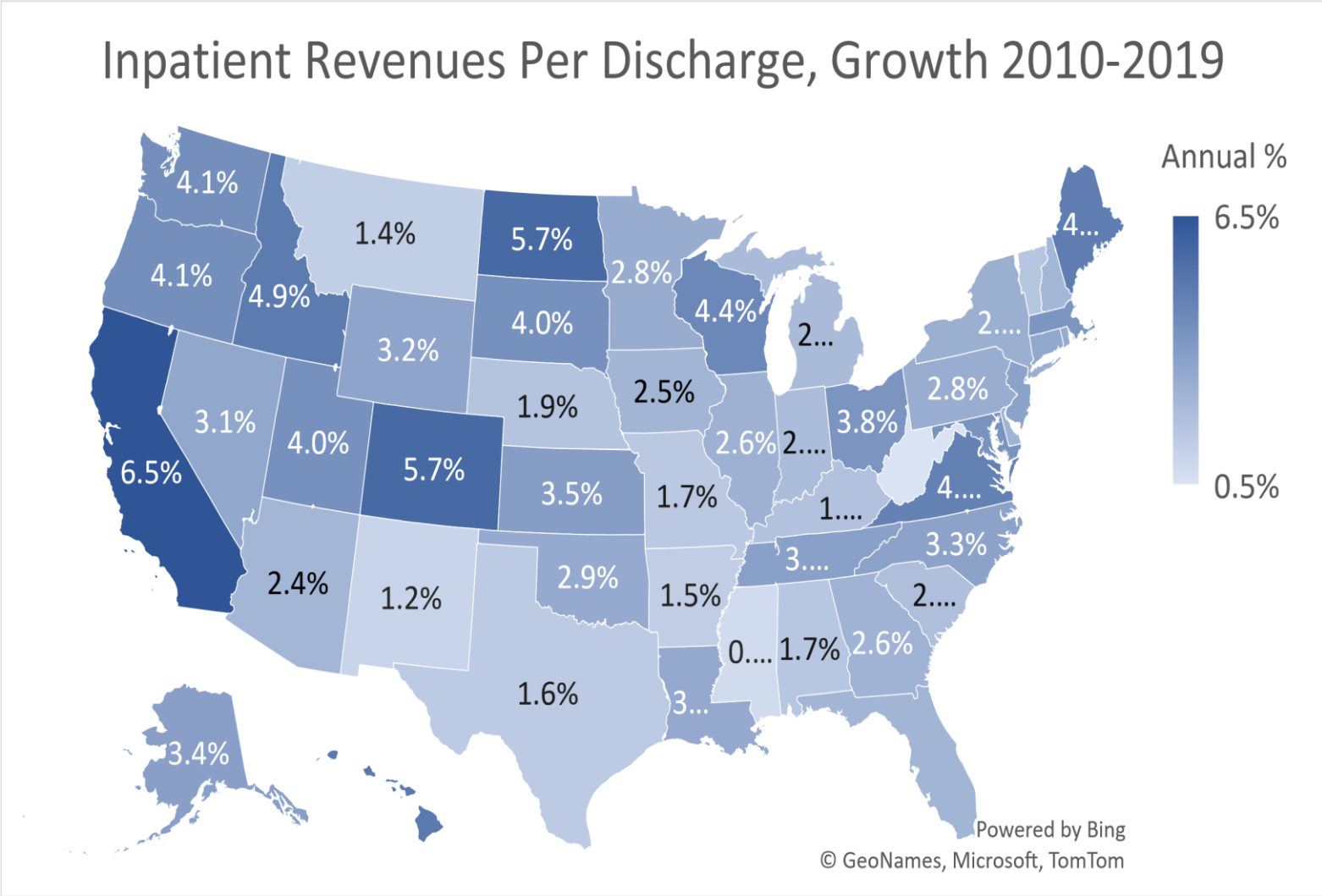



Operating Revenues, 2010-2018 Growth
Annual %
8.3%
1.8%
5.1%
6.0%
7.4%
4.9%
5.7%
7.8%
7.4%
4.7%
3.4%
3.2%
2.8%
4.6%
5.8%
6.1%
4.8%
3.6%
8.3%
3.1%
3.5%
3.4%
2.8%
3.9%
3.7%
Powered by Bing
© GeoNames, Microsoft, TomTom

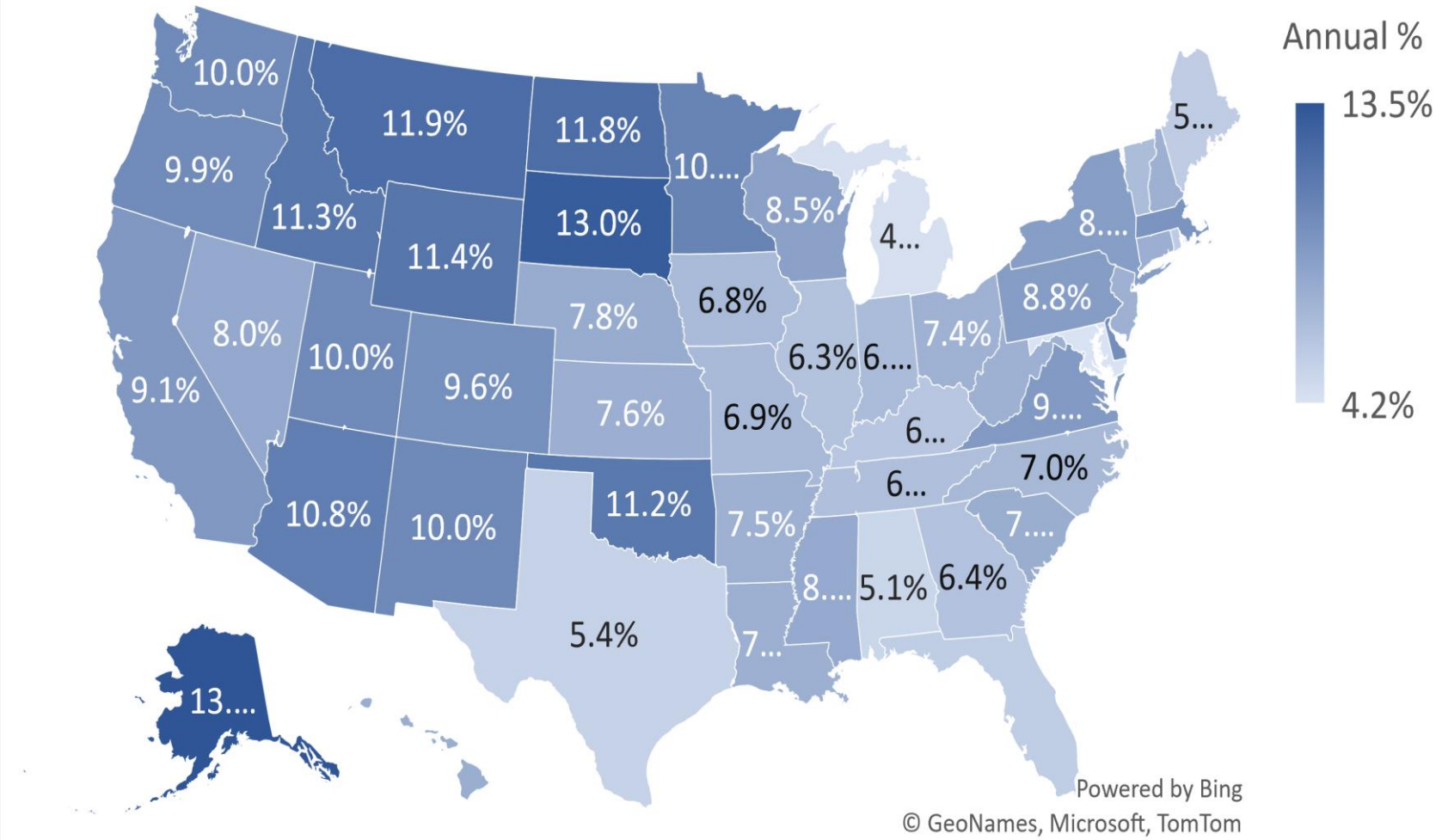

Operating Revenues Per Resident, 2018
Per Capita
5,760
2,266
3,055
3,249
4,439
3,289
5,650
5,413
3,066
3,815
4,130
3,...
4,...
4...
3,434
3,171
3,2...
4,...
3,765
3,616
2,266
2,578
3,031
3,375
3,678
3,...
2,...
3,420
2,375
2,817
2,847
2,408
2...
3,087
2,...
2,387
2,...
2,3...
2,597
3...
3,164
Powered by Bing
© GeoNames, Microsoft, TomTom

Private Revenues per Commercially Insured, 2018




Inpatient Revenues Per Discharge, Growth 2010-2019
Annual %
6.5%
0.5%
4.1%
4.1%
4.9%
1.4%
5.7%
2.8%
4.4%
4...
2....
3.2%
4.0%
2...
2.5%
1.9%
2.8%
3.1%
4.0%
5.7%
2.6%
2....
3.8%
6.5%
3.5%
1.7%
1....
4....
3.3%
3....
2.4%
1.2%
2.9%
1.5%
2....
0....
1.7%
2.6%
1.6%
3...
3.4%
Powered by Bing
© GeoNames, Microsoft, TomTom

Medicare Outpatient Revenues, Growth 2010-2018



An Older Population: Case Mix Index Growth in Medicare was 1% Per Year

Medicare Casemix Index (HCRIS Data, Approximated by RAND)

DRAFT

(by calendar year)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Average Annual Growth /a
6 Large Acute Care Hospitals	**HCRIS/RAND Calculations ("impact_cmi")**										
St Alexius	2.03	2.10	2.08	2.08	2.08	2.01	2.02	1.99	2.04	1.92	-0.6%
Sanford Bismarck	1.75	1.85	1.83	1.78	1.87	1.89	1.90	1.92	1.89	1.89	0.8%
Essentia	1.77	1.78	1.77	1.84	1.97	1.80	1.82	1.87	1.80	1.87	0.6%
Sanford Fargo	1.89	1.86	1.89	1.96	2.07	2.04	2.13	2.13	2.13	2.14	1.4%
Altru	1.72	1.68	1.70	1.86	1.84	1.82	1.81	1.79	1.84	/a	0.9%
Trinity	1.64	1.69	1.68	1.67	1.65	1.65	1.80	1.90	1.87	1.87	1.5%
Weighted Average	1.81	1.82	1.83	1.88	1.94	1.90	1.94	1.96	1.96	/a	1.0%
	Year-to Year Growth Rate										
St Alexius		3.5%	-0.7%	-0.4%	0.3%	-3.4%	0.2%	-1.2%	2.4%	-5.9%	
Sanford Bismarck		5.4%	-1.1%	-2.7%	5.4%	1.2%	0.3%	0.8%	-1.1%	-0.2%	
Essentia		0.7%	-0.5%	4.1%	6.6%	-8.6%	1.2%	3.0%	-4.1%	4.0%	
Sanford Fargo		-1.7%	1.4%	3.8%	5.7%	-1.4%	4.5%	-0.2%	0.2%	0.4%	
Altru		-2.4%	1.6%	9.2%	-1.1%	-1.2%	-0.4%	-1.0%	2.9%	/a	
Trinity		3.1%	-0.4%	-0.2%	-1.3%	-0.3%	9.3%	5.6%	-1.7%	0.0%	
Weighted Average		0.5%	0.5%	3.1%	2.7%	-1.9%	2.4%	0.6%	0.4%	/a	

Source: HCRIS data RAND vintage 11-4-2019 and vintage 11-1-2020. Additional Calculations and Tabulation by Horizon Government Affairs.

Note: Weighting is a custom blend of inpatient and outpatient utilization by HGA.

/a Data may be missing for 2019. Average annual growth from 2010 to last year shown, 2018 or 2019, depending on data availability.

Medicare Findings

- Medicare patient revenues **per enrollee** in North Dakota were 2nd highest in the nation in 2017 and 2018.
- Medicare inpatient revenues in North Dakota grew by 4.5 percent annually between 2010 and 2018. The national average of 1.2 percent per year is almost 4 times less than the North Dakota average.
- Medicare inpatient revenue ranked 6th in the U.S.
- On a per-discharge basis, Medicare inpatient revenue **per discharge** in North Dakota grew by 3.9 percent per year between 2010 and 2018. The national average rate of 2.7 percent.
- Medicare inpatient revenues **per discharge** in North Dakota ($12,926) remained slightly below the national average of ($13,767) in 2018.
- North Dakota's **outpatient** revenues from Medicare grew by 12.6 percent per year in the 2010-2017 period, higher than the national average growth rate of 7.9 percent a year. **Ranks 1st in the nation based on 2018 data.**
- On a per-enrollee basis, Medicare reimbursement to North Dakota hospitals for outpatient care were **highest in the nation** in both 2010 and 2017 and were the **2nd fastest growing** in the 2010-2017.

Hospital Price Disclosures Are Necessary:

In general, consumer-facing price disclosures by hospitals are too complicated or obscure to be useful, particularly if the prices disclosed are full charges or so-called “chargemaster” amounts or if the price quotes are based on discrete (often obscure) technical codes instead of commonly known procedures, such as hip replacement or appendectomy. These amounts often have little resemblance to actual reimbursements by insurers. In order for a price disclosure to be useful to a consumer, it must meet certain criteria:

1. The disclosure must be **actionable**. Disclosures that are delivered at the time of service don’t allow the consumer to shop.
2. The disclosure must be **personal**. General pricing disclosures don’t reflect the likely costs based on the consumer’s insurance plan or other service variables. This may mean that the referring or treating physician be required to provide billing codes.
3. The disclosure must be **understandable**. The consumer needs to understand what is covered by the price disclosure. Since most hospital-based physicians bills separately, the consumer should be made aware of other possible bills that may accompany the disclosed amount.

Large Pharmacy Claims Growth

Pharmaceutical Benefit Claims, Net of Rebates, Grew Faster Than Non-Pharmacy Costs. Based on the NAIC data, net pharmacy claims grew more rapidly than non-pharmacy costs in all markets. For example, in the individual market, net pharmacy claims grew by **11.8 percent per year**, compared with average annual growth of 6.0 percent for non-pharmacy claims over the 2010-2019 period.

Benefits Costs, By Type, NAIC Data **DRAFT**
(costs in millions)

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019*	Average Annual Growth 2010-2019
Non-Pharmaceutical Claims											
Individual Market	107	105	117	120	148	181	188	183	179	181	6.0%
Small Group Market	222	168	199	230	209	212	216	207	238	243	1.0%
Large Group Market	361	447	483	517	540	563	577	582	620	672	7.1%
Pharmaceutical Claims											
Individual Market	15	16	17	20	28	37	45	47	50	51	14.7%
Small Group Market	33	26	27	31	31	40	42	43	47	55	5.8%
Large Group Market	57	68	78	87	104	119	122	124	141	152	11.5%
Rebates											
Individual Market	1	1	1	2	1	5	5	7	10	13	35.2%
Small Group Market	2	2	2	2	2	6	6	7	10	14	25.7%
Large Group Market	2	3	6	7	8	15	20	22	28	39	37.0%
Net, Pharmaceutical Claims											
Individual Market	14	15	16	18	27	32	40	40	39	38	11.8%
Small Group Market	32	24	25	29	29	34	35	36	37	42	3.1%
Large Group Market	55	65	72	80	96	104	103	102	113	113	8.4%
Total, Incurred Claims											
Individual Market	121	120	133	138	175	213	227	226	223	222	7.0%
Small Group Market	254	192	225	259	239	245	251	247	281	290	1.5%
Large Group Market	416	512	555	597	635	667	680	689	739	791	7.4%

Source: Horizon Government Affairs, data from NAIC.
Note: Claims costs do not sum exactly to totals for 2017-2019.
* Preliminary

Solution: Better Manage Chronic Conditions

Health care policy analysts have long touted the potential for wellness and preventive care to help Americans avoid disease. Gaps in coverage remain for many individuals managing a chronic health condition or conditions. While preventive care is provided at no cost on almost all health plans, those managing chronic medical conditions may have significant medical expenses. Consumers with chronic medical conditions should be incentivized to manage their own
care.

How do you manage care?

Care management has long been a buzz word in public policy circles. It holds the promise of delivering better care and , better health outcomes, at a lower cost. Too often, the programs haven't delivered on that outcome. In some cases, consumers rebelled against tightly managed care protocols. In other cases, we simply did not have the information or ability to properly manage patient care on a population basis.

With provider consolidation, hospital system owned health plans, electronic health records and other healthcare changes, we are seeing increasing interest in finding new ways to better manage care. One of the key potential wins is in the area of medication optimization.

Solutions: Better Manage Chronic Conditions

While most estimates cite approximately $300 billion as how much medication non-adherence costs the health care system in the United States annually, a more recent study found the potential impact of optimization to be more than $500 billion dollars:

> However, the cost associated with drug use reaches beyond the purchase of prescribed medications to encompass additional medical costs of morbidity and mortality resulting from medication regimens that are not optimized to effectively treat the indication resulting in a treatment failure (TF), where the resolvable medical problem is not adequately treated, a new medical problem (NMP), where a newly prescribed medication causes or contributes to an incident clinical symptom or syndrome, or both a TF and NMP. This cost has most recently been estimated as $290 billion equating to 13% of total annual US medical costs in 2008. Although widely misdescribed in the published literature and policy documents as the cost associated with "patient nonadherence to medications," this estimate and the preceding estimates ($76.6 billion in 1995 and $177.4 billion in 2000) actually reflect medical resource utilization caused by TFs and NMPs that arising from nonoptimized medication use. Nonadherence to the indicated medication regimen is just one of multiple potential causal factors leading to a TF, resulting in downstream health services use.*

Source: Watanabe JH, Mcinnis T, Hirsch JD. Cost of prescription drug-related morbidity and mortality. *Ann Pharmacother.* 2018;1060028018765159. doi: 10.1177/1060028018765159.

Solution: Medication Optimization and Prevention of Dangerous Dispensing

A 2016 Chicago Tribune study highlighted concerns with patients who were prescribed multiple medications and filled the prescriptions at their local pharmacy:

The Tribune reporter walked into an Evanston CVS pharmacy carrying two prescriptions: one for a common antibiotic, the other for a popular anti-cholesterol drug.

Taken alone, these two drugs, clarithromycin and simvastatin, are relatively safe. But taken together they can cause a severe breakdown in muscle tissue and lead to kidney failure and death.

When the reporter tried to fill the prescriptions, the pharmacist should have warned him of the dangers. But that's not what happened. The two medications were packaged, labeled and sold within minutes, without a word of caution.

Source: https://www.chicagotribune.com/investigations/ct-drug-interactions-pharmacy-met-20161214-story.html

Solution: Medication Optimization and Prevention of Dangerous Dispensing cont.

Certainly, this raises public health concerns. The problem is that multiple drug interactions are common for individuals with chronic health conditions. One chronic condition may lead to co-morbid conditions – diabetes and heart disease for example. Managing these conditions and their medications together is important for the consumer to manage their own health. The articles goes on to say:

Dangerous drug combinations are a major public health problem, hospitalizing tens of thousands of people each year. Pharmacists are the last line of defense, and their role is growing as Americans use more prescription drugs than ever. One in 10 people take five or more drugs — twice the percentage seen in 1994.

Some pharmacists who were tested got it right, coming to the counter to issue stern warnings. "You'll be on the floor. You can't have the two together," said one pharmacist at a Walgreens on Chicago's Northwest Side. Said a Kmart pharmacist in Rockford: "I've seen people go to the hospital on this combination."

But in test after test, other pharmacists dispensed dangerous drug pairs at a fast-food pace, with little attention paid to customers. They failed to catch combinations that could trigger a stroke, result in kidney failure, deprive the body of oxygen or lead to unexpected pregnancy with a risk of birth defects.

Solution: Medication Optimization and Adherence to reduce claims and improve health

It is well known that medication nonadherence and the related hospital admissions and emergency department visits are a significant cost driver of health care costs, particularly under fee-for-service insurance arrangements. For example, a comprehensive population study of Medicare beneficiaries in the fee-for-service program with diabetes, heart failure, hypertension, or hyperlipidemia found that avoidable healthcare costs due to medication nonadherence totaled nearly $30 billion. Aligning the interests of the insurer, consumer and medical provider are key to this effort.

North Dakota should (1) mitigate risk, (2) analyze and deploy a medication adherence and disease management strategy of investing targeted resources in the comorbid populations (two or more disease states and six or more medications), and (3) re-evaluate pricing structures. These efforts will lead to a measurable return on investment and measurably better health outcomes for North Dakotans.

Lloyd JT, Maresh S, Powers CA, Shrank WH, Alley DE. How Much Does Medication Nonadherence Cost the Medicare Fee-for-Service Program?. Med Care. 2019;57(3):218-224. doi:10.1097/MLR.0000000000001067

What are Next Steps?

Address Rapid Growth of Pharmaceutical Benefit Claims, Net of Rebates

Develop & Prepare **a medication optimization study** to:

- review of implementation of clinical pharmacist-led medication optimization programs (HEDIS & CAHPS)
- facilitation of enrollment procedures
- standards of care
- consistent documentation of clinical and economic outcomes
- Prepare an outcome reporting system for medication optimization programs
- Review of implementation of medication optimization courses for pharmacy and medical schools
- Review of which North Dakota laws and administrative rules would need to be amended and created to implement effective medication optimization, and
- Review of the authority of the insurance commissioner to promulgate rules regarding medication optimization

What **data** should be analyzed?

- data regarding medication optimization and the clinical and economic outcomes
- clinical medication optimization's effects on claims/encounter, hospital admissions, physician visits, emergency department admissions, all cause readmissions, unplanned readmissions
- the use of unnecessary and inappropriate medications,
- other metrics as defined in disease management programs and patient medication adherence and compliance percentages

Who will be impacted (and required to provide data deemed necessary)?

- the department of health
- the board of pharmacy, the board of medicine
- the board of nursing, insurers
- hospitals

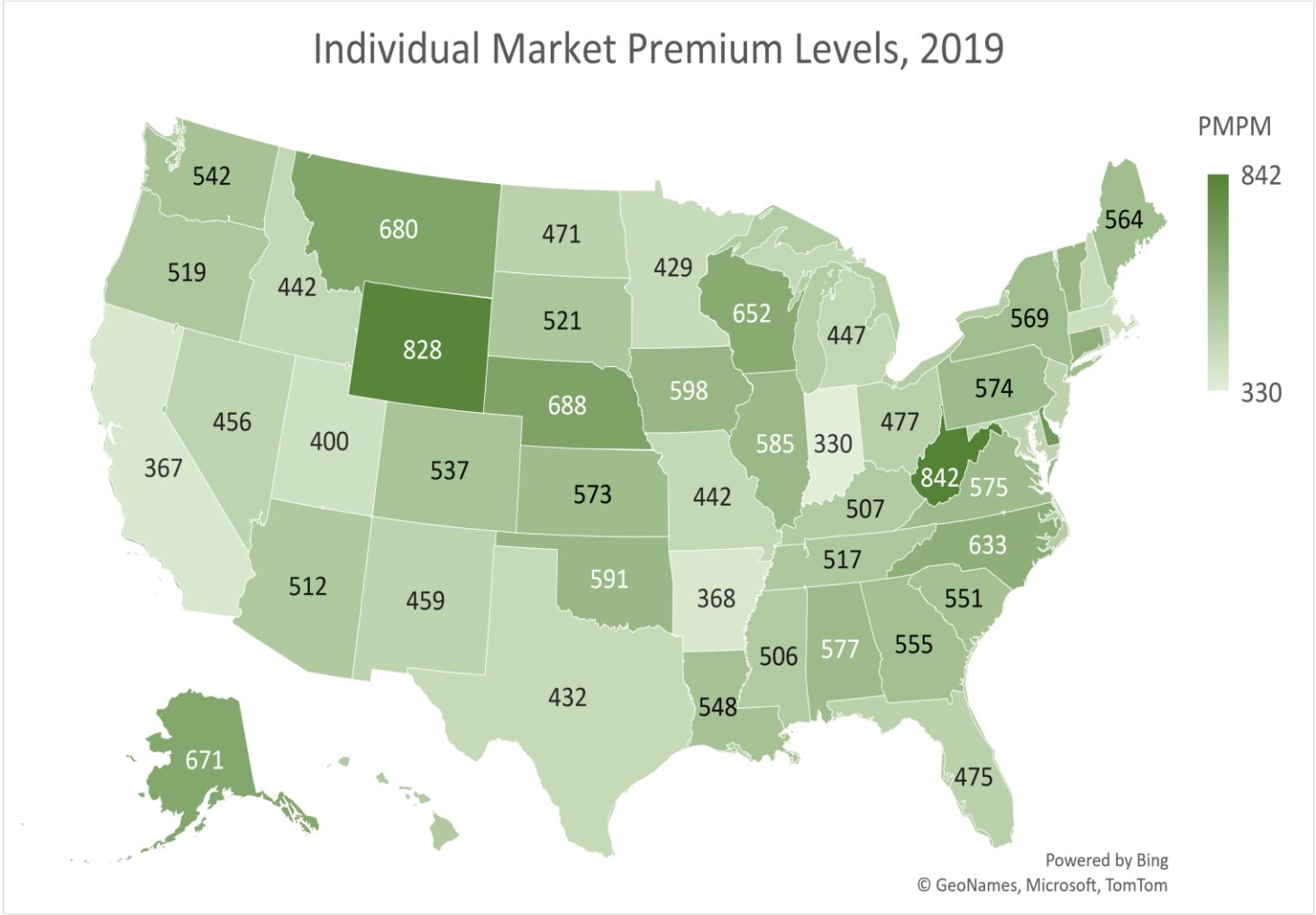
Insurance Market Findings

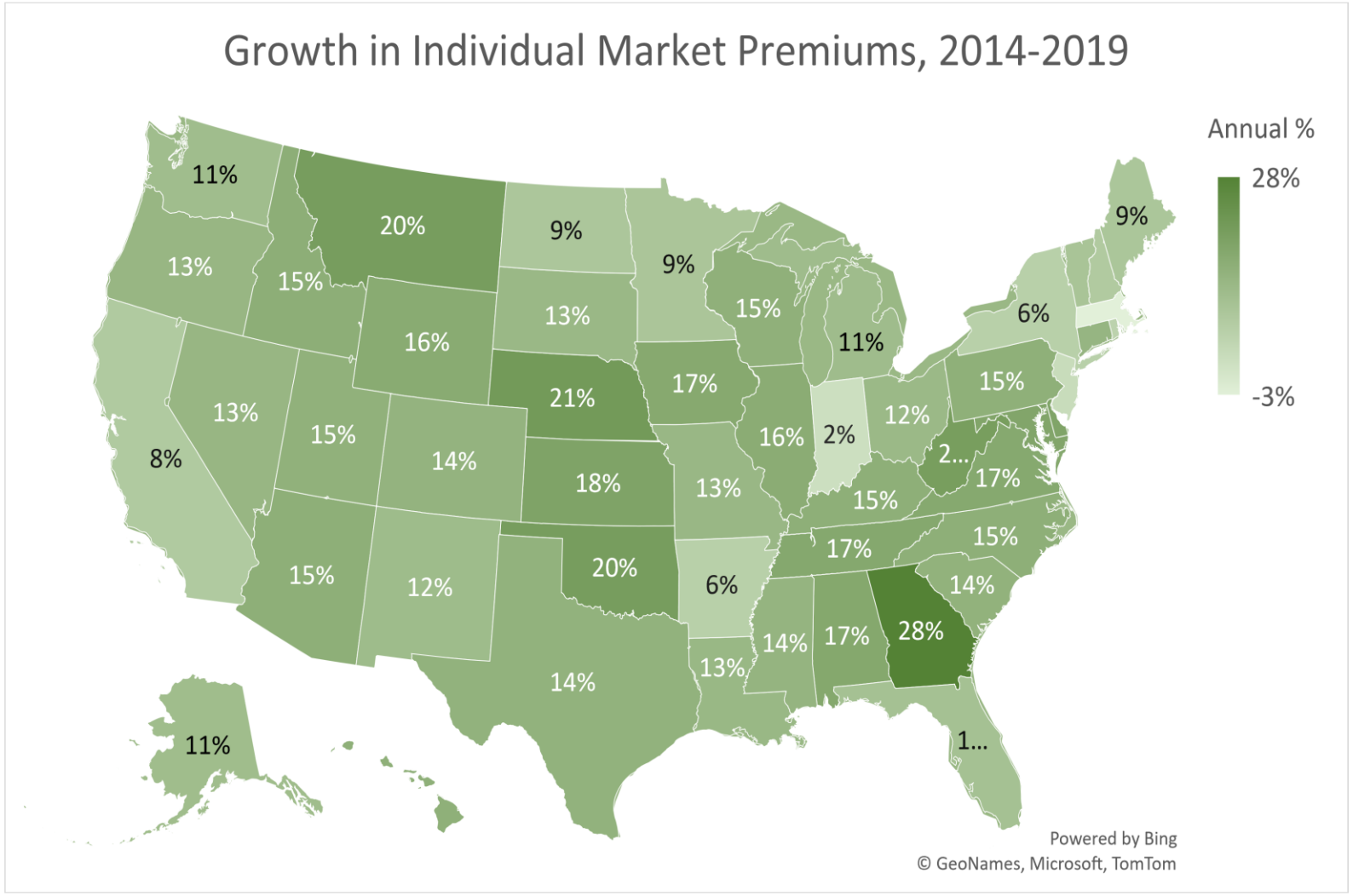
- Individual Market Premiums – The NDID, NAIC, and CMS Data are in Rough Agreement on Overall Market Sizes and Trends
- Premiums per Member Grew Rapidly in the Individual Market; Slower in Group Markets
- Administrative Costs Grew Rapidly in the 2010-2018
- Pharmaceutical Benefit Claims, Net of Rebates, Grew Rapidly
- Individual Market Baseline Reconstruction for 2019 and 2020

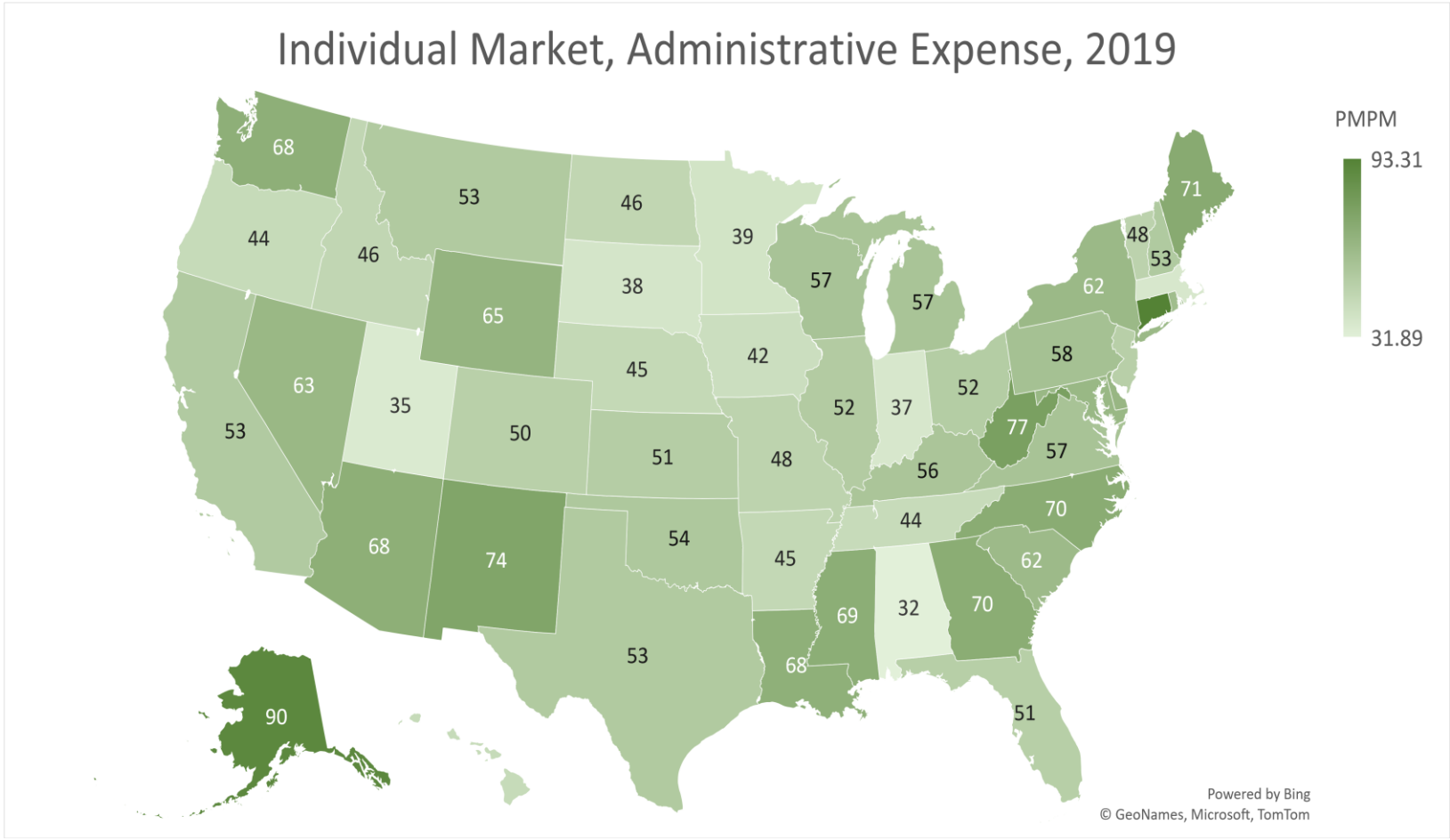
Baseline Enrollment Model

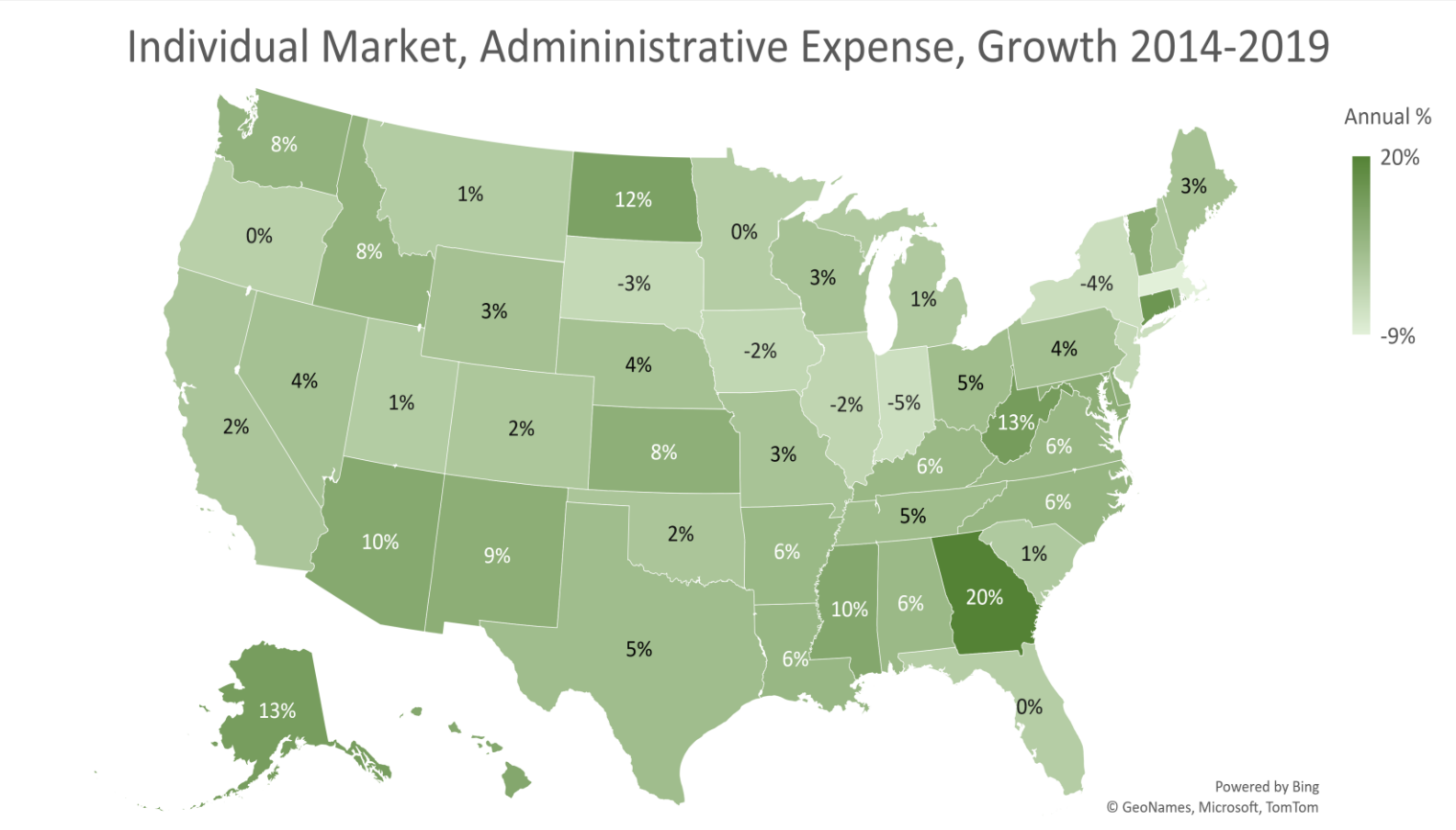
Primary Coverage for Acute Care	2019	2020	2021	2022	2023	2024	Change 2019-2024
			Number of Covered Lives				
Individual Market	43,747	41,547	41,538	41,581	41,673	41,810	-1,937
Small Group Employer	61,351	59,314	58,531	57,173	55,846	54,550	-6,801
Large Group Employer	156,685	152,178	152,365	152,553	153,504	154,461	-2,224
Large Group ERISA	201,187	197,551	195,957	196,335	196,713	197,093	-4,094
Medicaid	73,767	75,170	76,599	78,056	79,540	81,053	7,286
Medicare	114,549	116,803	119,102	121,447	123,837	126,274	11,726
Military and Other	29,745	28,932	28,164	27,439	26,754	26,106	-3,639
Uninsured	49,969	60,915	61,565	60,654	58,788	56,728	6,759
Total Population	731,000	732,410	733,822	735,237	736,655	738,076	7,076

Source: Horizon Government Affairs.

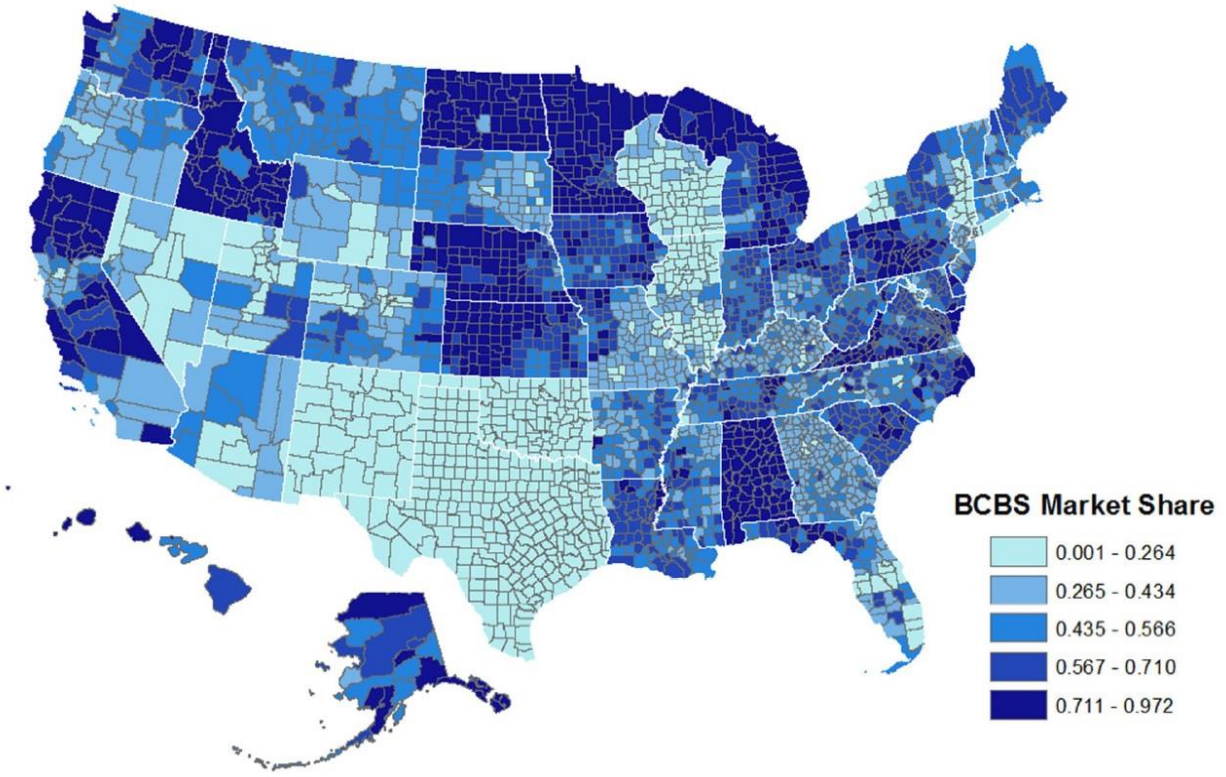

Individual Market Premium Levels, 2019
PMPM
842
330
542
519
680
442
828
471
521
429
652
447
564
569
574
598
688
585
330
477
456
400
537
573
442
842
575
507
367
633
517
512
459
591
368
551
506
577
555
548
432
671
475
Powered by Bing
© GeoNames, Microsoft, TomTom


Growth in Individual Market Premiums, 2014-2019
Annual %
28%
-3%
11%
13%
15%
20%
9%
9%
15%
11%
9%
6%
16%
13%
17%
21%
15%
13%
15%
14%
16%
2%
12%
2...
8%
18%
13%
17%
15%
15%
17%
15%
20%
6%
14%
12%
14%
17%
28%
13%
14%
1...
11%
Powered by Bing
© GeoNames, Microsoft, TomTom

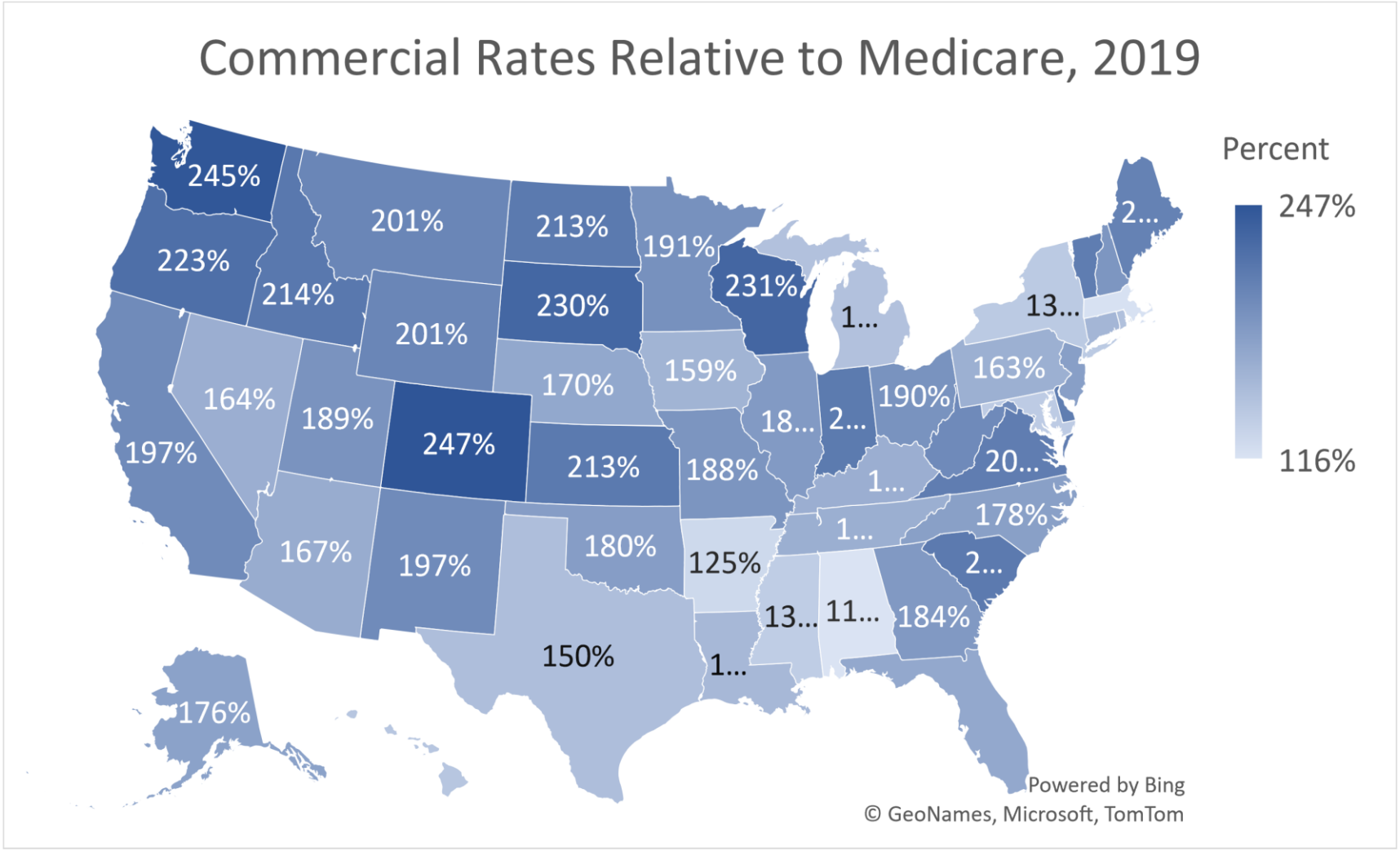

Individual Market, Administrative Expense, 2019
PMPM
93.31
31.89
68
53
46
44
46
65
38
39
57
57
71
48
53
62
63
35
45
42
52
37
52
58
53
50
51
48
56
77
57
68
74
54
45
44
70
62
69
32
70
53
68
51
90
Powered by Bing
© GeoNames, Microsoft, TomTom

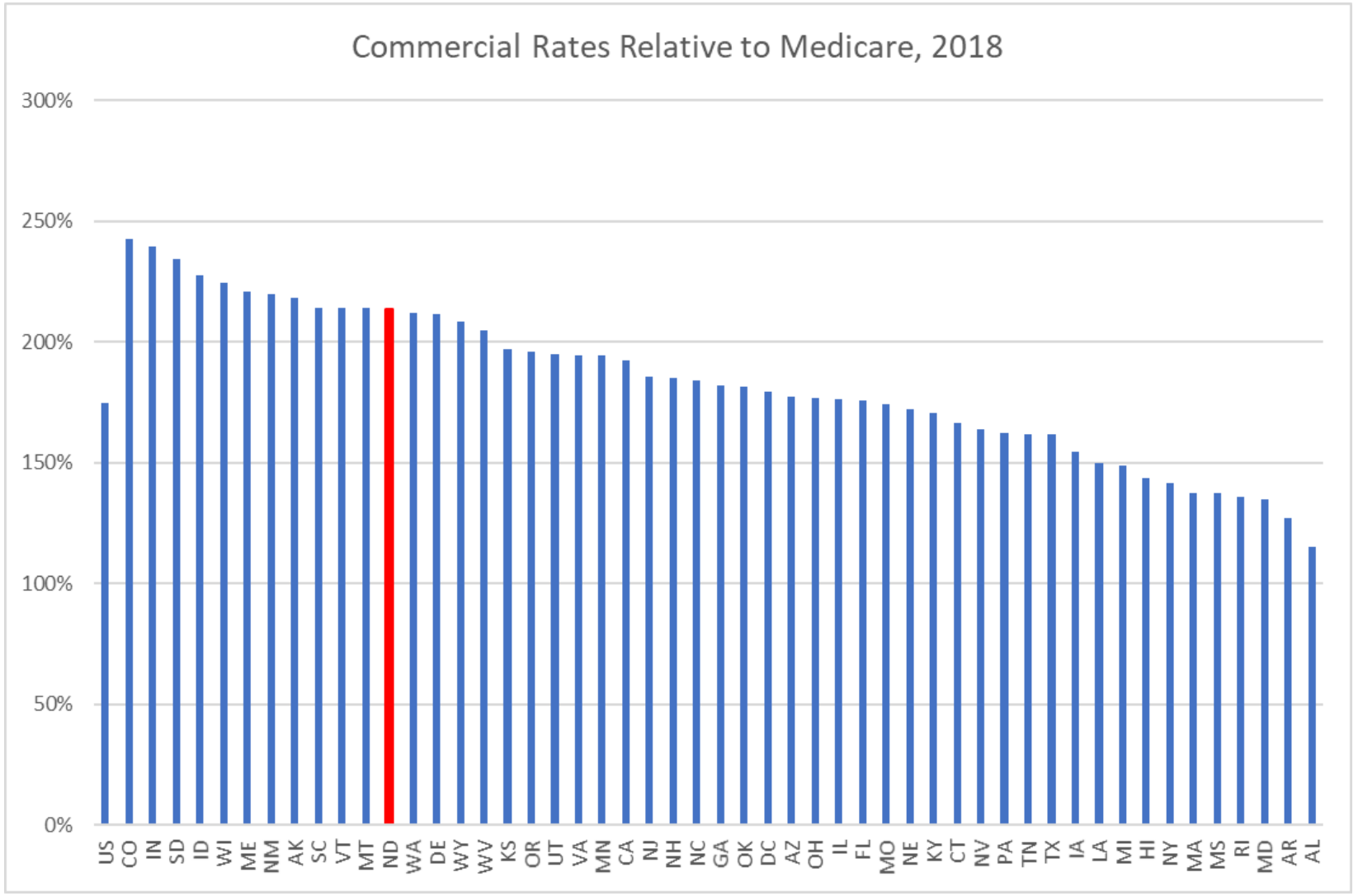

Individual Market, Admininistrative Expense, Growth 2014-2019
Annual %
20%
-9%
8%
0%
1%
12%
0%
3%
8%
3%
-3%
3%
1%
-4%
4%
4%
-2%
4%
1%
2%
2%
-2%
-5%
5%
13%
6%
8%
3%
6%
6%
5%
2%
10%
9%
6%
1%
10%
6%
20%
5%
6%
13%
0%
Powered by Bing
© GeoNames, Microsoft, TomTom

BCBS Market Share is Significant



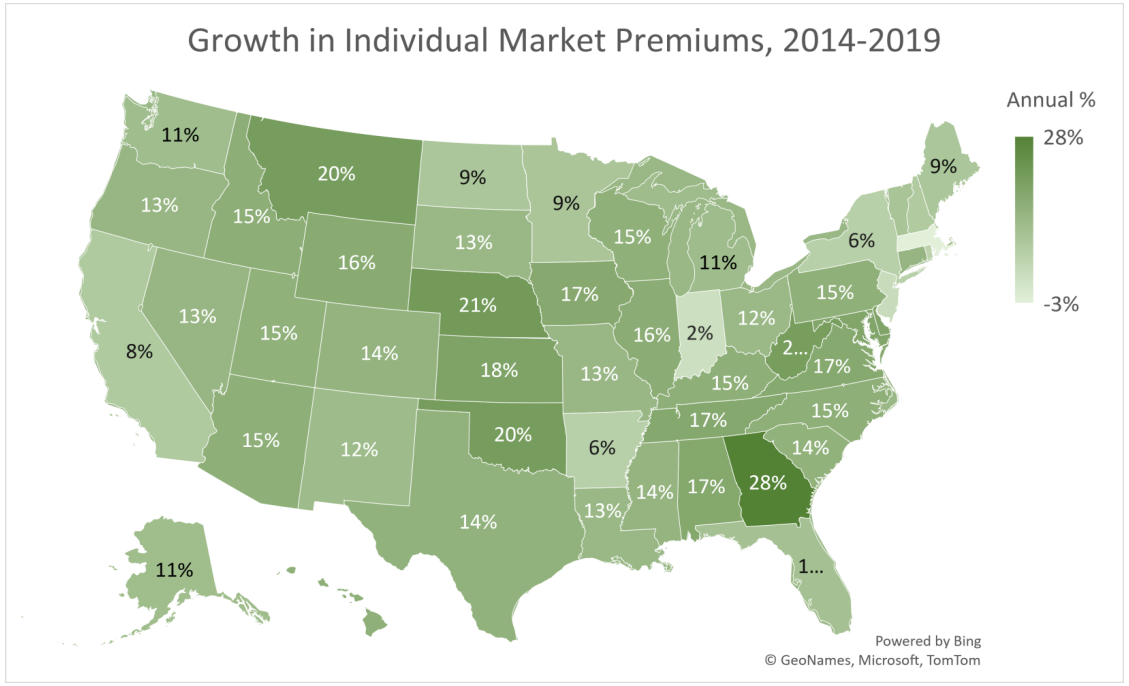
Commercial Payment Rates Grew From about 170% to Over 200% of Medicare's Rates

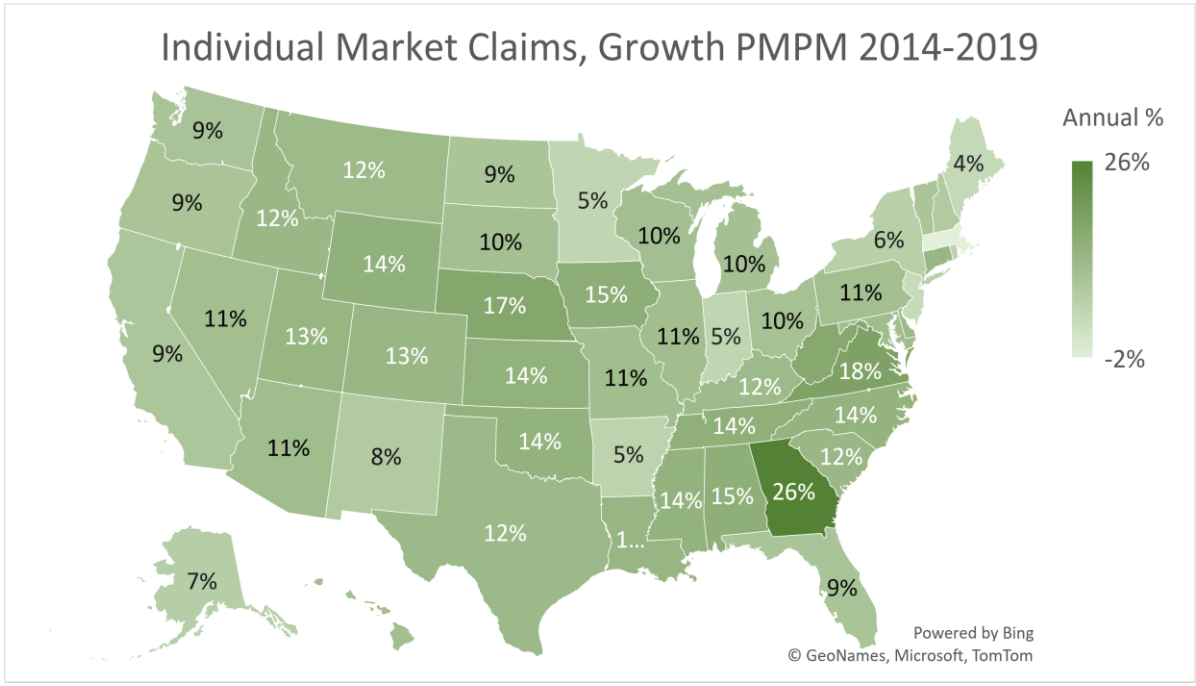



Commercial Rates Relative to Medicare, 2018
300%
250%
200%
150%
100%
50%
0%
US CO IN SD ID WI ME NM AK SC VT MT ND WA DE WY WV KS OR UT VA MN CA NJ NH NC GA OK DC AZ OH IL FL MO NE KY CT NV PA TN TX IA LA MI HI NY MA MS RI MD AR AL

Premiums and Claims Steady

Despite North Dakota's relatively high and rapidly growing hospital and pharmaceutical costs, North Dakota's statewide premiums and claims per member month are about average, in the individual, small group, and large group markets.





JWHammer LLC
Access, Analysis, Results

North Dakota
INSURANCE
DEPARTMENT
PROTECTING THE PUBLIC GOOD
JON GODFREAD, COMMISSIONER

Contact Information:

Jennifer Hammer
JWHammer, LLC
www.jwhammerllc.com
(217) 725-4976
Jennifer@jwhammerllc.com

Department of Health and Human Services

Operating / Professional Fees and Services

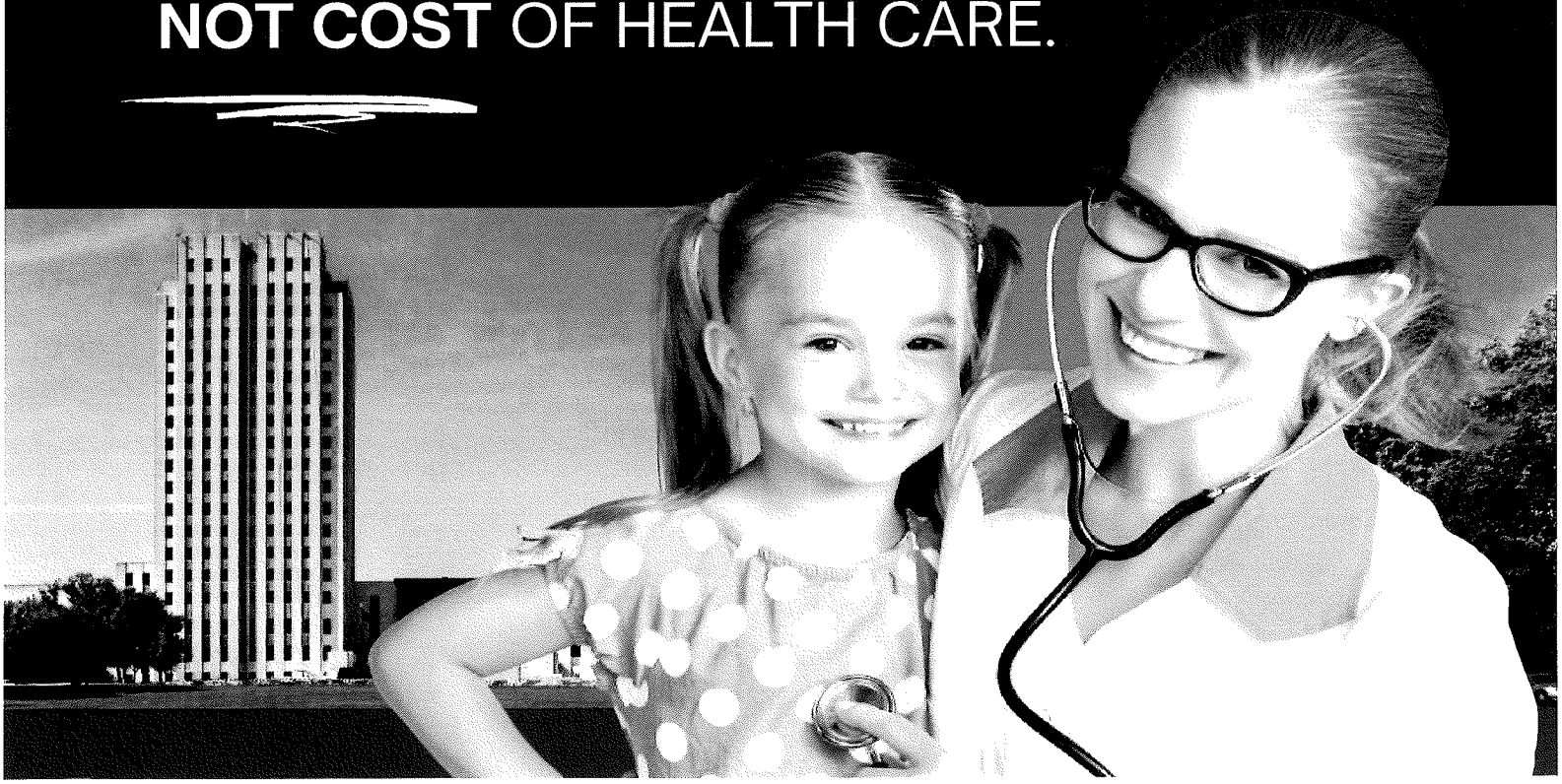
Division	Description	2021-23 Biennium Amount	Increase / (Decrease)	Executive Budget Recommendation	Increase / (Decrease)	Engrossed SB 2012	General Fund	Federal Funds	Other Funds
Behavioral Health Division	988 Grant	-	250,000	250,000	-	250,000	-	250,000	
Behavioral Health Division	Brain Injury Demonstration Grant	-	450,000	450,000	-	450,000	-	450,000	
Behavioral Health Division	Pregnant & Parenting Women	-	1,600,000	1,600,000	-	1,600,000	600,000		1,000,000
Behavioral Health Division	Opioid Settlement	-	2,000,000	2,000,000	-	2,000,000			2,000,000
Medical Services	CHIP Health Services Initiative funds	-	770,000	770,000	-	770,000	256,025	513,975	
Medical Services	Medicaid Evidence-based Decision (MED) project	-	300,000	300,000	-	300,000	150,000	150,000	
Medical Services	Communications	-	150,000	150,000	-	150,000	75,000	75,000	
Medical Services	Bamboo Health - PDMP data sharing	-	100,000	100,000	-	100,000	50,000	50,000	
Administration-Support	Special Lawsuit Funding	-	250,000	250,000	-	250,000	250,000		
Administration-Support	HHS Website maintenance and enhancements	-	156,000	156,000	-	156,000	109,200	43,680	3,120
Vocational Rehabilitation	Customized Employment	-	700,000	700,000	-	700,000	149,100	550,900	
Vocational Rehabilitation	Online Training Management System	-	50,000	50,000	-	50,000	10,650	39,350	
Vocational Rehabilitation	Online Client System	-	15,000	15,000	-	15,000	3,195	11,805	
Vocational Rehabilitation	911 Data Validation	-	25,000	25,000	-	25,000	5,325	19,675	
Refugee Services	Refugee Market Research	-	20,000	20,000	-	20,000		20,000	
Refugee Services	Data System Maintenance	-	200,000	200,000	-	200,000		200,000	
Refugee Services	URM Portal Data Management-Design and Configure	-	216,000	216,000	-	216,000		216,000	
Information Technology Services	Systems Integrator Contractor	-	6,000,000	6,000,000	-	6,000,000	1,635,000	4,365,000	
Information Technology Services	Equifax	-	1,320,000	1,320,000	-	1,320,000	465,564	854,436	
Information Technology Services	TMS Granicus Text Messaging	-	32,808	32,808	-	32,808	32,808		
Information Technology Services	Vial Filling	-	10,200	10,200	-	10,200	10,200		
Information Technology Services	New World Now	-	542,392	542,392	-	542,392		542,392	
Information Technology Services	Bed Registry		45,000	45,000	-	45,000	45,000		
Developmental Disabilities	Guardianship	-	300,000	300,000	808,748	1,108,748	1,108,748		
Developmental Disabilities	Part C REIL Contracts	-	606,170	606,170	-	606,170		606,170	
					-				
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
	Total	**-**	**14,615,008**	**14,615,008**	**-**	**14,615,008**	**3,802,067**	**7,809,821**	**3,003,120**



North Dakota
INSURANCE
DEPARTMENT
PROTECTING THE PUBLIC GOOD
JON GODFREAD, COMMISSIONER

NORTH DAKOTA'S HEALTH CARE TRANSFORMATION

A 3-STEP APPROACH TO LEADING THE NATION IN QUALITY HEALTH CARE, **NOT COST** OF HEALTH CARE.



WHERE WE ARE

NORTH DAKOTA INSURANCE DEPARTMENT

WHERE WE ARE

On a per-capita basis, hospital expenses in North Dakota were highest in the nation in 2017, and their growth rate of about 8% per year since 2010 was among the fastest in the U.S.

HOSPITAL UTILIZATION

North Dakota has seen a dramatic increase in hospital usage. North Dakota Hospitals are seeing longer hospital stays than the national average, and utilization is growing faster in North Dakota than most of the rest of the country.

HOSPITAL EXPENSES

Hospital Expenses are ranking in the top 5 nationally and continuing to grow at higher than national average rates (also top 5 rankings), creating a revenue drives cost scenario.

HOSPITAL REIMBURSEMENT

In the last decade, private hospital reimbursement based on Medicare rates grew from 170 percent of Medicare in 2010 to over 200 percent of Medicare in 2018

HOSPITAL QUALITY

North Dakota hospitals have the worst two-year state level performance in the Midwest, with poor clinical outcomes

.



3 REMEDIAL SOLUTIONS

NORTH DAKOTA INSURANCE DEPARTMENT

SOLUTION 1:

Strengthening Employer Coverage: Both nationally and in North Dakota small employers have dropped coverage over the last several decades as the cost of coverage has continued to rise. There is no federal requirement for small employers to provide this coverage. We are proposing to provide help to small employers – in the long run it will lead to more affordable premiums, a healthier North Dakota, and help our small businesses grow.

- Keep all options open for employer coverage by crafting state rules for association health plans, and allowing small employers to self-fund their insurance through level funded plans authorized by state legislation.

- Study combining the individual and small group markets, or allow employers to subsidize employee premiums purchased through the exchange.

- Maintain and reduce insurance premiums by utilizing private capital backed reinsurance.

SOLUTION 2:

Medication Optimization: Study after study supports medication optimization as a successful tool to reduce costs and improve patient health. Medication optimization crosses across all health sectors, and to succeed requires payers, hospitals, and all medical providers to be involved.

- Mandate the development of specific curriculum at both the University of North Dakota Medical School and the North Dakota State University Pharmacy School on medication optimization.

- Require that medical providers achieve minimum medication optimization CE credits.

- Require insurers provide medication optimization review, within 72 hours of discharge, and at least annually for any patient with 3 or more prescriptions, and more than one chronic medical condition.

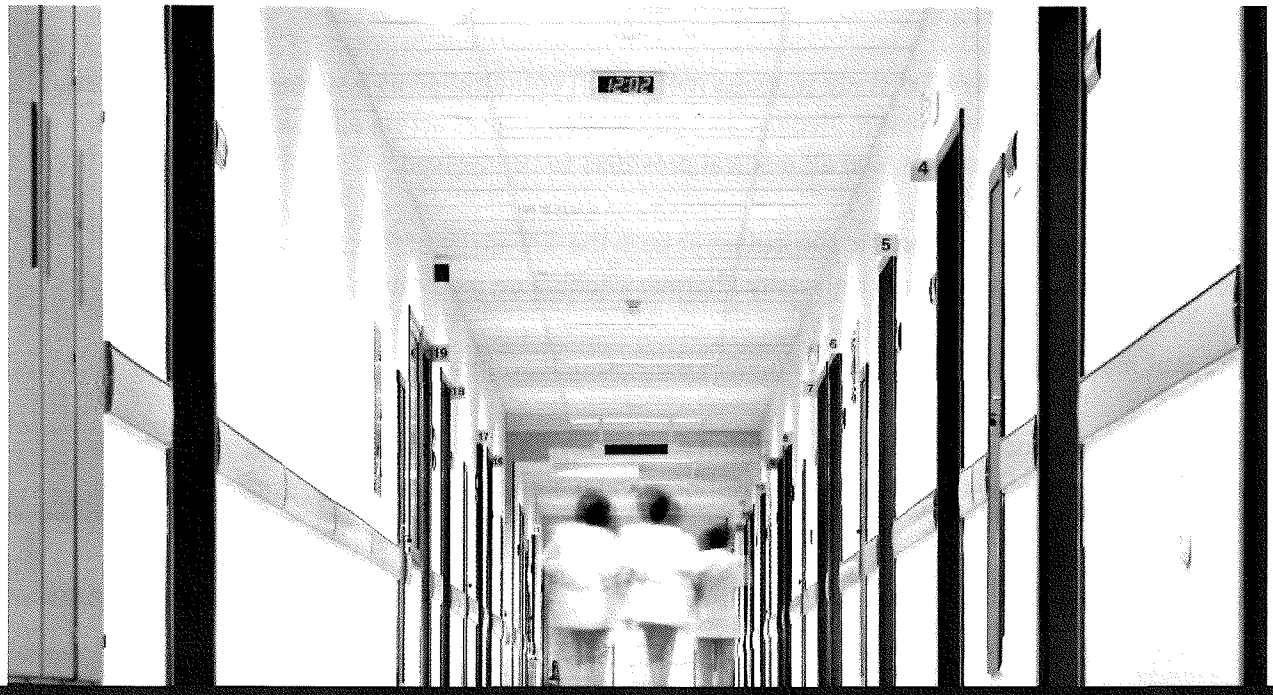
3 REMEDIAL SOLUTIONS

NORTH DAKOTA INSURANCE DEPARTMENT

SOLUTION 3:

Better Care for North Dakotans: North Dakota spends more on Medicaid than any other state, but success isn't measured by that metric. We need to keep as many people in private coverage as possible, and we shouldn't be replacing private coverage with public coverage. We also should not support commercial reimbursement rates for only a portion of the Medicaid population, driving diversity in the quality of treatment, misaligned with treating the most needy North Dakotan's fairly. We will push the legislature to consider new approaches including:

- Increase the size of the Medicaid beneficiary risk pool by realigning and implementing rates in parity with both the traditional and expansion Medicaid populations, that creates market competition, deviates away from revenue driving health care costs and encourages fairness among all Medicaid populations, while also re-basing CAHs.
- Implement integrated health homes to provide community and value based care to North Dakotans, modeled after current commercial primary care models, delivering significant federal funds to Medicaid beneficiaries.
- Providing access to a new North Dakota account which allow Medicaid recipients to pay for their share of premiums or to cover cost-sharing like deductibles.



MEDICARE TO COMMERCIAL RATE FAQ

Because additional questions arose in the hearing regarding the comparison of commercial rates to Medicare rates and what drives the differential, we are providing additional information for the Committee's consideration.

1. **Are providers "rate takers" or is there actual negotiation of rates[1]?**
    a. State agencies traditionally do not interact or opine on contractual relationships between providers and insurers.
    b. The fact that there is a significant differential in rates between different providers suggests some level of negotiation has happened.
    c. "The Affordable Care Act requires insurance companies to spend at least 80% or 85% of premium dollars on medical care, with the rate review provisions imposing tighter limits on health insurance rate increases."[2]
    d. Insurers must also meet state and federal network adequacy standards. This means, in some cases, certain providers have significant negotiating leverage while others may not have any leverage.
    e. "At the first stage of competition, healthcare providers and commercial insurers negotiate reimbursement rates and non-monetary reimbursement terms . . ."[3]

2. **Is BCBSND a "powerful buyer"?**
    a. "There is no question that BCBSND is a powerful buyer in the Bismarck-Mandan area and throughout the state."[4]
    b. "Generally, BCBSND uses a statewide uniform base fee schedule, though its reimbursement rates are higher for some of the more rural facilities with which its contracts. BCBSND has deviated from the statewide fee schedule in response to "provider-specific" requests and providers' demonstrated need."[5]
    c. "BCBSND endeavors to set reimbursement rates adequate to 'make sure the providers can continue to offer services in North Dakota.'"[6]
    d. Of course, the BCBSND is also required to meet network adequacy requirements which may mean some providers – especially hospitals – have more leverage.

---

[1] As part of the potential acquisition of Mid Dakota, the United States District Court for the District of North Dakota and then later the 8th Circuit Court of Appeals, the providers provided some insight into the negotiation process between Sanford/Mid Dakota and Blue Cross. For the remainder of this document, we will reference factual assertions in the lower court case, because the appeals court affirmed. This is not a legal analysis but statements of fact that were delivered in the opinion. (Federal Trade Commission and State of North Dakota v. Sanford Health, Sanford Bismarck, and Mid Dakota Clinic, P.C., Case 1:17-cv-133, Dec. 15. 2017.)

[2] https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Medical-Loss-Ratio

[3] Federal Trade Commission and State of North Dakota v. Sanford Health, Sanford Bismarck, and Mid Dakota Clinic, P.C., Case 1:17-cv-133, Dec. 15. 2017, pg. 12.

[4] Federal Trade Commission and State of North Dakota v. Sanford Health, Sanford Bismarck, and Mid Dakota Clinic, P.C., Case 1:17-cv-133, Dec. 15. 2017, pg. 35.

[5] Federal Trade Commission and State of North Dakota v. Sanford Health, Sanford Bismarck, and Mid Dakota Clinic, P.C., Case 1:17-cv-133, Dec. 15. 2017, pg. 36-37.

[6] Federal Trade Commission and State of North Dakota v. Sanford Health, Sanford Bismarck, and Mid Dakota Clinic, P.C., Case 1:17-cv-133, Dec. 15. 2017, pg. 37.

3. **Do providers (such as Sanford) negotiate?**
    a. "[A] provider offering the only 'super specialist that many [BCBSND] members need' has greater leverage in establishment of the fee schedule."[7]
    b. "Though [Sanford and Mid Dakota] contend that BCBSND does not truly negotiate with provider, in various documents in the record, [Sanford and Mid Dakota] have characterized their interactions with BCBSND as 'negotiation'. . . BCBSND moved to a different methodology for inpatient reimbursement."[8]
    c. "BCBSND . . . analyzes certain quality-based metrics of patient care. Dependent on the results of that analysis, a provider may receive "shared savings" payment from BCBSND."[9] This evidences that increased quality care, could be one reason for higher rates at certain providers.

4. **Are the Medicare to Commercial comparisons noted in the Study inclusive of just North Dakota insurance plans such as BC/BS-ND, excluding Blue BC/BS-MN OR are they inclusive of all commercial payors having their enrollees seen by providers in the state?**
    a. The Medicare to Commercial comparisons are inclusive of all commercial payors, not solely ND insurance plans. Figure 12 and Table 26 were developed from the data in HCRIS Medicare Cost Reports. The same data was used for every state, making the table a decent 50 state comparison. This data is self-reported by the hospitals and was then cross referenced with AHA reported data from the hospitals as well, that evidenced consistent reporting in both reports from the hospitals. If you have concerns about migration, the appropriate charts to reference are Figure 13 and Table 28 on pages 57 and 58 of the Report. These are Medicare Revenues per Discharge which would take into account in and out of state migration. The growth illustrated in Table 28 is significant, but the actual revenues seem average. The Medicare Outpatient Revenues Per Enrollee is also high on page 61 and 62. The hospitals do not report outpatient "discharge" which means we do not have a denominator to create a similar chart for Outpatient Revenues Per Discharge. This could be something that is researched further in the future, but this would require providers to collect and then report additional data. Throughout this study, we attempted to prevent additional "work" for the providers, especially during the pandemic.

5. **Are there unusual anomalies in the comparison that would explain differences in Medicare reimbursement among the noted providers, for example, Medicare add-ons (DSH, Medical Education, SCP) given Altru (1.67 in 2018), Essentia (3.01 in 2018) or the overall state average (2.11 in 2018) demonstrate dramatic variation?**
    a. There may be unusual anomalies that create the dramatic variation in Table 9 (page 25), but a simple explanation could very well be difference negotiated reimbursement rates paid by insurers to providers. However, we don't have extensive depth of data to explain the differences between providers. Obviously, there is significant growth in some providers over the term of the study. This data is HCRIS data for commercial

---

[7] Federal Trade Commission and State of North Dakota v. Sanford Health, Sanford Bismarck, and Mid Dakota Clinic, P.C., Case 1:17-cv-133, Dec. 15. 2017, pg. 37.

[8] Federal Trade Commission and State of North Dakota v. Sanford Health, Sanford Bismarck, and Mid Dakota Clinic, P.C., Case 1:17-cv-133, Dec. 15. 2017, pg. 38.

[9] Federal Trade Commission and State of North Dakota v. Sanford Health, Sanford Bismarck, and Mid Dakota Clinic, P.C., Case 1:17-cv-133, Dec. 15. 2017, pg. 7.

revenues which means it includes all insurer payments (in state and out of state insurers). This is also self-reported data from the hospitals. An additional study would need to occur to understand the differences in private rates provided to the hospitals and why the variance exists between providers. We do not have visibility into the rates themselves, rather total revenues by source of revenue, as provided by each hospital. As illustrated in Table 9, Altru didn't report 2019 data, as of the time of the final report data pull. However, the available data illustrates that Altru private payment rates were 136% of Medicare in 2011, fluctuated dramatically year-to-year and ended the cycle in 2018 at 167% of Medicare rates in the same year. Other hospitals, such as Essentia began in 2011 at 207% of Medicare and ended in 2018 at 301% of Medicare. Sanford Fargo was 145% in 2011 and 211% in 2018. In conclusion, the weighted average of private rates to Medicare rates grew from 170% to 211% between 2011 and 2018 for all six large acute care hospitals. This means that all large acute care hospitals saw growth during the term, but some hospitals saw more significant growth than others. When we added in the three critical access hospitals, they all three saw declines. Therefore, the weighted average for all nine hospitals began 2011 at 170% of Medicare and ended 2018 at 207% of Medicare. I hope this is helpful and I am happy to provide further analysis of Table 9 if needed.

Approximate Ratio of Private to Medicare Payment Rates (HCRIS Data, Approximated by RAND) **DRAFT**

(by calendar year)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
6 Large Acute Care Hospitals	**HCRIS/RAND Calculations ("commercial_to_mdcr_est")**									
St Alexius		195%	194%	188%	190%	227%	223%	199%	201%	153%
Sanford Bismarck		193%	151%	192%	182%	208%	217%	203%	195%	219%
Essentia		207%	187%	205%	254%	242%	247%	206%	301%	322%
Sanford Fargo		145%	199%	193%	197%	194%	218%	207%	211%	203%
Altru		136%	139%	137%	137%	145%	150%	151%	167%	/a
Trinity		217%	218%	118%	192%	253%	273%	266%	253%	248%
Weighted Average		170%	180%	172%	185%	200%	211%	199%	211%	/a
3 Critical Access Hospitals										
Jamestown		148%	125%	134%	121%	117%	132%	135%	146%	145%
Dickinson		176%	148%	141%	118%	106%	113%	110%	121%	124%
Williston		205%	167%	160%	115%	107%	136%	143%	177%	193%
Weighted Average		170%	148%	147%	117%	113%	115%	129%	149%	/a
All Reporting Hospitals		170%	178%	170%	181%	194%	205%	194%	207%	/a

Source: HCRIS data via RAND vintage 11-1-2020. Additional Calculations and Tabulation by Horizon Government Affairs.

Note: Calculated as ratio of commercial charge-to-revenue ratio to Medicare charge-to-revenue ratio. Weighting is a custom blend of inpatient and outpatient utilization by HGA.

\a Data missing for 2019.

North Dakota Hospital and Insurance Study Highlights

The study was led by former Illinois Insurance Commissioner Jennifer Hammer, former Wisconsin Deputy Commissioner J.P. Wieske, and former CBO and current Horizon Government Affairs Economist Jeff Lemieux.

The study highlighted a number of important issues in the North Dakota Hospital market including:

- **Hospital Utilization.** North Dakota has seen an increase in hospital usage. North Dakota Hospitals are seeing longer hospital stays than the national average, and utilization is growing faster in North Dakota than most of the rest of the country.
- **Hospital Expenses.** Hospital Expenses are ranking higher than the national average (usually top 5) and continuing to grow at higher than national average rates (also top 5 rankings)
- **Hospital Operating Revenue.** North Dakota hospitals are seeing high revenue and high revenue growth.
- **Medicare Revenue.** Medicare revenue is also very high and growing for North Dakota Hospitals
- **Hospital Reimbursement.** Private hospital reimbursement based on Medicare rates grew from 170 percent of Medicare in 2010 to over 200 percent of Medicare in 2018.
- **Acute Care vs. Critical Access Hospitals.** Critical access hospitals appear to be reimbursed at a much lower rate (149% of Medicare) than acute care hospital (211% of Medicare)
- **Premiums.** North Dakota premiums are largely average as compared to national average.
- **Claims.** Insurer claims are averaging slightly higher than the national average and are growing at higher than the national average.
- **Administrative costs.** Insurer administrative expenses remain low, but the administrative expenses are growing at a very fast rate.

The data clearly shows a number of warning signs in the North Dakota market. For the Hospitals, Commercial, Medicare, and Medicaid revue appears to be showing sizable growth. Hospitals appear to be offering more services and longer stays. In health insurance, administrative costs have grown substantially – though still generally at or below the national average. These trends bear watching. In chart below, we pull out a number of important measures that policymakers should pay attention to.

North Dakota Measure	50-State Comparison
Hospital Revenue and Expense Growth 7.5-8% Per Year (Table 2) Much higher than any measure of inflation, wage or economic growth.	**3rd Highest Growth in hospital expenses in the U.S.** (Table 18) 84% growth during the 2010-2017 period Average yearly growth of 7.9%. North Dakota ranks 3rd in growth of expenses.
Commercial payments to hospitals rose from 170% of Medicare to 207% of Medicare (Table 9) .	**7th Highest commercial payment rate to hospitals** (Table 24) **4th Highest growth of hospital revenues** (Tables 20 & 21) Commercial payment rates relative to Medicare ranks North Dakota 7th in the US (Table 24) Ranked 4th in annual growth of revenues. Growing at 7.4% annually (Table 20 & 21)
Patient hospital utilization grew 1-2% (Table 1)	**Inpatient hospital days grew in North Dakota while national they declined.** (Table 13) **3rd Highest Length of hospital stay in the country** (Table 15) Inpatient days are growing (1.3%) while nationally they are shrinking (-0.3%). (Table 13) Length of stay is high (3rd in US) and is growing faster than the rest of the country (1.6% to 0.4%) (Table 15)
Salaries Rose 4% per year **Expenses rose 3% per year** (Table 5 & 6)	**8th Highest average hospital salaries in the nation** (Table 22)

23.0266.02009
Title.

Prepared by the Legislative Council staff for
Representative Stemen
March 31, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 3, after line 26, insert:

"**SECTION 3. APPROPRIATION - STATE FISCAL RECOVERY FUND - VIRTUAL BEHAVIORAL HEALTH CRISIS CARE.** There is appropriated from federal funds derived from the federal state fiscal recovery fund, not otherwise appropriated, the sum of $2,650,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of implementing a virtual behavioral health crisis care program for rural law enforcement, for the biennium beginning July 1, 2023, and ending June 30, 2025. The department shall contract with a private organization for virtual behavioral health crisis care services, including related training, to provide rural law enforcement officers with remote access via two-way audio/video communication to behavioral health care services and decisionmaking support."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment appropriates $2.65 million from the federal State Fiscal Recovery Fund for implementing a virtual behavioral health crisis care program during the 2023-25 biennium.

23.0266.02011
Title.

Prepared by the Legislative Council staff for
Representative Strinden
April 5, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 4, after line 13, insert:

"**SECTION 4. APPROPRIATION - FEDERAL STATE FISCAL RECOVERY FUND.** There is appropriated from federal funds derived from the federal state fiscal recovery fund, not otherwise appropriated, the sum of $300,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of providing grants to organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events, for the biennium beginning July 1, 2023, and ending June 30, 2025."

Page 10, line 23, after the first period insert "The department shall consider the inclusion of providers of integrated, wraparound crisis services to young adults, who are at risk of being homeless or experiencing serious adverse life events, into the creation of any certified community behavioral health clinic."

Renumber accordingly

HEALTH AND HUMAN SERVICES

SALARIES AND BENEFITS BY MAJOR DIVISION

SB 2012 & HB 1004

Division	Base	Enhancements	Total
MANAGEMENT	27,413,848	4,429,670	31,843,518
PROGRAM AND POLICY	121,917,110	19,701,397	141,618,507
PUBLIC HEALTH DIVISION	37,201,358	17,340,323	54,541,681
HUMAN SERVICE CENTERS	121,419,280	18,166,186	139,585,465
STATE HOSPITAL	66,842,164	9,481,846	76,324,010
LIFE SKILLS & TRANSITION CNTR	40,600,567	14,326,246	54,926,812
HUMAN SERVICE ZONES	26,977,885	5,550,431	32,528,316
General Fund	**$ 252,211,672**	**$ 28,212,915**	**$ 280,424,587**
Federal Funds	**145,185,786**	**37,324,702**	**182,510,488**
Other Funds	**44,974,752**	**23,458,481**	**68,433,234**
Total Funds	**$ 442,372,211**	**$ 88,996,098**	**$ 531,368,309**

Other Additions	Base	Enhancements	Total
Zone Employees *		163,738,968	163,738,968
HSC Salary Cost to continue		12,141,979	12,141,979
State Hospital Cost to continue		5,313,428	5,313,428
General Fund	**$ -**	**$ 17,455,407**	**$ 17,455,407**
Federal Funds	**-**	**-**	**-**
Other Funds	**-**	**163,738,968**	**163,738,968**
Total Funds	**$ -**	**$ 181,194,375**	**$ 181,194,375**

*Zone employees are budgeted in grants, if they become state employees, they would be budgeted in salaries.

Total Salaries & Benefits	Base	Enhancements	Total
General Fund	**$ 252,211,672**	**$ 45,668,322**	**$ 297,879,994**
Federal Funds	**145,185,786**	**37,324,702**	**182,510,488**
Other Funds	**44,974,752**	**187,197,449**	**232,172,202**
Total Funds	**$ 442,372,211**	**$ 270,190,473**	**$ 712,562,684**

MANAGEMENT	ALL CLASSES	510000 SALARIES AND BENEFITS	ALL PROJECTS
PROGRAM AND POLICY	ALL CLASSES	510000 SALARIES AND BENEFITS	ALL PROJECTS
PUBLIC HEALTH DIVISION	ALL CLASSES	510000 SALARIES AND BENEFITS	ALL PROJECTS
HUMAN SERVICE CENTERS	ALL CLASSES	510000 SALARIES AND BENEFITS	ALL PROJECTS
STATE HOSPITAL-TRADITIONAL	ALL CLASSES	510000 SALARIES AND BENEFITS	ALL PROJECTS
SEX OFFNDR TRTMNT & EVAL PRGM	ALL CLASSES	510000 SALARIES AND BENEFITS	ALL PROJECTS
LIFE SKILLS & TRANSITION CNTR	ALL CLASSES	510000 SALARIES AND BENEFITS	ALL PROJECTS
HUMAN SERVICE ZONES	ALL CLASSES	510000 SALARIES AND BENEFITS	ALL PROJECTS

SFY25	SFY25	SFY25	SFY25	SFY25	SFY25
BegBalance	BegBalance	BegBalance	BegBalance	BegBalance	BegBalance
Chamber 1	Chamber 1	Chamber 1	Chamber 1	Chamber 1	Chamber 1
Total Budget	Total Budget	Total Budget	Total Budget	Total Budget	Total Budget
BASELINE	BASELINE	BASELINE	Input	Input	Input
TOTAL GENERAL	TOTAL FEDERAL	TOTAL OTHER	TOTAL GENERAL	TOTAL FEDERAL	TOTAL OTHER
17,723,924.32	9,410,408.36	279,515.66	2,636,014.42	1,732,325.07	61,330.09
60,270,450.82	92,461,327.94	6,386,688.76	9,405,771.66	22,475,668.91	5,160,279.81
8,802,994.29	23,303,509.37	5,094,854.34	3,349,002.63	12,936,275.03	1,055,045.42
51,467,456.53	69,157,818.58	1,291,834.41	6,056,769.03	9,539,393.88	4,105,234.40
88,713,045.33	21,013,107.24	11,693,126.93	14,456,686.92	2,183,776.10	1,525,722.71
56,161,825.43	17,906.25	0.00	-5,730,335.41	3,323,132.14	10,716,313.00
10,662,431.92	0.00	0.00	1,172,736.50	0.00	0.00
66,824,257.35	17,906.25	0.00	-4,557,598.91	3,323,132.14	10,716,313.00
17,458,243.63	21,315,297.45	1,827,025.50	6,160,285.57	7,521,278.90	644,681.05
1,221,750.86	967,739.05	24,788,395.42	111,755.38	88,520.54	5,350,154.60

North Dakota | Health & Human Services

ENGRO SB2012
NEW FTE REQUEST SUMMARY

SECTION	HHS Decision Package Request	Executive Budget Request Approved	Senate Changes	Net Changes in Engrossed SB 2012	Engrossed SB2012 Temp to FTE	Total Temp	General Temp	Other Temp	Engrossed SB2012 - New FTE	Total New	General New	Other New
ADMINISTRATION-SUPPORT	20.00	6.50	(5.00)	1.50	1.00	47,580	39,016	8,564	0.5	99,712	81,766	17,946
ECONOMIC ASSISTANCE	1.00											
CHILD SUPPORT				-								
MEDICAL SERVICES	16.00	3.00	(1.00)	2.00					2	315,637	48,642	266,995
DD COUNCIL				-								
AGING SERVICES*	22.20	15.00	(3.00)	12.00					12	1,597,591	247,780	1,349,811
CHILDREN AND FAMILY SERVICES		4.00	(4.00)	-								
BEHAVIORAL HEALTH DIVISION	5.00	2.00		2.00	1.00	34,674	34,674		1	189,272	189,272	
VOCATIONAL REHABILITATION	1.00			-								
DEVELOPMENTAL DISABILITIES	12.00	4.00	(2.00)	2.00					2	380,940	190,470	190,470
DISABILITY DETERMINATION SRVCS				-								
REFUGEE SERVICES	2.00			-								
EARLY CHILDHOOD		2.00	(1.00)	1.00					1	236,905	236,905	
STATE-WIDE HSC MANAGEMENT**	2.00	2.00	24.00	26.00					26	10,180,891	10,180,891	
NORTHWEST HSC	6.00	4.00		4.00	2.00	195,862	195,862		2	450,603	450,603	
NORTH CENTRAL HSC	4.50	3.50		3.50	3.50	311,377	311,377					
LAKE REGION HSC	7.00	2.00		2.00	2.00	195,862	195,862					
NORTHEAST HSC	11.00	6.00		6.00	6.00	296,185	296,185					
SOUTHEAST HSC	26.50	18.00		18.00	18.00	587,074	587,074					
SOUTH CENTRAL HSC	8.00	4.00		4.00	4.00	280,038	280,038					
WEST CENTRAL HSC	19.00	7.00		7.00	7.00	455,542	455,542					
BADLANDS HSC	4.00	3.00		3.00	2.00	195,862	195,862		1	265,445	265,445	
STATE HOSPITAL				-								
LIFE SKILLS & TRANSITION CNTR				-								
HUMAN SERVICE ZONE FUND (457)				-								
Total DHS	**167.20**	**81.00**	**13.00**	**94.00**	**46.50**	**2,600,056**	**2,591,492**	**8,564**	**47.5**	**13,716,996**	**11,891,774**	**1,825,222**
PUBLIC HEALTH	33.00	5.00		5.00	5.00	115,102	65,094	50,008				
Grand Total HHS	**200.20**	**86.00**	**13.00**	**99.00**	**53.50**	**2,787,114**	**2,728,542**	**58,572**	**38.5**	**12,471,053**	**11,819,818**	**1,753,266**

Human Service Zone Fund (457) FTE Transfer Requests
(Funding Source Change from HSZ Fund to General Fund)

	Transfer Request in EBR	Senate Change	Net Changes in Engrossed SB 2012
Aging (HCBS Case Managers)	67.00	(67.00)	-
Early Childhood Services	26.00	(26.00)	-
Administration	5.00	(5.00)	-
Human Service Zone Fund	(98.00)	98.00	-

Current Vacancies as of March 2023:	261.95
Filled; not yet began employment:	45.8
Employees departed in February:	28

* 24 CCBH positions

Health and Human Services
Adjustments Needed to Engrossed SB 2012

	23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget			Difference 23-25 Senate to EBR		
Budget Area	**General Fund**	**Other Funds**	**Total**	**General Fund**	**Other Funds**	**Total**	**General Fund**	**Other Funds**	**Total**
Management									
Administration	2,353,162	(2,857)	2,350,305	2,353,162	(361,467)	1,991,695	-	358,610	358,610
Information Technology Services	7,154,347	11,885,615	19,039,962	7,154,347	11,885,615	19,039,962	-	-	-
Total Management	**$ 9,507,509**	**$ 11,882,758**	**$ 21,390,267**	**$ 9,507,509**	**$ 11,524,148**	**$ 21,031,657**	**$ -**	**$ 358,610**	**$ 358,610**
Program & Policy									
Economic Assistance	7,474,920	71,408,128	78,883,048	7,689,868	67,875,420	75,565,288	(214,948)	3,532,708	3,317,760
Child Support	89,676	(810,974)	(721,298)	51,381	(847,850)	(796,469)	38,295	36,876	75,171
Medical Services	11,192,893	(3,534,736)	7,658,157	9,733,038	360,211	10,093,249	1,459,855	(3,894,947)	(2,435,092)
DD Council		70,974	70,974	-	70,967	70,967	-	7	7
Aging Services	590,655	8,414,390	9,005,045	915,153	8,281,650	9,196,803	(324,498)	132,740	(191,758)
Children and Family Services	7,538,339	2,870,913	10,409,252	7,735,850	2,737,776	10,473,626	(197,511)	133,137	(64,374)
Behavioral Health Division	191,745	(2,479,500)	(2,287,755)	220,705	(2,496,747)	(2,276,042)	(28,960)	17,247	(11,713)
Vocational Rehabilitation	361,265	1,822,770	2,184,035	425,752	1,757,792	2,183,544	(64,487)	64,978	491
Developmental Disabilities	(4,132,904)	(5,663,220)	(9,796,124)	(4,046,338)	(5,103,134)	(9,149,472)	(86,566)	(560,086)	(646,652)
Disability Determination Services		284,045	284,045	-	236,892	236,892	-	47,153	47,153
Refugee Services		4,097,492	4,097,492	-	4,097,463	4,097,463	-	29	29
Early Childhood Division	21,938	(828,886)	(806,948)	132,436	(810,984)	(678,548)	(110,498)	(17,902)	(128,400)
Total Program & Policy	**$ 23,328,527**	**$ 75,651,396**	**$ 98,979,923**	**$ 22,857,845**	**$ 76,159,456**	**$ 99,017,301**	**$ 470,682**	**$ (508,060)**	**$ (37,378)**
Human Service Centers									
Human Service Centers	828,956	2,176,151	3,005,107	(4,836,389)	1,623,351	(3,213,038)	5,665,345	552,800	6,218,145
Total Human Service Centers	**$ 828,956**	**$ 2,176,151**	**$ 3,005,107**	**$ (4,836,389)**	**$ 1,623,351**	**$ (3,213,038)**	**$ 5,665,345**	**$ 552,800**	**$ 6,218,145**
Institutions									
State Hospital	1,164,508	211,800	1,376,308	7,614,833	764,602	8,379,435	(6,450,325)	(552,802)	(7,003,127)
Life Skills and Transition Center	2,586,559	5,050,437	7,636,996	2,586,559	5,050,437	7,636,996	-	-	-
Total Institutions	**$ 3,751,067**	**$ 5,262,237**	**$ 9,013,304**	**$ 10,201,392**	**$ 5,815,039**	**$ 16,016,431**	**$ (6,450,325)**	**$ (552,802)**	**$ (7,003,127)**
Human Service Zones	**$ 21,446**	**$ 446,522**	**$ 467,968**	**$ 18,434**	**$ 1,240,493**	**$ 1,258,927**	**$ 3,012**	**$ (793,971)**	**$ (790,959)**
Total SB2012	**$ 37,437,505**	**$ 95,419,064**	**$ 132,856,569**	**$ 37,748,791**	**$ 96,362,487**	**$ 134,111,278**	**$ (311,286)**	**$ (943,423)**	**$ (1,254,709)**

NORTH Dakota | Health & Human Services
Be Legendary.

SALARIES AND BENEFITS BY MAJOR DIVISION

SB 2012 & HB 1004

Division	Base	Enhancements	Total	Salary Increase*	Equity	Grand Total
MANAGEMENT	27,413,848	4,429,670	31,843,518	486,204	9,405,000	41,734,722
PROGRAM AND POLICY	121,917,110	19,701,397	141,618,507	1,974,615		143,593,122
PUBLIC HEALTH DIVISION	37,201,358	17,340,323	54,541,681	550,292		55,091,973
HUMAN SERVICE CENTERS	121,419,280	18,166,186	139,585,465	3,974,293		143,559,758
STATE HOSPITAL	66,842,164	9,481,846	76,324,010			76,324,010
LIFE SKILLS & TRANSITION CNTR	40,600,567	14,326,246	54,926,812			54,926,812
HUMAN SERVICE ZONES	26,977,885	5,550,431	32,528,316	520,997		33,049,313
General Fund	**$ 252,211,672**	**$ 28,212,915**	**$ 280,424,587**	**$ 4,309,045**	**$ 6,160,091**	**$ 290,893,723**
Federal Funds	**145,185,786**	**37,324,702**	**182,510,488**		**3,244,909**	**185,755,397**
Other Funds	**44,974,752**	**23,458,481**	**68,433,234**	**3,197,356**	**-**	**71,630,590**
Total Funds	**$ 442,372,211**	**$ 88,996,098**	**$ 531,368,309**	**$ 7,506,401**	**$ 9,405,000**	**$ 548,279,710**

Other Additions	Base	Enhancements	Total	Salary Increase	Equity	Grand Total
Zone Employees *		161,644,201	161,644,201	2,094,767	3,500,000	163,738,968
HSC Salary Cost to continue		12,141,979	12,141,979	-		12,141,979
State Hospital Cost to continue		5,313,428	5,313,428	-		5,313,428
General Fund	**$ -**	**$ 17,455,407**	**$ 17,455,407**			**$ 17,455,407**
Federal Funds	**-**	**-**	**-**			**-**
Other Funds	**-**	**161,644,201**	**161,644,201**	**2,094,767**	**3,500,000**	**163,738,968**
Total Funds	**$ -**	**$ 179,099,608**	**$ 179,099,608**	**$ 2,094,767**	**$ 3,500,000**	**$ 181,194,375**

*Zone employees are budgeted in grants, if they become state employees, they would be budgeted in salaries

Total Salaries & Benefits	Base	Enhancements	Total	Salary Increase	Equity	Grand Total
General Fund	**$ 252,211,672**	**$ 45,668,322**	**$ 297,879,994**	**$ 4,309,045**	**$ 6,160,091**	**$ 308,349,130**
Federal Funds	**145,185,786**	**37,324,702**	**182,510,488**	**-**	**3,244,909**	**185,755,397**
Other Funds	**44,974,752**	**185,102,682**	**230,077,435**	**5,292,123**	**3,500,000**	**235,369,558**
Total Funds	**$ 442,372,211**	**$ 268,095,706**	**$ 710,467,917**	**$ 9,601,168**	**$ 12,905,000**	**$ 729,474,085**

*This moves the 4/4 salary increase to 6/4

Stemen, Greg

From: Nelson, Jon O.
Sent: Monday, April 10, 2023 9:15 AM
To: O'Brien, Emily; Stemen, Greg; Kreidt, Gary L.; Strinden, Michelle; Anderson, Bert; Mitskog, Alisa; Schobinger, Randy A.
Subject: FW: North Dakota Expansion CY21 MLR Report

From: Jones, Christopher D. <cdjones@nd.gov>
Sent: Friday, April 7, 2023 12:06 PM
To: Nelson, Jon O. <jonelson@ndlegis.gov>; O'Brien, Emily <eobrien@ndlegis.gov>
Subject: Fwd: North Dakota Expansion CY21 MLR Report

CMS is now putting writing. Can explain more later

Get Outlook for iOS

From: Fremming, Krista R. <krfremming@nd.gov>
Sent: Friday, April 7, 2023 8:49:15 AM
To: Jones, Christopher D. <cdjones@nd.gov>; Strebe, Arnold <astrebe@nd.gov>
Subject: FW: North Dakota Expansion CY21 MLR Report

Just FYI – CMS feedback on the MLR. They are correct that CY19 and 20 have been finalized. I haven't seen them put in writing before concerns about 'continuous, high FMAPs'.

Krista

From: CMS Medicaid Risk Mitigation & MLR <DMCPMLR@cms.hhs.gov>
Sent: Friday, April 7, 2023 8:42 AM
To: Ferguson, Jared D. <jadferguson@nd.gov>
Cc: Hulm, Jodi M. <jmhulm@nd.gov>; Fremming, Krista R. <krfremming@nd.gov>; Elkins, Erik E. <eelkins@nd.gov>; Tillman-Boyd, Sabrina (CMS/CMCS) <Sabrina.Tillman-Boyd@cms.hhs.gov>; Mirza, Hira (CMS/CMCS) <Hira.Mirza@cms.hhs.gov>
Subject: RE: North Dakota Expansion CY21 MLR Report

***** **CAUTION:** This email originated from an outside source. Do not click links or open attachments unless you know they are safe. *****

Thank you Jared. You may remember as well that we talked about the possibility that CMS would continue to monitor risk mitigation efforts related to the expansion population in North Dakota given that the program is focused entirely on the expansion population and continuous, high FMAPs. We would like to continue our reviews looking also at CY19 and CY20. You have likely finalized those years. Accordingly, if you could send us material,

comparable to what you sent for CY21, we can continue to review. Please let me know when we can expect that material

If you have any questions, please don't hesitate to ask.

From: Ferguson, Jared D. <jadferguson@nd.gov>
Sent: Wednesday, April 5, 2023 9:13 AM
To: CMS Medicaid Risk Mitigation & MLR <DMCPMLR@cms.hhs.gov>
Cc: Hulm, Jodi M. <jmhulm@nd.gov>; Fremming, Krista R. <krfremming@nd.gov>; Elkins, Erik E. <eelkins@nd.gov>; Tillman-Boyd, Sabrina (CMS/CMCS) <Sabrina.Tillman-Boyd@cms.hhs.gov>; Mirza, Hira (CMS/CMCS) <Hira.Mirza@cms.hhs.gov>
Subject: North Dakota Expansion CY21 MLR Report

Good morning,

As directed on the 3/23/2023 conference call with CMS, North Dakota is submitting the CY21 MLR. The final MLR calculation is shown on tab 10A and shows an annual MLR for CY21 of %. The minimum MLR threshold for the period was % and the total remittance owed from Sanford (MCO) to the state is $

We have also attached the supporting documentation that Sanford (MCO) provided showing their audit comparison and additional information on their reported activities that improve healthcare quality.

Please let me know if there are any additional steps that need to be taken.

Thank you.

Jared Ferguson
Medicaid Expansion Administrator
North Dakota Department of Health & Human Services, Medical Services

NORTH Dakota Be Legendary.
Health & Human Services

(701) 328-8931 • jadferguson@nd.gov • DHS Home Page
600 E. Boulevard Ave – Dept. 325 • Bismarck, ND 58505-0250

----------Confidentiality Statement----------
This transmission is intended only for the use of the individual to whom it is addressed and may contain information that is made confidential by law. If you are not the intended recipient, you are hereby notified any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please respond immediately to the sender and then destroy the original transmission as well as any electronic or printed copies. Thank you.



Engrossed Senate Bill 2012

House Appropriations – Human Resources Division Committee

Representative Jon Nelson, Chairman

NORTH Dakota | Health & Human Services

Be Legendary.

Behavioral Health Division, **Human Service Centers** | April 3, 2023

First Engrossed SB 2012
CCBHC

	One Region	Two Regions (Large/Small)	Three Regions (two large, one small)
Budget ask	$5,500,000	$7,350,000	$9,650,000
FTE ask	9	16	24

Costs to cover:
- Assessment
- Consultation
- Health Record requirements
- Contracting with local health care
- Training
- Service delivery costs
- Medical supports
- Transportation assistance

FTE Positions to include:
Peer Supports
Case Managers
Project Director
Regional Coordinators
Licensed Addiction Counselors

NORTH Dakota Be Legendary. | Health & Human Services

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 5, line 18, after "hospital" insert ", southeast human service center,"

Page 5, line 24, after "hospital" insert ", southeast human service center,"

Page 10, line 19, remove "**- CONTINGENT FULL-TIME EQUIVALENT POSITIONS – REPORT.**"

Page 10, after line 23, insert:

"**SECTION 24. HUMAN SERVICE CENTERS - CONTINGENT FULL-TIME EQUIVALENT POSITIONS - REPORT.**"

Page 10, line 28, replace "24" with "25"

Page 11, line 15, remove "of which the amount"

Page 11, remove line 16

Page 11, line 17, remove "home- and community-based services 10 percent enhancement plan"

Page 11, line 28, after "50-06-42.1" insert:

"; and

10. The sum of $15,000,000 appropriated from the general fund and the sum of $15,000,000 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws"

Page 11, line 29, replace "25" with "26"

Page 12, line 3, replace "26" with "27"

Page 12, line 7, replace "27" with "28"

Page 12, line 14, replace "28" with "29"

Page 12, line 21, replace "29" with "30"

Page 12, line 27, replace "30" with "31"

Page 13, line 3, replace "31" with "32"

Page 13, line 7, replace "32" with "33"

Renumber accordingly

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 1, line 2, after "exemption" insert "; to create and enact subsection 8 of section 50-24.1-07 of the North Dakota Century Code, relating to Medicaid claims"

Page 1, line 3, replace the first comma with an "and"

Page 1, line 3, after "50-24.1-26" insert ", subsection 5 of section 50-24.1-37"

Page 1, line 3, after the "and" insert "section"

Page 1, line 6, remove the second "a"

Page 1, line 7, replace "study" with "studies"

Page 7, line 3, replace "$942,550,279" with "$594,583,452"

Page 7, line 4, replace "$94,225,028" with "$66,064,828"

Page 7, line 21, remove "Critical access hospitals may not be paid less than one"

Page 7, remove line 22

Page 7, line 26, after "reimbursement" insert ". Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate"

Page 8, after line 2, insert:

"6. Except for the provisions in subsection 4, provider reimbursement rates under the medical assistance expansion program shall not exceed one hundred twenty-five percent of traditional Medicaid reimbursement. Payment rate adjustments shall include alternative payment arrangements aimed at cost-effective, quality improvement strategies. This subsection shall apply to any medical assistance expansion program provider fee schedule which becomes effective on or after January 1, 2024.

SECTION 16. Subsection 8 to section 50-24.1-07 of the North Dakota Century Code is created and enacted as follows:

8. In any probate proceedings in which the department has filed a claim under this section, no additional evidence of foundation

shall be required for the admission of the department's payment record supporting the department's claim if the payment record is certified as a true copy and bears the signature of a representative of the department. There is a rebuttable presumption that the amount of medical assistance on the claim was incurred and paid on behalf of the recipient of medical assistance and is an allowable claim.

SECTION 17. AMENDMENT. Subsection 5 of section 50-24.1-37 of the North Dakota Century Code is amended and reenacted as follows:

5. Provider and managed care organization reimbursement rate information received or held by the department under this section is an open record."

Page 8, line 3, replace "16" with "18"

Page 9, line 12, replace "17" with "19"

Page 9, line 20, replace "18" with "20"

Page 10, line 3, replace "19" with "21"

Page 10, line 4, replace "20" with "22"

Page 10, line 8, replace "21" with "23"

Page 10, line 12, replace "22" with "24"

Page 10, line 18, replace "23" with "25"

Page 10, line 28, replace "24" with "26"

Page 11, line 29, replace "25" with "27"

Page 12, line 3, replace "26" with "28"

Page 12, line 7, replace "27" with "29"

Page 12, line 10, after the first "of" insert "underfunding,"

Page 12, line 11, remove "and"

Page 12, line 12, after "percentage" insert ", and unexpected contract costs that exceed ten percent"

Page 12, line 14, replace "28" with "30"

Page 12, line 21, replace "29" with "31"

Page 12, line 27, replace "30" with "32"

Page 13, after line 2, insert:

"**SECTION 33. LEGISLATIVE MANGEMENT STUDY – MEDICAID PROVIDER REIMBURSEMENT ARRANGEMENTS.** During the 2023-24 interim, the legislative management shall study the benefits of basing provider reimbursement rates for the Medicaid program in accordance with a provider's performance under established and accepted value-based care metrics. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly."

Page 13, line 3, replace "31" with "34"

Page 13, line 7, replace "32" with "35"

Page 13, line 7, replace "19" with "21"

Renumber accordingly

Prepared by Health and Human Services
March 7, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL 2012

NEW SECTION. APPROPRIATION – CHILD SUPPORT. There is appropriated out of any moneys in the department of health and human services operating fund in the state treasury, not otherwise appropriated, the sum of $4,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of repayment of monies, including interest, not withheld by the state of North Dakota in accordance with section 14-09-09.16 from an obligor's unemployment benefits from June 1, 2021, through September 30, 2021, for the period beginning with the effective date of this Act and ending June 30, 2023.

NEW SECTION. EMERGENCY. Section X of this Act is declared to be an emergency measure.

Page 3, after line 22, insert:

"Behavioral health facility in the badlands human service center region	0	5,100,000
Behavioral health facility in the northwest human service center region	0	1,950,000"

Page 3, line 24, replace "$152,827,639" with "159,877,639"

Page 3, line 26, replace "$55,560,313" with "$62,610,313"

Page 6, after line 21, insert;

"**SECTION 14. BEHAVORIAL HEALTH FACILITY GRANTS.** Section 2 of this Act includes the sum of $7,050,000 from the general fund for the purpose of providing behavioral health facility grants, for the period beginning with the effective date of this Act and ending June 30, 2025. The department of health and human services shall provide grants as follows:

1. A one-time grant of $5,100,000 must be provided to establish a behavioral health facility in the badlands human service center region. The grant recipient must provide matching funds of $5,100,000 to establish the facility. The grant term must be for ten years.
2. A one-time grant of $1,950,000 shall be provided to establish a behavioral health facility in the northwest human service center region. The grant recipient must provide matching funds of $1,750,000 to establish the facility. The grant term must be for five years.
3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.
4. To receive the grant, the behavior health facility shall:
   a. Submit an application in the form and manner prescribed by the department;
   b. Enter into a grant agreement with the department;
   c. Use grant funds to support the provision of behavioral health in the grant award service areas;
   d. Provide and disclose information needed to comply with the department's data collection requirements; and
   e. Operate in compliance with grant requirements.
5. The department may recapture grant funds distributed to a grant recipient found by the department to be out of compliance with the requirements established by

the grant program, including ending or reducing the operation of the behavioral health facility in the service area.

6. The department may not collect property, equipment, or supplies purchased with grant funds from the grant recipient after successful completion of the terms of the grant.

Page 6, line 22, replace “14” with “15”

Page 7, line 1, replace “15” with “16”

Page 8, line 3, replace “16” with “17”

Page 9, line 12, replace “17” with “18”

Page 9, line 20, replace “18” with “19”

Page 10, line 3, replace “19” with “20”

Page 10, line 4, replace “20” with “21”

Page 10, line 8, replace “21” with “22”

Page 10, line 12, replace “22” with “23”

Page 10, line 18, replace “23” with “24”

Page 10, line 28, replace “24” with “25”

Page 11, line 29, replace “25” with “26”

Page 12, line 3, replace “26” with “27”

Page 12, line 7, replace “27” with “28”

Page 12, line 14, replace “28” with “29”

Page 12, line 21, replace “29” with “30”

Page 12, line 27, replace “30” with “31”

Page 13, line 3, replace “31” with “32”

Page 13, line 7, replace “32” with “33”

Page 13, after line 8, insert:

“**SECTION 33. EMERGENCY.** Section 14 of this Act is declared to be an emergency measure.”

Renumber accordingly

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 1, line 2, after "exemption" insert "; to create and enact two new sections to chapter 50-06 of the North Dakota Century Code, relating to human service zones"

Page 3, line 29, remove "subdivisions 1, 2, and 3 of"

Page 4, remove lines 3 through 8

Page 4, line 9, remove "health and human services."

Page 8, after line 2, insert:

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

1. Notwithstanding any other provision of law:
   a. Human service zone team members are employees of the state and not employees of the county within the human service zone in which the human service zone administrative office is located. A human service zone director shall consult with the department to hire, separate from employment, or discipline a human service zone team member. The department shall act on human service zone team member's grievances.
   b. A human service zone director is an employee of the state and is hired, separated from employment, or disciplined by the department. The human service zone board shall participate on the interview panel, be an active participant, and make a recommendation to the department before the department takes action to hire the human service zone director.
   c. "Host county" means the county within the human service zone in which the human service zone administrative office is located.

d. "Human service zone team member" means a state employee who is responsible for administering or delivering human services under the direction of the human service zone director.

2. Notwithstanding the human service zone team members becoming state employees:

a. Except as set forth in subdivision c, counties, including the elected officials within the counites, shall continue to pay indirect costs, to provide space, vehicles, goods, and services to support human services, and with their roles, duties, and responsibilities to the human service zones and human service zone team members, including:

(1) State's attorneys in accordance with sections 11-16-01 and 50-01.2-05, except the state's attorney may not act as the legal advisor or represent the human service zone regarding employer actions taken against the human service zone team member;

(2) Local law enforcement agencies for child welfare matters;

(3) Auditors in accordance with sections 11-23-01, 50-01.1-04, and 50-01.2-02 and chapter 50-35;

(4) Treasurer in accordance with sections 50-01.1-04 and 50-35-06; and

(5) Board of county commissioners in accordance with section 11-23-01 and chapters 50-01.1, 50-01.2, and 50-35.

b. The counties continue to have authority to combine and consolidate their former county agencies into human service zones in the manner provided in chapter 50-01.1.

c. The state shall provide information technology services to the human service zone team members.

3. Human service zone directors or designees may provide testimony on services and programs provided by the human service zone and department's administration and operations involving the human service zones and make recommendations to the department for improvement in services, programs, administration, and operations.

4. The department may not transfer a full-time equivalent position out of a human service zone if that transfer would negatively impact the human service zone's ability to supply an adequate level and quality of social and economic assistance services.

5. The department may not reduce the number of current access points for individuals to apply for and receive services within a human service zone without approval by the boards of county commissioners. The department may adjust staffing levels at the current access points to efficiently coordinate and conduct human services activities within the human service zones.

SECTION 17. A new section to chapter 50-06 of the North Dakota Century Code is created and enacted as follows:

1. The department, including the human service zone directors, and the North Dakota association of counties shall work together during the 2023-25 interim to identify any statutory provisions that are required to be updated based on human service zone team members becoming employees of the state.

2. The information technology department, the department, and human service zone directors shall work together and coordinate to transition human service zone team members to employees of the state.

3. The department shall work with the human service zone directors to maintain standardized administrative and

operational practices and to identify and direct human service zone team members to perform statewide administrative and operational services to the human service zones to support or provide assistance to the department or human service zones, including the transfer of human service zone team members to employees of the state."

Page 8, line 3, replace "16" with "18"

Page 9, line 12, replace "17" with "19"

Page 9, line 20, replace "18" with "20"

Page 10, line 3, replace "19" with "21"

Page 10, line 4, replace "20" with "22"

Page 10, line 8, replace "21" with "23"

Page 10, line 12, replace "22" with "24"

Page 10, line 18, replace "23" with "25"

Page 10, line 28, replace "24" with "26"

Page 11, line 29, replace "25" with "27"

Page 12, line 3, replace "26" with "28"

Page 12, line 7, replace "27" with "29"

Page 12, line 14, replace "28" with "30"

Page 12, line 21, replace "29" with "31"

Page 12, line 27, replace "30" with "32"

Page 13, line 3, replace "31" with "33"

Page 13, after line 6, insert:

"**SECTION 34. TRANSFER OF EMPLOYEES - HEALTH INSURANCE COVERAGE.**

1. All human service zone team members shall become full-time equivalent positions of the department of health and human services by January 1, 2025.
2. A human service zone team member who becomes a state employee under this section is entitled to receive a salary in an

amount not less than the salary received as a team member of the host county.

3. Each year of county or host county employment of a team member who is transferred under this section will be considered a year of state employment for purposes of section 54-06-14.
4. Before the transfer of the full-time equivalent position from the host county to the department of health and human services, the host county shall pay the employer's share of any premium that is necessary to continue any existing health insurance coverage for team members who are transferred under this section for one month after the effective date of this transfer.
5. Any equipment, including technology-related equipment, furnishings, and supplies in the control and custody of a county or human service zone on the effective date of an employment transfer from the host county to the department of health and human services under this section, must be transferred to the control and custody of the department of health and human services if requested.
6. The department of health and human services may utilize the full-time equivalent position transfers from the human service zones to support or provide assistance to the human service zones.

SECTION 35. CONTINGENT EFFECTIVE DATE. Section 16 of this Act becomes effective on the date the commissioner of the department of health and human services certifies to legislative council that human service zone team members have been transferred to state employment and no later than January 1, 2025."

Page 13, line 7, replace "32" with "36"

Page 13, line 7, replace "19" with "21"

NORTHWEST HUMAN SERVICE AREA BEHAVIORAL HEALTH FACILITY GRANT

Page 3, after line 22, insert:

"Behavioral health facility in the northwest human service center region	0	1,950,000"

Page 3, line 24, replace "$152,827,639" with "154,777,639"

Page 3, line 26, replace "$55,560,313" with "$57,510,313"

Page 6, after line 21, insert;

"**SECTION 14. BEHAVORIAL HEALTH FACILITY GRANT.** Section 2 of this Act includes the sum of $1,950,000 from the general fund for the purpose of providing one-time behavioral health facility grant to establish a behavioral health facility in the northwest human service center region, for the period beginning with the effective date of this Act and ending June 30, 2025. The department of health and human services shall provide a grant as follows:

1. The grant recipient must provide matching funds of $1,750,000 to establish the facility.
2. The grant term must be for five years.
3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.
4. To receive the grant, the behavior health facility shall:
   a. Submit an application in the form and manner prescribed by the department;
   b. Enter into a grant agreement with the department;
   c. Use grant funds to support the provision of behavioral health in the grant award service areas;
   d. Provide and disclose information needed to comply with the department's data collection requirements; and
   e. Operate in compliance with grant requirements.
5. The department may recapture grant funds distributed to a grant recipient found by the department to be out of compliance with the requirements established by the grant program, including ending or reducing the operation of the behavioral health facility in the service area.
6. The department may not collect property, equipment, or supplies purchased with grant funds from the grant recipient after successful completion of the terms of the grant."

Page 6, line 22, replace “14” with “15”

Page 7, line 1, replace “15” with “16”

Page 8, line 3, replace “16” with “17”

Page 9, line 12, replace “17” with “18”

Page 9, line 20, replace “18” with “19”

Page 10, line 3, replace “19” with “20”

Page 10, line 4, replace “20” with “21”

Page 10, line 8, replace “21” with “22”

Page 10, line 12, replace “22” with “23”

Page 10, line 18, replace “23” with “24”

Page 10, line 28, replace “24” with “25”

Page 11, line 29, replace “25” with “26”

Page 12, line 3, replace “26” with “27”

Page 12, line 7, replace “27” with “28”

Page 12, line 14, replace “28” with “29”

Page 12, line 21, replace “29” with “30”

Page 12, line 27, replace “30” with “31”

Page 13, line 3, replace “31” with “32”

Page 13, line 7, replace “32” with “33”

Page 13, after line 8, insert:

“**SECTION 33. EMERGENCY.** Section 14 of this Act is declared to be an emergency measure.”

Renumber accordingly

BADLANDS HUMAN SERVICE AREA BEHAVIORAL HEALTH FACILITY GRANT

Page 3, after line 22, insert:

"Behavioral health facility in the badlands human service center region	0	5,100,000"

Page 3, line 24, replace "$152,827,639" with "157,927,639"

Page 3, line 26, replace "$55,560,313" with "$60,660,313"

Page 6, after line 21, insert;

"**SECTION 14. BEHAVORIAL HEALTH FACILITY GRANT.** Section 2 of this Act includes the sum of $5,100,000 from the general fund for the purpose of providing one-time behavioral health facility grant to establish a behavioral health facility in the badland human service center region, for the period beginning with the effective date of this Act and ending June 30, 2025. The department of health and human services shall provide a grant as follows:

1. The grant recipient must provide matching funds of $5,100,000 to establish the facility.
2. The grant term must be for ten years.
3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.
4. To receive the grant, the behavior health facility shall:
   a. Submit an application in the form and manner prescribed by the department;
   b. Enter into a grant agreement with the department;
   c. Use grant funds to support the provision of behavioral health in the grant award service areas;
   d. Provide and disclose information needed to comply with the department's data collection requirements; and
   e. Operate in compliance with grant requirements.
5. The department may recapture grant funds distributed to a grant recipient found by the department to be out of compliance with the requirements established by the grant program, including ending or reducing the operation of the behavioral health facility in the service area.
6. The department may not collect property, equipment, or supplies purchased with grant funds from the grant recipient after successful completion of the terms of the grant."

Page 6, line 22, replace “14” with “15”

Page 7, line 1, replace “15” with “16”

Page 8, line 3, replace “16” with “17”

Page 9, line 12, replace “17” with “18”

Page 9, line 20, replace “18” with “19”

Page 10, line 3, replace “19” with “20”

Page 10, line 4, replace “20” with “21”

Page 10, line 8, replace “21” with “22”

Page 10, line 12, replace “22” with “23”

Page 10, line 18, replace “23” with “24”

Page 10, line 28, replace “24” with “25”

Page 11, line 29, replace “25” with “26”

Page 12, line 3, replace “26” with “27”

Page 12, line 7, replace “27” with “28”

Page 12, line 14, replace “28” with “29”

Page 12, line 21, replace “29” with “30”

Page 12, line 27, replace “30” with “31”

Page 13, line 3, replace “31” with “32”

Page 13, line 7, replace “32” with “33”

Page 13, after line 8, insert:

“**SECTION 33. EMERGENCY.** Section 14 of this Act is declared to be an emergency measure.”

Renumber accordingly

SECTION. ___. DEPARTMENT OF HEALTH AND HUMAN SERVICES - PREGNANCY AND PARENTING RESOURCE WEBSITE. The department of health and human services shall develop and maintain a state internet website that provides information and links to social services, financial assistance, parenting information, maternal and childbirth life services, planning guidance, care centers and agencies, and other available public and private resources for expectant families and new parents. The department may contract with a third party for the development of the website. The website must be operational by August 1, 2023, and have the domain name life.nd.gov or a similar domain name if the specified domain name is not available. The website must be distinct from the department's government website and the department shall place a clear and conspicuous link to the website on the department's government website.

23.0266.02012
Title.

Prepared by the Legislative Council staff for
Representative Strinden
April 5, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 4, after line 13, insert:

"**SECTION 4. APPROPRIATION - FEDERAL STATE FISCAL RECOVERY FUND.** There is appropriated from federal funds derived from the federal state fiscal recovery fund, not otherwise appropriated, the sum of $285,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of providing grants to volunteer-based ecumenical ministry organizations, for the biennium beginning July 1, 2023, and ending June 30, 2025. "

Page 13, line 7, replace "19" with "20"

Renumber accordingly

23.0266.02002
Title.

Prepared by the Legislative Council staff for
Senator Mathern
March 6, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 1, line 6, after the second "a" insert "legislative management"

Page 12, after line 26, insert:

"**SECTION 30. LEGISLATIVE MANAGEMENT STUDY - SOCIAL WORK LICENSURE COMPACT.** During the 2023-24 interim, the legislative management shall consider studying the feasibility and desirability of the legislative assembly enacting the social work licensure compact. The study may include consideration of whether the public and the social work community support enactment and whether the North Dakota board of social work examiners has the capacity to participate in the compact. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly."

Renumber accordingly

Moved by Mitskog, second by Anderson
Yes- Nelson, Stemen, Anderson, Kreidt, Mitskog, OBrien, Strinden, Scholanger
No -
Absent -

23.0266.02014
Title.

Prepared by the Legislative Council staff for
Representative Mitskog
April 12, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 1, line 3, after "sections" insert "50-01.2-01,"

Page 1, line 3, after the second "the" insert "human service zone board membership,"

Page 8, after line 2, insert:

"**SECTION 16. AMENDMENT.** Section 50-01.2-01 of the North Dakota Century Code is amended and reenacted as follows:

50-01.2-01. Human service zone board - Members - Qualifications.

The board of county commissioners of each county within the human service zone shall appoint the appointed members of the human service zone board based upon fitness to serve as members by reason of character, experience, and training without regard to political affiliation. Appointed members of the human service zone board must consist of local elected officials and other key community partners, including at least one member of the legislative assembly. If a human service zone consists of two or more counties, each county must be represented on the human service zone board by only one county commissioner of that county. If a human service zone consists of a single county, the county must be represented on the human service zone board by no more than two county commissioners of that county and the human service zone board must have at least five appointed members. Appointed members shall elect a vice presiding officer and appoint a secretary, and other officers as the human service zone board determines necessary. The human service zone director shall serve as presiding officer of the human service zone board as a nonappointed member."

Page 13, line 7, replace "19" with "20"

Renumber accordingly

Moved Mitskog, second by Stemen

Yes - Nelson, Stemen, Kreidt, Anderson, Mitskog, OBrien, Strinden, Schobinger

No -

8-0

NORTH Dakota | Health & Human Services
Be Legendary.

IMPACT of INCREASE to PROVIDER INFLATION

2023 - 2025 Biennium

1% and 1% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 4,226,015	$ 5,085,088	$ 9,311,103
LONG TERM CARE - BASIC CARE*	591,805	277,362	869,167
LONG TERM CARE - HCBS SERVICES*	1,079,871	896,085	1,975,957
DEVELOPMENTAL DISABILITIES DIVISION	5,053,255	5,645,181	10,698,436
REMAINING SERVICES	1,736,420	785,400	2,521,820
TOTAL	**$ 12,687,366**	**$ 12,689,116**	**$ 25,376,482**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ (11,428,619)	$ (13,743,595)	$ (25,172,214)
(1,592,879)	(746,360)	(2,339,239)
(2,908,958)	(2,412,864)	(5,321,822)
(13,599,212)	(15,186,539)	(28,785,751)
(4,676,085)	(2,113,653)	(6,789,738)
$ (34,205,753)	**$ (34,203,011)**	**$ (68,408,764)**

2% and 2% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 8,479,190	$ 10,203,038	$ 18,682,228
LONG TERM CARE - BASIC CARE*	1,187,578	556,587	1,744,165
LONG TERM CARE - HCBS SERVICES*	2,166,931	1,798,158	3,965,088
DEVELOPMENTAL DISABILITIES DIVISION	10,140,433	11,328,384	21,468,817
REMAINING SERVICES	3,484,433	1,576,072	5,060,505
TOTAL	**$ 25,458,564**	**$ 25,462,239**	**$ 50,920,803**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ (7,175,444)	$ (8,625,645)	$ (15,801,089)
(997,106)	(467,134)	(1,464,241)
(1,821,898)	(1,510,792)	(3,332,691)
(8,512,034)	(9,503,336)	(18,015,370)
(2,928,072)	(1,322,981)	(4,251,053)
$ (21,434,555)	**$ (21,429,888)**	**$ (42,864,443)**

3% and 2% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 11,360,716	$ 13,661,439	$ 25,022,155
LONG TERM CARE - BASIC CARE*	1,582,959	741,701	2,324,660
LONG TERM CARE - HCBS SERVICES*	2,890,987	2,397,898	5,288,885
DEVELOPMENTAL DISABILITIES DIVISION	13,514,402	15,091,485	28,605,887
REMAINING SERVICES	4,647,108	2,100,471	6,747,579
TOTAL	**$ 33,996,172**	**$ 33,992,994**	**$ 67,989,166**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ (4,293,918)	$ (5,167,244)	$ (9,461,162)
(601,725)	(282,020)	(883,746)
(1,097,842)	(911,052)	(2,008,894)
(5,138,065)	(5,740,235)	(10,878,300)
(1,765,397)	(798,582)	(2,563,979)
$ (12,896,947)	**$ (12,899,133)**	**$ (25,796,081)**

3% and 3% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 12,759,528	$ 15,353,851	$ 28,113,379
LONG TERM CARE - BASIC CARE*	1,787,319	837,676	2,624,995
LONG TERM CARE - HCBS SERVICES*	3,261,178	2,706,217	5,967,395
DEVELOPMENTAL DISABILITIES DIVISION	15,261,536	17,049,609	32,311,145
REMAINING SERVICES	5,244,034	2,372,017	7,616,051
TOTAL	**$ 38,313,595**	**$ 38,319,370**	**$ 76,632,965**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ (2,895,106)	$ (3,474,832)	$ (6,369,938)
(397,365)	(186,045)	(583,411)
(727,651)	(602,733)	(1,330,384)
(3,390,931)	(3,782,111)	(7,173,042)
(1,168,471)	(527,036)	(1,695,507)
$ (8,579,524)	**$ (8,572,757)**	**$ (17,152,281)**

4% and 3% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 15,654,634	$ 18,828,683	$ 34,483,317
LONG TERM CARE - BASIC CARE*	2,184,684	1,023,721	3,208,406
LONG TERM CARE - HCBS SERVICES*	3,988,829	3,308,950	7,297,779
DEVELOPMENTAL DISABILITIES DIVISION	18,652,467	20,831,720	39,484,187
REMAINING SERVICES	6,412,505	2,899,053	9,311,558
TOTAL	**$ 46,893,119**	**$ 46,892,127**	**$ 93,785,247**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ -	$ -	$ -
-	-	-
-	-	-
-	-	-
-	-	-
$ -	$ -	$ -

4% and 4% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 17,067,027	$ 20,537,526	$ 37,604,553
LONG TERM CARE - BASIC CARE*	2,391,028	1,120,629	3,511,657
LONG TERM CARE - HCBS SERVICES*	4,362,614	3,620,263	7,982,877
DEVELOPMENTAL DISABILITIES DIVISION	20,416,563	22,808,856	43,225,419
REMAINING SERVICES	7,015,228	3,173,235	10,188,463
TOTAL	**$ 51,252,460**	**$ 51,260,508**	**$ 102,512,969**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ 1,412,393	$ 1,708,843	$ 3,121,236
206,344	96,907	303,251
373,785	311,313	685,098
1,764,096	1,977,136	3,741,232
602,723	274,182	876,905
$ 4,359,341	**$ 4,368,381**	**$ 8,727,722**

*Long Term Care cost to continue includes an inflationary estimate based on the skilled market index for skilled nursing facilities, therefore nursing facilities are not included in the calculation.

IMPACT of INCREASE to PROVIDER INFLATION

2023 - 2025 Biennium

IMPACT of INFLATIONARY INCREASE to DEVELOPMENTAL DISABILITIES RATES

INCREASE FROM THE LEGISLATIVE BASE				INCREASE FROM THE EXECUTIVE BUDGET RECOMMENDATION		
SCENARIO	GENERAL	OTHER	TOTAL	GENERAL	OTHER	TOTAL
Exec. Recommendation (EBR) Year 1 - 4% | Year 2 - 3%	$ 18,652,467	$ 20,831,720	$ 39,484,187	$ -	$ -	$ -
Year 1 - 4% | Year 2 - 4%	20,416,563	22,808,856	43,225,419	1,764,097	1,977,136	3,741,232
Year 1 - 5% | Year 2 - 4%	23,824,457	26,609,978	50,434,435	5,171,990	5,778,258	10,950,248
Year 1 - 6% | Year 2 - 4%	27,232,351	30,411,100	57,643,451	8,579,884	9,579,380	18,159,264
Year 1 - 7% | Year 2 - 4%	30,640,244	34,212,222	64,852,467	11,987,778	13,380,502	25,368,280
NDCP 11% amendment Year 1 - 15% | Year 2 - 4%	57,903,394	64,621,199	122,524,593	39,250,927	43,789,479	83,040,406

IMPACT of INFLATIONARY INCREASE to PROSPECTIVE PAYMENT SYSTEM (PPS) HOSPITALS

1% and 1% Provider Rate Increase				Difference from the Executive Budget Request		
DIVISION	GENERAL	OTHER	TOTAL	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 1,522,647	$ 1,463,523	$ 2,986,170	$ (4,130,034)	$ (3,969,052)	$ (8,099,086)
NET OUTPATIENT HOSPITAL	502,883	604,346	1,107,229	(1,364,215)	(1,638,699)	(3,002,914)
TOTAL	**$ 2,025,530**	**$ 2,067,869**	**$ 4,093,399**	**$ (5,494,249)**	**$ (5,607,751)**	**$ (11,102,000)**

2% and 2% Provider Rate Increase				Difference from the Executive Budget Request		
DIVISION	GENERAL	OTHER	TOTAL	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 3,054,814	$ 2,936,209	$ 5,991,023	$ (2,597,867)	$ (2,496,366)	$ (5,094,233)
NET OUTPATIENT HOSPITAL	1,008,906	1,212,482	2,221,388	(858,192)	(1,030,563)	(1,888,755)
TOTAL	**$ 4,063,720**	**$ 4,148,691**	**$ 8,212,411**	**$ (3,456,058)**	**$ (3,526,929)**	**$ (6,982,988)**

3% and 2% Provider Rate Increase				Difference from the Executive Budget Request		
DIVISION	GENERAL	OTHER	TOTAL	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 4,106,234	$ 3,946,144	$ 8,052,378	$ (1,546,446)	$ (1,486,431)	$ (3,032,878)
NET OUTPATIENT HOSPITAL	1,356,365	1,629,224	2,985,589	(510,733)	(613,821)	(1,124,554)
TOTAL	**$ 5,462,599**	**$ 5,575,368**	**$ 11,037,967**	**$ (2,057,179)**	**$ (2,100,252)**	**$ (4,157,432)**

3% and 3% Provider Rate Increase				Difference from the Executive Budget Request		
DIVISION	GENERAL	OTHER	TOTAL	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 4,596,500	$ 4,418,059	$ 9,014,559	$ (1,056,181)	$ (1,014,516)	$ (2,070,697)
NET OUTPATIENT HOSPITAL	1,518,069	1,824,408	3,342,477	(349,028)	(418,638)	(767,666)
TOTAL	**$ 6,114,570**	**$ 6,242,466**	**$ 12,357,036**	**$ (1,405,209)**	**$ (1,433,154)**	**$ (2,838,363)**

4% and 3% Provider Rate Increase				Difference from the Executive Budget Request		
DIVISION	GENERAL	OTHER	TOTAL	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 5,652,681	$ 5,432,575	$ 11,085,256	$ -	$ -	$ -
NET OUTPATIENT HOSPITAL	1,867,098	2,243,045	4,110,143	-	-	-
TOTAL	**$ 7,519,779**	**$ 7,675,620**	**$ 15,195,399**	$ -	$ -	$ -

4% and 4% Provider Rate Increase				Difference from the Executive Budget Request		
DIVISION	GENERAL	OTHER	TOTAL	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 6,147,706	$ 5,909,072	$ 12,056,778	$ 495,026	$ 476,497	$ 971,523
NET OUTPATIENT HOSPITAL	2,030,372	2,440,123	4,470,496	163,274	197,078	360,353
TOTAL	**$ 8,178,079**	**$ 8,349,195**	**$ 16,527,274**	**$ 658,300**	**$ 673,575**	**$ 1,331,875**

23.0266.02008
Title.

Prepared by the Legislative Council staff for
the House Appropriations - Human Resources
Division Committee

Fiscal No. 1

April 17, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 1, line 2, after "services" insert "; to provide an appropriation to the university of North Dakota school of medicine and health sciences"

Page 1, line 2, after "exemption" insert "; to create and enact a new section to chapter 50-06 and a new subsection to section 50-24.1-07 of the North Dakota Century Code, a North Dakota healthcare task force, and Medicaid claims"

Page 1, line 3, after "sections" insert "50-01.2-01,"

Page 1, line 3, after "50-06-42" insert ", 50-11.1-02, 50-11.1-22, 50-11.1-23, 50-11.1-24"

Page 1, line 3, replace the second comma with "subsection 5 of section 50-24.1-37 and sections 50-24.5-02.3"

Page 1, line 3, after "to" insert "human service zone board membership,"

Page 1, line 4, after "services" insert ", the best in class program, basic care payment rates, the Medicaid expansion program, and"

Page 1, line 6, after the second "a" insert "legislative management"

Page 1, line 7, remove "and"

Page 1, line 7, after "date" insert "; and to declare an emergency"

Page 1, remove lines 19 through 24

Page 2, remove lines 1 through 31

Page 3, replace lines 1 through 7 with:

"Salaries and wages	$21,363,556	($21,363,556)	$0
Salaries and wages block grant	0	456,750,493	456,750,493
Operating expenses	151,161,924	94,904,000	246,065,924
Capital assets	75,000	0	75,000
Total all funds	$172,600,480	$530,290,937	$702,891,417
Less estimated income	92,905,426	293,046,361	385,951,787
Total general fund	$79,695,054	$237,244,576	$316,939,630

Subdivision 2.

PROGRAM AND POLICY

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$122,081,310	($122,081,310)	$0
Operating expenses	176,078,719	52,389,611	228,468,330
Capital assets	10,000	0	10,000
Grants	467,144,387	166,930,099	634,074,486
Grants - medical assistance	3,028,666,463	207,208,461	3,235,874,924
Opioid prevention	0	2,000,000	2,000,000

Total all funds	$3,793,980,879	$306,446,861	$4,100,427,740
Less estimated income	2,499,452,627	114,043,110	2,613,495,737
Total general fund	$1,294,528,252	$192,403,751	$1,486,932,003

Subdivision 3.

FIELD SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Human service centers	$163,213,829	($116,168,572)	$47,045,257
Institutions	130,383,428	($69,570,994)	60,812,434
Total all funds	$293,597,257	($185,739,566)	$107,857,691
Less estimated income	114,273,300	(84,296,246)	29,977,054
Total general fund	$179,323,957	($101,443,320)	$77,880,637

Subdivision 4.

COUNTY SOCIAL SERVICE FINANCING

	Base Level	Adjustments or Enhancements	Appropriation
County social services	$189,917,386	$3,996,275	$193,913,661
Total all funds	$189,917,386	$3,996,275	$193,913,661
Less estimated income	188,676,995	5,219,793	193,896,788
Total general fund	$1,240,391	($1,223,518)	$16,873

Subdivision 5.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total general fund	$1,554,787,654	$326,981,489	$1,881,769,143
Grant total special funds	2,895,308,348	328,013,018	3,223,321,366
Grant total all funds	$4,450,096,002	$654,994,507	$5,105,090,509
Full-time equivalent positions	2,265.33	0.00	2,265.33"

Page 3, replace line 11 with:

"Technology projects	$67,596,372	$71,000,000"

Page 3, replace line 18 with:

"State hospital design	0	12,500,000
Service grants	0	585,000
Cross disability advisory council	0	700,000
Behavioral health facility grants	0	1,950,000"

Page 3, remove lines 20 and 21

Page 3, replace lines 23 through 26 with:

"Law enforcement telehealth	0	2,650,000
Total all funds	$216,080,305	$111,684,498

Less estimated income	191,847,089	99,452,326
Total general fund	$24,233,216	$12,232,172

SECTION 3. APPROPRIATION - UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE AND HEALTH SCIENCES - CLINICAL INTEGRATED NETWORK GRANT.

1. There is appropriated out of any moneys in the community health trust fund in the state treasury, not otherwise appropriated, the sum of $3,500,000, or so much of the sum as may be necessary, to the university of North Dakota school of medicine and health sciences for the purpose of the center for rural health awarding a grant to a clinical integrated network, for the biennium beginning July 1, 2023, and ending June 30, 2025.

2. To qualify for a grant under this section, an applicant:

   a. Must be a statewide value-based clinical integrated network that supports a majority of the independent critical access hospitals in the state.

   b. Must certify one dollar of matching funds for every five dollars of grant funds awarded.

   c. Shall demonstrate a strategic plan to accomplish the following goals:

      (1) Implementation of a data sharing platform;

      (2) Utilization of value-based care contract modeling;

      (3) Utilization of data analytics software to provide for risk stratification and referral management capabilities;

      (4) Development of unified care management practices; and

      (5) Staffing of the clinical integrated network.

   d. Shall agree during the 2023-25 and 2025-27 bienniums to make annual reports to the department of health and human services and the center for rural health on the use of the grant funds and the status of accomplishing the clinical integrated network strategic plan goals.

SECTION 4. APPROPRIATION - 2021-23 BIENNIUM - CHILD SUPPORT. There is appropriated out of any moneys in the department of health and human services operating fund in the state treasury, not otherwise appropriated, the sum of $4,000, or so much of the sum as may be necessary, to the the department of health and human services for the purpose of repayment of moneys, including interest, not withheld by the state in accordance with section 14-09-09.16 from an obligor's unemployment benefits from June 1, 2021, through September 30, 2021, for the period beginning with the effective date of this section and ending June 30, 2023."

Page 3, line 29, remove "and"

Page 3, line 29, after "3" insert ", and 4"

Page 4, remove lines 3 through 8

Page 4, line 9, replace "health and human services." with "The department of health and human services may use the transfer authority in this section to transfer or expend

funds for the continuation of the community behavioral health program pursuant to section 54-23.3-10."

Page 4, after line 22, insert:

"**SECTION 7. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT.** Subdivision 1 of this Act includes funding for a full-time equivalent position block grant program. This funding, along with salaries and wages funding appropriated in House Bill No. 1004, as approved by the sixty-eighth legislative assembly, is available to fund full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department may not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 5 of this Act, the department is authorized to transfer funding to and from the salaries and wages block grant line item. The department shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions. The department shall provide reports to the legislative management regarding the use of funding for the program."

Page 4, line 25, replace "$21,600,000" with "$23,200,000"

Page 4, line 28, replace "item" with "items"

Page 4, line 28, replace "subdivision" with "subdivisions 1 and"

Page 4, line 28, replace "$221,600,000" with "$223,200,000"

Page 5, line 2, replace "item" with "items"

Page 5, line 2, replace "subdivision" with "subdivisions 1 and"

Page 5, line 2, replace "$20,400,000" with "$22,967,500"

Page 5, line 3, remove "defraying expenses of the child support computer"

Page 5, line 4, replace "replacement project" with "the following purposes:

1. The sum of $20,400,000 for the child support computer replacement project;

2. The sum of $1,867,500 for the 988 crisis hotline program; and

3. The sum of $700,000 for costs to implement the cross-disability advisory council"

Page 5, replace lines 5 through 7 with:

"**SECTION 11. ESTIMATED INCOME - HEALTH CARE TRUST FUND.** The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the health care trust fund for basic care facility bad debt expense.

SECTION 12. ESTIMATED INCOME - FEDERAL STATE FISCAL RECOVERY FUND. The estimated income line items in subdivisions 2 and 3 of section 1 of this Act includes the sum of $3,235,000 from the federal state fiscal recovery fund for the following purposes:

1. The sum of $2,650,000 to implement a virtual behavioral health crisis care program for rural law enforcement;

2. The sum of $300,000 for crisis organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events. After July 1, 2024, this funding may be provided only to organizations that are certified in services provided by the organization; and

3. The sum of $285,000 for grants to volunteer-based ecumenical ministry organizations."

Page 5, line 10, replace "$17,735,154" with "$25,235,154"

Page 5, line 13, replace "$5,000,000" with "$12,500,000"

Page 5, after line 15, insert:

"**SECTION 14. BEHAVIORAL HEALTH FACILITY GRANTS.** Section 1 of this Act includes the sum of $1,950,000 from the general fund for the purpose of providing a one-time behavioral health facility grant to establish a behavioral health facility in the northwest human service center region, for the period beginning with the effective date of this Act and ending June 30, 2025. The department of health and human services shall provide a grant as follows:

1. The grant recipient must provide matching funds of $1,750,000 to establish the facility.

2. The grant term must be for five years.

3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

4. To receive the grant, the behavioral health facility shall:

   a. Submit an application in the form and manner prescribed by the department;

   b. Enter into a grant agreement with the department;

   c. Use grant funds to support the provision of behavioral health in the grant award service areas;

   d. Provide and disclose information needed to comply with the department's data collection requirements; and

   e. Operate in compliance with grant requirements.

5. The department may recapture grant funds distributed to a grant recipient found by the department to be out of compliance with the requirements established by the grant program, including ending or reducing the operation of the behavioral health facility in the service area.

6. The department may not collect property, equipment, or supplies purchased with grant funds from the grant recipient after successful completion of the terms of the grant."

Page 5, line 18, after "hospital" insert ", southeast human service center,"

Page 5, line 19, replace "3" with "5"

Page 5, line 24, after "hospital" insert ", southeast human service center,"

Page 5, line 30, replace "3" with "5"

Page 6, line 23, replace "$5,000,000" with "$12,500,000"

Page 6, line 24, after "fund" insert "as identified in section 13 of this Act"

Page 7, line 3, replace "$942,550,279" with "$660,648,280"

Page 7, line 4, replace "$94,225,028" with "$66,064,828"

Page 7, line 21, remove "Critical access hospitals may not be paid less than one"

Page 7, remove line 22

Page 7, line 26, after "reimbursement" insert ". Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate"

Page 8, after line 2, insert:

"6. Except for the provisions in subsection 4, provider reimbursement rates under the medical assistance expansion program may not exceed one hundred twenty-five percent of traditional Medicaid reimbursement. Payment rate adjustments shall include alternative payment arrangements aimed at cost-effective, quality improvement strategies. This subsection applies to any medical assistance expansion program provider fee schedule which becomes effective on or after January 1, 2024.

SECTION 21. DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND PARENTING RESOURCE WEBSITE. The department of health and human services shall develop and maintain a state internet website that provides information and links to social services, financial assistance, parenting information, maternal and childbirth life services, planning guidance, care centers and agencies, and other available public and private resources for expectant families and new parents. The department may contract with a third party for the development of the website. The website must be operational by August 1, 2023, and have a domain name life.nd.gov or a similar domain name. The website must be distinct from the department's website and the department shall place a clear and conspicuous link to the website on the department website."

Page 9, after line 11, insert:

"**SECTION 23. AMENDMENT.** Section 50-01.2-01 of the North Dakota Century Code is amended and reenacted as follows:

50-01.2-01. Human service zone board - Members - Qualifications.

The board of county commissioners of each county within the human service zone shall appoint the appointed members of the human service zone board based upon fitness to serve as members by reason of character, experience, and training without regard to political affiliation. Appointed members of the human service zone board must consist of local elected officials and other key community partners,

including at least one member of the legislative assembly. If a human service zone consists of two or more counties, each county must be represented on the human service zone board by only one county commissioner of that county. If a human service zone consists of a single county, the county must be represented on the human service zone board by no more than two county commissioners of that county and the human service zone board must have at least five appointed members. Appointed members shall elect a vice presiding officer and appoint a secretary, and other officers as the human service zone board determines necessary. The human service zone director shall serve as presiding officer of the human service zone board as a nonappointed member.

SECTION 24. A new section to chapter 50-06 of the North Dakota Century Code is created and enacted as follows:

North Dakota legislative health care task force - Duties - Membership - Legislative management report.

There is created a North Dakota legislative health care task force. The task force shall meet at least once each quarter and may request, obtain, review, and analyze information relating to North Dakota health care, including data, reports, audits, and other information as requested by the task force. The task force shall submit a report of its activities and any recommendations to improve health care in the state to the legislative management by October 1 of each year. The chairman of the task force must be a member of the legislative assembly as selected by the task force. The task force consists of the following members:

1. The chairman of the house appropriations committee human resources division, or the chairman's designee;

2. The chairman of the senate appropriations committee human resources division, or the chairman's designee;

3. The chairman of the house human services committee, or the chairman's designee;

4. The chairman of the senate human services committee, or the chairman's designee;

5. One member of the house of representatives as appointed by the house minority leader;

6. One member of the senate as appointed by the senate minority leader;

7. The commissioner of the department of health and human services; or the commissioner's designee;

8. Two members of the department of health and human services as appointed by the commissioner of the department of health and human services;

9. One member from the governor's office appointed by the governor;

10. The insurance commissioner or the insurance commissioner's designee;

11. Two members to represent the North Dakota health insurance industry;

12. One member of the public appointed by an organization that represents North Dakota businesses;

13. One member appointed by the Indian affairs commissioner to represent tribal health care;

14. One member from a North Dakota association that represents physicians; and

15. Five members from a North Dakota association that represents hospitals, of which:

    a. Two members must represent rural hospitals, including one representative of a hospital in a city with a population of ten thousand or more and one representative of a hospital in a city with a population under ten thousand;

    b. Two members must represent urban hospitals, including one representative of an independent hospital and one representative of an integrated health care system; and

    c. One member must represent a psychiatric hospital.

SECTION 25. AMENDMENT. Section 50-11.1-02 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-02. Definitions. ~~(Effective through June 30, 2025)~~

As used in this chapter, unless the context or subject matter otherwise requires:

1. "Authorized agent" means the human service zone, unless another entity is designated by the department.

2. "Child care center" means an early childhood program licensed to provide early childhood services to nineteen or more children.

3. "Department" means the department of health and human services.

4. "Drop-in care" means the care of children on a one-time, occasional, or unscheduled basis to meet the short-term needs of families.

5. "Early childhood program" means any program licensed under this chapter where early childhood services are provided for at least two hours a day for three or more days a week.

6. "Early childhood services" means the care, supervision, education, or guidance of a child or children, which is provided in exchange for money, goods, or other services. Early childhood services does not include:

    a. Substitute parental child care provided pursuant to chapter 50-11.

    b. Child care provided in any educational facility, whether public or private, in grade one or above.

c. Child care provided in a kindergarten which has been established pursuant to chapter 15.1-22 or a nonpublic elementary school program approved pursuant to section 15.1-06-06.1.

d. Child care, preschool, and prekindergarten services provided to children under six years of age in any educational facility through a program approved by the department.

e. Child care provided in facilities operated in connection with a church, business, or organization where children are cared for during periods of time not exceeding four continuous hours while the child's parent is attending church services or is engaged in other activities, on the premises.

f. Schools or classes for religious instruction conducted by religious orders during the summer months for not more than two weeks, Sunday schools, weekly catechism, or other classes for religious instruction.

g. Summer resident or day camps for children which serve no children under six years of age for more than two weeks.

h. Sporting events, practices for sporting events, or sporting or physical activities conducted under the supervision of an adult.

i. Head start and early head start programs that are federally funded and meet federal head start performance standards.

j. Child care provided in a medical facility by medical personnel to children who are ill.

7. "Family child care" means a private residence licensed to provide early childhood services for no more than seven children at any one time, except that the term includes a residence licensed to provide early childhood services to two additional school-age children.

8. "Four-year old program" means an approved child care program operated by a public or private educational entity or an early childhood program designed to serve four-year olds.

9. "Group child care" means a child care program licensed to provide early childhood services for thirty or fewer children.

10. "Household member" means an adult living in the private residence out of which a program is operated, regardless of whether the adult is living there permanently or temporarily.

11. "Human service zone" means a county or consolidated group of counties administering human services within a designated area in accordance with an agreement or plan approved by the department.

12. "In-home provider" means any person who provides early childhood services to children in the children's home.

13. "Licensed" means an early childhood program has the rights, authority, or permission granted by the department to operate and provide early childhood services.

14. "Multiple licensed program" means an early childhood program licensed to provide more than one type of early childhood services.

15. "Owner" or "operator" means the person who has legal responsibility for the early childhood program and premises.

16. "Parent" means an individual with the legal relationship of father or mother to a child or an individual who legally stands in place of a father or mother, including a legal guardian or custodian.

17. "Premises" means the indoor and outdoor areas approved for providing early childhood services.

18. "Preschool" means a program licensed to offer early childhood services, which follows a preschool curriculum and course of study designed primarily to enhance the educational development of the children enrolled and which serves no child for more than three hours per day.

19. "Public approval" means a nonlicensed early childhood program operated by a government entity that has self-certified that the program complies with this chapter.

20. "Registrant" means the holder of an in-home provider registration document issued by the department in accordance with this chapter.

21. "Registration" means the process whereby the department maintains a record of all in-home providers who have stated that they have complied or will comply with the prescribed standards and adopted rules.

22. "Registration document" means a written instrument issued by the department to publicly document that the registrant has complied with this chapter and the applicable rules and standards as prescribed by the department.

23. "School-age child care" means a child care program licensed to provide early childhood services on a regular basis for nineteen or more children aged five years through eleven years.

24. "School-age children" means children served under this chapter who are at least five years but less than twelve years of age.

25. "Self-declaration" means voluntary documentation of an individual providing early childhood services in a private residence for up to five children through the age of eleven, of which no more than three may be under the age of twenty-four months.

26. "Staff member" means an individual:

    a. Who is an employee of an early childhood program or of an early childhood services provider under a self-declaration;

    b. Whose activities involve the care, supervision, or guidance of children of an early childhood program; or

c. Who may have unsupervised access to children under the care, supervision, or guidance of an early childhood program or early childhood services provider under a self-declaration.

~~**Definitions. (Effective after June 30, 2025)**~~

~~As used in this chapter, unless the context or subject matter otherwise requires:~~

~~1. "Authorized agent" means the human service zone, unless another entity is designated by the department.~~

~~2. "Child care center" means an early childhood program licensed to provide early childhood services to nineteen or more children.~~

~~3. "Department" means the department of health and human services.~~

~~4. "Drop-in care" means the care of children on a one-time, occasional, or unscheduled basis to meet the short-term needs of families.~~

~~5. "Early childhood program" means any program licensed under this chapter where early childhood services are provided for at least two hours a day for three or more days a week.~~

~~6. "Early childhood services" means the care, supervision, education, or guidance of a child or children, which is provided in exchange for money, goods, or other services. Early childhood services does not include:~~

~~a. Substitute parental child care provided pursuant to chapter 50-11.~~

~~b. Child care provided in any educational facility, whether public or private, in grade one or above.~~

~~c. Child care provided in a kindergarten which has been established pursuant to chapter 15.1-22 or a nonpublic elementary school program approved pursuant to section 15.1-06-06.1.~~

~~d. Child care, preschool, and prekindergarten services provided to children under six years of age in any educational facility through a program approved by the department.~~

~~e. Child care provided in facilities operated in connection with a church, business, or organization where children are cared for during periods of time not exceeding four continuous hours while the child's parent is attending church services or is engaged in other activities, on the premises.~~

~~f. Schools or classes for religious instruction conducted by religious orders during the summer months for not more than two weeks, Sunday schools, weekly catechism, or other classes for religious instruction.~~

~~g. Summer resident or day camps for children which serve no children under six years of age for more than two weeks.~~

~~h. Sporting events, practices for sporting events, or sporting or physical activities conducted under the supervision of an adult.~~

i. Head start and early head start programs that are federally funded and meet federal head start performance standards.

j. Child care provided in a medical facility by medical personnel to children who are ill.

7. "Family child care" means a private residence licensed to provide early childhood services for no more than seven children at any one time, except that the term includes a residence licensed to provide early childhood services to two additional school-age children.

8. "Group child care" means a child care program licensed to provide early childhood services for thirty or fewer children.

9. "Household member" means an adult living in the private residence out of which a program is operated, regardless of whether the adult is living there permanently or temporarily.

10. "Human service zone" means a county or consolidated group of counties administering human services within a designated area in accordance with an agreement or plan approved by the department.

11. "In-home provider" means any person who provides early childhood services to children in the children's home.

12. "Licensed" means an early childhood program has the rights, authority, or permission granted by the department to operate and provide early childhood services.

13. "Multiple licensed program" means an early childhood program licensed to provide more than one type of early childhood services.

14. "Owner" or "operator" means the person who has legal responsibility for the early childhood program and premises.

15. "Parent" means an individual with the legal relationship of father or mother to a child or an individual who legally stands in place of a father or mother, including a legal guardian or custodian.

16. "Premises" means the indoor and outdoor areas approved for providing early childhood services.

17. "Preschool" means a program licensed to offer early childhood services, which follows a preschool curriculum and course of study designed primarily to enhance the educational development of the children enrolled and which serves no child for more than three hours per day.

18. "Public approval" means a nonlicensed early childhood program operated by a government entity that has self-certified that the program complies with this chapter.

19. "Registrant" means the holder of an in-home provider registration document issued by the department in accordance with this chapter.

~~20. "Registration" means the process whereby the department maintains a record of all in-home providers who have stated that they have complied or will comply with the prescribed standards and adopted rules.~~

~~21. "Registration document" means a written instrument issued by the department to publicly document that the registrant has complied with this chapter and the applicable rules and standards as prescribed by the department.~~

~~22. "School-age child care" means a child care program licensed to provide early childhood services on a regular basis for nineteen or more children aged five years through eleven years.~~

~~23. "School-age children" means children served under this chapter who are at least five years but less than twelve years of age.~~

~~24. "Self-declaration" means voluntary documentation of an individual providing early childhood services in a private residence for up to five children through the age of eleven, of which no more than three may be under the age of twenty-four months.~~

~~25. "Staff member" means an individual:~~

~~a. Who is an employee of an early childhood program or of an early childhood services provider under a self-declaration;~~

~~b. Whose activities involve the care, supervision, or guidance of children of an early childhood program; or~~

~~c. Who may have unsupervised access to children under the care, supervision, or guidance of an early childhood program or early childhood services provider under a self-declaration.~~

SECTION 26. AMENDMENT. Section 50-11.1-22 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-22. Early childhood grant for best in class four-year old experiences. ~~(Expired effective July 1, 2025)~~

1. A four-year old program deemed eligible under section 50-11.1-23 may submit an application for the best in class four-year old experiences grant. An approved program is eligible for an annual award of one hundred twenty thousand dollars per approved group size. The grant award must be matched with no less than twenty thousand dollars in other funds. The department shall assign a program support coach to each approved program. An approved program:

   a. Shall utilize the assigned support coach and utilize the sliding fee scale for parent fees, as established by the department.

   b. May use grant funds to support the provision of quality early childhood experiences, including expenditures related to staffing, training, equipment, and supplies.

   c. May not use grant funds for construction or rehabilitation. An approved program must enter a grant agreement with the department.

2. The department may not collect equipment or supplies purchased with grant funds from the approved program after successful completion of the term of the grant.

SECTION 27. AMENDMENT. Section 50-11.1-23 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-23. Eligibility for best in class four-year old experiences grant. ~~(Expired effective July 1, 2025)~~

1. A four-year old program may submit, in the form and manner prescribed by the department, an application to the department for a grant under section 50-11.1-22, if the provider certifies to the department the provider:

   a. Operates a four-year old program in this state;

   b. Operates a four-year old program for children who have reached four years of age before August first in the year of enrollment;

   c. Operates a four-year old program that has a duration of at least four hundred hours over a period of at least thirty-two consecutive weeks;

   d. Incorporates within the four-year old program at least ten hours of research-based family engagement;

   e. Has been determined to meet the standards and expectations of no less than step three in the North Dakota early childhood quality improvement system;

   f. Is willing to admit children of all learning abilities into the four-year old program;

   g. Is willing to admit children who receive assistance from the child care assistance program into the four-year old program; and

   h. Is willing to operate in compliance with the grant requirements, including:

      (1) Maintaining the recommended group size for number of children served in the four-year old program;

      (2) Complying with requirements related to qualifications, training, and professional development of staff delivering services in the four-year old program; and

      (3) Adhering to expectations established by the department related to four-year old program monitoring and oversight.

2. The department may distribute grants under this section to approved four-year old programs, including four-year old programs operated as early childhood programs by educational facilities or federally funded head start programs or in connection with a church, business, or organization that operates a four-year old program.

3. The department may recapture grant funds distributed to an approved four-year old program found by the department to be out of compliance with requirements established for the best in class four-year old experiences grant program.

SECTION 28. AMENDMENT. Section 50-11.1-24 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-24. Grant program data collection - Requirements. ~~(Expired effective July 1, 2025)~~

The state agency with approval authority over four-year old programs, with the advice and consent of the department, shall implement a uniform system for the accounting, budgeting, and reporting of data by any four-year old program provider to whom or to which grants are distributed under section 50-11.1-23. Grants may be withheld or forfeited, in whole or in part, if information required in accordance with this section is not submitted at the time or in the manner requested by the state agency with approval authority over four-year old programs. A grant recipient shall consent to provide information needed to comply with data collection requirements. The state agency with approval authority over four-year old programs shall disclose the requested information to the department.

SECTION 29. A new subsection to section 50-24.1-07 of the North Dakota Century Code is created and enacted as follows:

In any probate proceedings in which the department has filed a claim under this section, no additional evidence of foundation shall be required for the admission of the department's payment record supporting the department's claim if the payment record is certified as a true copy and bears the signature of a representative of the department. There is a rebuttable presumption that the amount of medical assistance on the claim was incurred and paid on behalf of the recipient of medical assistance and is an allowable claim."

Page 9, after line 19, insert:

"**SECTION 31. AMENDMENT.** Subsection 5 of section 50-24.1-37 of the North Dakota Century Code is amended and reenacted as follows:

5. Provider and managed care organization reimbursement rate information received or held by the department under this section is an open record.

SECTION 32. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall ~~establish, by rule, procedures for determining rates~~determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter~~. The procedures must be~~ based on ~~methods and standards that the department finds are adequate to recognize the~~data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.

2. The department shall ~~identify costs that are recognized for establishing payment rates~~establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus

eighteen percent. The indirect care limit must be the median plus twelve percent.

3. For the rate year beginning July 1, ~~2016~~2023, the department shall ~~establish the limits by using the average of the highest and lowest rates from the 2014 rate year. The direct care limit must be ninety-five percent of the average and the indirect care limit must be ninety percent of the average. Beginning with the July 1, 2017, rate year, the department shall adjust the limits by using the cost percentage change from the prior two rate years, within the limits of legislative appropriations~~increase rates and limits two percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits two percent for inflation.

4. The department shall provide, by rule, within the limits of legislative appropriations, for payment of rates paid by the aged, blind, and disabled persons program for a maximum of thirty days per occurrence for leave days for a resident who is in a licensed health care facility when the resident is expected to return to the facility.

5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of one hundred eighty days."

Page 10, line 19, remove "**- CONTINGENT FULL-TIME EQUIVALENT POSITIONS - REPORT**"

Page 10, line 21, replace "three" with "one"

Page 10, line 21, replace "centers" with "center"

Page 10, replace lines 24 through 27 with "The department may consider the inclusion of providers of integrated, wraparound crisis services to young adults, who are at risk of being homeless or experiencing serious adverse life events, into the creation of any certified community behavioral health clinic."

Page 11, line 15, remove "of which the amount"

Page 11, remove line 16

Page 11, line 17, remove "home- and community-based services 10 percent enhancement plan"

Page 11, line 25, remove the second "and"

Page 11, line 28, after "50-06-42.1" insert "; and

10. The sum of $15,000,000 appropriated from the general fund and the sum of $15,000,000 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws"

Page 12, line 10, after the first "of" insert "underfunding,"

Page 12, line 11, remove "and"

Page 12, line 12, after "percentage" insert ", and unexpected contract cost increases that exceed ten percent"

Page 12, line 16, replace "four" with "two"

Page 12, line 18, replace "seven" with "three"

Page 12, line 18, replace "the first" with "each"

Page 12, line 18, remove "of the biennium and four percent the"

Page 12, line 19, remove "second year"

Page 12, line 20, remove "and basic care"

Page 12, line 20, after "facilities" insert "or prospective payment system hospitals"

Page 13, after line 2, insert:

"**SECTION 46. LEGISLATIVE MANAGEMENT STUDY - SOCIAL WORK LICENSURE COMPACT.** During the 2023-24 interim, the legislative management shall consider studying the feasibility and desirability of the legislative assembly enacting the social work licensure compact. The study may include consideration of whether the public and the social work community support enactment and whether the North Dakota board of social work examiners has the capacity to participate in the compact. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

SECTION 47. LEGISLATIVE MANAGEMENT STUDY - MEDICAID PROVIDER REIMBURSEMENT ARRANGEMENTS. During the 2023-24 interim, the legislative management shall study the benefits of basing provider reimbursement rates for the Medicaid program in accordance with a provider's performance under established and accepted value-based care metrics. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly."

Page 13, line 7, replace "19" with "34"

Page 13, after line 8, insert:

"**SECTION 50. EMERGENCY. -**Section 4 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of House Action

	Base Budget	Senate Version	House Changes	House Version
UND Medical Center				
Total all funds	$0	$0	$3,500,000	$3,500,000
Less estimated income	0	0	3,500,000	3,500,000
General fund	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00
DHHS - Management				
Total all funds	$172,600,480	$265,550,380	$437,341,037	$702,891,417
Less estimated income	92,905,426	186,160,843	199,790,944	385,951,787
General fund	$79,695,054	$79,389,537	$237,550,093	$316,939,630
FTE	97.85	113.90	2,151.43	2,265.33
DHHS - Program/Policy				
Total all funds	$3,793,980,879	$4,617,924,174	($517,496,434)	$4,100,427,740

Less estimated income	2,499,452,627	2,988,736,618	(375,240,881)	2,613,495,737
General fund	$1,294,528,252	$1,629,187,556	($142,255,553)	$1,486,932,003
FTE	666.17	687.32	(687.32)	0.00
DHHS - County Social Services Financing				
Total all funds	$189,917,386	$225,361,586	($31,447,925)	$193,913,661
Less estimated income	188,676,995	224,010,514	(30,113,726)	193,896,788
General fund	$1,240,391	$1,351,072	($1,334,199)	$16,873
FTE	159.00	164.00	(164.00)	0.00
DHHS - Field Services				
Total all funds	$293,597,257	$352,897,223	($245,039,532)	$107,857,691
Less estimated income	114,273,300	95,698,581	(65,721,527)	29,977,054
General fund	$179,323,957	$257,198,642	($179,318,005)	$77,880,637
FTE	1,342.31	1,394.11	(1,394.11)	0.00
Bill total				
Total all funds	$4,450,096,002	$5,461,733,363	($353,142,854)	$5,108,590,509
Less estimated income	2,895,308,348	3,494,606,556	(267,785,190)	3,226,821,366
General fund	$1,554,787,654	$1,967,126,807	($85,357,664)	$1,881,769,143
FTE	2,265.33	2,359.33	(94.00)	2,265.33

Senate Bill No. 2012 - UND Medical Center - House Action

	Base Budget	Senate Version	House Changes	House Version
Clinical integrated network grant			$3,500,000	$3,500,000
Total all funds	$0	$0	$3,500,000	$3,500,000
Less estimated income	0	0	3,500,000	3,500,000
General fund	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00

Department 232 - UND Medical Center - Detail of House Changes

	Adds Funding for Clinical Integrated Network Grant[1]	Total House Changes
Clinical integrated network grant	$3,500,000	$3,500,000
Total all funds	$3,500,000	$3,500,000
Less estimated income	3,500,000	3,500,000
General fund	$0	$0
FTE	0.00	0.00

[1] Funding is added from the community health trust fund to allow the Center for Rural Health to award a grant to a clinical integrated network.

Senate Bill No. 2012 - DHHS - Management - House Action

	Base Budget	Senate Version	House Changes	House Version
Salaries and wages	$21,363,556	$24,409,456	($24,409,456)	
Operating expenses	151,161,924	241,065,924	5,000,000	$246,065,924
Capital assets	75,000	75,000		75,000
Salary block grant program			456,750,493	456,750,493
Total all funds	$172,600,480	$265,550,380	$437,341,037	$702,891,417
Less estimated income	92,905,426	186,160,843	199,790,944	385,951,787
General fund	$79,695,054	$79,389,537	$237,550,093	$316,939,630
FTE	97.85	113.90	2,151.43	2,265.33

Department 326 - DHHS - Management - Detail of House Changes

	Adjusts Funding for Management[1]	Total House Changes
Salaries and wages	($24,409,456)	($24,409,456)
Operating expenses	5,000,000	5,000,000
Capital assets		
Salary block grant program	456,750,493	456,750,493
Total all funds	$437,341,037	$437,341,037
Less estimated income	199,790,944	199,790,944
General fund	$237,550,093	$237,550,093
FTE	2,151.43	2,151.43

[1] Funding is adjusted for management as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program.		($862,063)	($283,496)	($1,145,559)
Transfers health insurance funding to a new FTE position block grant program.		(436,667)	(139,099)	(575,766)
Transfers funding for salaries and wages to a new salary block grant program.	(112.40)	(16,918,521)	(5,622,318)	(22,540,839)
Creates a new departmentwide FTE block grant program.	2,265.33	247,896,527	190,940,966	438,837,493
Provides a salary increase for the FTE block grant program of 6 percent the 1st year and 4 percent the 2nd year of the 2023-25 biennium.		16,629,803	10,869,007	27,498,810
Provides funding for increases in health insurance premiums from $1,429 to $1,648 per month.		5,861,794	4,052,396	9,914,190
Underfunds salaries and wages in anticipation of vacant positions.		(19,500,000)		(19,500,000)
Removes new criminal background check positions added by the Senate.	(1.50)	(120,780)	(26,512)	(147,292)
Reduces operating reductions made by the Senate from $19.9 million to $13.9 million.		6,000,000		6,000,000
Total ongoing funding changes	2,151.43	$238,550,093	$199,790,944	$438,341,037
One-time Funding Items				
Removes one-time funding added by the Senate to automate the criminal background check process.		($1,000,000)		($1,000,000)
Total one-time funding changes	0.00	($1,000,000)	0	($1,000,000)
Total changes to base level funding	2,151.43	$237,550,093	$199,790,944	$437,341,037

Senate Bill No. 2012 - DHHS - Program/Policy - House Action

	Base Budget	Senate Version	House Changes	House Version
Salaries and wages	$122,081,310	$141,618,507	($141,618,507)	
Operating expenses	176,078,719	231,801,268	(3,332,938)	$228,468,330
Capital assets	10,000	10,000		10,000
Grants	467,144,387	657,651,069	(23,576,583)	634,074,486
Grants - Medical assistance	3,028,666,463	3,584,843,330	(348,968,406)	3,235,874,924
Opioid prevention		2,000,000		2,000,000
Total all funds	$3,793,980,879	$4,617,924,174	($517,496,434)	$4,100,427,740
Less estimated income	2,499,452,627	2,988,736,618	(375,240,881)	2,613,495,737
General fund	$1,294,528,252	$1,629,187,556	($142,255,553)	$1,486,932,003
FTE	666.17	687.32	(687.32)	0.00

Department 328 - DHHS - Program/Policy - Detail of House Changes

	Adjusts Funding for Program and Policy[1]	Total House Changes
Salaries and wages	($141,618,507)	($141,618,507)
Operating expenses	(3,332,938)	(3,332,938)
Capital assets		
Grants	(23,576,583)	(23,576,583)
Grants - Medical assistance	(348,968,406)	(348,968,406)
Opioid prevention		
Total all funds	($517,496,434)	($517,496,434)
Less estimated income	(375,240,881)	(375,240,881)
General fund	($142,255,553)	($142,255,553)
FTE	(687.32)	(687.32)

[1] Funding for program and policy is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program.		($2,661,463)	($3,528,496)	($6,189,959)
Transfers health insurance funding to a new FTE position block grant program.		(1,338,470)	(1,865,110)	(3,203,580)
Transfers salaries and wages funding to a new FTE block grant program.	(675.32)	(52,606,648)	(77,965,332)	(130,571,980)
Reduces funding for provider inflation from 4 percent per year to 2 percent per year except as noted in medical services and developmental disabilities.		(22,687,172)	(24,677,641)	(47,364,813)
Economic Assistance				
Removes funding added by the Senate to increase the utilization of the child care assistance program for children ages 0 to 3.		(22,000,000)		(22,000,000)
Removes funding added by the Senate to improve the ability of low-income parents to obtain child care.		(12,900,000)		(12,900,000)
Medical Services				
Removes new Medicaid provider strike team positions added by the Senate.	(2.00)	(48,642)	(266,995)	(315,637)
Removes provider inflation for prospective payment system hospitals.		(4,063,720)	(4,148,691)	(8,212,411)
Reduces estimated utilization rates for Medicaid Expansion ($110,753,873) and provides for a realigned rate structure to pay 125 percent of traditional Medicaid costs ($171,148,131).		(28,190,200)	(253,711,804)	(281,902,004)
Long-Term Care				
Reduces funding added by the Senate for enhancements to home- and community-based services.		(1,288,319)		(1,288,319)
Adds funding for a long-term care value based payment program.		6,000,000	6,000,000	12,000,000
Reduces estimated long-term care utilization rates.		(9,949,900)	(11,220,100)	(21,170,000)
Adds funding to rebase basic care rates.		3,229,408	1,847,152	5,076,560
Adds funding from the health care trust fund for basic care facility bad debt expense.			500,000	500,000
Aging Services				
Removes new home- and community-based services positions added by the Senate.	(3.00)	(143,912)	(143,912)	(287,824)
Removes a new aging services compliance position added by the Senate.	(1.00)	(103,868)	(103,868)	(207,736)
Removes a new aging services lawsuit coordinator position added by the Senate.	(1.00)			0
Children and Family Services				
Adds funding for kinship childcare.		460,000		460,000
Behavioral Health				

Removes new community behavioral health positions added by the Senate.	(2.00)	(223,946)		(223,946)
Adjusts funding for the free through recovery program to provide funding directly to DHHS for the program rather than using passthrough funds.		15,500,000	(15,500,000)	0
Increases school behavioral health grants to provide a total of $9.5 million.		3,000,000		3,000,000
Adds funding from the community health trust fund for the 988 crisis hotline program.			1,867,500	1,867,500
Developmental Disabilities				
Removes a new quality assurance position added by the Senate.	(1.00)	(103,868)	(103,868)	(207,736)
Removes a new early intervention position added by the Senate.	(1.00)	(86,602)	(86,602)	(173,204)
Reduces enhanced payment rates for developmental disabilities providers to provide for annual inflation rate adjustments of 3 percent.		(5,102,578)	(5,682,141)	(10,784,719)
Removes funding added by the Senate to increase the number of corporate guardianship slots and increase funding rates.		(808,748)		(808,748)
Early Childhood				
Combines the best in class program and the kindergarten readiness program into the research-based 0-4 program.		2,400,000		2,400,000
Removes funding added by the Senate for early childhood career grants.		(2,000,000)		(2,000,000)
Removes a new program administrator position added by the Senate.	(1.00)	(236,905)		(236,905)
Adds federal funds spending authority for the child care development fund and the preschool development grant.			21,514,027	21,514,027
Total ongoing funding changes	(687.32)	($135,955,553)	($367,275,881)	($503,231,434)
One-time Funding Items				
Removes one-time funding added by the Senate for program integrity audits.		($2,250,000)	($2,250,000)	($4,500,000)
Adds funding for a behavioral health facility grant in the Northwest human service region.		1,950,000		1,950,000
Adds funding from the federal state fiscal recovery fund for grants to organizations that provide youth crisis services.			300,000	300,000
Adds funding from the federal State Fiscal Recovery Fund for grants to volunteer-based ecumenical ministry organizations.			285,000	285,000
Adds one-time funding from the community health trust fund for consultant and other costs to implement the cross disability advisory council.			700,000	700,000
Workforce Initiative One-time Funding				
Removes funding added by the Senate for early childhood rating infrastructure.		(3,000,000)		(3,000,000)
Removes funding added by the Senate for quality tiers in the child care		(3,000,000)		(3,000,000)

reimbursement program.				
Removes funding added from legacy fund earnings to expand public-private child care benefits.			(1,000,000)	(1,000,000)
Removes funding added from legacy fund earnings for child care business operating grants.			(5,000,000)	(5,000,000)
Removes funding added from legacy fund earnings for a pilot program for child care during nontraditional hours.			(1,000,000)	(1,000,000)
Total one-time funding changes	0.00	($6,300,000)	($7,965,000)	($14,265,000)
Total changes to base level funding	(687.32)	($142,255,553)	($375,240,881)	($517,496,434)

Senate Bill No. 2012 - DHHS - County Social Services Financing - House Action

	Base Budget	Senate Version	House Changes	House Version
County social services	$189,917,386	$225,361,586	($31,447,925)	$193,913,661
Total all funds	$189,917,386	$225,361,586	($31,447,925)	$193,913,661
Less estimated income	188,676,995	224,010,514	(30,113,726)	193,896,788
General fund	$1,240,391	$1,351,072	($1,334,199)	$16,873
FTE	159.00	164.00	(164.00)	0.00

Department 333 - DHHS - County Social Services Financing - Detail of House Changes

	Adjusts Funding for County Social Services[1]	Total House Changes
County social services	($31,447,925)	($31,447,925)
Total all funds	($31,447,925)	($31,447,925)
Less estimated income	(30,113,726)	(30,113,726)
General fund	($1,334,199)	($1,334,199)
FTE	(164.00)	(164.00)

[1] Funding for the county social services program is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program.		($61,440)	($1,486,858)	($1,548,298)
Transfers health insurance funding to a new FTE position block grant program.		(30,807)	(721,687)	(752,494)
Transfers salaries and wages to a new FTE position block grant program.	(157.00)	(1,241,952)	(27,900,463)	(29,142,415)
Adds funding to provide for 2023-25 biennium human service zone salary increases of 6 percent on July 1, 2023, and 4 percent on July 1, 2024. The Senate provided salary adjustments of 4 percent on July 1, 2023, and July 1, 2024.			2,097,313	2,097,313
Removes funding added by the Senate for human service zone employee salary equity adjustments.			(1,000,000)	(1,000,000)
Removes new FTE positions added by the Senate for home- and community-based services.	(7.00)		(1,102,031)	(1,102,031)
Total ongoing funding changes	(164.00)	($1,334,199)	($30,113,726)	($31,447,925)

Senate Bill No. 2012 - DHHS - Field Services - House Action

	Base Budget	Senate Version	House Changes	House Version
Human service centers	$163,213,829	$189,374,455	($142,329,198)	$47,045,257
Institutions	130,383,428	163,522,768	(102,710,334)	60,812,434
Total all funds	$293,597,257	$352,897,223	($245,039,532)	$107,857,691
Less estimated income	114,273,300	95,698,581	(65,721,527)	29,977,054
General fund	$179,323,957	$257,198,642	($179,318,005)	$77,880,637
FTE	1,342.31	1,394.11	(1,394.11)	0.00

Department 349 - DHHS - Field Services - Detail of House Changes

	Adjust Funding for Field Services[1]	Total House Changes
Human service centers	($142,329,198)	($142,329,198)
Institutions	(102,710,334)	(102,710,334)
Total all funds	($245,039,532)	($245,039,532)
Less estimated income	(65,721,527)	(65,721,527)
General fund	($179,318,005)	($179,318,005)
FTE	(1,394.11)	(1,394.11)

[1] Funding for field services is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program.		($8,926,423)	($2,830,652)	($11,757,075)
Transfers health insurance increase funding to a new FTE position block grant program.		(4,161,185)	(1,449,231)	(5,610,416)
Transfers salaries and wages to an FTE block grant funding pool.	(1,320.61)	(172,296,141)	(77,619,785)	(249,915,926)
Removes FTE positions added by the Senate for community-based behavioral health.	(28.50)	(950,906)		(950,906)
Removes FTE positions added by the Senate for crisis support services.	(21.00)	(2,813,836)		(2,813,836)
Adjusts provider inflation to provide 2 percent annual adjustments. The Senate provided 4 percent annual adjustments.		(715,695)		(715,695)
Reduces the number of certified community behavioral health clinics from 3 to 1 and removes new FTE positions added for the clinics.	(24.00)	(5,711,959)		(5,711,959)
Restores operating reductions made in the executive budget for human service centers ($13,200,000) and the State Hospital ($7,586,281).		20,786,281		20,786,281
Adds funding to provide telehealth psychiatric services in correctional facilities.		1,500,000		1,500,000
Adds ongoing general fund support to replace funding at facilities due to a revenue shortfall.		30,000,000	(30,000,000)	0
Total ongoing funding changes	(1,394.11)	($143,289,864)	($111,899,668)	($255,189,532)
One-time Funding Items				
Increases funding from the strategic investment and improvements fund for State Hospital design and early construction costs from $5 to $12.5 million.			7,500,000	7,500,000
Removes one-time general fund support to replace funding at facilities due to a revenue shortfall.		(36,028,141)	36,028,141	0
Adds funding from the state fiscal recovery fund for a rural law enforcement telehealth program.			2,650,000	2,650,000
Total one-time funding changes	0.00	($36,028,141)	$46,178,141	$10,150,000
Total changes to base level funding	(1,394.11)	($179,318,005)	($65,721,527)	($245,039,532)

Senate Bill No. 2012 - Other Changes - House Action

This amendment also:

- Provides a 2021-23 biennium appropriation from the DHHS operating fund for the repayment of funds withheld from unemployment benefits.
- Authorizes DHHS to adjust the number of authorized full-time equivalent positions subject to the availability of funds.
- Adjusts the amount of the transfer from the strategic investment and improvements fund to the human service finance fund from $21.6 million to $23.2 million.
- Identifies appropriations from the strategic investment and improvements fund, human service finance fund, community health trust fund, health care trust fund, and the federal State Fiscal Recovery Fund.

- Directs the department to create a parenting resource website.
- Creates a North Dakota legislative healthcare task force.
- Removes the sunset clause on the best in class program.
- Adjusts Medicaid language relating to probate proceedings and reimbursement rate information.
- Provides for the rebasement of basic care payment rates.
- Adjusts guidelines for the development of certified community behavioral health clinics.
- Adjusts the amount of funding allowed to be continued from the 2021-23 biennium into the 2023-25 biennium.
- Provides for a Legislative Management study of the social work licensure compact.
- Provides for a Legislative Management study of Medicaid provider reimbursement arrangements.

23.0266.02008
Title.

Prepared by the Legislative Council staff for
the House Appropriations - Human Resources
Division Committee

Fiscal No. 1

April 17, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 1, line 2, after "services" insert "; to provide an appropriation to the university of North Dakota school of medicine and health sciences"

Page 1, line 2, after "exemption" insert "; to create and enact a new section to chapter 50-06 and a new subsection to section 50-24.1-07 of the North Dakota Century Code, a North Dakota healthcare task force, and Medicaid claims"

Page 1, line 3, after "sections" insert "50-01.2-01,"

Page 1, line 3, after "50-06-42" insert ", 50-11.1-02, 50-11.1-22, 50-11.1-23, 50-11.1-24"

Page 1, line 3, replace the second comma with "subsection 5 of section 50-24.1-37 and sections 50-24.5-02.3"

Page 1, line 3, after "to" insert "human service zone board membership,"

Page 1, line 4, after "services" insert ", the best in class program, basic care payment rates, the Medicaid expansion program, and"

Page 1, line 6, after the second "a" insert "legislative management"

Page 1, line 7, remove "and"

Page 1, line 7, after "date" insert "; and to declare an emergency"

Page 1, remove lines 19 through 24

Page 2, remove lines 1 through 31

Page 3, replace lines 1 through 7 with:

"Salaries and wages	$21,363,556	($21,363,556)	$0
Salaries and wages block grant	0	456,750,493	456,750,493
Operating expenses	151,161,924	94,904,000	246,065,924
Capital assets	75,000	0	75,000
Total all funds	$172,600,480	$530,290,937	$702,891,417
Less estimated income	92,905,426	293,046,361	385,951,787
Total general fund	$79,695,054	$237,244,576	$316,939,630

Subdivision 2.

PROGRAM AND POLICY

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$122,081,310	($122,081,310)	$0
Operating expenses	176,078,719	52,389,611	228,468,330
Capital assets	10,000	0	10,000
Grants	467,144,387	166,930,099	634,074,486
Grants - medical assistance	3,028,666,463	207,208,461	3,235,874,924
Opioid prevention	0	2,000,000	2,000,000

Total all funds	$3,793,980,879	$306,446,861	$4,100,427,740
Less estimated income	2,499,452,627	114,043,110	2,613,495,737
Total general fund	$1,294,528,252	$192,403,751	$1,486,932,003

Subdivision 3.

FIELD SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Human service centers	$163,213,829	($116,168,572)	$47,045,257
Institutions	130,383,428	($69,570,994)	60,812,434
Total all funds	$293,597,257	($185,739,566)	$107,857,691
Less estimated income	114,273,300	(84,296,246)	29,977,054
Total general fund	$179,323,957	($101,443,320)	$77,880,637

Subdivision 4.

COUNTY SOCIAL SERVICE FINANCING

	Base Level	Adjustments or Enhancements	Appropriation
County social services	$189,917,386	$3,996,275	$193,913,661
Total all funds	$189,917,386	$3,996,275	$193,913,661
Less estimated income	188,676,995	5,219,793	193,896,788
Total general fund	$1,240,391	($1,223,518)	$16,873

Subdivision 5.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total general fund	$1,554,787,654	$326,981,489	$1,881,769,143
Grant total special funds	2,895,308,348	328,013,018	3,223,321,366
Grant total all funds	$4,450,096,002	$654,994,507	$5,105,090,509
Full-time equivalent positions	2,265.33	0.00	2,265.33"

Page 3, replace line 11 with:

"Technology projects	$67,596,372	$71,000,000"

Page 3, replace line 18 with:

"State hospital design	0	12,500,000
Service grants	0	585,000
Cross disability advisory council	0	700,000
Behavioral health facility grants	0	1,950,000"

Page 3, remove lines 20 and 21

Page 3, replace lines 23 through 26 with:

"Law enforcement telehealth	0	2,650,000
Total all funds	$216,080,305	$111,684,498

Less estimated income	191,847,089	99,452,326
Total general fund	$24,233,216	$12,232,172

SECTION 3. APPROPRIATION - UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE AND HEALTH SCIENCES - CLINICAL INTEGRATED NETWORK GRANT.

1. There is appropriated out of any moneys in the community health trust fund in the state treasury, not otherwise appropriated, the sum of $3,500,000, or so much of the sum as may be necessary, to the university of North Dakota school of medicine and health sciences for the purpose of the center for rural health awarding a grant to a clinical integrated network, for the biennium beginning July 1, 2023, and ending June 30, 2025.

2. To qualify for a grant under this section, an applicant:

   a. Must be a statewide value-based clinical integrated network that supports a majority of the independent critical access hospitals in the state.

   b. Must certify one dollar of matching funds for every five dollars of grant funds awarded.

   c. Shall demonstrate a strategic plan to accomplish the following goals:

      (1) Implementation of a data sharing platform;

      (2) Utilization of value-based care contract modeling;

      (3) Utilization of data analytics software to provide for risk stratification and referral management capabilities;

      (4) Development of unified care management practices; and

      (5) Staffing of the clinical integrated network.

   d. Shall agree during the 2023-25 and 2025-27 bienniums to make annual reports to the department of health and human services and the center for rural health on the use of the grant funds and the status of accomplishing the clinical integrated network strategic plan goals.

SECTION 4. APPROPRIATION - 2021-23 BIENNIUM - CHILD SUPPORT. There is appropriated out of any moneys in the department of health and human services operating fund in the state treasury, not otherwise appropriated, the sum of $4,000, or so much of the sum as may be necessary, to the the department of health and human services for the purpose of repayment of moneys, including interest, not withheld by the state in accordance with section 14-09-09.16 from an obligor's unemployment benefits from June 1, 2021, through September 30, 2021, for the period beginning with the effective date of this section and ending June 30, 2023."

Page 3, line 29, remove "and"

Page 3, line 29, after "3" insert ", and 4"

Page 4, remove lines 3 through 8

Page 4, line 9, replace "health and human services." with "The department of health and human services may use the transfer authority in this section to transfer or expend

funds for the continuation of the community behavioral health program pursuant to section 54-23.3-10."

Page 4, after line 22, insert:

"**SECTION 7. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT.** Subdivision 1 of this Act includes funding for a full-time equivalent position block grant program. This funding, along with salaries and wages funding appropriated in House Bill No. 1004, as approved by the sixty-eighth legislative assembly, is available to fund full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department may not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 5 of this Act, the department is authorized to transfer funding to and from the salaries and wages block grant line item. The department shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions. The department shall provide reports to the legislative management regarding the use of funding for the program."

Page 4, line 25, replace "$21,600,000" with "$23,200,000"

Page 4, line 28, replace "item" with "items"

Page 4, line 28, replace "subdivision" with "subdivisions 1 and"

Page 4, line 28, replace "$221,600,000" with "$223,200,000"

Page 5, line 2, replace "item" with "items"

Page 5, line 2, replace "subdivision" with "subdivisions 1 and"

Page 5, line 2, replace "$20,400,000" with "$22,967,500"

Page 5, line 3, remove "defraying expenses of the child support computer"

Page 5, line 4, replace "replacement project" with "the following purposes:

1. The sum of $20,400,000 for the child support computer replacement project;

2. The sum of $1,867,500 for the 988 crisis hotline program; and

3. The sum of $700,000 for costs to implement the cross-disability advisory council"

Page 5, replace lines 5 through 7 with:

"**SECTION 11. ESTIMATED INCOME - HEALTH CARE TRUST FUND.** The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the health care trust fund for basic care facility bad debt expense.

SECTION 12. ESTIMATED INCOME - FEDERAL STATE FISCAL RECOVERY FUND. The estimated income line items in subdivisions 2 and 3 of section 1 of this Act includes the sum of $3,235,000 from the federal state fiscal recovery fund for the following purposes:

1. The sum of $2,650,000 to implement a virtual behavioral health crisis care program for rural law enforcement;

2. The sum of $300,000 for crisis organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events. After July 1, 2024, this funding may be provided only to organizations that are certified in services provided by the organization; and

3. The sum of $285,000 for grants to volunteer-based ecumenical ministry organizations."

Page 5, line 10, replace "$17,735,154" with "$25,235,154"

Page 5, line 13, replace "$5,000,000" with "$12,500,000"

Page 5, after line 15, insert:

"**SECTION 14. BEHAVIORAL HEALTH FACILITY GRANTS.** Section 1 of this Act includes the sum of $1,950,000 from the general fund for the purpose of providing a one-time behavioral health facility grant to establish a behavioral health facility in the northwest human service center region, for the period beginning with the effective date of this Act and ending June 30, 2025. The department of health and human services shall provide a grant as follows:

1. The grant recipient must provide matching funds of $1,750,000 to establish the facility.

2. The grant term must be for five years.

3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

4. To receive the grant, the behavioral health facility shall:

   a. Submit an application in the form and manner prescribed by the department;

   b. Enter into a grant agreement with the department;

   c. Use grant funds to support the provision of behavioral health in the grant award service areas;

   d. Provide and disclose information needed to comply with the department's data collection requirements; and

   e. Operate in compliance with grant requirements.

5. The department may recapture grant funds distributed to a grant recipient found by the department to be out of compliance with the requirements established by the grant program, including ending or reducing the operation of the behavioral health facility in the service area.

6. The department may not collect property, equipment, or supplies purchased with grant funds from the grant recipient after successful completion of the terms of the grant."

Page 5, line 18, after "hospital" insert ", southeast human service center,"

Page 5, line 19, replace "3" with "5"

Page 5, line 24, after "hospital" insert ", southeast human service center,"

Page 5, line 30, replace "3" with "5"

Page 6, line 23, replace "$5,000,000" with "$12,500,000"

Page 6, line 24, after "fund" insert "as identified in section 13 of this Act"

Page 7, line 3, replace "$942,550,279" with "$660,648,280"

Page 7, line 4, replace "$94,225,028" with "$66,064,828"

Page 7, line 21, remove "Critical access hospitals may not be paid less than one"

Page 7, remove line 22

Page 7, line 26, after "reimbursement" insert ". Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate"

Page 8, after line 2, insert:

"6. Except for the provisions in subsection 4, provider reimbursement rates under the medical assistance expansion program may not exceed one hundred twenty-five percent of traditional Medicaid reimbursement. Payment rate adjustments shall include alternative payment arrangements aimed at cost-effective, quality improvement strategies. This subsection applies to any medical assistance expansion program provider fee schedule which becomes effective on or after January 1, 2024.

SECTION 21. DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND PARENTING RESOURCE WEBSITE. The department of health and human services shall develop and maintain a state internet website that provides information and links to social services, financial assistance, parenting information, maternal and childbirth life services, planning guidance, care centers and agencies, and other available public and private resources for expectant families and new parents. The department may contract with a third party for the development of the website. The website must be operational by August 1, 2023, and have a domain name life.nd.gov or a similar domain name. The website must be distinct from the department's website and the department shall place a clear and conspicuous link to the website on the department website."

Page 9, after line 11, insert:

"**SECTION 23. AMENDMENT.** Section 50-01.2-01 of the North Dakota Century Code is amended and reenacted as follows:

50-01.2-01. Human service zone board - Members - Qualifications.

The board of county commissioners of each county within the human service zone shall appoint the appointed members of the human service zone board based upon fitness to serve as members by reason of character, experience, and training without regard to political affiliation. Appointed members of the human service zone board must consist of local elected officials and other key community partners.

including at least one member of the legislative assembly. If a human service zone consists of two or more counties, each county must be represented on the human service zone board by only one county commissioner of that county. If a human service zone consists of a single county, the county must be represented on the human service zone board by no more than two county commissioners of that county and the human service zone board must have at least five appointed members. Appointed members shall elect a vice presiding officer and appoint a secretary, and other officers as the human service zone board determines necessary. The human service zone director shall serve as presiding officer of the human service zone board as a nonappointed member.

SECTION 24. A new section to chapter 50-06 of the North Dakota Century Code is created and enacted as follows:

North Dakota legislative health care task force - Duties - Membership - Legislative management report.

There is created a North Dakota legislative health care task force. The task force shall meet at least once each quarter and may request, obtain, review, and analyze information relating to North Dakota health care, including data, reports, audits, and other information as requested by the task force. The task force shall submit a report of its activities and any recommendations to improve health care in the state to the legislative management by October 1 of each year. The chairman of the task force must be a member of the legislative assembly as selected by the task force. The task force consists of the following members:

1. The chairman of the house appropriations committee human resources division, or the chairman's designee;
2. The chairman of the senate appropriations committee human resources division, or the chairman's designee;
3. The chairman of the house human services committee, or the chairman's designee;
4. The chairman of the senate human services committee, or the chairman's designee;
5. One member of the house of representatives as appointed by the house minority leader;
6. One member of the senate as appointed by the senate minority leader;
7. The commissioner of the department of health and human services; or the commissioner's designee;
8. Two members of the department of health and human services as appointed by the commissioner of the department of health and human services;
9. One member from the governor's office appointed by the governor;
10. The insurance commissioner or the insurance commissioner's designee;
11. Two members to represent the North Dakota health insurance industry;

12. One member of the public appointed by an organization that represents North Dakota businesses;

13. One member appointed by the Indian affairs commissioner to represent tribal health care;

14. One member from a North Dakota association that represents physicians; and

15. Five members from a North Dakota association that represents hospitals, of which:

    a. Two members must represent rural hospitals, including one representative of a hospital in a city with a population of ten thousand or more and one representative of a hospital in a city with a population under ten thousand;

    b. Two members must represent urban hospitals, including one representative of an independent hospital and one representative of an integrated health care system; and

    c. One member must represent a psychiatric hospital.

SECTION 25. AMENDMENT. Section 50-11.1-02 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-02. Definitions. ~~(Effective through June 30, 2025)~~

As used in this chapter, unless the context or subject matter otherwise requires:

1. "Authorized agent" means the human service zone, unless another entity is designated by the department.

2. "Child care center" means an early childhood program licensed to provide early childhood services to nineteen or more children.

3. "Department" means the department of health and human services.

4. "Drop-in care" means the care of children on a one-time, occasional, or unscheduled basis to meet the short-term needs of families.

5. "Early childhood program" means any program licensed under this chapter where early childhood services are provided for at least two hours a day for three or more days a week.

6. "Early childhood services" means the care, supervision, education, or guidance of a child or children, which is provided in exchange for money, goods, or other services. Early childhood services does not include:

    a. Substitute parental child care provided pursuant to chapter 50-11.

    b. Child care provided in any educational facility, whether public or private, in grade one or above.

c. Child care provided in a kindergarten which has been established pursuant to chapter 15.1-22 or a nonpublic elementary school program approved pursuant to section 15.1-06-06.1.

d. Child care, preschool, and prekindergarten services provided to children under six years of age in any educational facility through a program approved by the department.

e. Child care provided in facilities operated in connection with a church, business, or organization where children are cared for during periods of time not exceeding four continuous hours while the child's parent is attending church services or is engaged in other activities, on the premises.

f. Schools or classes for religious instruction conducted by religious orders during the summer months for not more than two weeks, Sunday schools, weekly catechism, or other classes for religious instruction.

g. Summer resident or day camps for children which serve no children under six years of age for more than two weeks.

h. Sporting events, practices for sporting events, or sporting or physical activities conducted under the supervision of an adult.

i. Head start and early head start programs that are federally funded and meet federal head start performance standards.

j. Child care provided in a medical facility by medical personnel to children who are ill.

7. "Family child care" means a private residence licensed to provide early childhood services for no more than seven children at any one time, except that the term includes a residence licensed to provide early childhood services to two additional school-age children.

8. "Four-year old program" means an approved child care program operated by a public or private educational entity or an early childhood program designed to serve four-year olds.

9. "Group child care" means a child care program licensed to provide early childhood services for thirty or fewer children.

10. "Household member" means an adult living in the private residence out of which a program is operated, regardless of whether the adult is living there permanently or temporarily.

11. "Human service zone" means a county or consolidated group of counties administering human services within a designated area in accordance with an agreement or plan approved by the department.

12. "In-home provider" means any person who provides early childhood services to children in the children's home.

13. "Licensed" means an early childhood program has the rights, authority, or permission granted by the department to operate and provide early childhood services.

14. "Multiple licensed program" means an early childhood program licensed to provide more than one type of early childhood services.

15. "Owner" or "operator" means the person who has legal responsibility for the early childhood program and premises.

16. "Parent" means an individual with the legal relationship of father or mother to a child or an individual who legally stands in place of a father or mother, including a legal guardian or custodian.

17. "Premises" means the indoor and outdoor areas approved for providing early childhood services.

18. "Preschool" means a program licensed to offer early childhood services, which follows a preschool curriculum and course of study designed primarily to enhance the educational development of the children enrolled and which serves no child for more than three hours per day.

19. "Public approval" means a nonlicensed early childhood program operated by a government entity that has self-certified that the program complies with this chapter.

20. "Registrant" means the holder of an in-home provider registration document issued by the department in accordance with this chapter.

21. "Registration" means the process whereby the department maintains a record of all in-home providers who have stated that they have complied or will comply with the prescribed standards and adopted rules.

22. "Registration document" means a written instrument issued by the department to publicly document that the registrant has complied with this chapter and the applicable rules and standards as prescribed by the department.

23. "School-age child care" means a child care program licensed to provide early childhood services on a regular basis for nineteen or more children aged five years through eleven years.

24. "School-age children" means children served under this chapter who are at least five years but less than twelve years of age.

25. "Self-declaration" means voluntary documentation of an individual providing early childhood services in a private residence for up to five children through the age of eleven, of which no more than three may be under the age of twenty-four months.

26. "Staff member" means an individual:

    a. Who is an employee of an early childhood program or of an early childhood services provider under a self-declaration;

    b. Whose activities involve the care, supervision, or guidance of children of an early childhood program; or

c. Who may have unsupervised access to children under the care, supervision, or guidance of an early childhood program or early childhood services provider under a self-declaration.

~~**Definitions. (Effective after June 30, 2025)**~~

~~As used in this chapter, unless the context or subject matter otherwise requires:~~

~~1. "Authorized agent" means the human service zone, unless another entity is designated by the department.~~

~~2. "Child care center" means an early childhood program licensed to provide early childhood services to nineteen or more children.~~

~~3. "Department" means the department of health and human services.~~

~~4. "Drop-in care" means the care of children on a one-time, occasional, or unscheduled basis to meet the short-term needs of families.~~

~~5. "Early childhood program" means any program licensed under this chapter where early childhood services are provided for at least two hours a day for three or more days a week.~~

~~6. "Early childhood services" means the care, supervision, education, or guidance of a child or children, which is provided in exchange for money, goods, or other services. Early childhood services does not include:~~

~~a. Substitute parental child care provided pursuant to chapter 50-11.~~

~~b. Child care provided in any educational facility, whether public or private, in grade one or above.~~

~~c. Child care provided in a kindergarten which has been established pursuant to chapter 15.1-22 or a nonpublic elementary school program approved pursuant to section 15.1-06-06.1.~~

~~d. Child care, preschool, and prekindergarten services provided to children under six years of age in any educational facility through a program approved by the department.~~

~~e. Child care provided in facilities operated in connection with a church, business, or organization where children are cared for during periods of time not exceeding four continuous hours while the child's parent is attending church services or is engaged in other activities, on the premises.~~

~~f. Schools or classes for religious instruction conducted by religious orders during the summer months for not more than two weeks, Sunday schools, weekly catechism, or other classes for religious instruction.~~

~~g. Summer resident or day camps for children which serve no children under six years of age for more than two weeks.~~

~~h. Sporting events, practices for sporting events, or sporting or physical activities conducted under the supervision of an adult.~~

~~i. Head start and early head start programs that are federally funded and meet federal head start performance standards.~~

~~j. Child care provided in a medical facility by medical personnel to children who are ill.~~

~~7. "Family child care" means a private residence licensed to provide early childhood services for no more than seven children at any one time, except that the term includes a residence licensed to provide early childhood services to two additional school-age children.~~

~~8. "Group child care" means a child care program licensed to provide early childhood services for thirty or fewer children.~~

~~9. "Household member" means an adult living in the private residence out of which a program is operated, regardless of whether the adult is living there permanently or temporarily.~~

~~10. "Human service zone" means a county or consolidated group of counties administering human services within a designated area in accordance with an agreement or plan approved by the department.~~

~~11. "In-home provider" means any person who provides early childhood services to children in the children's home.~~

~~12. "Licensed" means an early childhood program has the rights, authority, or permission granted by the department to operate and provide early childhood services.~~

~~13. "Multiple licensed program" means an early childhood program licensed to provide more than one type of early childhood services.~~

~~14. "Owner" or "operator" means the person who has legal responsibility for the early childhood program and premises.~~

~~15. "Parent" means an individual with the legal relationship of father or mother to a child or an individual who legally stands in place of a father or mother, including a legal guardian or custodian.~~

~~16. "Premises" means the indoor and outdoor areas approved for providing early childhood services.~~

~~17. "Preschool" means a program licensed to offer early childhood services, which follows a preschool curriculum and course of study designed primarily to enhance the educational development of the children enrolled and which serves no child for more than three hours per day.~~

~~18. "Public approval" means a nonlicensed early childhood program operated by a government entity that has self-certified that the program complies with this chapter.~~

~~19. "Registrant" means the holder of an in-home provider registration document issued by the department in accordance with this chapter.~~

~~20. "Registration" means the process whereby the department maintains a record of all in-home providers who have stated that they have complied or will comply with the prescribed standards and adopted rules.~~

~~21. "Registration document" means a written instrument issued by the department to publicly document that the registrant has complied with this chapter and the applicable rules and standards as prescribed by the department.~~

~~22. "School-age child care" means a child care program licensed to provide early childhood services on a regular basis for nineteen or more children aged five years through eleven years.~~

~~23. "School-age children" means children served under this chapter who are at least five years but less than twelve years of age.~~

~~24. "Self-declaration" means voluntary documentation of an individual providing early childhood services in a private residence for up to five children through the age of eleven, of which no more than three may be under the age of twenty-four months.~~

~~25. "Staff member" means an individual:~~

~~a. Who is an employee of an early childhood program or of an early childhood services provider under a self-declaration;~~

~~b. Whose activities involve the care, supervision, or guidance of children of an early childhood program; or~~

~~c. Who may have unsupervised access to children under the care, supervision, or guidance of an early childhood program or early childhood services provider under a self-declaration.~~

SECTION 26. AMENDMENT. Section 50-11.1-22 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-22. Early childhood grant for best in class four-year old experiences. ~~(Expired effective July 1, 2025)~~

1. A four-year old program deemed eligible under section 50-11.1-23 may submit an application for the best in class four-year old experiences grant. An approved program is eligible for an annual award of one hundred twenty thousand dollars per approved group size. The grant award must be matched with no less than twenty thousand dollars in other funds. The department shall assign a program support coach to each approved program. An approved program:

   a. Shall utilize the assigned support coach and utilize the sliding fee scale for parent fees, as established by the department.

   b. May use grant funds to support the provision of quality early childhood experiences, including expenditures related to staffing, training, equipment, and supplies.

   c. May not use grant funds for construction or rehabilitation. An approved program must enter a grant agreement with the department.

2. The department may not collect equipment or supplies purchased with grant funds from the approved program after successful completion of the term of the grant.

SECTION 27. AMENDMENT. Section 50-11.1-23 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-23. Eligibility for best in class four-year old experiences grant. ~~(Expired effective July 1, 2025)~~

1. A four-year old program may submit, in the form and manner prescribed by the department, an application to the department for a grant under section 50-11.1-22, if the provider certifies to the department the provider:

   a. Operates a four-year old program in this state;

   b. Operates a four-year old program for children who have reached four years of age before August first in the year of enrollment;

   c. Operates a four-year old program that has a duration of at least four hundred hours over a period of at least thirty-two consecutive weeks;

   d. Incorporates within the four-year old program at least ten hours of research-based family engagement;

   e. Has been determined to meet the standards and expectations of no less than step three in the North Dakota early childhood quality improvement system;

   f. Is willing to admit children of all learning abilities into the four-year old program;

   g. Is willing to admit children who receive assistance from the child care assistance program into the four-year old program; and

   h. Is willing to operate in compliance with the grant requirements, including:

      (1) Maintaining the recommended group size for number of children served in the four-year old program;

      (2) Complying with requirements related to qualifications, training, and professional development of staff delivering services in the four-year old program; and

      (3) Adhering to expectations established by the department related to four-year old program monitoring and oversight.

2. The department may distribute grants under this section to approved four-year old programs, including four-year old programs operated as early childhood programs by educational facilities or federally funded head start programs or in connection with a church, business, or organization that operates a four-year old program.

3. The department may recapture grant funds distributed to an approved four-year old program found by the department to be out of compliance with requirements established for the best in class four-year old experiences grant program.

SECTION 28. AMENDMENT. Section 50-11.1-24 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-24. Grant program data collection - Requirements. ~~(Expired effective July 1, 2025)~~

The state agency with approval authority over four-year old programs, with the advice and consent of the department, shall implement a uniform system for the accounting, budgeting, and reporting of data by any four-year old program provider to whom or to which grants are distributed under section 50-11.1-23. Grants may be withheld or forfeited, in whole or in part, if information required in accordance with this section is not submitted at the time or in the manner requested by the state agency with approval authority over four-year old programs. A grant recipient shall consent to provide information needed to comply with data collection requirements. The state agency with approval authority over four-year old programs shall disclose the requested information to the department.

SECTION 29. A new subsection to section 50-24.1-07 of the North Dakota Century Code is created and enacted as follows:

In any probate proceedings in which the department has filed a claim under this section, no additional evidence of foundation shall be required for the admission of the department's payment record supporting the department's claim if the payment record is certified as a true copy and bears the signature of a representative of the department. There is a rebuttable presumption that the amount of medical assistance on the claim was incurred and paid on behalf of the recipient of medical assistance and is an allowable claim."

Page 9, after line 19, insert:

"**SECTION 31. AMENDMENT.** Subsection 5 of section 50-24.1-37 of the North Dakota Century Code is amended and reenacted as follows:

5. Provider and managed care organization reimbursement rate information received or held by the department under this section is an open record.

SECTION 32. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall ~~establish, by rule, procedures for determining rates~~determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter~~. The procedures must be~~ based on ~~methods and standards that the department finds are adequate to recognize the~~data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.

2. The department shall ~~identify costs that are recognized for establishing payment rates~~establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus

eighteen percent. The indirect care limit must be the median plus twelve percent.

3. For the rate year beginning July 1, ~~2016~~2023, the department shall ~~establish the limits by using the average of the highest and lowest rates from the 2014 rate year. The direct care limit must be ninety-five percent of the average and the indirect care limit must be ninety percent of the average. Beginning with the July 1, 2017, rate year, the department shall adjust the limits by using the cost percentage change from the prior two rate years, within the limits of legislative appropriations~~increase rates and limits two percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits two percent for inflation.

4. The department shall provide, by rule, within the limits of legislative appropriations, for payment of rates paid by the aged, blind, and disabled persons program for a maximum of thirty days per occurrence for leave days for a resident who is in a licensed health care facility when the resident is expected to return to the facility.

5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of one hundred eighty days."

Page 10, line 19, remove "**- CONTINGENT FULL-TIME EQUIVALENT POSITIONS - REPORT**"

Page 10, line 21, replace "three" with "one"

Page 10, line 21, replace "centers" with "center"

Page 10, replace lines 24 through 27 with "The department may consider the inclusion of providers of integrated, wraparound crisis services to young adults, who are at risk of being homeless or experiencing serious adverse life events, into the creation of any certified community behavioral health clinic."

Page 11, line 15, remove "of which the amount"

Page 11, remove line 16

Page 11, line 17, remove "home- and community-based services 10 percent enhancement plan"

Page 11, line 25, remove the second "and"

Page 11, line 28, after "50-06-42.1" insert "; and

10. The sum of $15,000,000 appropriated from the general fund and the sum of $15,000,000 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws"

Page 12, line 10, after the first "of" insert "underfunding,"

Page 12, line 11, remove "and"

Page 12, line 12, after "percentage" insert ", and unexpected contract cost increases that exceed ten percent"

Page 12, line 16, replace "four" with "two"

Page 12, line 18, replace "seven" with "three"

Page 12, line 18, replace "the first" with "each"

Page 12, line 18, remove "of the biennium and four percent the"

Page 12, line 19, remove "second year"

Page 12, line 20, remove "and basic care"

Page 12, line 20, after "facilities" insert "or prospective payment system hospitals"

Page 13, after line 2, insert:

"**SECTION 46. LEGISLATIVE MANAGEMENT STUDY - SOCIAL WORK LICENSURE COMPACT.** During the 2023-24 interim, the legislative management shall consider studying the feasibility and desirability of the legislative assembly enacting the social work licensure compact. The study may include consideration of whether the public and the social work community support enactment and whether the North Dakota board of social work examiners has the capacity to participate in the compact. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

SECTION 47. LEGISLATIVE MANAGEMENT STUDY - MEDICAID PROVIDER REIMBURSEMENT ARRANGEMENTS. During the 2023-24 interim, the legislative management shall study the benefits of basing provider reimbursement rates for the Medicaid program in accordance with a provider's performance under established and accepted value-based care metrics. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly."

Page 13, line 7, replace "19" with "34"

Page 13, after line 8, insert:

"**SECTION 50. EMERGENCY.** -Section 4 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of House Action

	Base Budget	Senate Version	House Changes	House Version
UND Medical Center				
Total all funds	$0	$0	$3,500,000	$3,500,000
Less estimated income	0	0	3,500,000	3,500,000
General fund	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00
DHHS - Management				
Total all funds	$172,600,480	$265,550,380	$437,341,037	$702,891,417
Less estimated income	92,905,426	186,160,843	199,790,944	385,951,787
General fund	$79,695,054	$79,389,537	$237,550,093	$316,939,630
FTE	97.85	113.90	2,151.43	2,265.33
DHHS - Program/Policy				
Total all funds	$3,793,980,879	$4,617,924,174	($517,496,434)	$4,100,427,740

Less estimated income	2,499,452,627	2,988,736,618	(375,240,881)	2,613,495,737
General fund	$1,294,528,252	$1,629,187,556	($142,255,553)	$1,486,932,003
FTE	666.17	687.32	(687.32)	0.00
DHHS - County Social Services Financing				
Total all funds	$189,917,386	$225,361,586	($31,447,925)	$193,913,661
Less estimated income	188,676,995	224,010,514	(30,113,726)	193,896,788
General fund	$1,240,391	$1,351,072	($1,334,199)	$16,873
FTE	159.00	164.00	(164.00)	0.00
DHHS - Field Services				
Total all funds	$293,597,257	$352,897,223	($245,039,532)	$107,857,691
Less estimated income	114,273,300	95,698,581	(65,721,527)	29,977,054
General fund	$179,323,957	$257,198,642	($179,318,005)	$77,880,637
FTE	1,342.31	1,394.11	(1,394.11)	0.00
Bill total				
Total all funds	$4,450,096,002	$5,461,733,363	($353,142,854)	$5,108,590,509
Less estimated income	2,895,308,348	3,494,606,556	(267,785,190)	3,226,821,366
General fund	$1,554,787,654	$1,967,126,807	($85,357,664)	$1,881,769,143
FTE	2,265.33	2,359.33	(94.00)	2,265.33

Senate Bill No. 2012 - UND Medical Center - House Action

	Base Budget	Senate Version	House Changes	House Version
Clinical integrated network grant			$3,500,000	$3,500,000
Total all funds	$0	$0	$3,500,000	$3,500,000
Less estimated income	0	0	3,500,000	3,500,000
General fund	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00

Department 232 - UND Medical Center - Detail of House Changes

	Adds Funding for Clinical Integrated Network Grant[1]	Total House Changes
Clinical integrated network grant	$3,500,000	$3,500,000
Total all funds	$3,500,000	$3,500,000
Less estimated income	3,500,000	3,500,000
General fund	$0	$0
FTE	0.00	0.00

[1] Funding is added from the community health trust fund to allow the Center for Rural Health to award a grant to a clinical integrated network.

Senate Bill No. 2012 - DHHS - Management - House Action

	Base Budget	Senate Version	House Changes	House Version
Salaries and wages	$21,363,556	$24,409,456	($24,409,456)	
Operating expenses	151,161,924	241,065,924	5,000,000	$246,065,924
Capital assets	75,000	75,000		75,000
Salary block grant program			456,750,493	456,750,493
Total all funds	$172,600,480	$265,550,380	$437,341,037	$702,891,417
Less estimated income	92,905,426	186,160,843	199,790,944	385,951,787
General fund	$79,695,054	$79,389,537	$237,550,093	$316,939,630
FTE	97.85	113.90	2,151.43	2,265.33

Department 326 - DHHS - Management - Detail of House Changes

	Adjusts Funding for Management[1]	Total House Changes
Salaries and wages	($24,409,456)	($24,409,456)
Operating expenses	5,000,000	5,000,000
Capital assets		
Salary block grant program	456,750,493	456,750,493
Total all funds	$437,341,037	$437,341,037
Less estimated income	199,790,944	199,790,944
General fund	$237,550,093	$237,550,093
FTE	2,151.43	2,151.43

[1] Funding is adjusted for management as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program.		($862,063)	($283,496)	($1,145,559)
Transfers health insurance funding to a new FTE position block grant program.		(436,667)	(139,099)	(575,766)
Transfers funding for salaries and wages to a new salary block grant program.	(112.40)	(16,918,521)	(5,622,318)	(22,540,839)
Creates a new departmentwide FTE block grant program.	2,265.33	247,896,527	190,940,966	438,837,493
Provides a salary increase for the FTE block grant program of 6 percent the 1st year and 4 percent the 2nd year of the 2023-25 biennium.		16,629,803	10,869,007	27,498,810
Provides funding for increases in health insurance premiums from $1,429 to $1,648 per month.		5,861,794	4,052,396	9,914,190
Underfunds salaries and wages in anticipation of vacant positions.		(19,500,000)		(19,500,000)
Removes new criminal background check positions added by the Senate.	(1.50)	(120,780)	(26,512)	(147,292)
Reduces operating reductions made by the Senate from $19.9 million to $13.9 million.		6,000,000		6,000,000
Total ongoing funding changes	2,151.43	$238,550,093	$199,790,944	$438,341,037
One-time Funding Items				
Removes one-time funding added by the Senate to automate the criminal background check process.		($1,000,000)		($1,000,000)
Total one-time funding changes	0.00	($1,000,000)	0	($1,000,000)
Total changes to base level funding	2,151.43	$237,550,093	$199,790,944	$437,341,037

Senate Bill No. 2012 - DHHS - Program/Policy - House Action

	Base Budget	Senate Version	House Changes	House Version
Salaries and wages	$122,081,310	$141,618,507	($141,618,507)	
Operating expenses	176,078,719	231,801,268	(3,332,938)	$228,468,330
Capital assets	10,000	10,000		10,000
Grants	467,144,387	657,651,069	(23,576,583)	634,074,486
Grants - Medical assistance	3,028,666,463	3,584,843,330	(348,968,406)	3,235,874,924
Opioid prevention		2,000,000		2,000,000
Total all funds	$3,793,980,879	$4,617,924,174	($517,496,434)	$4,100,427,740
Less estimated income	2,499,452,627	2,988,736,618	(375,240,881)	2,613,495,737
General fund	$1,294,528,252	$1,629,187,556	($142,255,553)	$1,486,932,003
FTE	666.17	687.32	(687.32)	0.00

Department 328 - DHHS - Program/Policy - Detail of House Changes

	Adjusts Funding for Program and Policy[1]	Total House Changes
Salaries and wages	($141,618,507)	($141,618,507)
Operating expenses	(3,332,938)	(3,332,938)
Capital assets		
Grants	(23,576,583)	(23,576,583)
Grants - Medical assistance	(348,968,406)	(348,968,406)
Opioid prevention		
Total all funds	($517,496,434)	($517,496,434)
Less estimated income	(375,240,881)	(375,240,881)
General fund	($142,255,553)	($142,255,553)
FTE	(687.32)	(687.32)

[1] Funding for program and policy is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program.		($2,661,463)	($3,528,496)	($6,189,959)
Transfers health insurance funding to a new FTE position block grant program.		(1,338,470)	(1,865,110)	(3,203,580)
Transfers salaries and wages funding to a new FTE block grant program.	(675.32)	(52,606,648)	(77,965,332)	(130,571,980)
Reduces funding for provider inflation from 4 percent per year to 2 percent per year except as noted in medical services and developmental disabilities.		(22,687,172)	(24,677,641)	(47,364,813)
Economic Assistance				
Removes funding added by the Senate to increase the utilization of the child care assistance program for children ages 0 to 3.		(22,000,000)		(22,000,000)
Removes funding added by the Senate to improve the ability of low-income parents to obtain child care.		(12,900,000)		(12,900,000)
Medical Services				
Removes new Medicaid provider strike team positions added by the Senate.	(2.00)	(48,642)	(266,995)	(315,637)
Removes provider inflation for prospective payment system hospitals.		(4,063,720)	(4,148,691)	(8,212,411)
Reduces estimated utilization rates for Medicaid Expansion ($110,753,873) and provides for a realigned rate structure to pay 125 percent of traditional Medicaid costs ($171,148,131).		(28,190,200)	(253,711,804)	(281,902,004)
Long-Term Care				
Reduces funding added by the Senate for enhancements to home- and community-based services.		(1,288,319)		(1,288,319)
Adds funding for a long-term care value based payment program.		6,000,000	6,000,000	12,000,000
Reduces estimated long-term care utilization rates.		(9,949,900)	(11,220,100)	(21,170,000)
Adds funding to rebase basic care rates.		3,229,408	1,847,152	5,076,560
Adds funding from the health care trust fund for basic care facility bad debt expense.			500,000	500,000
Aging Services				
Removes new home- and community-based services positions added by the Senate.	(3.00)	(143,912)	(143,912)	(287,824)
Removes a new aging services compliance position added by the Senate.	(1.00)	(103,868)	(103,868)	(207,736)
Removes a new aging services lawsuit coordinator position added by the Senate.	(1.00)			0
Children and Family Services				
Adds funding for kinship childcare.		460,000		460,000
Behavioral Health				

Removes new community behavioral health positions added by the Senate.	(2.00)	(223,946)		(223,946)
Adjusts funding for the free through recovery program to provide funding directly to DHHS for the program rather than using passthrough funds.		15,500,000	(15,500,000)	0
Increases school behavioral health grants to provide a total of $9.5 million.		3,000,000		3,000,000
Adds funding from the community health trust fund for the 988 crisis hotline program.			1,867,500	1,867,500
Developmental Disabilities				
Removes a new quality assurance position added by the Senate.	(1.00)	(103,868)	(103,868)	(207,736)
Removes a new early intervention position added by the Senate.	(1.00)	(86,602)	(86,602)	(173,204)
Reduces enhanced payment rates for developmental disabilities providers to provide for annual inflation rate adjustments of 3 percent.		(5,102,578)	(5,682,141)	(10,784,719)
Removes funding added by the Senate to increase the number of corporate guardianship slots and increase funding rates.		(808,748)		(808,748)
Early Childhood				
Combines the best in class program and the kindergarten readiness program into the research-based 0-4 program.		2,400,000		2,400,000
Removes funding added by the Senate for early childhood career grants.		(2,000,000)		(2,000,000)
Removes a new program administrator position added by the Senate.	(1.00)	(236,905)		(236,905)
Adds federal funds spending authority for the child care development fund and the preschool development grant.			21,514,027	21,514,027
Total ongoing funding changes	(687.32)	($135,955,553)	($367,275,881)	($503,231,434)
One-time Funding Items				
Removes one-time funding added by the Senate for program integrity audits.		($2,250,000)	($2,250,000)	($4,500,000)
Adds funding for a behavioral health facility grant in the Northwest human service region.		1,950,000		1,950,000
Adds funding from the federal state fiscal recovery fund for grants to organizations that provide youth crisis services.			300,000	300,000
Adds funding from the federal State Fiscal Recovery Fund for grants to volunteer-based ecumenical ministry organizations.			285,000	285,000
Adds one-time funding from the community health trust fund for consultant and other costs to implement the cross disability advisory council.			700,000	700,000
Workforce Initiative One-time Funding				
Removes funding added by the Senate for early childhood rating infrastructure.		(3,000,000)		(3,000,000)
Removes funding added by the Senate for quality tiers in the child care		(3,000,000)		(3,000,000)

reimbursement program.				
Removes funding added from legacy fund earnings to expand public-private child care benefits.			(1,000,000)	(1,000,000)
Removes funding added from legacy fund earnings for child care business operating grants.			(5,000,000)	(5,000,000)
Removes funding added from legacy fund earnings for a pilot program for child care during nontraditional hours.			(1,000,000)	(1,000,000)
Total one-time funding changes	0.00	($6,300,000)	($7,965,000)	($14,265,000)
Total changes to base level funding	(687.32)	($142,255,553)	($375,240,881)	($517,496,434)

Senate Bill No. 2012 - DHHS - County Social Services Financing - House Action

	Base Budget	Senate Version	House Changes	House Version
County social services	$189,917,386	$225,361,586	($31,447,925)	$193,913,661
Total all funds	$189,917,386	$225,361,586	($31,447,925)	$193,913,661
Less estimated income	188,676,995	224,010,514	(30,113,726)	193,896,788
General fund	$1,240,391	$1,351,072	($1,334,199)	$16,873
FTE	159.00	164.00	(164.00)	0.00

Department 333 - DHHS - County Social Services Financing - Detail of House Changes

	Adjusts Funding for County Social Services[1]	Total House Changes
County social services	($31,447,925)	($31,447,925)
Total all funds	($31,447,925)	($31,447,925)
Less estimated income	(30,113,726)	(30,113,726)
General fund	($1,334,199)	($1,334,199)
FTE	(164.00)	(164.00)

[1] Funding for the county social services program is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program.		($61,440)	($1,486,858)	($1,548,298)
Transfers health insurance funding to a new FTE position block grant program.		(30,807)	(721,687)	(752,494)
Transfers salaries and wages to a new FTE position block grant program.	(157.00)	(1,241,952)	(27,900,463)	(29,142,415)
Adds funding to provide for 2023-25 biennium human service zone salary increases of 6 percent on July 1, 2023, and 4 percent on July 1, 2024. The Senate provided salary adjustments of 4 percent on July 1, 2023, and July 1, 2024.			2,097,313	2,097,313
Removes funding added by the Senate for human service zone employee salary equity adjustments.			(1,000,000)	(1,000,000)
Removes new FTE positions added by the Senate for home- and community-based services.	(7.00)		(1,102,031)	(1,102,031)
Total ongoing funding changes	(164.00)	($1,334,199)	($30,113,726)	($31,447,925)

Senate Bill No. 2012 - DHHS - Field Services - House Action

	Base Budget	Senate Version	House Changes	House Version
Human service centers	$163,213,829	$189,374,455	($142,329,198)	$47,045,257
Institutions	130,383,428	163,522,768	(102,710,334)	60,812,434
Total all funds	$293,597,257	$352,897,223	($245,039,532)	$107,857,691
Less estimated income	114,273,300	95,698,581	(65,721,527)	29,977,054
General fund	$179,323,957	$257,198,642	($179,318,005)	$77,880,637
FTE	1,342.31	1,394.11	(1,394.11)	0.00

Department 349 - DHHS - Field Services - Detail of House Changes

	Adjust Funding for Field Services[1]	Total House Changes
Human service centers	($142,329,198)	($142,329,198)
Institutions	(102,710,334)	(102,710,334)
Total all funds	($245,039,532)	($245,039,532)
Less estimated income	(65,721,527)	(65,721,527)
General fund	($179,318,005)	($179,318,005)
FTE	(1,394.11)	(1,394.11)

[1] Funding for field services is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program.		($8,926,423)	($2,830,652)	($11,757,075)
Transfers health insurance increase funding to a new FTE position block grant program.		(4,161,185)	(1,449,231)	(5,610,416)
Transfers salaries and wages to an FTE block grant funding pool.	(1,320.61)	(172,296,141)	(77,619,785)	(249,915,926)
Removes FTE positions added by the Senate for community-based behavioral health.	(28.50)	(950,906)		(950,906)
Removes FTE positions added by the Senate for crisis support services.	(21.00)	(2,813,836)		(2,813,836)
Adjusts provider inflation to provide 2 percent annual adjustments. The Senate provided 4 percent annual adjustments.		(715,695)		(715,695)
Reduces the number of certified community behavioral health clinics from 3 to 1 and removes new FTE positions added for the clinics.	(24.00)	(5,711,959)		(5,711,959)
Restores operating reductions made in the executive budget for human service centers ($13,200,000) and the State Hospital ($7,586,281).		20,786,281		20,786,281
Adds funding to provide telehealth psychiatric services in correctional facilities.		1,500,000		1,500,000
Adds ongoing general fund support to replace funding at facilities due to a revenue shortfall.		30,000,000	(30,000,000)	0
Total ongoing funding changes	(1,394.11)	($143,289,864)	($111,899,668)	($255,189,532)
One-time Funding Items				
Increases funding from the strategic investment and improvements fund for State Hospital design and early construction costs from $5 to $12.5 million.			7,500,000	7,500,000
Removes one-time general fund support to replace funding at facilities due to a revenue shortfall.		(36,028,141)	36,028,141	0
Adds funding from the state fiscal recovery fund for a rural law enforcement telehealth program.			2,650,000	2,650,000
Total one-time funding changes	0.00	($36,028,141)	$46,178,141	$10,150,000
Total changes to base level funding	(1,394.11)	($179,318,005)	($65,721,527)	($245,039,532)

Senate Bill No. 2012 - Other Changes - House Action

This amendment also:

- Provides a 2021-23 biennium appropriation from the DHHS operating fund for the repayment of funds withheld from unemployment benefits.
- Authorizes DHHS to adjust the number of authorized full-time equivalent positions subject to the availability of funds.
- Adjusts the amount of the transfer from the strategic investment and improvements fund to the human service finance fund from $21.6 million to $23.2 million.
- Identifies appropriations from the strategic investment and improvements fund, human service finance fund, community health trust fund, health care trust fund, and the federal State Fiscal Recovery Fund.

- Directs the department to create a parenting resource website.
- Creates a North Dakota legislative healthcare task force.
- Removes the sunset clause on the best in class program.
- Adjusts Medicaid language relating to probate proceedings and reimbursement rate information.
- Provides for the rebasement of basic care payment rates.
- Adjusts guidelines for the development of certified community behavioral health clinics.
- Adjusts the amount of funding allowed to be continued from the 2021-23 biennium into the 2023-25 biennium.
- Provides for a Legislative Management study of the social work licensure compact.
- Provides for a Legislative Management study of Medicaid provider reimbursement arrangements.

23.0266.02005
Title.

Prepared by the Legislative Council staff for
Representative Nelson
March 16, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 1, line 2, after the first semicolon insert "to provide an appropriation to the university of North Dakota school of medicine and health sciences;"

Page 3, after line 26, insert:

"**SECTION 3. APPROPRIATION - UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE AND HEALTH SCIENCES - CLINICAL INTEGRATED NETWORK GRANT.**

1. There is appropriated out of any moneys in the community health trust fund in the state treasury, not otherwise appropriated, the sum of $3,500,000, or so much of the sum as may be necessary, to the university of North Dakota school of medicine and health sciences for the purpose of the center for rural health awarding a grant to a clinical integrated network, for the biennium beginning July 1, 2023, and ending June 30, 2025.

2. To qualify for a grant under this section, an applicant:

   a. Must be a statewide value-based clinical integrated network that supports a majority of the independent critical access hospitals in the state.

   b. Shall demonstrate one dollar of matching funds for every five dollars of grant funds awarded.

   c. Shall demonstrate a strategic plan to accomplish the following goals:

      (1) Implementation of a data sharing platform;

      (2) Utilization of value-based care contract modeling;

      (3) Utilization of data analytics software to provide for risk stratification and referral management capabilities;

      (4) Development of unified care management practices; and

      (5) Staffing of the clinical integrated network.

   d. Shall agree during the 2023-25 and 2025-27 bienniums to make annual reports to the department of health and human services and the center for rural health on the use of the grant funds and the status of accomplishing the clinical integrated network strategic plan goals."

Page 5, line 19, replace "3" with "4"

Page 5, line 30, replace "3" with "4"

Page 13, line 7, replace "19" with "20"

Renumber accordingly

23.0266.02015
Title.

Prepared by the Legislative Council staff for
Representative Stemen
April 13, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 1, line 2, after the second semicolon insert "to create and enact a new section to chapter 50-06 of the North Dakota Century Code, relating to a North Dakota health care task force;"

Page 9, after line 11, insert:

"**SECTION 17.** A new section to chapter 50-06 of the North Dakota Century Code is created and enacted as follows:

North Dakota health care task force - Duties - Membership - Legislative management report.

There is created a North Dakota health care task force. The task force shall meet at least once each quarter and may request, obtain, review, and analyze information relating to North Dakota health care, including data, reports, audits, and other information as requested by the task force. The task force shall submit a report of its activities and any recommendations to improve health care in the state to the legislative management by October 1 of each year. The chairman of the task force must be a member of the legislative assembly as selected by the task force. The task force consists of the following members:

1. The chairman of the house appropriations committee human resources division, or the chairman's designee;
2. The chairman of the senate appropriations committee human resources division, or the chairman's designee;
3. The chairman of the house human services committee, or the chairman's designee;
4. The chairman of the senate human services committee, or the chairman's designee;
5. One member of the house of representatives as appointed by the house minority leader;
6. One member of the senate as appointed by the senate minority leader;
7. The commissioner of the department of health and human services; or the commissioner's designee;
8. Two members of the department of health and human services as appointed by the commissioner of the department of health and human services;
9. One member from the governor's office appointed by the governor;
10. One member from a North Dakota association that represents physicians; and

11. Three members from a North Dakota association that represents hospitals, of which one member must represent a rural hospital and two members must represent urban hospitals."

Page 13, line 7, replace "19" with "20"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment creates a North Dakota Health Care Task Force to review and provide recommendations to improve health care in the state.

Department of Health and Human Services - Budget No. 325
Human Services Divisions
Senate Bill No. 2012

2023-25 Senate Version	FTE	General Fund	Federal Funds	Other Funds	Total
Management	113.90	$79,389,537	$151,687,728	$34,473,115	$265,550,380
Program and Policy	687.32	1,629,187,556	2,873,979,152	114,757,466	4,617,924,174
Field Services	1,394.11	257,198,642	62,455,089	33,243,492	352,897,223
County Social Services	164.00	1,351,072	3,526,563	220,483,951	225,361,586
Total 2023-25 Senate Version	2,359.33	$1,967,126,807	$3,091,648,532	$402,958,024	$5,461,733,363

2023-25 House Version	FTE	General Fund	Federal Funds	Other Funds	Total
Management	2,265.33	$316,939,630	$289,535,045	$96,416,742	$702,891,417
Program and Policy	0.00	1,486,932,003	2,523,546,790	89,948,947	4,100,427,740
Field Services	0.00	77,880,637	12,914,690	17,062,364	107,857,691
County Social Services	0.00	16,873	1,985,706	191,911,082	193,913,661
Total 2023-25 House Version	2,265.33	$1,881,769,143	$2,827,982,231	$395,339,135	$5,105,090,509

House Changes to Senate Version	FTE	General Fund	Federal Funds	Other Funds	Total
Management	2,151.43	$237,550,093	$137,847,317	$61,943,627	$437,341,037
Program and Policy	(687.32)	(142,255,553)	(350,432,362)	(24,808,519)	(517,496,434)
Field Services	(1,394.11)	(179,318,005)	(49,540,399)	(16,181,128)	(245,039,532)
County Social Services	(164.00)	(1,334,199)	(1,540,857)	(28,572,869)	(31,447,925)
Total Changes	(94.00)	($85,357,664)	($263,666,301)	($7,618,889)	($356,642,854)

DHHS - Management - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Senate Version				House Version				House Changes to Senate Version			
									Increase (Decrease) - Senate Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	97.85	$79,695,054	$92,905,426	$172,600,480	97.85	$79,695,054	$92,905,426	$172,600,480	0.00	$0	$0	$0
2023-25 Ongoing Funding Changes												
Base payroll and budget changes	14.55	$5,995,189	$11,524,138	$17,519,327	14.55	$5,995,189	$11,524,138	$17,519,327				$0
Salary increase		862,063	283,496	1,145,559		0	0	0		(862,063)	(283,496)	(1,145,559)
Health insurance increase		436,667	139,099	575,766		0	0	0		(436,667)	(139,099)	(575,766)
Transfer to salary block grant program				0	(112.40)	(16,918,521)	(5,622,318)	(22,540,839)	(112.40)	(16,918,521)	(5,622,318)	(22,540,839)
Create department salary block grant program				0	2,265.33	247,896,527	190,940,966	438,837,493	2,265.33	247,896,527	190,940,966	438,837,493
FTE block grant salary increase				0		16,629,803	10,869,007	27,498,810		16,629,803	10,869,007	27,498,810
FTE block grant health insurance increase				0		5,861,794	4,052,396	9,914,190		5,861,794	4,052,396	9,914,190
Salary underfunding				0		(19,500,000)		(19,500,000)		(19,500,000)		(19,500,000)
Criminal backgroud check positions	1.50	120,780	26,512	147,292	0.00	0	0	0	(1.50)	(120,780)	(26,512)	(147,292)
Americans with Disabilities Act coordinators		55,200		55,200		55,200		55,200				0
New Capitol space rent model		842,674		842,674		842,674		842,674				0
County social services funding shift				0				0				0
Agency operating reduction		(19,900,262)		(19,900,262)		(13,900,262)		(13,900,262)		6,000,000		6,000,000
Total ongoing funding changes	16.05	($11,587,689)	$11,973,245	$385,556	2,167.48	$226,962,404	$211,764,189	$438,726,593	2,151.43	$238,550,093	$199,790,944	$438,341,037
One-time funding items												
Criminal background check automation		$1,000,000		$1,000,000		$0		$0		($1,000,000)		($1,000,000)
Operating inflation		10,282,172	$10,282,172	20,564,344		10,282,172	10,282,172	20,564,344				0
Procurement and grants software - SIIF			11,000,000	11,000,000			11,000,000	11,000,000				0
Child support computer project			60,000,000	60,000,000			60,000,000	60,000,000				0
Total one-time funding changes	0.00	$11,282,172	$81,282,172	$92,564,344	0.00	$10,282,172	$81,282,172	$91,564,344	0.00	($1,000,000)	$0	($1,000,000)
Total Changes to Base Level Funding	16.05	($305,517)	$93,255,417	$92,949,900	2,167.48	$237,244,576	$293,046,361	$530,290,937	2,151.43	$237,550,093	$199,790,944	$437,341,037
2023-25 Total Funding	113.90	$79,389,537	$186,160,843	$265,550,380	2,265.33	$316,939,630	$385,951,787	$702,891,417	2,151.43	$237,550,093	$199,790,944	$437,341,037
Federal funds included in other funds			*$151,687,728*				*$289,535,045*				*$137,847,317*	
Total ongoing changes as a percentage of base level	*16.4%*	*(14.5%)*	*12.9%*	*0.2%*	*2215.1%*	*284.8%*	*227.9%*	*254.2%*				
Total changes as a percentage of base level	*16.4%*	*(0.4%)*	*100.4%*	*53.9%*	*2215.1%*	*297.7%*	*315.4%*	*307.2%*				

DHHS - Program and Policy - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Senate Version				House Version				House Changes to Senate Version			
									Increase (Decrease) - Senate Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	666.17	$1,294,528,252	$2,499,452,627	$3,793,980,879	666.17	$1,294,528,252	$2,499,452,627	$3,793,980,879	0.00	$0	$0	$0
2023-25 Ongoing Funding Changes												
Base payroll and budget changes	9.15	$11,576,010	$9,505,488	$21,081,498	9.15	$11,576,010	$9,505,488	$21,081,498				$0
Salary increase		2,661,463	3,528,496	6,189,959		0	0	0		(2,661,463)	(3,528,496)	(6,189,959)
Health insurance increase		1,338,470	1,865,110	3,203,580		0	0	0		(1,338,470)	(1,865,110)	(3,203,580)
Transfer to salary block grant program				0	(675.32)	(52,606,648)	(77,965,332)	(130,571,980)	(675.32)	(52,606,648)	(77,965,332)	(130,571,980)
Cost and caseload increases		122,273,747	381,790,377	504,064,124		122,273,747	381,790,377	504,064,124				0
Provider inflation		47,443,941	50,139,879	97,583,820		24,756,769	25,462,238	50,219,007		(22,687,172)	(24,677,641)	(47,364,813)
FMAP adjustments		21,621,657	(21,621,657)	0		21,621,657	(21,621,657)	0				0
Economic assistance												
TANF funding adjustment			7,496,368	7,496,368			7,496,368	7,496,368				0
Increase utilization of child care assistance		22,000,000		22,000,000		0		0		(22,000,000)		(22,000,000)
Improve access to child care		12,900,000		12,900,000		0		0		(12,900,000)		(12,900,000)
Federal funds authority			15,191,435	15,191,435			15,191,435	15,191,435				0
Medical Services												
Medicaid provider strike team	2.00	48,642	266,995	315,637	0.00	0	0	0	(2.00)	(48,642)	(266,995)	(315,637)
Child early intervention				0				0				0
Children's health insurance program eligibility increase		1,389,270	2,878,042	4,267,312		1,389,270	2,878,042	4,267,312				0
Medically needy eligibility increase		6,300,000	4,200,000	10,500,000		6,300,000	4,200,000	10,500,000				0
Operating increase				0				0				0
PPS hospital inflation				0		(4,063,720)	(4,148,691)	(8,212,411)		(4,063,720)	(4,148,691)	(8,212,411)
Medicaid expansion adjustments				0		(28,190,200)	(253,711,804)	(281,902,004)		(28,190,200)	(253,711,804)	(281,902,004)
Long-Term Care												
Home- and community-based services enhancements		8,288,319	2,402,565	10,690,884		7,000,000	2,402,565	9,402,565		(1,288,319)		(1,288,319)
Autism waiver and voucher adjustments		4,168,959	4,607,797	8,776,756		4,168,959	4,607,797	8,776,756				0
Medically fragile waiver slots and benefits		186,400	206,022	392,422		186,400	206,022	392,422				0
Value-based payment program				0		6,000,000	6,000,000	12,000,000		6,000,000	6,000,000	12,000,000
Utilization rate adjustments				0		(9,949,900)	(11,220,100)	(21,170,000)		(9,949,900)	(11,220,100)	(21,170,000)
Basic care rebasing				0		3,229,408	1,847,152	5,076,560		3,229,408	1,847,152	5,076,560
Bad debt expense (Health care trust fund)				0			500,000	500,000			500,000	500,000
Aging Services												
Home- and community-based services navigator and generalists	3.00	143,912	143,912	287,824	0.00	0	0	0	(3.00)	(143,912)	(143,912)	(287,824)
Senior meal rate increase		12,992,444		12,992,444		12,992,444		12,992,444				0
Guardianship fee enhancement		70,500		70,500		70,500		70,500				0
Increase guardianship slots				0				0				0
Compliance and quality assurance position	1.00	103,868	103,868	207,736	0.00	0	0	0	(1.00)	(103,868)	(103,868)	(207,736)
Federal Department of Justice lawsuit coordinator	1.00			0	0.00			0	(1.00)			0
Dementia care grant		305,000		305,000		305,000		305,000				0

Children and Family Services												
TANF funding shift		7,496,368	(7,496,368)	0		7,496,368	(7,496,368)	0				0
Child response and protection				0				0				0
Children's advocacy centers		2,500,000		2,500,000		2,500,000		2,500,000				0
Unlicensed relative caregiver assistance		960,000		960,000		1,420,000		1,420,000		460,000		460,000
Family-to-family support services		175,000		175,000		175,000		175,000				0
Behavioral Health												
Community-based behavioral health	2.00	223,946		223,946	0.00	0		0	(2.00)	(223,946)		(223,946)
Free through recovery program			8,326,380	8,326,380		15,500,000	(7,173,620)	8,326,380		15,500,000	(15,500,000)	0
Community connect program		7,019,514		7,019,514		7,019,514		7,019,514				0
Opioid prevention			2,000,000	2,000,000			2,000,000	2,000,000				0
Pregnant and parenting women residential		600,000		600,000		600,000		600,000				0
School behavioral health grants		3,500,000		3,500,000		6,500,000		6,500,000		3,000,000		3,000,000
Recovery housing		1,300,000		1,300,000		1,300,000		1,300,000				0
B-Hero spending authority			400,000	400,000			400,000	400,000				0
Behavioral health practitioner reimbursement rate		1,362,070	1,505,446	2,867,516		1,362,070	1,505,446	2,867,516				0
988 crisis hotline				0			1,867,500	1,867,500			1,867,500	1,867,500
Developmental Disabilities												
Program management				0				0				0
Developmental disabilities guardianship establishmer		300,000		300,000		300,000		300,000				0
Quality assurance and compliance position	1.00	103,868	103,868	207,736	0.00	0	0	0	(1.00)	(103,868)	(103,868)	(207,736)
Early intervention position	1.00	86,602	86,602	173,204	0.00	0	0	0	(1.00)	(86,602)	(86,602)	(173,204)
Payment rate enhancement		10,223,681	11,403,366	21,627,047		5,121,103	5,721,225	10,842,328		(5,102,578)	(5,682,141)	(10,784,719)
Corporate guardianship enhancement		808,748		808,748		0		0		(808,748)		(808,748)
Early Childhood												
Research-based 0-4 program		12,000,000		12,000,000		14,400,000		14,400,000		2,400,000		2,400,000
Early childhood career grants		2,000,000		2,000,000		0		0		(2,000,000)		(2,000,000)
Kindergarten readiness program				0				0				0
Program administration	1.00	236,905		236,905	0.00	0		0	(1.00)	(236,905)		(236,905)
Adds federal funds grant authority				0			21,514,027	21,514,027			21,514,027	21,514,027
Total ongoing funding changes	21.15	$326,709,304	$479,033,991	$805,743,295	(666.17)	$190,753,751	$111,758,110	$302,511,861	(687.32)	($135,955,553)	($367,275,881)	($503,231,434)
One-time funding items												
Program integrity audits		$2,250,000	$2,250,000	$4,500,000		0	0	0		(2,250,000)	(2,250,000)	(4,500,000)
Autism program adjustment		(300,000)		(300,000)		(300,000)		(300,000)				0
Pregnant and parenting women facility - SIIF			1,000,000	1,000,000			1,000,000	1,000,000				0
Behavioral health facility grants				0		1,950,000		1,950,000		1,950,000		1,950,000
Youth crisis services (ARPA)				0			300,000	300,000			300,000	300,000
Ecumenical ministry grant (ARPA)				0			285,000	285,000			285,000	285,000
Cross-diability advisory council				0			700,000	700,000			700,000	700,000

Workforce initiative one-time funding												
Childhood rating infrastructure capacity		3,000,000		3,000,000		0		0		(3,000,000)		(3,000,000)
Child care reimbursement quality tiers		3,000,000		3,000,000		0		0		(3,000,000)		(3,000,000)
Expand public-private child care benefits (legacy earnings)			1,000,000	1,000,000			0	0			(1,000,000)	(1,000,000)
Child care business operating grants (legacy earnings)			5,000,000	5,000,000			0	0			(5,000,000)	(5,000,000)
Nontraditional child care hours (legacy earnings)			1,000,000	1,000,000			0	0			(1,000,000)	(1,000,000)
Total one-time funding changes	0.00	$7,950,000	$10,250,000	$18,200,000	0.00	$1,650,000	$2,285,000	$3,935,000	0.00	($6,300,000)	($7,965,000)	($14,265,000)
Total Changes to Base Level Funding	21.15	$334,659,304	$489,283,991	$823,943,295	(666.17)	$192,403,751	$114,043,110	$306,446,861	(687.32)	($142,255,553)	($375,240,881)	($517,496,434)
2023-25 Total Funding	687.32	$1,629,187,556	$2,988,736,618	$4,617,924,174	0.00	$1,486,932,003	$2,613,495,737	$4,100,427,740	(687.32)	($142,255,553)	($375,240,881)	($517,496,434)
Federal funds included in other funds			*$2,873,979,152*				*$2,523,546,790*				*($350,432,362)*	
Total ongoing changes as a percentage of base level	*3.2%*	*25.2%*	*19.2%*	*21.2%*	*(100.0%)*	*14.7%*	*4.5%*	*8.0%*				
Total changes as a percentage of base level	*3.2%*	*25.9%*	*19.6%*	*21.7%*	*(100.0%)*	*14.9%*	*4.6%*	*8.1%*				

DHHS - Field Services - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Senate Version				House Version				House Changes to Senate Version			
									Increase (Decrease) - Senate Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	1,342.31	$179,323,957	$114,273,300	$293,597,257	1,342.31	$179,323,957	$114,273,300	$293,597,257	0.00	$0	$0	$0
2023-25 Ongoing Funding Changes												
Base payroll and budget changes	(21.70)	$5,365,003	$7,438,385	$12,803,388	(21.70)	$5,365,003	$7,438,385	$12,803,388				$0
Salary increase		8,926,423	2,830,652	11,757,075		0	0	0		(8,926,423)	(2,830,652)	(11,757,075)
Health insurance increase		4,161,185	1,449,231	5,610,416		0	0	0		(4,161,185)	(1,449,231)	(5,610,416)
FTE block grant pool				0	(1,320.61)	(172,296,141)	(77,619,785)	(249,915,926)	(1,320.61)	(172,296,141)	(77,619,785)	(249,915,926)
Community-based behavioral health	28.50	950,906		950,906	0.00	0		0	(28.50)	(950,906)		(950,906)
Crisis support services	21.00	11,375,536		11,375,536	0.00	8,561,700		8,561,700	(21.00)	(2,813,836)		(2,813,836)
Provider inflation adjustment		1,417,491		1,417,491		701,796		701,796		(715,695)		(715,695)
Certified community behavioral health clinics	24.00	9,650,000		9,650,000	0.00	3,938,041		3,938,041	(24.00)	(5,711,959)		(5,711,959)
Restore funding for operating reductions				0		20,786,281		20,786,281		20,786,281		20,786,281
Correctional facility telehealth				0		1,500,000		1,500,000		1,500,000		1,500,000
Ongoing revenue replacement				0		30,000,000	(30,000,000)	0		30,000,000	(30,000,000)	0
Total ongoing funding changes	51.80	$41,846,544	$11,718,268	$53,564,812	(1,342.31)	($101,443,320)	($100,181,400)	($201,624,720)	(1,394.11)	($143,289,864)	($111,899,668)	($255,189,532)
One-time funding items												
State Hospital design - SIIF			$5,000,000	$5,000,000			$12,500,000	$12,500,000			$7,500,000	$7,500,000
Human service center deferred maintenance - SIIF			735,154	735,154			735,154	735,154				0
Revenue enhancement and staffing		$36,028,141	(36,028,141)	0		0	0	0		(36,028,141)	36,028,141	0
Law enforcement telehealth (ARPA)				0			2,650,000	2,650,000			2,650,000	2,650,000
Total one-time funding changes	0.00	$36,028,141	($30,292,987)	$5,735,154	0.00	$0	$15,885,154	$15,885,154	0.00	($36,028,141)	$46,178,141	$10,150,000
Total Changes to Base Level Funding	51.80	$77,874,685	($18,574,719)	$59,299,966	(1,342.31)	($101,443,320)	($84,296,246)	($185,739,566)	(1,394.11)	($179,318,005)	($65,721,527)	($245,039,532)
2023-25 Total Funding	1,394.11	$257,198,642	$95,698,581	$352,897,223	0.00	$77,880,637	$29,977,054	$107,857,691	(1,394.11)	($179,318,005)	($65,721,527)	($245,039,532)
Federal funds included in other funds			*$62,455,089*				*$12,914,690*				*($49,540,399)*	
Total ongoing changes as a percentage of base level	*3.9%*	*23.3%*	*10.3%*	*18.2%*	*(100.0%)*	*(56.6%)*	*(87.7%)*	*(68.7%)*				
Total changes as a percentage of base level	*3.9%*	*43.4%*	*(16.3%)*	*20.2%*	*(100.0%)*	*(56.6%)*	*(73.8%)*	*(63.3%)*				

DHHS - County Social Services - Budget No. 325
Senate Bill No. 2012
Base Level Funding Changes

	Senate Version				House Version				House Changes to Senate Version			
									Increase (Decrease) - Senate Version			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Biennium Base Level	159.00	$1,240,391	$188,676,995	$189,917,386	159.00	$1,240,391	$188,676,995	$189,917,386	0.00	$0	$0	$0
2023-25 Ongoing Funding Changes												
Base payroll and budget changes	(2.00)	$18,434	$1,240,493	$1,258,927	(2.00)	$18,434	$1,240,493	$1,258,927				$0
Salary increase - State employees		61,440	1,486,858	1,548,298		0	0	0		(61,440)	(1,486,858)	(1,548,298)
Health insurance increase - State employees		30,807	721,687	752,494		0	0	0		(30,807)	(721,687)	(752,494)
Block grant funding pool				0	(157.00)	(1,241,952)	(27,900,463)	(29,142,415)	(157.00)	(1,241,952)	(27,900,463)	(29,142,415)
Zone employee salary increase			6,240,680	6,240,680			8,337,993	8,337,993			2,097,313	2,097,313
Zone employee equity			1,000,000	1,000,000			0	0			(1,000,000)	(1,000,000)
Funding adjustments			23,541,770	23,541,770			23,541,770	23,541,770				0
Home- and community-based services	7.00		1,102,031	1,102,031	0.00		0	0	(7.00)		(1,102,031)	(1,102,031)
Total ongoing funding changes	5.00	$110,681	$35,333,519	$35,444,200	(159.00)	($1,223,518)	$5,219,793	$3,996,275	(164.00)	($1,334,199)	($30,113,726)	($31,447,925)
One-time funding items												
No one-time funding items				$0				$0				$0
Total one-time funding changes	0.00	$0	$0	$0	0.00	$0	$0	$0	0.00	$0	$0	$0
Total Changes to Base Level Funding	5.00	$110,681	$35,333,519	$35,444,200	(159.00)	($1,223,518)	$5,219,793	$3,996,275	(164.00)	($1,334,199)	($30,113,726)	($31,447,925)
2023-25 Total Funding	164.00	$1,351,072	$224,010,514	$225,361,586	0.00	$16,873	$193,896,788	$193,913,661	(164.00)	($1,334,199)	($30,113,726)	($31,447,925)
Federal funds included in other funds			*$3,526,563*				*$1,985,706*				*($1,540,857)*	
Total ongoing changes as a percentage of base level	*3.1%*	*8.9%*	*18.7%*	*18.7%*	*(100.0%)*	*(98.6%)*	*2.8%*	*2.1%*				
Total changes as a percentage of base level	*3.1%*	*8.9%*	*18.7%*	*18.7%*	*(100.0%)*	*(98.6%)*	*2.8%*	*2.1%*				

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested
Additional Amendments added during Committee Work	

	23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				23 - 25 House Budget				Difference 23-25 House to Senate			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Base Level - Management	112.40	$ 79,695,064	$ 92,905,416	$ 172,600,480	112.40	$ 79,695,064	$ 92,905,416	$ 172,600,480	112.40	$ 79,695,064	$ 92,905,416	$ 172,600,480	0.00	$ -	$ -	$ -
2023-25 Ongoing Funding Changes - Management																
State employee salary and benefit increases 6/4 EBR 4/4 Senate		$ 1,581,002	$ 515,391	$ 2,096,393		1,298,730	422,595	1,721,325	-	-	-	-	-	(1,298,730)	(422,595)	(1,721,325)
Transfer FTE to Block Grant						-	-	-	(112.40)	(16,918,521)	(5,622,318)	(22,540,839)	(112.40)	(16,918,521)	(5,622,318)	(22,540,839)
Establish FTE block grant						-	-	-	2,265.33	247,896,527	190,940,966	438,837,493	2,265.33	247,896,527	190,940,966	438,837,493
State employee salary and benefit increases to block grant 6/4 House									-	22,491,597	14,921,403	37,413,000	-	22,491,597	14,921,403	37,413,000
Underfund FTE block grant										(19,500,000)	-	(19,500,000)	-	(19,500,000)	-	(19,500,000)
Section 3 - Funding transfers between Subdivisions 1, 2 and 3 and HB 1004						-	-	-		-	-	-	-	-	-	-
Section 4 - Funding transfers from Subdivision 1, 2, 3 and HB 1004 to Subsection 4						-	-	-		-	-	-	-	-	-	-
Section 5 - Combine appropriation of HB 1004 and other bills approved into one budget						-	-	-		-	-	-	-	-	-	-
				-	-	-	-	-								
Subtotal Ongoing Funding Changes	-	1,581,002	515,391	2,096,393	-	1,298,730	422,595	1,721,325	2,152.93	233,969,603	200,240,051	434,209,654	2,152.93	232,670,873	199,817,456	432,488,329
Administration																
Continued program changes		2,353,162	(2,857)	2,350,305	-	2,353,162	(361,467)	1,991,695	-	2,353,162	(361,467)	1,991,695	-	-	-	-
					-	-	-	-								
Subtotal Administration	-	2,353,162	(2,857)	2,350,305	-	2,353,162	(361,467)	1,991,695	-	2,353,162	(361,467)	1,991,695	-	-	-	-
Information Technology Services																
Continued program changes		7,154,347	11,885,615	19,039,962	-	7,154,347	11,885,615	19,039,962	-	7,154,347	11,885,615	19,039,962	-	-	-	-
IT Underfunding		(3,512,330)		(3,512,330)	-	(3,512,330)	-	(3,512,330)	-	(3,512,330)	-	(3,512,330)	-	-	-	-
				-												
Subtotal ongoing funding changes	-	3,642,017	11,885,615	15,527,632	-	3,642,017	11,885,615	15,527,632	-	3,642,017	11,885,615	15,527,632	-	-	-	-

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				23 - 25 House Budget				Difference 23-25 House to Senate			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Amendments to consider																	
CBCU - 0.5 FTE to 1.0 FTE		0.50	81,766	17,946	99,712	0.50	81,766	17,946	99,712	-	-	-	-	(0.50)	(81,766)	(17,946)	(99,712)
CBCU - Temp to FTE		1.00	39,014	8,566	47,580	1.00	39,014	8,566	47,580	-	-	-	-	(1.00)	(39,014)	(8,566)	(47,580)
ADA Coordinators			55,200		55,200	-	55,200	-	55,200	-	55,200	-	55,200	-	-	-	-
Rent Model			842,674		842,674	-	842,674	-	842,674	-	842,674	-	842,674	-	-	-	-
Reduce funding for overall agency operations						-	(19,900,262)	-	(19,900,262)	-	(13,900,262)	-	(13,900,262)	-	6,000,000	-	6,000,000
Shifting Costs from 457 to HHS Admin		5.00	2,541,661		2,541,661	-	-	-	-	-	-	-	-	-	-	-	-
Section 7 - Community Health Trust Fund of $20,400,000 for replacement of CS System					-	-	-	-	-	-	-	-	-	-	-	-	-
Section 27 - MMIS technology stack upgrade						-	-	-	-					-	-	-	-
Section 28 - MMIS modularization technology project						-	-	-	-					-	-	-	-
Child Welfare System (CCWIPS/FRAME replacement)														-	-	-	-
Section 29 - Carryover of Special Session appropriation for projects, financial assistance, IT upgrades, behavioral health services and SUD voucher system grants					-	-	-	-	-					-	-	-	-
Section 33 - Carryover for COVID-19 response operating and grants chapter 27						-	-	-	-					-	-	-	-
Section 34 - Carryover for COVID-19 pandemic response operating and grants chapter 28						-	-	-	-					-	-	-	-
						-	-	-	-								
Subtotal of Amendments to Consider		6.50	3,560,315	26,512	3,586,827	1.50	(18,881,608)	26,512	(18,855,096)	-	(13,002,388)	-	(13,002,388)	(1.50)	5,879,220	(26,512)	5,852,708
One-time funding items																	
Inflation for HHS Operating			10,282,172	10,282,172	20,564,344	-	10,282,172	10,282,172	20,564,344	-	10,282,172	10,282,172	20,564,344	-	-	-	-
CBCU Automation			1,000,000		1,000,000	-	1,000,000	-	1,000,000	-	-	-	-	-	(1,000,000)	-	(1,000,000)
Child Support Replacement - Community Health Trust Fund				60,000,000	60,000,000	-	-	60,000,000	60,000,000	-	-	60,000,000	60,000,000	-	-	-	-
Contract and Grant System - SIIF				11,000,000	11,000,000	-	-	11,000,000	11,000,000	-	-	11,000,000	11,000,000	-	-	-	-
Total one-time funding changes		-	11,282,172	81,282,172	92,564,344	-	11,282,172	81,282,172	92,564,344	-	10,282,172	81,282,172	91,564,344	-	(1,000,000)	-	(1,000,000)
Total Changes to Base Level Funding - Administration		6.50	22,418,668	93,706,833	116,125,501	1.50	(305,527)	93,255,427	92,949,900	2,152.93	237,244,566	293,046,371	530,290,937	2,151.43	237,550,093	199,790,944	437,341,037
2023-25 Total Management Funding		118.90	$ 102,113,732	$ 186,612,249	$ 288,725,981	113.90	79,389,537	186,160,843	265,550,380	2,265.33	316,939,630	385,951,787	702,891,417	2,151.43	237,550,093	199,790,944	437,341,037

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				23 - 25 House Budget				Difference 23-25 House to Senate			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
64	**2023-25 Base Level - Program and Policy**	676.32	$ 1,294,528,245	$ 2,501,118,558	$ 3,795,646,803	676.32	$ 1,294,528,245	$ 2,501,118,558	$ 3,795,646,803	676.32	$ 1,294,528,245	$ 2,501,118,558	$ 3,795,646,803	0.00	$ -	$ -	$ -
65																	
66	**2023-25 Ongoing Funding Changes**																
67	State employee salary and benefit increases 6/4 EBR & House 4/4 Senate		$ 4,860,029	$ 6,532,578	$ 11,392,607	-	3,999,933	5,393,606	9,393,539		(3,999,933)	(5,393,606)	(9,393,539)	-	-	-	-
68	Transfer FTE to Block Grant									(676.32)	(52,606,648)	(77,965,332)	(130,571,980)	(676.32)	(52,606,648)	(77,965,332)	(130,571,980)
69					-	-	-	-	-	-	-	-	-	-	-	-	-
70	Subtotal Ongoing Funding Changes	-	4,860,029	6,532,578	11,392,607	-	3,999,933	5,393,606	9,393,539	(676.32)	(75,293,820)	(102,642,973)	(177,936,793)	(676.32)	(79,293,753)	(108,036,579)	(187,330,332)
71																	
72	**Economic Assistance**																
73	Continued program changes		14,082,853	(2,071,770)	12,011,083	-	1,094,308	2,065,084	3,159,392	-	1,094,308	2,065,084	3,159,392	-	-	-	-
74	Grant cost and caseload changes		(6,607,933)	73,479,898	66,871,965	-	6,595,560	69,004,177	75,599,737	-	6,595,560	69,004,177	75,599,737	-	-	-	-
75	Subtotal Economic Assistance	-	7,474,920	71,408,128	78,883,048	-	7,689,868	71,069,261	78,759,129	-	7,689,868	71,069,261	78,759,129	-	-	-	-
76																	
77	**Amendments to consider**																
78	TANF Revitalization			7,496,368	7,496,368	-	-	7,496,368	7,496,368	-	-	7,496,368	7,496,368	-	-	-	-
79	Grow utilization of CCAP for kids 0-3		22,000,000		22,000,000	-	22,000,000	-	22,000,000	-	-	-	-	-	(22,000,000)	-	(22,000,000)
80	Improve ability of lower income parents to find/choose quality childcare		12,900,000		12,900,000	-	12,900,000	-	12,900,000	-	-	-	-	-	(12,900,000)	-	(12,900,000)
81	Increase in CCDF funding (total award $3,114,294 - 80% to EA)		-		-	-	-	2,491,435	2,491,435	-	-	2,491,435	2,491,435	-	-	-	-
82	Increase in LIHEAP funding				-	-	-	12,700,000	12,700,000	-	-	12,700,000	12,700,000	-	-	-	-
83	Agree to Engrossed SB 2012					-	-	(3,193,841)	(3,193,841)	-	-	(3,193,841)	(3,193,841)	-	-	-	-
84	Section 30 - Carryover for alternatives-to-abortion				-	-	-	-	-	-	-	-	-	-	-	-	-
85	Section 31 - Carryover for eligibility system project (SPACES)					-	-	-	-	-	-	-	-	-	-	-	-
86	Section 38 - Federal funding appeal limitation					-	-	-	-	-	-	-	-	-	-	-	-
87					-	-	-	-	-								
88	Subtotal of Economic Assistance Amendments to Consider	-	34,900,000	7,496,368	42,396,368	-	34,900,000	19,493,962	54,393,962	-	-	19,493,962	19,493,962	-	(34,900,000)	-	(34,900,000)
89																	
90	**One-time funding items**																
91	Create quality tiers in CCAP reimbursement rates (EA)		3,000,000		3,000,000	-	3,000,000	-	3,000,000	-	-	-	-	-	(3,000,000)	-	(3,000,000)
92	Youth Crisis Services (Fraser)									-	-	300,000	300,000	-	-	300,000	300,000
93	Volunteer-base ecumenical ministry (Ministry on Margins)									-	-	285,000	285,000	-	-	285,000	285,000
94	Subtotal of Economic Assistance One-time Funding items					-	3,000,000	-	3,000,000	-	-	585,000	585,000	-	(3,000,000)	585,000	(2,415,000)
95																	
96	**Child Support**																
97	Continued program changes		89,676	(810,974)	(721,298)	-	51,381	(847,850)	(796,469)	-	51,381	(847,850)	(796,469)	-	-	-	-
98					-	-	-	-	-								
99	Subtotal Child Support	-	89,676	(810,974)	(721,298)	-	51,381	(847,850)	(796,469)	-	51,381	(847,850)	(796,469)	-	-	-	-
100																	

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				23 - 25 House Budget				Difference 23-25 House to Senate			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
101	**Medical Services**																
102	Continued program changes		11,192,893	(3,534,736)	7,658,157	-	10,064,218	(1,761,795)	8,302,423	-	10,064,218	(1,761,795)	8,302,423	-	-	-	-
103	Grant cost and caseload changes		39,637,782	304,848,337	344,486,119	-	39,637,782	304,848,337	344,486,119	-	39,637,782	304,848,337	344,486,119	-	-	-	-
104	Funding shift for Community Health Trust Fund		31,500,000	(31,500,000)	-	-	31,500,000	(31,500,000)	-	-	31,500,000	(31,500,000)	-	-	-	-	-
105	Medicaid Underfunding		(10,052,678)	(14,077,610)	(24,130,288)	-	(10,052,678)	(14,077,610)	(24,130,288)	-	(10,052,678)	(14,077,610)	(24,130,288)	-	-	-	-
106	FMAP Changes		6,097,851	(6,097,851)	-	-	6,097,851	(6,097,851)	-	-	6,097,851	(6,097,851)	-	-	-	-	-
107					-	-	-	-	-								
108	Subtotal Medical Services	-	78,375,848	249,638,140	328,013,988	-	77,247,173	251,411,081	328,658,254	-	77,247,173	251,411,081	328,658,254	-	-	-	-
109																	
110	**Amendments to consider**																
111	Section 36 - Provider Inflation 4/3 EBR; 4/4 Senate; 2/2 House		15,654,634	18,828,683	34,483,317	-	17,067,027	20,537,526	37,604,553	-	9,419,482	10,822,259	20,241,741	-	(7,647,545)	(9,715,267)	(17,362,812)
112	Remove PPS provider inflation				-				-	-	(4,063,720)	(4,148,691)	(8,212,411)	-	(4,063,720)	(4,148,691)	(8,212,411)
113	Early Intervention Team - New FTE	1.00	92,210	92,210	184,420	-	-	-	-	-	-	-	-	-	-	-	-
114	Increase CHIP eligibility to 210% FPL		1,389,270	2,878,042	4,267,312	-	1,389,270	2,878,042	4,267,312	-	1,389,270	2,878,042	4,267,312	-	-	-	-
115	Increase FPL for Medically Needy (Includes Clawback)		6,300,000	4,200,000	10,500,000	-	6,300,000	4,200,000	10,500,000	-	6,300,000	4,200,000	10,500,000	-	-	-	-
116	Create Medicaid Provider strike team - New FTE	2.00	59,614	285,350	344,964	2.00	48,642	266,995	315,637	-	-	-	-	(2.00)	(48,642)	(266,995)	(315,637)
117	Increase Medicaid Reimbursement for behavioral health practitioners from 75% to 100%					-	1,362,070	1,505,446	2,867,516	-	1,362,070	1,505,446	2,867,516	-	-	-	-
118	Agree to Engrossed SB 2012					-	(331,180)	2,122,006	1,790,826	-	(331,180)	2,122,006	1,790,826	-	-	-	-
119	Section 14 - Medicaid Expansion appropriation limitation					-	-	-	-	-	(28,190,200)	(253,711,804)	(281,902,004)	-	(28,190,200)	(253,711,804)	(281,902,004)
120	Section 15 - Amend and reenact 50-29-04 for medical assistance to children and adjust FPL to 210%					-	-	-	-	-	-	-	-	-	-	-	-
121	Section 35 - Utilization rate adjustment deficiency request for utilization, unwinding Medicaid continuous enrollment requirement, value-based purchases for Nursing Facilities and FMAP reduction				-	-	-	-	-	-	-	-	-	-	-	-	-
122					-	-	-	-	-								
123	Subtotal of Medical Services Amendments to Consider	3.00	23,495,728	26,284,285	49,780,013	2.00	25,835,829	31,510,015	57,345,844	-	(14,114,278)	(236,332,742)	(250,447,020)	(2.00)	(39,950,107)	(267,842,757)	(307,792,864)
124																	
125	**One-time funding items**																
126	Cross Disability Waiver/Council					-	-	-	-	-	-	700,000	700,000	-	-	700,000	700,000
127	Program integrity audits (MA)		2,250,000	2,250,000	4,500,000	-	2,250,000	2,250,000	4,500,000	-	-	-	-	-	(2,250,000)	(2,250,000)	(4,500,000)
128	Subtotal of Medical Services One-time Funding items					-	2,250,000	2,250,000	4,500,000	-	-	1,285,000	1,285,000	-	(2,250,000)	(965,000)	(3,215,000)
129																	

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				23 - 25 House Budget				Difference 23-25 House to Senate			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
130	**Long-Term Care**																
131	Grant cost and caseload changes		52,743,861	59,396,389	112,140,250	-	52,743,861	59,396,389	112,140,250	-	52,743,861	59,396,389	112,140,250	-	-	-	-
132	Funding Shift for Health Care Trust Fund		1,000,000	(1,000,000)	-	-	1,000,000	(1,000,000)	-	-	1,000,000	(1,000,000)	-	-	-	-	-
133	FMAP Changes		8,628,268	(8,628,268)	-	-	8,628,268	(8,628,268)	-	-	8,628,268	(8,628,268)	-	-	-	-	-
134					-	-	-	-	-	-	-	-	-	-	-	-	-
135	Subtotal Long Term Care	-	62,372,129	49,768,121	112,140,250	-	62,372,129	49,768,121	112,140,250	-	62,372,129	49,768,121	112,140,250	-	-	-	-
136																	
137	**Amendments to consider**																
138	Section 36 - Provider Inflation 4/3 EBR; 4/4 Senate; 2/2 House		6,173,513	4,332,672	10,506,185	-	6,753,642	4,740,891	11,494,533	-	3,727,410	2,498,215	6,225,625	-	(3,026,232)	(2,242,676)	(5,268,908)
139	Section 36 - Exclude BC if SB 2283 passes					-	(2,391,028)	(1,120,629)	(3,511,657)	-	(2,391,028)	(1,120,629)	(3,511,657)	-	-	-	-
140	Personal Needs Allowance		1,913,100	1,526,700	3,439,800	-	1,913,100	1,526,700	3,439,800	-	624,781	1,526,700	2,151,481	-	(1,288,319)	-	(1,288,319)
141	Adult Foster Care Rate		779,837	779,837	1,559,674	-	779,837	779,837	1,559,674	-	779,837	779,837	1,559,674	-	-	-	-
142	Agency On-Call QSP Staff		351,000	-	351,000	-	351,000	-	351,000	-	351,000	-	351,000	-	-	-	-
143	Bed Hold Days for HCBS		86,882	96,028	182,910	-	86,882	96,028	182,910	-	86,882	96,028	182,910	-	-	-	-
144	Companionship Services		280,000	-	280,000	-	280,000	-	280,000	-	280,000	-	280,000	-	-	-	-
145	Family Home Care Rate		6,240,000	-	6,240,000	-	4,777,500	-	4,777,500	-	4,777,500	-	4,777,500	-	-	-	-
146	Institute base rate for Personal Cares		100,000	-	100,000	-	100,000	-	100,000	-	100,000	-	100,000	-	-	-	-
147	Increase Benefit level and slots for Medically Fragile Waiver		186,400	206,022	392,422	-	186,400	206,022	392,422	-	186,400	206,022	392,422	-	-	-	-
148	Increase Home Delivered Meals to two		138,150		138,150	-	138,150	-	138,150	-	138,150	-	138,150	-	-	-	-
149	Add slots to Autism Waiver		4,149,579	4,586,377	8,735,956	-	4,149,579	4,586,377	8,735,956	-	4,149,579	4,586,377	8,735,956	-	-	-	-
150	Sunset Autism Voucher		(300,000)		(300,000)	-	-	-	-	-	-	-	-	-	-	-	-
151	Add tutoring service to Autism Waiver		19,380	21,420	40,800	-	19,380	21,420	40,800	-	19,380	21,420	40,800	-	-	-	-
152	Nursing Facility Value based payment program									-	6,000,000	6,000,000	12,000,000	-	6,000,000	6,000,000	12,000,000
153	Nursing Facility Reduce utilization rates 200 beds									-	(9,949,900)	(11,220,100)	(21,170,000)	-	(9,949,900)	(11,220,100)	(21,170,000)
154	Basic Care Rebase rates									-	3,229,408	1,847,152	5,076,560	-	3,229,408	1,847,152	5,076,560
155	Basic Care facility bad debt expense									-	-	500,000	500,000	-	-	500,000	500,000
156	Section 16 - Repeal section 50-06-32.1 Autism Voucher program					-	-	-	-	-	-	-	-	-	-	-	-
157	Section 37 - Rebase basic care facilities using median plus methodology					-	-	-	-	-	-	-	-	-	-	-	-
158	Section 40 - Effective date for section 16 (repeal Autism Voucher)				-	-	-	-	-	-	-	-	-	-	-	-	-
159	New Section - Medicaid Waivers - In-home services - Update age for the Autism Waiver to 18 years of age					-	-	-	-	-	-	-	-	-	-	-	-
160					-	-	-	-	-								
161	Subtotal of Long Term Care Amendments to Consider	-	20,117,841	11,549,056	31,666,897	-	17,144,442	10,836,646	27,981,088	-	12,109,399	5,721,022	17,830,421	-	(5,035,043)	(5,115,624)	(10,150,667)
162																	
163	**One-time funding items**																
164	Sunset Autism Voucher (LTC)				-	-	(300,000)	-	(300,000)	-	(300,000)	-	(300,000)	-	-	-	-
165	Subtotal of Long Term Care One-time Funding items					-	(300,000)	-	(300,000)	-	(300,000)	-	(300,000)	-	-	-	-
166																	
167	**DD Council**																
168	Continued program changes			70,974	70,974	-	-	70,967	70,967	-	-	70,967	70,967	-	-	-	-
169	Subtotal DD Council	-	-	70,974	70,974	-	-	70,967	70,967	-	-	70,967	70,967	-	-	-	-
170																	

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				23 - 25 House Budget				Difference 23-25 House to Senate			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
171	**Aging Services**																
172	Continued program changes		590,655	8,414,390	9,005,045	-	915,153	7,584,641	8,499,794	-	915,153	7,584,641	8,499,794	-	-	-	-
173					-	-	-	-	-	-	-	-	-	-	-	-	-
174	Subtotal Aging Services	-	590,655	8,414,390	9,005,045	-	915,153	7,584,641	8,499,794	-	915,153	7,584,641	8,499,794	-	-	-	-
175																	
176	**Amendments to consider**																
177	Section 36 - Provider Inflation 4/3 EBR; 4/4 Senate; 2/2 House		112,159	41,427	153,586	-	122,649	45,302	167,951	-	67,691	23,872	91,563	-	(54,958)	(21,430)	(76,388)
178	DOJ Coordinator - Makes sunset FTE Perm FTE	1.00			-	1.00	-	-	-	-	-	-	-	(1.00)	-	-	-
179	HCBS Case Management - New FTE	10.00		2,350,289	2,350,289					-	-	-	-	-	-	-	-
180	HCBS Generalist - New FTE	1.00	75,170	75,170	150,340	1.00	71,956	71,956	143,912	-	-	-	-	(1.00)	(71,956)	(71,956)	(143,912)
181	HCBS Service Navigators - New FTE	2.00	75,170	75,170	150,340	2.00	71,956	71,956	143,912	-	-	-	-	(2.00)	(71,956)	(71,956)	(143,912)
182	Quality Assurance/Compliance for Aging - New FTE	1.00	110,878	110,878	221,756	1.00	103,868	103,868	207,736	-	-	-	-	(1.00)	(103,868)	(103,868)	(207,736)
183	Guardianship establishment (fee increase)		70,500		70,500	-	70,500	-	70,500	-	70,500	-	70,500	-	-	-	-
184	Senior Meal Rate Increase		12,854,294		12,854,294	-	12,854,294	-	12,854,294	-	12,854,294	-	12,854,294	-	-	-	-
185	Shifting Costs from 457 to HHS Aging	67.00	13,779,234	984,705	14,763,939	-	-	-	-	-	-	-	-	-	-	-	-
186	Increase funding for dementia care service grant					-	305,000	-	305,000	-	305,000	-	305,000	-	-	-	-
187	Agree to Engrossed SB 2012					-	-	697,009	697,009	-	-	697,009	697,009	-	-	-	-
188	Section 23 - Carryover authority for vulnerable adult protection services appropriation from 2021 Special Session					-	-	-	-	-	-	-	-	-	-	-	-
189	Section 25 - Carryover authority for money follows the person capacity program appropriation from 2021 Special Session					-	-	-	-	-	-	-	-	-	-	-	-
190	Section 32 - Carryover exemption for Medicaid HCBS 10% plan					-	-	-	-	-	-	-	-	-	-	-	-
191					-	-	-	-	-	-	-	-	-	-	-	-	-
192	Subtotal of Aging Amendments to Consider	82.00	27,077,405	3,637,639	30,715,044	5.00	13,600,223	990,091	14,590,314	-	13,297,485	720,881	14,018,366	(5.00)	(302,738)	(269,210)	(571,948)
193																	
194	**Children and Family Services**																
195	Continued program changes		6,135,387	(2,874,953)	3,260,434	-	2,979,468	416,500	3,395,968	-	2,979,468	416,500	3,395,968	-	-	-	-
196	Grant cost and caseload changes		1,402,952	5,745,866	7,148,818	-	4,756,382	2,321,276	7,077,658	-	4,756,382	2,321,276	7,077,658	-	-	-	-
197	FMAP Changes		(18,029)	18,029	-	-	(18,029)	18,029	-	-	(18,029)	18,029	-	-	-	-	-
198					-	-	-	-	-	-	-	-	-	-	-	-	-
199	Subtotal Children and Family Services	-	7,520,310	2,888,942	10,409,252	-	7,717,821	2,755,805	10,473,626	-	7,717,821	2,755,805	10,473,626	-	-	-	-
200																	
201	**Amendments to consider**																
202	Section 36 - Provider Inflation 4/3 EBR; 4/4 Senate; 2/2 House		4,430,167	3,425,283	7,855,450	-	4,776,326	3,663,887	8,440,213	-	2,636,107	1,930,687	4,566,794	-	(2,140,219)	(1,733,200)	(3,873,419)
203	TANF Revitalization		7,496,368	(7,496,368)	-	-	7,496,368	(7,496,368)	-	-	7,496,368	(7,496,368)	-	-	-	-	-
204	CAC Child Advocacy Center of ND		1,600,000		1,600,000	-	2,500,000	-	2,500,000	-	2,500,000	-	2,500,000	-	-	-	-
205	Unlicensed Relative Caregiver assistance		960,000		960,000	-	960,000	-	960,000	-	1,420,000	-	960,000	-	460,000	-	460,000
206	Child Protection and Response Team	4.00	1,003,280		1,003,280	-	-	-	-	-	-	-	-	-	-	-	-
207	Family Voices - grants to organizations to provide family to family support				-	-	175,000	-	175,000	-	175,000	-	175,000	-	-	-	-
208	Section 24 - Carryover authority for children and family services transition program appropriation from 2021 Special Session					-	-	-	-	-	-	-	-	-	-	-	-
209					-	-	-	-	-								
210	Subtotal of CFS Amendments to Consider	4.00	15,489,815	(4,071,085)	11,418,730	-	15,907,694	(3,832,481)	12,075,213	-	16,367,694	(3,832,481)	12,535,213	-	460,000	-	460,000
211																	

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				23 - 25 House Budget				Difference 23-25 House to Senate			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
212	**Behavioral Health Division**																
213	Continued program changes		191,745	(2,479,500)	(2,287,755)	-	220,705	(2,496,747)	(2,276,042)	-	220,705	(2,496,747)	(2,276,042)	-	-	-	-
214					-	-	-	-	-	-	-	-	-	-	-	-	-
215	Subtotal Behavioral Health Division	-	191,745	(2,479,500)	(2,287,755)	-	220,705	(2,496,747)	(2,276,042)	-	220,705	(2,496,747)	(2,276,042)	-	-	-	-
216																	
217	**Amendments to consider**																
218	Section 36 - Provider Inflation 4/3 EBR; 4/4 Senate; 2/2 House		1,366,916	338,976	1,705,892	-	1,494,757	370,679	1,865,436	-	824,973	195,329	1,020,302	-	(669,784)	(175,350)	(845,134)
219	BHD Service Navigator - New FTE	1.00	201,743		201,743	1.00	189,272	-	189,272	-	-	-	-	(1.00)	(189,272)	-	(189,272)
220	SUD Voucher Processor - Temp	1.00	34,674		34,674	1.00	34,674	-	34,674	-	-	-	-	(1.00)	(34,674)	-	(34,674)
221	Pregnant Parenting Women Residential		600,000		600,000	-	600,000	-	600,000	-	600,000	-	600,000	-	-	-	-
222	Community Connect		7,019,514		7,019,514	-	7,019,514	-	7,019,514	-	7,019,514	-	7,019,514	-	-	-	-
223	Free Through Recovery			8,326,380	8,326,380	-	-	8,326,380	8,326,380	-	15,500,000	(7,173,620)	8,326,380	-	15,500,000	(15,500,000)	-
224	Opioid Settlement			2,000,000	2,000,000	-	-	2,000,000	2,000,000	-	-	2,000,000	2,000,000	-	-	-	-
225	School Grants					-	3,500,000	-	3,500,000	-	6,500,000	-	6,500,000	-	3,000,000	-	3,000,000
226	Recovery Housing additional funding				-	-	1,300,000	-	1,300,000	-	1,300,000	-	1,300,000	-	-	-	-
227	B-HERO spending authority (Funded with GEER funds)				-	-	-	400,000	400,000	-	-	400,000	400,000	-	-	-	-
228	988 Crisis hotline Program									-	-	1,867,500	1,867,500	-	-	1,867,500	1,867,500
229	Section 12 - Supportive housing Grants for behavioral health division					-	-	-	-	-	-	-	-	-	-	-	-
230	Section 19 - Provider process and outcomes measures for providers who receive funding from Department				-	-	-	-	-	-	-	-	-	-	-	-	-
231	Section 20 - Transfer authority of appropriation for community behavioral health program				-	-	-	-	-	-	-	-	-	-	-	-	-
232	Section 22 - Carryover suicide prevention grants					-	-	-	-	-	-	-	-	-	-	-	-
233	Section 26 - Carryover authority for free through recovery program from 2021 Special Session					-	-	-	-	-	-	-	-	-	-	-	-
234	New section amendment - to carryover SUD Voucher funding from HB1012					-	-	-	-	-	-	-	-	-	-	-	-
235						-	-	-	-	-	-	-	-	-	-	-	-
236	Subtotal of Behavioral Health Division Amendments to Consider	2.00	9,222,847	10,665,356	19,888,203	2.00	14,138,217	11,097,059	25,235,276	-	32,414,271	(2,535,441)	29,878,830	(2.00)	18,276,054	(13,632,500)	4,643,554
237																	
238	**One-time funding items**																
239	Behavioral Health facility grant - NW HSC region									-	1,950,000	-	1,950,000	-	1,950,000	-	1,950,000
240	Pregnant Parenting Women Residential - SIIF			1,000,000	1,000,000	-	-	1,000,000	1,000,000	-	-	1,000,000	1,000,000	-	-	-	-
241	Subtotal of Behavioral Health Division One-time Funding items					-	-	1,000,000	1,000,000	-	1,950,000	1,000,000	2,950,000	-	1,950,000	-	1,950,000
242																	
243	**Vocational Rehabilitation**																
244	Continued program changes		361,265	1,822,770	2,184,035	-	425,752	1,757,792	2,183,544	-	425,752	1,757,792	2,183,544	-	-	-	-
245					-	-	-	-	-	-	-	-	-	-	-	-	-
246	Subtotal Vocational Rehabilitation	-	361,265	1,822,770	2,184,035	-	425,752	1,757,792	2,183,544	-	425,752	1,757,792	2,183,544	-	-	-	-
247																	

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				23 - 25 House Budget				Difference 23-25 House to Senate			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
248	**Developmental Disabilities**																
249	Continued program changes		373,528	2,141,760	2,515,288	-	335,097	2,004,834	2,339,931	-	335,097	2,004,834	2,339,931	-	-	-	-
250	Grant cost and caseload changes		(4,506,432)	(7,804,980)	(12,311,412)	-	(4,381,435)	(7,804,977)	(12,186,412)	-	(4,381,435)	(7,804,977)	(12,186,412)	-	-	-	-
251	FMAP Changes		6,895,538	(6,895,538)	-	-	6,895,538	(6,895,538)	-	-	6,895,538	(6,895,538)	-	-	-	-	-
252	Underfunding		(4,615,012)	(5,121,300)	(9,736,312)	-	(4,615,012)	(5,121,300)	(9,736,312)	-	(4,615,012)	(5,121,300)	(9,736,312)	-	-	-	-
253					-	-	-	-	-								
254	Subtotal Developmental Disabilities	-	(1,852,378)	(17,680,058)	(19,532,436)	-	(1,765,812)	(17,816,981)	(19,582,793)	-	(1,765,812)	(17,816,981)	(19,582,793)	-	-	-	-
255																	
256	**Amendments to consider**																
257	Section 36 - Provider Inflation 4/3 - EBR; 4/4 Senate; 3/3 House		18,647,220	20,831,720	39,478,940	-	20,416,563	22,808,856	43,225,419	-	16,389,232	17,740,363	34,129,595	-	(4,027,331)	(5,068,493)	(9,095,824)
258	Yr 1 Additional 3% Provider Increase				-	-	10,223,681	11,403,366	21,627,047	-	-	-	-	-	(10,223,681)	(11,403,366)	(21,627,047)
259	Early Intervention Team - New FTE	1.00	92,210	92,210	184,420	1.00	86,602	86,602	173,204	-	-	-	-	(1.00)	(86,602)	(86,602)	(173,204)
260	Quality Assurance/Compliance for DD - New FTE	1.00	110,878	110,878	221,756	1.00	103,868	103,868	207,736	-	-	-	-	(1.00)	(103,868)	(103,868)	(207,736)
261	Guardianship Establishment for DD Families		300,000		300,000	-	300,000	-	300,000	-	300,000	-	300,000	-	-	-	-
262	Guardianship Addition during Committee work				-	-	808,748	-	808,748	-	-	-	-	-	(808,748)	-	(808,748)
263	Agree to Engrossed SB 2012					-	-	697,009	697,009	-	-	697,009	697,009	-	-	-	-
264	DDPM (case management) capacity - New FTE	2.00	172,370	179,406	351,776	-	-	-	-	-	-	-	-	-	-	-	-
265					-	-	-	-	-								
266	Subtotal of Developmental Disabilities Amendments to consider	4.00	19,322,678	21,214,214	40,536,892	2.00	31,939,462	35,099,701	67,039,163	-	16,689,232	18,437,372	35,126,604	(2.00)	(15,250,230)	(16,662,329)	(31,912,559)
267																	
268	**Disability Determination Services**																
269	Continued program changes			284,045	284,045	-	-	236,892	236,892	-	-	236,892	236,892	-	-	-	-
270	Subtotal Disability Determination Services	-	-	284,045	284,045	-	-	236,892	236,892	-	-	236,892	236,892	-	-	-	-
271																	
272	**Refugee Services**																
273	Continued program changes			4,097,492	4,097,492	-	-	4,097,463	4,097,463	-	-	4,097,463	4,097,463	-	-	-	-
274	Subtotal Refugee Services	-	-	4,097,492	4,097,492	-	-	4,097,463	4,097,463	-	-	4,097,463	4,097,463	-	-	-	-
275																	

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				23 - 25 House Budget				Difference 23-25 House to Senate			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
276	**Early Childhood Division**																
277	Continued program changes		21,938	(828,886)	(806,948)	-	132,436	(810,984)	(678,548)	-	132,436	(810,984)	(678,548)	-	-	-	-
278					-	-	-	-	-					-	-	-	-
279	Subtotal Early Childhood Services	-	21,938	(828,886)	(806,948)	-	132,436	(810,984)	(678,548)	-	132,436	(810,984)	(678,548)	-	-	-	-
280																	
281	**Amendments to consider**																
282	Expand Child Care Grants - New FTE	1.00	251,226		251,226	1.00	236,905	-	236,905	-	-	-	-	(1.00)	(236,905)	-	(236,905)
283	Expand Best in Class - New FTE	1.00	251,226		251,226	-	-	-	-	-	-	-	-	-	-	-	-
284	Expand Best in Class		16,000,000		16,000,000	-	12,000,000	-	12,000,000	-	12,000,000	-	12,000,000	-	-	-	-
285	Early Childhood Career Grants and Career Pathways		2,000,000		2,000,000	-	2,000,000	-	2,000,000	-	-	-	-	-	(2,000,000)	-	(2,000,000)
286	Waterford Program		2,400,000		2,400,000	-	-	-	-	-	2,400,000	-	2,400,000	-	2,400,000	-	2,400,000
287	Shifting Costs from 457 to HHS Early Childhood	26.00	4,869,909	422,954	5,292,863	-	-	-	-	-	-	-	-	-	-	-	-
288	Section 9 - Legacy Fund earnings for defraying expenses for the child care assistance program					-	-	-	-	-	-	-	-	-	-	-	-
289	Section 13 - $5,000,000 for the use financial assistance and direct payments for child care services					-	-	-	-	-	-	-	-	-	-	-	-
290	Section 21 - Exemption to procurement for early childhood workforce professional development info system or early childhood referral system					-	-	-	-	-	-	-	-	-	-	-	-
291	Section 39 - Legislative management report for Waterford program					-	-	-	-	-	-	-	-	-	-	-	-
292	PDF & CCDF grant increases								-	-	-	21,514,027	21,514,027	-	-	21,514,027	21,514,027
293					-	-	-	-	-								
294	Subtotal of Early Childhood Division Amendments to consider	28.00	25,772,361	422,954	26,195,315	1.00	14,236,905	-	14,236,905	-	14,400,000	21,514,027	35,914,027	(1.00)	163,095	21,514,027	21,677,122
295																	
296	**One-time funding items**																
297	Expand public-private child care benefit			5,000,000	5,000,000	-	-	1,000,000	1,000,000	-	-	-	-	-	-	(1,000,000)	(1,000,000)
298	Child Care Business Operating grants and services			7,000,000	7,000,000	-	-	5,000,000	5,000,000	-	-	-	-	-	-	(5,000,000)	(5,000,000)
299	Child Care pilot for care during non-traditional hours			1,000,000	1,000,000	-	-	1,000,000	1,000,000	-	-	-	-	-	-	(1,000,000)	(1,000,000)
300	Add capacity to Early Childhood quality infrastructure		3,000,000		3,000,000	-	3,000,000	-	3,000,000	-	-	-	-	-	(3,000,000)	-	(3,000,000)
301					-	-	-	-	-								
302	Subtotal of Early Childhood Division One-time funding changes	-	3,000,000	13,000,000	16,000,000	-	3,000,000	7,000,000	10,000,000	-	-	-	-	-	(3,000,000)	(7,000,000)	(10,000,000)
303															-	-	-
304	Subtotal all ongoing funding changes	123.00	343,654,812	466,574,949	810,229,761	12.00	334,659,311	487,618,060	822,277,371	(676.32)	192,403,758	112,377,179	304,780,937	(688.32)	(142,255,553)	(375,240,881)	(517,496,434)
305																	
306	Total Changes to Base Level Funding	123.00	343,654,812	466,574,949	810,229,761	12.00	334,659,311	487,618,060	822,277,371	(676.32)	192,403,758	112,377,179	304,780,937	(688.32)	(142,255,553)	(375,240,881)	(517,496,434)
307																	
308	**2023-25 Total Funding - Program and Policy**	799.32	$ 1,638,183,057	$ 2,967,693,507	$ 4,605,876,564	688.32	$ 1,629,187,556	$ 2,988,736,618	$ 4,617,924,174	0.00	$ 1,486,932,003	$ 2,613,495,737	$ 4,100,427,740	(688.32)	$ (142,255,553)	$ (375,240,881)	$ (517,496,434)
309																	

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				23 - 25 House Budget				Difference 23-25 House to Senate			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
310	**2023-25 Base Level - Field Services**	1,320.61	$ 179,323,957	$ 114,273,295	$ 293,597,252	1,320.61	$ 179,323,957	$ 114,273,295	$ 293,597,252	1,320.61	$ 179,323,957	$ 114,273,295	$ 293,597,252	0.00	$ -	$ -	$ -
311																	
312	**2023-25 Ongoing Funding Changes**																
313	State employee salary and benefit increases		16,019,179	5,196,445	21,215,624	-	13,087,608	4,279,883	17,367,491	-	-	-	-	-	(13,087,608)	(4,279,883)	(17,367,491)
314	Transfer FTE to Block Grant									(1,320.61)	(172,296,141)	(77,619,785)	(249,915,926)	(1,320.61)	(172,296,141)	(77,619,785)	(249,915,926)
315	Subtotal Ongoing Funding Changes	-	16,019,179	5,196,445	21,215,624	-	13,087,608	4,279,883	17,367,491	(1,320.61)	(172,296,141)	(77,619,785)	(249,915,926)	-	(13,087,608)	(4,279,883)	(17,367,491)
316																	
317	**Human Service Centers**																
318	Continued program changes		828,956	2,176,151	3,005,107	-	828,956	2,176,151	3,005,107	-	828,956	2,176,151	3,005,107	-	-	-	-
319	Adjustment needed in House for Continued Program Changes						(636,804)	(552,800)	(1,189,604)	-	(636,804)	(552,800)	(1,189,604)	-	-	-	-
320	Adjustment needed - switch approp line from Institutions to HSC						(5,028,541)	-	(5,028,541)	-	(5,028,541)	-	(5,028,541)	-	-	-	-
321					-	-	-	-	-								
322	Subtotal Human Service Centers	-	828,956	2,176,151	3,005,107	-	(4,836,389)	1,623,351	(3,213,038)	-	(4,836,389)	1,623,351	(3,213,038)	-	-	-	-
323																	
324	**State Hospital**																
325	Continued program changes		1,164,508	211,800	1,376,308	-	2,586,292	764,602	3,350,894	-	2,586,292	764,602	3,350,894	-	-	-	-
326	Adjustment needed - switch approp line from Institutions to Human Service Centers						5,028,541	-	5,028,541		5,028,541	-	5,028,541	-	-	-	-
327					-	-	-	-	-								
328	Subtotal State Hospital	-	1,164,508	211,800	1,376,308	-	7,614,833	764,602	8,379,435	-	7,614,833	764,602	8,379,435	-	-	-	-
329																	
330	**Life Skills and Transition Center**																
331	Continued program changes		2,586,559	5,050,437	7,636,996	-	2,586,559	5,050,437	7,636,996	-	2,586,559	5,050,437	7,636,996	-	-	-	-
332					-	-	-	-	-	-	-	-	-	-	-	-	-
333	Subtotal Life Skills and Transition Center	-	2,586,559	5,050,437	7,636,996	-	2,586,559	5,050,437	7,636,996	-	2,586,559	5,050,437	7,636,996	-	-	-	-
334																	
335	Subtotal Institutions					-	5,365,003	7,438,390	12,803,393	-	5,365,003	7,438,390	12,803,393	-	-	-	-
336																	

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				23 - 25 House Budget				Difference 23-25 House to Senate			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
337	**Amendments to consider**																
338	Section 36 - Provider Inflation 4/3 EBR 4/4 Senate 2/2 House		1,296,258		1,296,258	-	1,417,491	-	1,417,491	-	701,796	-	701,796	-	(715,695)	-	(715,695)
339	Contract for Gen. Physician Position 24x7 Crisis Services		132,000		132,000	-	132,000	-	132,000	-	132,000	-	132,000	-	-	-	-
340	Contract for nursing for CRU 24x7 Crisis Services		2,080,000		2,080,000	-	2,080,000	-	2,080,000	-	2,080,000	-	2,080,000	-	-	-	-
341	Contract for On-call psychiatry 24x7 Crisis Services		3,874,500		3,874,500	-	3,874,500	-	3,874,500	-	3,874,500	-	3,874,500	-	-	-	-
342	Expand Mobile Crisis Services	4.00	1,115,695		1,115,695	4.00	1,061,781	-	1,061,781	-	-	-	-	(4.00)	(1,061,781)	-	(1,061,781)
343	NW RN for Crisis Residential	1.00	194,560		194,560	1.00	185,158	-	185,158	-	-	-	-	(1.00)	(185,158)	-	(185,158)
344	Peer Supports Temp to FTE	16.00	1,646,475		1,646,475	16.00	1,566,897	-	1,566,897	-	-	-	-	(16.00)	(1,566,897)	-	(1,566,897)
345	NC Behavioral Health - Temp to FTE	1.50	118,200		118,200	1.50	115,515	-	115,515	-	-	-	-	(1.50)	(115,515)	-	(115,515)
346	NE Behavioral Health - Temp to FTE	4.00	101,270		101,270	4.00	100,323	-	100,323	-	-	-	-	(4.00)	(100,323)	-	(100,323)
347	SC Behavioral Health - Temp to FTE	2.00	85,576		85,576	2.00	84,176	-	84,176	-	-	-	-	(2.00)	(84,176)	-	(84,176)
348	SE - Temp to FTE	16.00	393,611		393,611	16.00	391,212	-	391,212	-	-	-	-	(16.00)	(391,212)	-	(391,212)
349	WC Direct Care Associates - Temp	5.00	264,720		264,720	5.00	259,680	-	259,680	-	-	-	-	(5.00)	(259,680)	-	(259,680)
350	Funding for base community behavioral services thru HSCs		34,200,815	(34,200,815)	-	-	-	-	-	-	30,000,000	(30,000,000)	-	-	30,000,000	(30,000,000)	-
351	3 HSCs to become CCBHCs					24.00	9,650,000	-	9,650,000	-	3,938,041	-	3,938,041	(24.00)	(5,711,959)	-	(5,711,959)
352	Restores operating reductions for HSC									-	13,200,000	-	13,200,000	-	13,200,000	-	13,200,000
353	Restores operating reductions for SH									-	7,586,281	-	7,586,281	-	7,586,281	-	7,586,281
354	Telehealth Psychiatric services in correctional facilities										1,500,000	-	1,500,000	-	1,500,000	-	1,500,000
355	Locumtenens contract - SH		2,475,200		2,475,200	-	2,475,200	-	2,475,200	-	2,475,200	-	2,475,200	-	-	-	-
356	Funding for base community behavioral services thru State Hospital		1,827,326	(1,827,326)	-	-	-	-	-	-	-	-	-	-	-	-	-
357	Section 6 - Adjust or increase up to 50 FTE positions for field services to provide direct services				-	-	-	-	-	-	-	-	-	-	-	-	-
358	Section 17 - Authorize lease agreements with vendors for office suites at LRHSC and NWHSC				-	-	-	-	-	-	-	-	-	-	-	-	-
359	New section - language for exemption to procurement of consumables during time of low census				-	-	-	-	-	-	-	-	-	-	-	-	-
360	Section 18 - lease of land at SH to national guard				-	-	-	-	-	-	-	-	-	-	-	-	-
361	Section 10 - Capital payments relating to special assessments.					-	-	-	-					-	-	-	-
362	Section 11 - Emergency Commission to authorize demolition of the administrative building and employee building and tunnels at the SH					-	-	-	-					-	-	-	-
363					-	-	-	-	-								
364	Subtotal of Amendments to consider Institutions	49.50	49,806,206	(36,028,141)	13,778,065	73.50	23,393,933	-	23,393,933	-	65,487,818	(30,000,000)	35,487,818	(73.50)	42,093,885	(30,000,000)	12,093,885
365																	
366	**One-time funding items - Field Services**																
367	Southeast HSC Mechanical/Safety Systems Upgrade			272,654	272,654	-	-	272,654	272,654	-	-	272,654	272,654	-	-	-	-
368	Southeast HSC parking lot			462,500	462,500	-	-	462,500	462,500	-	-	462,500	462,500	-	-	-	-
369	Funding for base community behavioral services thru HSCs				-	-	34,200,815	(34,200,815)	-	-	-	-	-	-	(34,200,815)	34,200,815	-
370	Funding for base community behavioral services thru State Hospital				-	-	1,827,326	(1,827,326)	-	-	-	-	-	-	(1,827,326)	1,827,326	-
371	Rural law enforcement telehealth program Avel E-care									-	-	2,650,000	2,650,000	-	-	2,650,000	2,650,000
372	State Hospital Design and construction plans			10,000,000	10,000,000	-	-	5,000,000	5,000,000	-	-	12,500,000	12,500,000	-	-	7,500,000	7,500,000
373	Subtotal One-time funding changes	-	-	10,735,154	10,735,154	-	36,028,141	(30,292,987)	5,735,154	-	-	15,885,154	15,885,154	-	(36,028,141)	46,178,141	10,150,000
374																	
375	Total Changes to Base Level Funding	49.50	70,405,408	(12,658,154)	57,747,254	73.50	77,874,685	(18,574,714)	59,299,971	(1,320.61)	(101,443,320)	(84,296,241)	(185,739,561)	(1,394.11)	(179,318,005)	(65,721,527)	(245,039,532)
376																	
377	**2023-25 Total Funding - Field Services**	1,370.11	$ 249,729,365	$ 101,615,141	$ 351,344,506	1,394.11	$ 257,198,642	$ 95,698,581	$ 352,897,223	0.00	$ 77,880,637	$ 29,977,054	$ 107,857,691	(1,394.11)	$ (179,318,005)	$ (65,721,527)	$ (245,039,532)
378																	

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				23 - 25 House Budget				Difference 23-25 House to Senate			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
379	**2023-25 Base Level - County Social**	156.00	$ 1,240,391	$ 188,676,995	$ 189,917,386	156.00	$ 1,240,391	$ 188,676,995	$ 189,917,386	156.00	$ 1,240,391	$ 188,676,995	$ 189,917,386	0.00	$ -	$ -	$ -
380																	
381	**2023-25 Ongoing Funding Changes**																
382	State employee salary and benefit increases 6/4 EBR 4/4 Senate		112,244	2,692,623	2,804,867	-	92,247	2,208,545	2,300,792					-	(92,247)	(2,208,545)	(2,300,792)
383	Continued program changes		21,446	446,522	467,968	-	18,434	1,240,493	1,258,927	-	18,434	1,240,493	1,258,927	-	-	-	-
384	Transfer FTE to Block Grant				-	-	-	-	-	(156.00)	(1,241,952)	(27,900,463)	(29,142,415)	(156.00)	(1,241,952)	(27,900,463)	(29,142,415)
385	Subtotal Ongoing Funding Changes	-	133,690	3,139,145	3,272,835	-	110,681	3,449,038	3,559,719	(156.00)	(1,223,518)	(26,659,970)	(27,883,488)	(156.00)	(1,334,199)	(30,109,008)	(31,443,207)
386																	
387	**One Time Funding**																
388	No one-time funding items		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
389	Subtotal one-time funding changes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
390																	
391	**Amendments to consider**																
392	Shifting Costs from 457 to HHS Admin	(5.00)	(2,541,661)		(2,541,661)	-	-	-	-	-	-	-	-	-	-	-	-
393	Shifting Costs from 457 to HHS Aging	(67.00)	(13,779,234)	(984,705)	(14,763,939)	-	-	-	-	-	-	-	-	-	-	-	-
394	Shifting Costs from 457 to HHS Early Childhood	(26.00)	(4,869,909)	(422,954)	(5,292,863)	-	-	-	-	-	-	-	-	-	-	-	-
395	Funding shared delivery of human services with human service zones		19,816,723	3,476,783	23,293,506	-	-	-	-					-	-	-	-
396	HCBS case management increased volume - New FTE				-	7.00	-	1,102,031	1,102,031	-	-	-	-	(7.00)	-	(1,102,031)	(1,102,031)
397	Funding for human service zone employee increases 4/4 percent			8,337,993	8,337,993	-	-	6,240,680	6,240,680	-	-	8,337,993	8,337,993	-	-	2,097,313	2,097,313
398	Human service zone equity adjustments					-	-	1,000,000	1,000,000	-	-	-	-	-	-	(1,000,000)	(1,000,000)
399	Adjust spending authority including $20 million for zone operations and $600,000 for indigent burials					-	-	23,541,770	23,541,770	-	-	23,541,770	23,541,770	-	-	-	-
400	Section 8 - Human Service Finance fund of $200,000,000 for state-paid economic assistance and social and human services.					-	-	-	-					-	-	-	-
401					-	-	-	-	-								
402	Subtotal of Amendments to consider - Zones	(98.00)	(1,374,081)	10,407,117	9,033,036	7.00	-	31,884,481	31,884,481	-	-	31,879,763	31,879,763	(7.00)	-	(4,718)	(4,718)
403																	
404	Total Changes to Base Level Funding - County Social Service Zones	(98.00)	(1,240,391)	13,546,262	12,305,871	7.00	110,681	35,333,519	35,444,200	(156.00)	(1,223,518)	5,219,793	3,996,275	(163.00)	(1,334,199)	(30,113,726)	(31,447,925)
405																	
406	**2023-25 Total Funding - County Social**	58.00	$ 0	$ 202,223,257	$ 202,223,257	163.00	1,351,072	224,010,514	225,361,586	-	16,873	193,896,788	193,913,661	(163.00)	(1,334,199)	(30,113,726)	(31,447,925)
407																	
408	**2023-25 SB 2012 Budget Total**	**2,346.33**	**$ 1,990,026,154**	**$ 3,458,144,154**	**$ 5,448,170,308**	**2,359.33**	**$ 1,967,126,807**	**$ 3,494,606,556**	**$ 5,461,733,363**	**2,265.33**	**$ 1,881,769,143**	**$ 3,223,321,366**	**$ 5,105,090,509**	**(94.00)**	**$ (85,357,664)**	**$ (271,285,190)**	**$ (356,642,854)**
409																	



Engrossed Senate Bill 2012

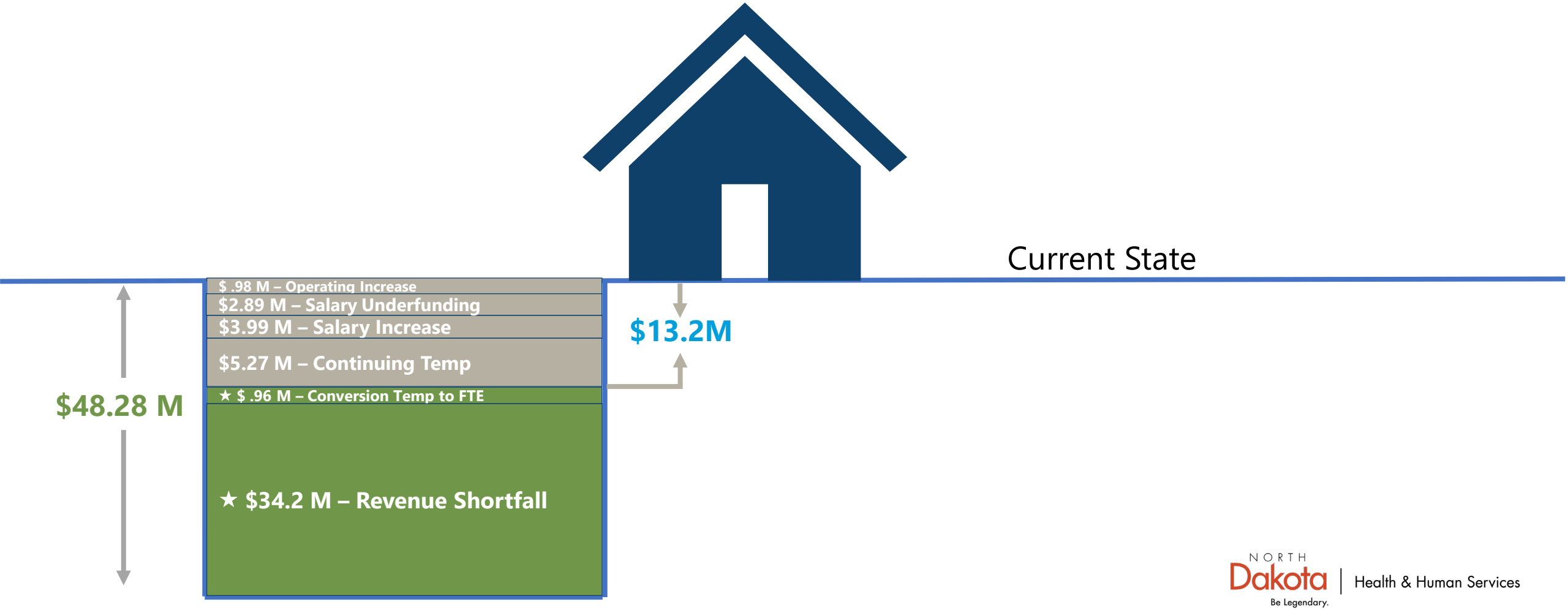
House Appropriations – Human Resources Division Committee
Representative Jon Nelson, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Behavioral Health Division, **Human Service Centers** | March 28, 2023

Human Service Center

Engrossed Senate Bill 2012



NORTH Dakota Be Legendary. | Health & Human Services

Maintain Current Service Delivery Level
(Cost to Continue)

RAW	Budgeted amount	Amendment Description	FTE association
335/351	$34,200,815	Revenue Shortfall	NA
330-334	$963,377	Conversion of long term temporary staff to FTE	28.5
431	$976,496	Operating increase for 8 clinics	NA
432	$3,985,391	Salary Increase for 8 clinics	NA
	$2,891,071	Salary Underfunding	NA
433	$5,265,517	Continuing Temporary staff services	NA

NORTH Dakota Be Legendary. | Health & Human Services

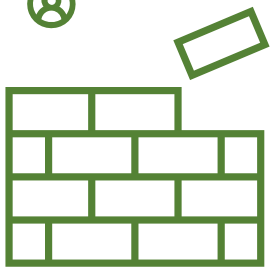
Human Service Center

Engrossed Senate Bill 2012

Amendments to Stabilize



★ 3 HSC's to Become CCBHC's – 9.65M



★ Crisis Service: Stabilizing– 8.9 M

Supportive Vendor Proposals



Avel e-Care – 2.6M



Telepsychiatry – 2M

$48.28 M

$13.2 M – Requiring Amendment

★ 35.16M – Funded through Engrossed SB 2012

Cost to Continue

★ Included in Engrossed Senate Bill 2012

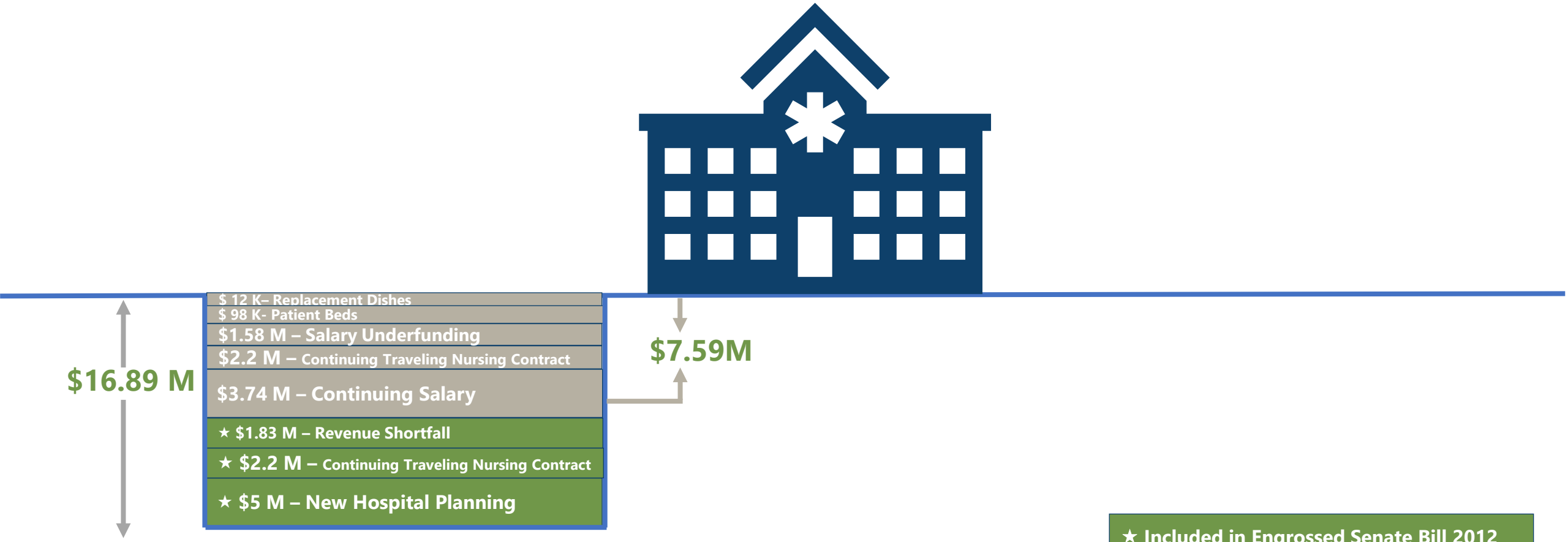
NORTH Dakota Be Legendary. | Health & Human Services

Stabilize

RAW	Budgeted amount	Amendment Description	FTE association
324-329	$8,900,336	Crisis Service Stabilization	21
336	$9,650,000	3 HSC's to become CCBHC's	24
NA	$2,600,000	Avel E-Care	NA
NA	$2,000,000	Telepsychiatry to Jails	NA

North Dakota State Hospital

Engrossed Senate Bill 2012



★ Included in Engrossed Senate Bill 2012

NORTH Dakota Be Legendary. | Health & Human Services

North Dakota State Hospital

Engrossed Senate Bill 2012

RAW	Budgeted amount	Amendment Description
337	$2,475,200	Locumtenens contract cost changes
338/352	$1,827,326	Funding for base community behavioral health services thru NDSH
353	$5,000,000	State Hospital design and construction plans
436	$1,577,436	Salary underfunding
437	$3,735,992	Continuing current biennium salary costs to retain staff
438	$2,162,589	Continuing Worldwide Contract(traveling nursing)
439	$98,264	Replacement of patient beds
440	$12,000	Replacement of patient dishware

SB 2149
Funding Need

Need	Proposal	Biennium Cost
Expanding Mobile Crisis Service Beyond 45 Mile Radius	Technology to 47 Acute Care and Critical Access Hospitals for telehealth assessment and support	$117,500
Expanding Mobile Crisis Service Beyond 45 Mile Radius	6 FTE for expanded service delivery	$1,250,000
Increasing efficiency, safety, and breadth of crisis service work	Integrate real-time GPS technology between Call Center and Mobile Crisis Team	$500,000
Increasing call center capacity for 988	Upgrades for call center operating cost needs, and additional part time and full time employees	$2,009,000.18
		$3,876,500.18

NORTH Dakota Be Legendary.
alth & Human Services

ND Medicaid Payment Facts

Information Brief

Another day, another $1.3 Million. ND will spend $1.3 Million a day on Medicaid Expansion in the 2023-2025 biennium budget.

➢ND spends $3.560 Billion on Medicaid. $3.560 Billion in the 2023-2025 biennium budget is **20% of the State of North Dakota's $8 Billion health spend.** *(Source: CMS | National Health Expenditures)*

➢**ND is in the top tier of states** for Medicaid physician pay rates. *(Source: Kaiser | Medicare to Medicaid Fee Index)*

➢**ND ranks highest in Medicaid Expansion** annual per capita expenditures. *(Source: Medicaid.gov)*

➢ND Medicaid **Expansion currently covers 35,000 North Dakotans** or 4.4 percent of the State's 800,000 citizens. It is one revenue source for medical providers.

➢ **Medicaid Expansion participants will receive the same benefits and services,** regardless of changes to budget or provider rates.

Traditional Medicaid helps pay for medical services for qualifying low-income adults, children, pregnant women, older adults and people with disabilities. Traditional Medicaid has different federal poverty levels (FPL) depending on which category an individual qualifies for.

➢ Medicaid Expansion is available to qualifying low-income individuals between 19-64 with household incomes up to 138% of the federal poverty level (FPL), which is an annual income of $20,121 for a household of one and $27,214 for a household of two.

Most **supplemental payments are funded by state-based hospital taxes**, which can be up to 6% of total revenue.

➢Supplemental payments are additional payments to providers to provide financial support and are not made in exchange for services to Medicaid participants.

➢Most hospital supplemental payments are funded by state-based hospital taxes, which can be up to 6% of total revenue. *(Source: Title 42 Code of Federal Regulations)*

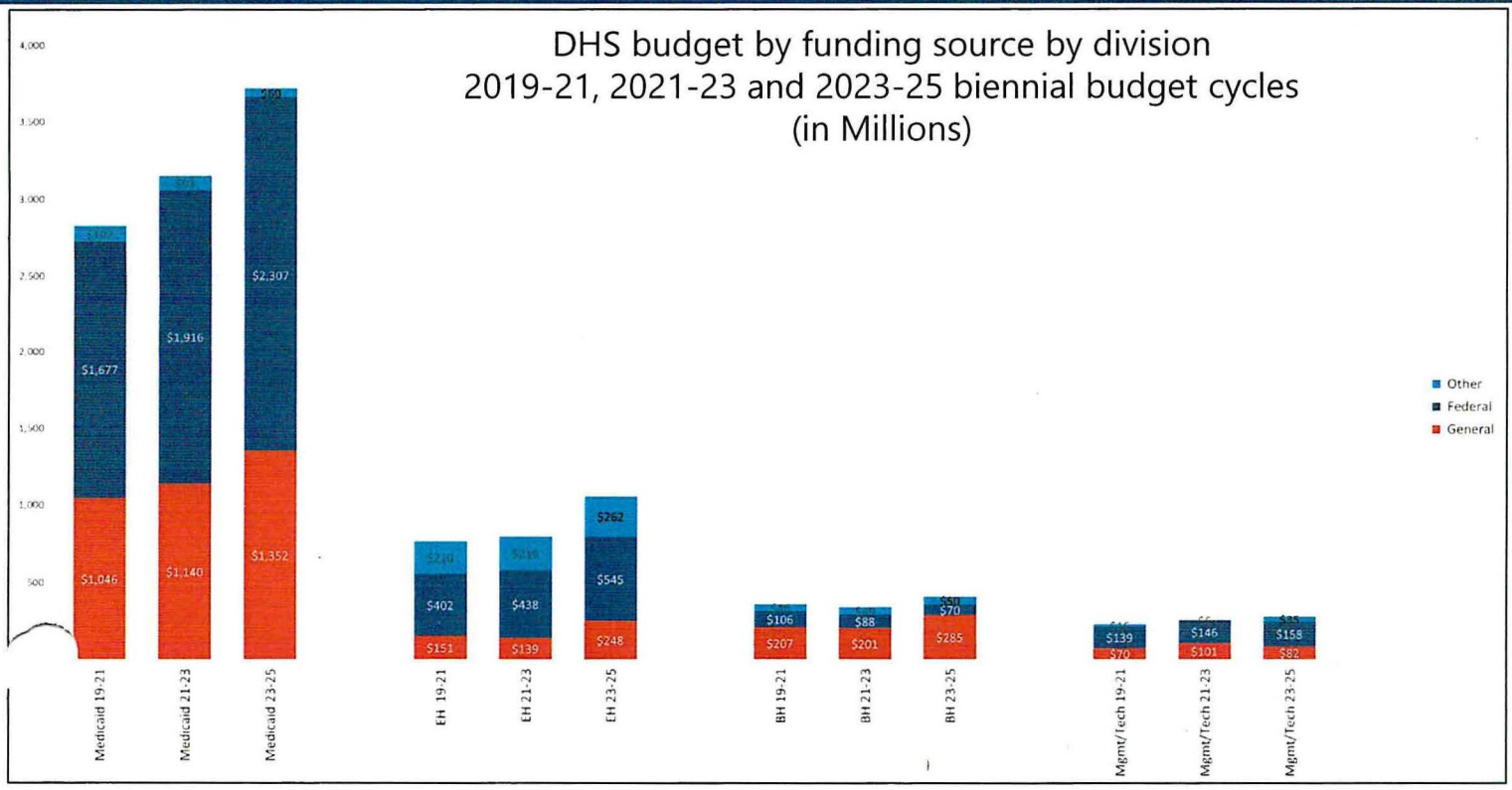
➢CMS requires that state hospital taxes be broad based, uniformly imposed and that all hospitals pay the tax. Taxes may negatively impact some hospitals because while all are required to pay the tax, some may not receive a supplement payment. *(Source: Kaiser | States and Medicaid Provider Taxes or Fees)*

ND Medicaid's total supplement payment amount in 2021 was $1.4M. *(Source: Medicaid and CHIP Payment and Access Commission | Annual-Analysis-of-Disproportionate-Share-Hospital-Allotments-to-States)*

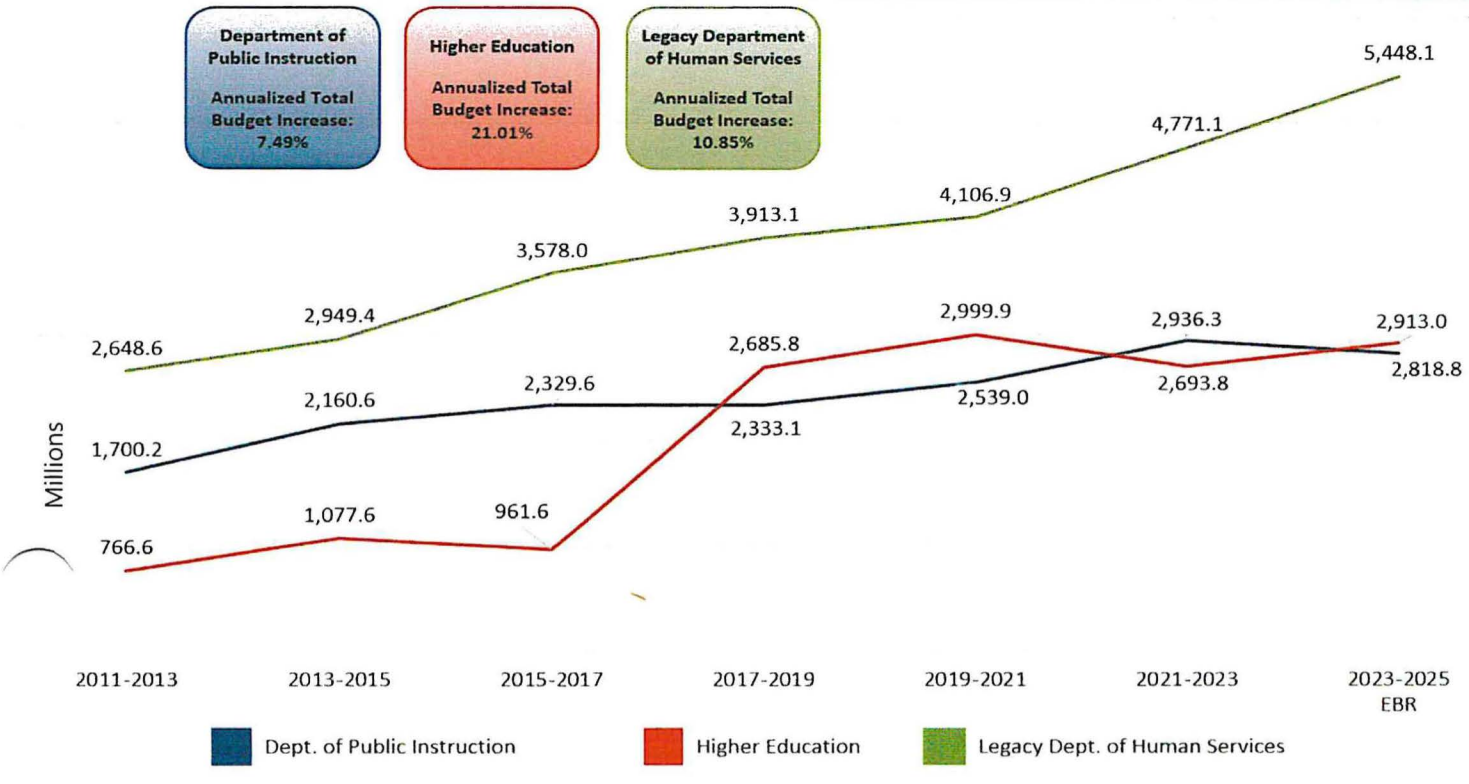
ND Medicaid Budget

Information Brief

Medicaid, long-term care and developmental disability **represent 64% of SB 2012 budget** for the 2023-25 biennium.



Reducing the Medicaid Expansion budget will help bend the curve on budget increases.



NORTH Dakota Be Legendary.
alth & Human Services

Engrossed SB 2012 Medicaid Expansion Budget Option 1

Information Brief

Component A
General Fund savings: $11 Million

Where do the savings come from?

- Reduces Expansion budget estimate by **$11 Million** based on current utilization information.
- Impacts HHS only.

Description	General Fund	Other Funds	Total Funds	Average Cost of Premiums per Month	Change in Premiums from EBR	Average Number of Premiums per Month
Executive Budget Request (EBR) - Managed Care Expansion	$94,255,028	$848,295,256	$942,550,284	$1,320.01	0%	29,752
Budget Estimate Update (Reduction) - 24 month impact	(11,075,387)	(99,678,486)	(110,753,873)			
Managed Care Expansion Budget After Reassessment	$83,179,641	$748,616,770	$831,796,411	$1,164.92	-12%	29,752

Component B
General Fund savings: $25 Million

Where do the savings come from?

- Aligns Expansion rates with Medicaid Traditional reimbursement rates for an additional **$25 Million.**
- Impacts HHS, Blue Cross Blue Shield of ND and Providers.
- No change to benefits or services provided to ND Medicaid Expansion participants.
- These funds may be reallocated to other needed programs and services, such as Behavioral Health.

Managed Care Expansion Budget After Reassessment	$83,179,641	$748,616,770	$831,796,411	$1,164.92	-12%	29,752
Managed Care Expansion Reimbursement at Traditional Rate (Reduction) - 18 month impact	(25,475,752)	(229,281,767)	(254,757,519)			
Managed Care Expansion Budget at Traditional Rates	$57,703,889	$519,335,003	$577,038,892	$808.13	-39%	29,752

dicaid Expansion Budget Option 1
- **Total General Fund savings: $36 Million** ($11M + $25M)

NORTH Dakota Be Legendary.
ealth & Human Services

Engrossed SB 2012 Medicaid Expansion Budget Option 2

Information Brief

Component A
General Fund savings: $11 Million

Where do the savings come from?

- Reduces Expansion budget estimate by **$11 Million** based on current utilization information.
- Impacts HHS only.

Description	General Fund	Other Funds	Total Funds	Average Cost of Premiums per Month	Change in Premiums from EBR	Average Number of Premiums per Month
Executive Budget Request (EBR) - Managed Care Expansion	$94,255,028	$848,295,256	$942,550,284	$1,320.01	0%	29,752
Budget Estimate Update (Reduction) - 24 month impact	(11,075,387)	(99,678,486)	(110,753,873)			
Managed Care Expansion Budget After Reassessment	$83,179,641	$748,616,770	$831,796,411	$1,164.92	-12%	29,752

Component B
General Fund savings: $17 Million

Where do the savings come from?

- Aligns Expansion rates **with 125%** of Medicaid Traditional reimbursement rates for an additional **$17 Million.**
- Impacts HHS, Blue Cross Blue Shield of ND and Providers.
- No change to benefits or services provided to ND Medicaid Expansion participants.
- These funds may be reallocated to other needed programs and services, such as Behavioral Health.

Managed Care Expansion Budget After Reassessment	$83,179,641	$748,616,770	$831,796,411	$1,164.92	-12%	29,752
Managed Care Expansion Reimbursement at 125% Traditional Rate (Reduction) - 18 month impact	(17,114,813)	(154,033,318)	(171,148,131)			
Managed Care Expansion Budget at 125% of Traditional Rates	$66,064,828	$594,583,452	$660,648,280	$925.23	-30%	29,752

Medicaid Expansion Budget Option 2
Total General Fund savings: $28 Million ($11M + $17M)

What are the impacts of reducing the Medicaid Expansion budget?

Impacts to ND Medicaid Expansion participants

- **No impact to Medicaid Expansion participants**. Medicaid Expansion benefits and services remain the same.
- Some Medicaid Expansions providers could choose to not contract with the managed care organization.
- Currently, ND Medicaid provider networks are strong with provider coverage and access across the state.

Impact to Providers

- It will take 6 months to implement, with 18 months of impact to providers.
- For Option 1: Medicaid Expansion providers will experience an approximate 40% rate reduction on 35,000 Medicaid Expansion participants, which represent 4.4% of the state's 800,000 population. For Option 2: Medicaid Expansion providers will experience an approximate 30% rate reduction.
- **Developmental Disability providers will not be impacted** by a reduction to the Medicaid Expansion budget.
- Long-term care providers will not be impacted.
- Traditional Medicaid will not be impacted. Traditional Medicaid covers 100,000 North Dakotans or 12% of ND's population.

Impacts to ND's medical industry

- ND will move toward more sustainable health care cost growth. By comparison, ND pays more for Medicaid Expansion provider rates than any other state.
- As Medicaid provider rates increase, pressure is put on the commercial side to increase rates to align pricing. Reducing the Medicaid Expansion budget will help mitigate continued increases in health care costs for all North Dakotans.
- In 2019, ND's medical industry spending was $8 Billion. Budget option 1 will take out $254M, which is a 3% reduction in total industry spending. Budget option 2 will take out $171M, which is a 2% reduction.

NORTH Dakota Be Legendary.
ealth & Human Services

ND Hospital and Insurance Study

Information Brief

According to the ND Hospital and Insurance Study, hospitals, commercial, Medicare and Medicaid revenue appears to be showing sizable growth.

North Dakota Hospital and Insurance Study Highlights

The study was led by former Illinois Insurance Commissioner Jennifer Hammer, former Wisconsin Deputy Commissioner J.P. Wieske, and former CBO and current Horizon Government Affairs Economist Jeff Lemieux.
The study highlighted a number of important issues in the North Dakota Hospital market including:

- **Hospital Utilization.** North Dakota has seen an increase in hospital usage. North Dakota Hospitals are seeing longer hospital stays than the national average, and utilization is growing faster in North Dakota than most of the rest of the country.
- **Hospital Expenses.** Hospital Expenses are ranking higher than the national average (usually top 5) and continuing to grow at higher than national average rates (also top 5 rankings)
- **Hospital Operating Revenue.** North Dakota hospitals are seeing high revenue and high revenue growth.
- **Medicare Revenue.** Medicare revenue is also very high and growing for North Dakota Hospitals
- **Hospital Reimbursement.** Private hospital reimbursement based on Medicare rates grew from 170 percent of Medicare in 2010 to over 200 percent of Medicare in 2018.
- **Acute Care vs. Critical Access Hospitals.** Critical access hospitals appear to be reimbursed at a much lower rate (149% of Medicare) than acute care hospital (211% of Medicare)
- **Premiums.** North Dakota premiums are largely average as compared to national average.
- **Claims.** Insurer claims are averaging slightly higher than the national average and are growing at higher than the national average.
- **Administrative costs.** Insurer administrative expenses remain low, but the administrative expenses are growing at a very fast rate.

The data clearly shows a number of warning signs in the North Dakota market. For the Hospitals, Commercial, Medicare, and Medicaid revenue appears to be showing sizable growth. Hospitals appear to be offering more services and longer stays. In health insurance, administrative costs have grown substantially - though still generally at or below the national average. These trends bear watching. In chart below, we pull out a number of important measures that policymakers should pay attention to.

From ND Insurance Commissioner Jon Godfread's testimony to House Appropriation's – Human Resources Division, April 5, 2023.

ND Legislative session 2023-2025

NORTH Dakota Be Legendary.
alth & Human Services

ND Hospital and Insurance Study

Information Brief

According to the ND Hospital and Insurance Study, hospitals, commercial, Medicare and Medicaid revenue appears to be showing sizable growth.

North Dakota Measure	50-State Comparison
Hospital Revenue and Expense Growth 7.5 - 8% Per Year (Table 2) Much higher than any measure of inflation, wage or economic growth.	**3rd Highest Growth in hospital expenses in the U.S.** (Table 18) • 84% growth during the 2010-2017 period. Average yearly growth of 7.9%. • North Dakota ranks 3rd in growth of expenses.
Commercial payments to hospitals rose from 170% of Medicare to 207% of Medicare (Table 9)	**7th Highest commercial payment rate to hospitals** (Table 24) **4th Highest growth of hospital revenues** (Tables 20 & 21) Commercial payment rates relative to Medicare ranks North Dakota 7th in the US (Table 24) Ranked 4th in annual growth of revenues. Growing at 7.4% annually (Table 20 & 21)
Patient hospital utilization grew 1 - 2% (Table 1)	**Inpatient hospital days grew in North Dakota while nationally they declined.** (Table 13) **3rd Highest Length of hospital stay in the country** (Table 15) Inpatient days are growing (1.3%) while nationally they are shrinking (-0.3%). (Table 13) Length of stay is high (3rd in US) and is growing faster than the rest of the country (1.6% to 0.4%) (Table 15)
Salaries Rose 4% per year Expenses rose 3% per year (Table 5 & 6)	**8th Highest average hospital salaries in the nation** (Table 22)

From ND Insurance Commissioner Jon Godfread's testimony to House Appropriation's – Human Resources Division, April 5, 2023.

ND Legislative session 2023-2025



Compensation + Equity Study

House Appropriations – HR Section

Rep Jon Nelson, Chairman March 8, 2023

NORTH Dakota | Health & Human Services

Be Legendary.

Sara Stolt, Deputy Commissioner HHS

Overview



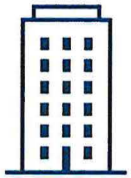
Zones

- County Employees
- County Benefits
- Follow State Merit System
- Equity Challenges
- Market Challenges
- Receive Legislative Increases
- Recruiting and Retention Challenges



Benefits

- Host County determined benefit packages
- Entire County has the same benefit package
- Disparity between each zone and zones in comparison to the state



Health and Human Services

- Newly integrated
- State Benefits
- Equity Challenges
- Market Challenges
- Recruiting and Retention Challenges

NORTH Dakota | Health & Human Services
Be Legendary.

Legislative Study: SB2086 ('21 Biennium)



NORTH Dakota | Health & Human Services
Be Legendary.

Compensation Efforts

Equity + Disparity

Executive Budget Recommended Increase

6/4%

Legislative Recommended Increase

4/4%

Performance Increase

Executive Budget Equity Package

- $10.3M (biennium)
- Does NOT include Human Service Zones
- Focuses on:
  - Verifiable, significant market gaps for job categories
  - Staffing issues with impact on services and operations
  - Relatively low paid employees & agencies

SB2086 Comp and Equity Study

- Phase 1: Market
- Phase 2: Equity
- Phase 3: Benefits

Focus: Within Zones, Zones to HHS, Overall Zones/State to Market

NORTH Dakota | Health & Human Services
Be Legendary.

Comp + Equity By the Numbers

Budgeted Item	FY 22 Annual	Executive Budget Equity Package	Executive Budget Recommendation – General Performance Increase	Gallagher HHS/Zone - Market Recommendation	Gallagher- Zone Salary Disparity Recommendation	Gallagher - Zone Benefits Disparity Recommendation
HHS Payroll + Payroll Associated Benefits***	$169 M	$10.3 M Biennium	$30.3 M** Biennium	$21 M Biennium		
Zone Payroll	$44.3 M		$8.3 M** Biennium	$5.5 M Biennium	$3.5 M Biennium	
Zone Benefits (HC Premiums + Payroll Associated Benefits)	$21 M			$2.2 M Biennium		$8.8 M Biennium

**Based on 6% and 4%

*** Does not include HC premium increases

Both internal and external analysis supports a 6% and 4% increase. Gallagher's market recommendation is NOT in addition to the EBR of 6% and 4%.

NORTH Dakota | Health & Human Services
Be Legendary.

Methodology: Approach

Gallagher
Insurance | Risk Management | Consulting

Best Practices

Follow the Federal Trade Commission and the U.S. Department of Labor guidelines that 5 matches should exist per job in order to draw reliable conclusions	Follow guidelines for job matching (at least 80% match)	Follow professionally accepted guidelines for defining labor markets
Published sources utilized must meet specific criteria (reputable, not self-reported, conducted on a continual basis, etc.)	Use trend factors from either the U.S. Department of Labor data or WorldatWork surveys	ERI, a third party resource, is used to identify geographic differentials

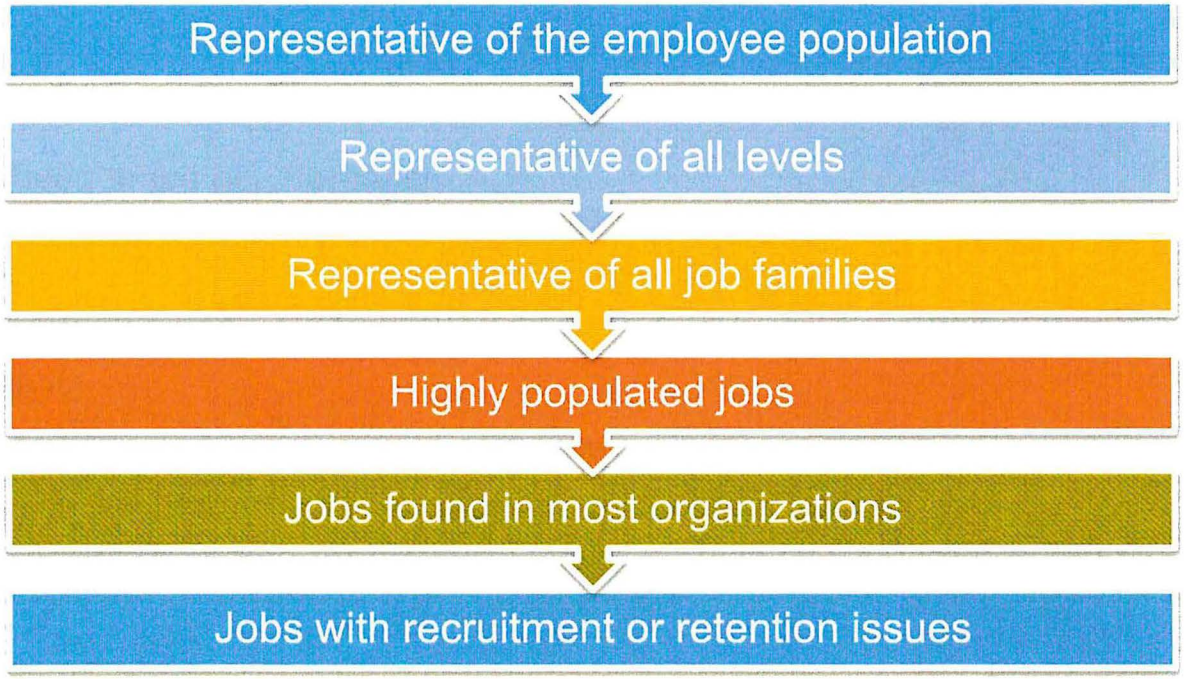
Benchmarks

(non-unique, comparable, representative of the employee population/functional areas/levels, highly populated, hard-to-recruit)

Methodology: Benchmark Selection

Gallagher
Insurance | Risk Management | Consulting

Benchmark Job Selection Guidelines



Methodology: Market Data

Gallagher
Insurance | Risk Management | Consulting

North Dakota Department of Health and Human Services (ND DHHS) contracted with Gallagher Benefit Services, Inc. (GBS) to conduct a study to evaluate the market position of:

- **109 represented jobs within ND DHHS and Human Service Zones**

This analysis includes:

- Collecting data from obtained from published surveys (Willis Towers Watson, Mercer, CompData, Economic Research Institute)
- Using the data collected from the study to determine the market value of the evaluated positions to be competitively aligned at the 50th percentile

Methodology: Market Data

Gallagher
Insurance | Risk Management | Consulting

Summary Comparison			
Client	Market 25th % Diff	Market 50th % Diff	Market 75th % Diff
Benchmark Summary - Published	*10%*	*-5%*	*-13%*

- ND DHHS and Human Service Zones pays above market for low-skill, easy to recruit, roles
- ND DHHS and Human Service Zones pays significantly below market for highly skilled, highly-compensated individuals
- Current workforce demands at or above market in hard to fill roles and we are lagging, significantly.

Methodology: Trend Data

Gallagher
Insurance | Risk Management | Consulting

Employment Cost Index (ECI) indicates a **5.1%** increase in the fourth quarter that ended December 31, 2022 that has been consistent across the second and third quarters of 2022.

- December 31, 2022 nationally for public employees for the past twelve months indicated a **5.3%** increase.
- The North Central Region showed a **6.2%** increase over the third quarter and trended down to **4.5%** over the fourth quarter.

Environmental scan data notes that South Dakota provided a **6%** across the board increase this fiscal year.

World at Work trend data:

- Nationally, salary and wages have increased 4.1%
- For the central region, salary and wages have increased 4.0%
- For North Dakota, salary and wages have increased 4.1%

Phase 1: Recommendation
General Market Comparison

Gallagher
Insurance | Risk Management | Consulting

- The market data collected and evaluated indicates ND DHHS lags the market by 5% at the 50th percentile.
- The Employment Cost Index indicates an increase of 4.5% in the North Central Region to 5.3% nationally.
- World at Work trend data indicates salaries and wages have increased 4.1% nationally.

Gallagher recommends realigning compensation to ensure a competitive market position, recognizing the market and the effects of the current talent landscape on the state to successfully recruit and retain its workforce across geographies.

The addition of ensuring appropriate benefit alignment as part of the overall total rewards package represents an additional amount of 20% of payroll.

Phase 2: Equity
Cost Comparison - Annual

Gallagher
Insurance | Risk Management | Consulting

Row Labels	Sum of Cost to Rate based on YOS (No Cap)	Sum of Cost to Rate based on YOS (Cap @ Mid)	Sum of Cost to Rate based on YOS (Cap @
State	$ 3,011,478.09	$ 2,713,675.05	$ 3,011,478.09
Zone	$ 1,005,148.95	$ 852,297.06	$ 1,003,131.22
Sub Total	**$ 4,016,627.04**	**$ 3,565,972.12**	**$ 4,014,609.31**
Compensation Related Benefits	$ 803,325.41	$ 713,194.42	$ 802,921.86
Total	**$ 4,819,952.45**	**$ 4,279,166.54**	**$ 4,817,531.18**

Zone Biennium Projection = $2,412,357.48

State to Zone Comparison

Gallagher
Insurance | Risk Management | Consulting

Row Labels	State Avg Pay	Zone Avg Pay	Overall Avg Pay	State EE Count	Zone EE Count	Overall EE Count	Both	Variance
Admin Svcs I	$ 17.63	$ 15.46	$ 15.82	1	5	6	2	12.29%
Admin Svcs II	$ 17.82	$ 17.99	$ 17.86	77	24	101	2	-0.93%
Admin Svcs III	$ 18.67	$ 19.88	$ 19.03	112	48	160	2	-6.52%
Admin Svcs IV	$ 23.15	$ 22.42	$ 22.65	129	286	415	2	3.13%
Admin Svcs V	$ 28.16	$ 28.30	$ 28.25	17	29	46	2	-0.48%
Human Svcs I	$ 19.93	$ 18.01	$ 19.22	77	45	122	2	9.64%
Human Svcs II	$ 19.90	$ 19.99	$ 19.91	164	25	189	2	-0.48%
Human Svcs III	$ 23.72	$ 22.57	$ 23.66	68	4	72	2	4.85%
Human Svcs IV	$ 27.74	$ 29.23	$ 27.81	436	21	457	2	-5.39%
Human Svcs V	$ 30.91	$ 30.85	$ 30.88	268	231	499	2	0.20%
Human Svcs VI	$ 38.05	$ 39.57	$ 38.35	151	37	188	2	-4.01%
Manager III	$ 51.06	$ 50.31	$ 50.79	34	19	53	2	1.49%
Program Management II	$ 28.88	$ 31.59	$ 29.05	15	1	16	2	-9.38%

Green = State Higher
Red = Zone Higher

Phase 3: Health Insurance Premium Equity

Gallagher
Insurance | Risk Management | Consulting

1. Reviewed health insurance premium by host county
2. Identified % of employee responsibility for a family health insurance plan
3. Formula: Total # of Employees x Employee Responsibility/Month Family Health Insurance

Total = $8.8M / Biennium to create Health Insurance Premium Equity

This does not address retirement plan equity.

Comp + Equity By the Numbers

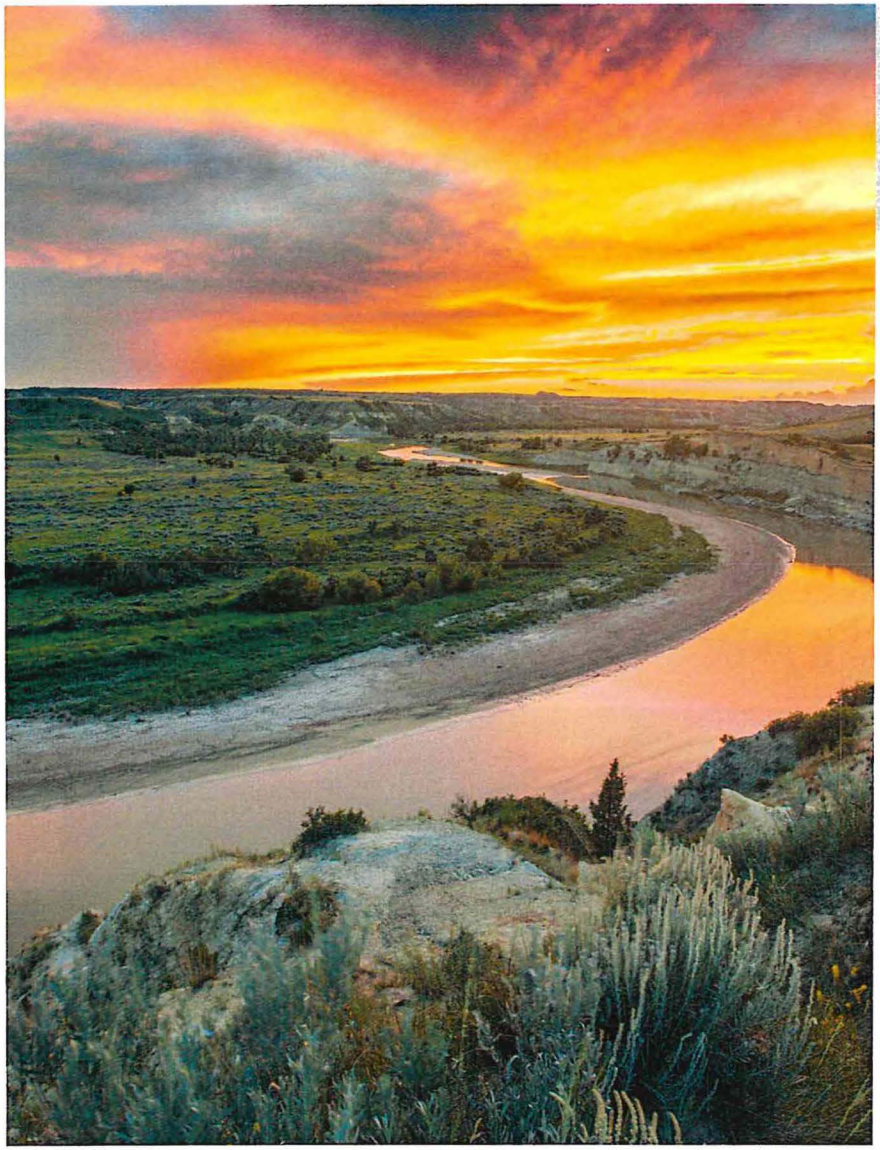
Budgeted Item	FY 22 Annual	Executive Budget Equity Package	Executive Budget Recommendation – General Performance Increase	Gallagher HHS/Zone - Market Recommendation	Gallagher- Zone Salary Disparity Recommendation	Gallagher - Zone Benefits Disparity Recommendation
HHS Payroll + Payroll Associated Benefits***	$169 M	$10.3 M Biennium	$30.3 M** Biennium	$21 M Biennium		
Zone Payroll	$44.3 M		$8.3 M** Biennium	$5.5 M Biennium	$3.5 M Biennium	
Zone Benefits (HC Premiums + Payroll Associated Benefits)	$21 M			$2.2 M Biennium		$8.8 M Biennium

**Based on 6% and 4%

*** Does not include HC premium increases

Both internal and external analysis supports a 6% and 4% increase. Gallagher's market recommendation is NOT in addition to the EBR of 6% and 4%.

NORTH Dakota | Health & Human Services
Be Legendary.



Contact information

Sara Stolt

HHS Deputy Commissioner
sarastolt@nd.gov

www.hhs@nd.gov

NORTH Dakota Be Legendary. | Health & Human Services

NORTH Dakota | Health and Human Services
Be Legendary

DEVELOPMENTAL DISABILITIES PROVIDER INFLATION

2023 - 2025 SUMMARY

Scenario	Federal	General	Grand Total	Increase from EBR Federal	Increase from EBR General	Increase from EBR Grand Total
Year 1 - 3.42% Year 2 - 0% increase to providers (3.42% is $1 increase to direct care staff)	$ 12,739,768	$ 11,422,952	$ 24,162,720	$ (8,091,952)	$ (7,229,515)	$ (15,321,467)
Year 1 - 3% - House Year 2 - 3% increase to providers	**$ 17,049,609**	**$ 15,261,536**	**$ 32,311,145**	**$ (3,782,111)**	**$ (3,390,931)**	**$ (7,173,042)**
Year 1 - 3.42% Year 2 - 4% increase to providers (3.42% is $1 increase to direct care staff)	$ 20,604,205	$ 18,439,985	$ 39,044,190	$ (227,515)	$ (212,482)	$ (439,997)
Year 1 - 4% - Exec. Recommendation (EBR) Year 2 - 3% increase to providers	**$ 20,831,720**	**$ 18,652,467**	**$ 39,484,187**	**$ -**	**$ -**	**$ -**
Year 1 - 4% Year 2 - 4% increase to providers	$ 22,808,856	$ 20,416,563	$ 43,225,419	$ 1,977,136	$ 1,764,097	$ 3,741,232
Year 1 - 5.42% (2% + 3.42%) Year 2 - 2% increase to providers (3.42% is $1 increase to direct care staff)	$ 24,198,187	$ 21,679,406	$ 45,877,593	$ 3,366,467	$ 3,026,939	$ 6,393,406
Year 1 - 5.82% (2% + 3.82%) Year 2 - 2% increase to providers (3.82% is 3.42% or $1 increase to direct care staff and .40% increase for related indirect program cost**)	$ 25,703,427	$ 23,028,993	$ 48,732,421	$ 4,871,707	$ 4,376,527	$ 9,248,234
Year 1 - 5.42% (2%+ 3.42%) Year 2 - 3% increase to providers (3.42% is $1 increase to direct care staff)	$ 26,202,318	$ 23,467,589	$ 49,669,908	$ 5,370,598	$ 4,815,122	$ 10,185,720
Year 1 - 5% Year 2 - 4% increase to providers	$ 26,609,978	$ 23,824,457	$ 50,434,435	$ 5,778,258	$ 5,171,990	$ 10,950,248
Year 1 - 6% Year 2 - 4% increase to providers	$ 30,411,100	$ 27,232,351	$ 57,643,451	$ 9,579,380	$ 8,579,884	$ 18,159,264
Year 1 - 7% - Senate Year 2 - 4% increase to providers	**$ 34,212,222**	**$ 30,640,244**	**$ 64,852,467**	**$ 13,380,502**	**$ 11,987,778**	**$ 25,368,280**

*** Indirect expenses but not "general & administrative", includes supervision of direct care staff, supplies related to the service and facility costs*

.40% is $1 increase to program support	*$ 1,505,240*	*$ 1,349,588*	*$ 2,854,828*

NORTH Dakota | Health & Human Services
Be Legendary

Total Expansion Reduction with Budget Update and Payment Alignment

1) 100% of Traditional Rates (18 months) * *Traditional Rates for Inpatient and Outpatient Hospital Services & Professional Services*	General	Federal	Total
Managed Care Expansion Reimbursement at Traditional Rate (Reduction) - 18 month impact	$ (25,475,752)	$ (229,281,767)	$ (254,757,519)

2) 125% of Traditional Rates (18 months) * *Traditional Rates for Inpatient and Outpatient Hospital Services & Professional Services*	General	Federal	Total
Managed Care Expansion Reimbursement at 125% Traditional Rate (Reduction) - 18 month impact	$ (17,114,813)	$ (154,033,318)	$ (171,148,131)

3) 125% of Traditional Rates (12 Months); 100% of Traditional Rates (6 Months) * *Traditional Rates for Inpatient and Outpatient Hospital Services & Professional Services*	General	Federal	Total
Managed Care Expansion Reimbursement at 125% Traditional Rate (Reduction) 12 months; 100% Traditional Rate (Reduction) 6 months - 18 month impact	$ (19,723,333)	$ (177,510,001)	$ (197,233,334)

4) 135% of Traditional Rates (12 Months); 130% of Traditional Rates (6 Months) * *Traditional Rates for Inpatient and Outpatient Hospital Services & Professional Services*	General	Federal	Total
Managed Care Expansion Reimbursement at 135% Traditional Rate (Reduction) 12 months; 130% Traditional Rate (Reduction) 6 months - 18 month impact	$ (14,292,142)	$ (128,629,276)	$ (142,921,418)

5) 140% of Traditional Rates (12 Months); 125% of Traditional Rates (6 Months) * *Traditional Rates for Inpatient and Outpatient Hospital Services & Professional Services*	General	Federal	Total
Managed Care Expansion Reimbursement at 140% Traditional Rate (Reduction) 12 months; 125% Traditional Rate (Reduction) 6 months - 18 month impact	$ (13,663,362)	$ (122,970,256)	$ (136,633,618)

6) 140% of Traditional Rates (12 Months); 130% of Traditional Rates (6 Months) * *Traditional Rates for Inpatient and Outpatient Hospital Services & Professional Services*	General	Federal	Total
Managed Care Expansion Reimbursement at 140% Traditional Rate (Reduction) 12 months; 130% Traditional Rate (Reduction) 6 months - 18 month impact	$ (13,141,658)	$ (118,274,920)	$ (131,416,578)

7) 140% of Traditional Rates (12 Months); 135% of Traditional Rates (6 Months) * *Traditional Rates for Inpatient and Outpatient Hospital Services & Professional Services*	General	Federal	Total
Managed Care Expansion Reimbursement at 140% Traditional Rate (Reduction) 12 months; 135% Traditional Rate (Reduction) 6 months - 18 month impact	$ (12,619,954)	$ (113,579,584)	$ (126,199,538)

Reprojection on updated information	General	Federal	Total
Budget Estimate Update (Reduction) - 24 month impact	$ (11,075,387)	$ (99,678,486)	$ (110,753,873)

NORTH Dakota | Health & Human Services
Be Legendary.

Inflationary Increase

Remaining Services Provider Types

Aging

- Vulnerable Adult Protective Services (VAPS) contract providers
- Qualified Service Providers (QSP's)
- Service Payments to Nutrition Program Providers

Children and Family Services

- Foster Care Providers
- Subsidized Adoption
- Subsidized Guardianship
- Kinship Care
- Shelter Care
- Qualified Residential Treatment Program (QRTP)
- Foster Care Medicaid Services & Therapeutic Services

Behavioral Health

- Free through Recovery Providers
- Community Connect Providers
- SUD Voucher
- Recovery Housing

Human Service Centers

- Inpatient Hospitalization
- Crisis Residential Providers
- Low-Intensity Residential Substance Use Treatment
- Transitional Living
- Recovery Centers
- Respite Care
- Social Detox
- Crisis Services Hotline
- Extended Services
- Drug Court – Clinical support
- Medication Delivery

4/25/2023
10:45 a.m.

Inflation	General	Other	Total
Senate 4/4	$51,252,460	$51,260,508	$102,512,968
House 2/2	25,458,564	25,462,239	50,920,803
Difference	$25,793,896	$25,798,269	$51,592,165

Note: Senate basic care 6/4, DD providers 7/4; House DD 3/3

PPS Hospitals	General	Other	Total
Senate - No Change from 4/4	$0	$0	$0
House - Reduce from 2/2 to 0/0	(4,063,720)	(4,148,691)	(8,212,411)
Difference	$4,063,720	$4,148,691	$8,212,411

Medicaid Expansion Rates	General	Other	Total
Senate - No Change	$0	$0	$0
House - 125%	(17,114,813)	(154,033,318)	(171,148,131)
Difference	($17,114,813)	($154,033,318)	($171,148,131)

Medicaid Expansion Utilization	General	Other	Total
Senate	$0	$0	$0
House	(11,075,837)	(99,678,486)	(110,754,323)
Difference	($11,075,837)	($99,678,486)	($110,754,323)

23.0266.02030
Title.

Prepared by the Legislative Council staff for
Representative O'Brien
April 24, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

That the House recede from its amendments as printed on pages 1811-1832 of the Senate Journal and pages 2037-2058 of the House Journal and that Engrossed Senate Bill No. 2012 be amended as follows:

Page 13, after line 6, insert:

"**SECTION 32. SUPREME COURT STUDY - WELLNESS COURT - REPORT TO LEGISLATIVE MANAGEMENT.** During the 2023-24 interim, the supreme court, in consultation with the department of corrections and rehabilitation, the department of health and human services, and the attorney general, shall study and identify those provisions of the North Dakota Century Code that pertain to drug court and assess whether the term wellness court should be adopted to replace drug court. The supreme court shall report its findings and recommendations, together with any legislation required to implement the statutory change of drug court to wellness court, to the legislative management by June 1, 2024."

Renumber accordingly

AMENDMENT TO ENGROSSED SENATE BILL NO. 2012 – FITNESS TO PROCEED EXAMINATION

Page 1, line 6, after "reenact" insert "subsection 2 of section 12.1-04-07,"

Page 1, line 8, after "to" insert "fitness to proceed examination,"

Page 11, after line 14, insert:

"**SECTION 22. AMENDMENT.** Subsection 2 of section 12.1-04-07 of the North Dakota Century Code is amended and reenacted as follows:

2. An examination must occur within fifteen days from receipt of material necessary to examine the fitness of the individual and notice of entry of the order served upon the tier 1a mental health professional. Attorneys shall disclose any materials necessary to examine the fitness of the individual to the tier 1a examiner contemporaneously with the order. For good cause shown, the court may grant an extension allowing an additional seven days to complete the examination."

Renumber accordingly

23.0266.02020
Title.

Prepared by the Legislative Council staff for
Senator Hogan
April 24, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

That the House recede from its amendments as printed on pages _____ of the Senate Journal and pages 2037-2058 of the House Journal and that Engrossed Senate Bill No. 2012 be amended as follows:

Page 1, line 2, after "services" insert "; to provide an appropriation to the legislative council"

Page 4, after line 13, insert:

"SECTION 4. APPROPRIATION - LEGISLATIVE COUNCIL - LEGISLATIVE MANAGEMENT STUDY - DEPARTMENT OF HEALTH AND HUMAN SERVICES.

1. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $100,000, or so much of the sum as may be necessary, to the legislative council for consulting services for a study of the department of health and human services, for the biennium beginning July 1, 2023, and ending June 30, 2025.

2. During the 2023-24 interim, the legislative management shall conduct a study of the department of health and human services. As part of the study, the legislative management shall review:

   a. The structure of the department, including how the structure affects the overall delivery of services;

   b. Programs administered by the department, including the efficiency, effectiveness, and outcomes of the programs;

   c. Collaboration among programs within the department;

   d. The integration of the programs of the former state department of health;

   e. The coordination of services provided by the department with services provided by private providers;

   f. Sources of federal funding including use of the funding and compliance with federal requirements;

   g. Department administrative processes and costs; and

   h. The effectiveness of client outreach efforts to inform citizens of available services.

3. The Legislative management shall report its findings and recommendations, together with any legislation needed to implement the recommendations, to the sixty-ninth legislative assembly."

Page 13, line 7, replace "19" with "20"

Renumber accordingly

NORTH Dakota Be Legendary.
Health & Human Services

ND Medicaid Payment Facts

Information Brief

Another day, another $1.3 Million. ND will spend $1.3 Million a day on Medicaid Expansion in the 2023-2025 biennium budget.

➢ND spends $3.560 Billion on Medicaid. $3.560 Billion in the 2023-2025 biennium budget is **20% of the State of North Dakota's $8 Billion health spend.** *(Source: CMS | National Health Expenditures)*

➢**ND is in the top tier of states** for Medicaid physician pay rates. *(Source: Kaiser | Medicare to Medicaid Fee Index)*

➢**ND ranks highest in Medicaid Expansion** annual per capita expenditures. *(Source: Medicaid.gov)*

➢ND Medicaid **Expansion currently covers 35,000 North Dakotans** or 4.4 percent of the State's 800,000 citizens. It is one revenue source for medical providers.

➢ **Medicaid Expansion participants will receive the same benefits and services,** regardless of changes to budget or provider rates.

Traditional Medicaid helps pay for medical services for qualifying low-income adults, children, pregnant women, older adults and people with disabilities. Traditional Medicaid has different federal poverty levels (FPL) depending on which category an individual qualifies for.

➢ Medicaid Expansion is available to qualifying low-income individuals between 19-64 with household incomes up to 138% of the federal poverty level (FPL), which is an annual income of $20,121 for a household of one and $27,214 for a household of two.

Most **supplemental payments are funded by state-based hospital taxes**, which can be up to 6% of total revenue.

➢Supplemental payments are additional payments to providers to provide financial support and are not made in exchange for services to Medicaid participants.

➢Most hospital supplemental payments are funded by state-based hospital taxes, which can be up to 6% of total revenue. *(Source: Title 42 Code of Federal Regulations)*

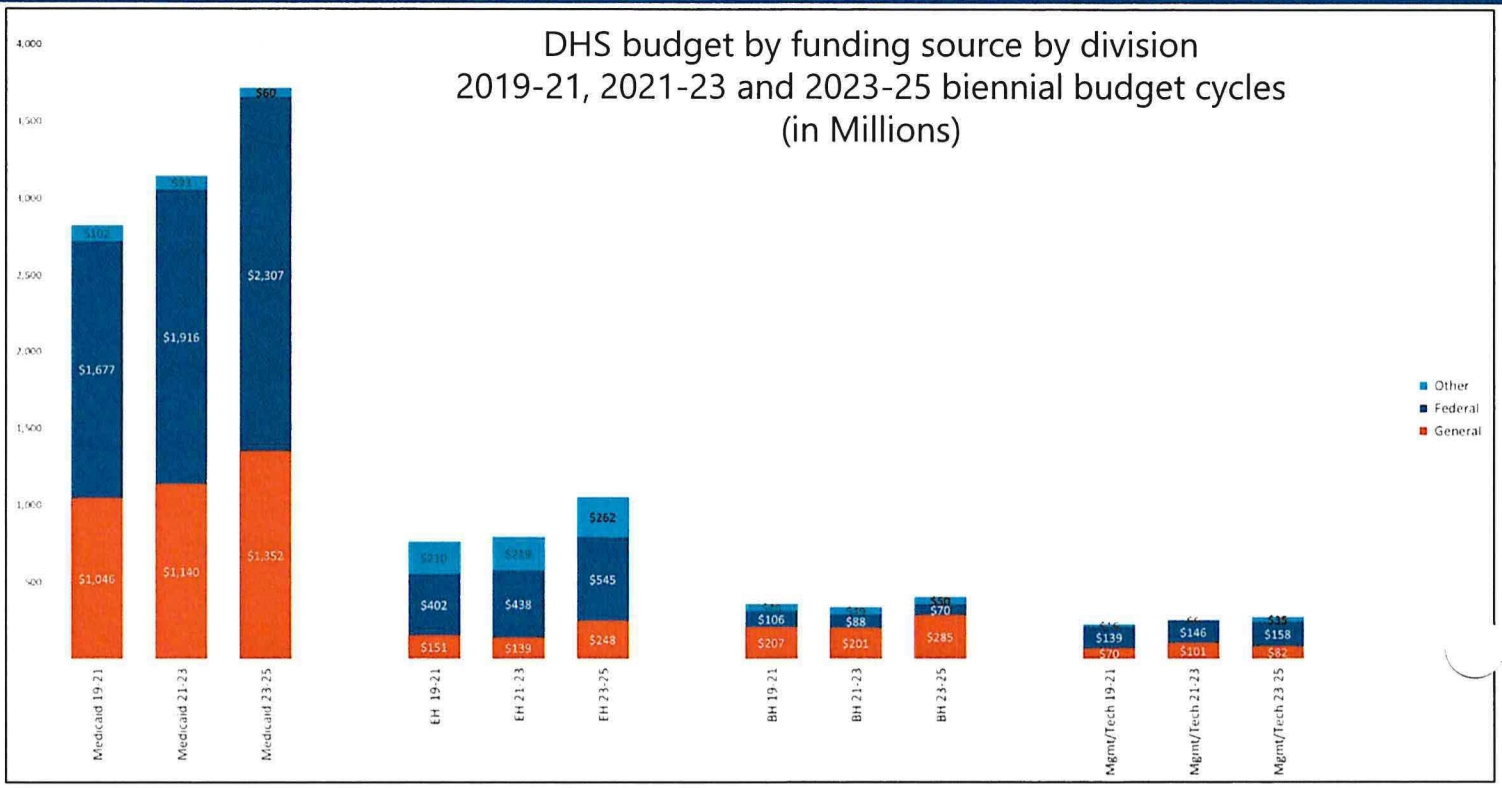
➢CMS requires that state hospital taxes be broad based, uniformly imposed and that all hospitals pay the tax. Taxes may negatively impact some hospitals because while all are required to pay the tax, some may not receive a supplement payment. *(Source: Kaiser | States and Medicaid Provider Taxes or Fees)*

ND Medicaid's total supplement payment amount in 2021 was $1.4M. *(Source: Medicaid and CHIP Payment and Access Commission | Annual-Analysis-of-Disproportionate-Share-Hospital-Allotments-to-States)*

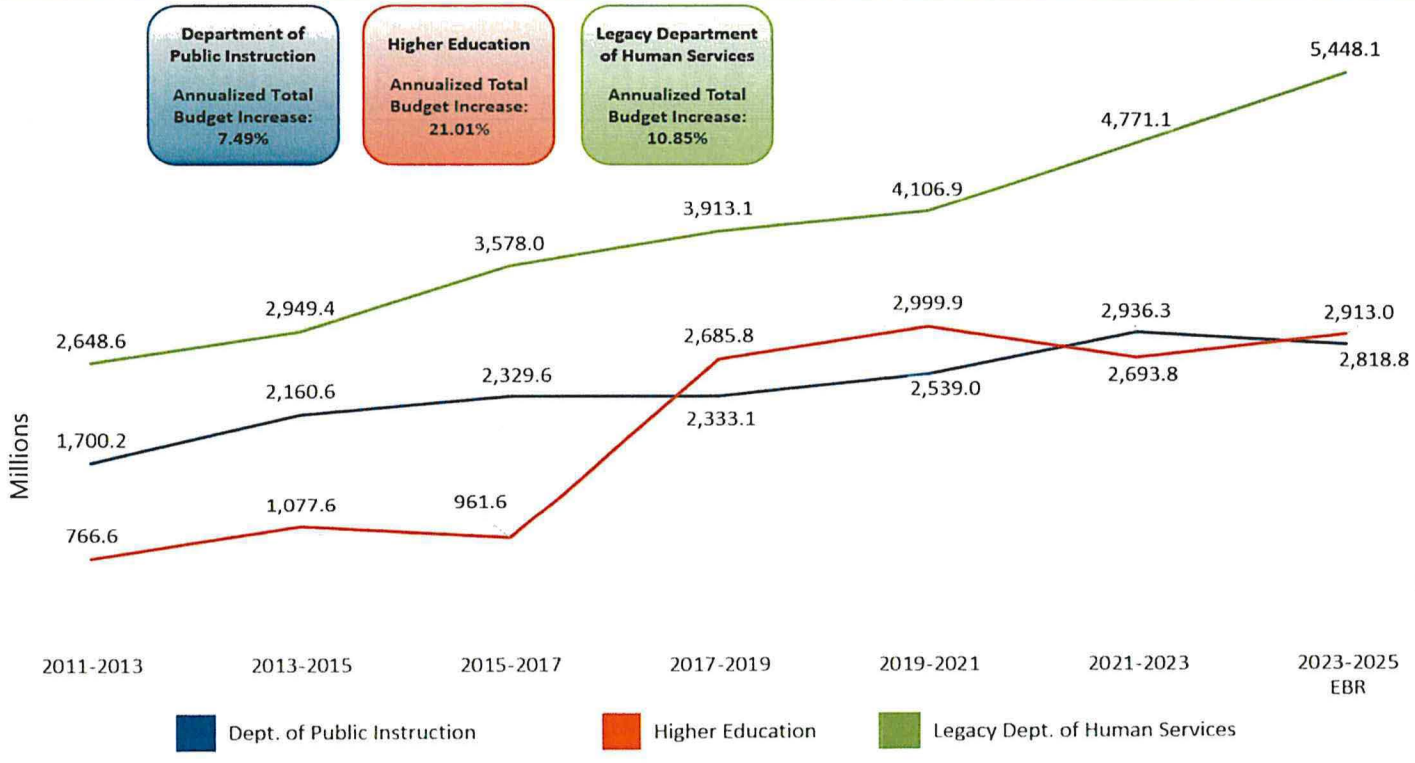
ND Medicaid Budget

Information Brief

Medicaid, long-term care and developmental disability **represent 64% of SB 2012 budget** for the 2023-25 biennium.



Reducing the Medicaid Expansion budget will help bend the curve on budget increases.



NORTH Dakota Be Legendary.
Health & Human Services

Engrossed SB 2012 Medicaid Expansion Budget Option 1

Information Brief

Component A
General Fund savings: $11 Million

Where do the savings come from?

- Reduces Expansion budget estimate by **$11 Million** based on current utilization information.
- Impacts HHS only.

Description	General Fund	Other Funds	Total Funds	Average Cost of Premiums per Month	Change in Premiums from EBR	Average Number of Premiums per Month
Executive Budget Request (EBR) - Managed Care Expansion	$94,255,028	$848,295,256	$942,550,284	$1,320.01	0%	29,752
Budget Estimate Update (Reduction) - 24 month impact	(11,075,387)	(99,678,486)	(110,753,873)			
Managed Care Expansion Budget After Reassessment	$83,179,641	$748,616,770	$831,796,411	$1,164.92	-12%	29,752

Component B
General Fund savings: $25 Million

Where do the savings come from?

- Aligns Expansion rates with Medicaid Traditional reimbursement rates for an additional **$25 Million.**
- Impacts HHS, Blue Cross Blue Shield of ND and Providers.
- No change to benefits or services provided to ND Medicaid Expansion participants.
- These funds may be reallocated to other needed programs and services, such as Behavioral Health.

Managed Care Expansion Budget After Reassessment	$83,179,641	$748,616,770	$831,796,411	$1,164.92	-12%	29,752
Managed Care Expansion Reimbursement at Traditional Rate (Reduction) - 18 month impact	(25,475,752)	(229,281,767)	(254,757,519)			
Managed Care Expansion Budget at Traditional Rates	$57,703,889	$519,335,003	$577,038,892	$808.13	-39%	29,752

dicaid Expansion Budget Option 1
- **Total General Fund savings: $36 Million** ($11M + $25M)

NORTH Dakota Be Legendary.
Health & Human Services

Engrossed SB 2012 Medicaid Expansion Budget Option 2

Information Brief

Component A
General Fund savings: $11 Million

Where do the savings come from?

- Reduces Expansion budget estimate by **$11 Million** based on current utilization information.
- Impacts HHS only.

Description	General Fund	Other Funds	Total Funds	Average Cost of Premiums per Month	Change in Premiums from EBR	Average Number of Premiums per Month
Executive Budget Request (EBR) - Managed Care Expansion	$94,255,028	$848,295,256	$942,550,284	$1,320.01	0%	29,752
Budget Estimate Update (Reduction) - 24 month impact	(11,075,387)	(99,678,486)	(110,753,873)			
Managed Care Expansion Budget After Reassessment	$83,179,641	$748,616,770	$831,796,411	$1,164.92	-12%	29,752

Component B
General Fund savings: $17 Million

Where do the savings come from?

- Aligns Expansion rates **with 125%** of Medicaid Traditional reimbursement rates for an additional **$17 Million.**
- Impacts HHS, Blue Cross Blue Shield of ND and Providers.
- No change to benefits or services provided to ND Medicaid Expansion participants.
- These funds may be reallocated to other needed programs and services, such as Behavioral Health.

Managed Care Expansion Budget After Reassessment	$83,179,641	$748,616,770	$831,796,411	$1,164.92	-12%	29,752
Managed Care Expansion Reimbursement at 125% Traditional Rate (Reduction) - 18 month impact	(17,114,813)	(154,033,318)	(171,148,131)			
Managed Care Expansion Budget at 125% of Traditional Rates	$66,064,828	$594,583,452	$660,648,280	$925.23	-30%	29,752

Medicaid Expansion Budget Option 2

- **Total General Fund savings: $28 Million** ($11M + $17M)

What are the impacts of reducing the Medicaid Expansion budget?

Impacts to ND Medicaid Expansion participants

- **No impact to Medicaid Expansion participants**. Medicaid Expansion benefits and services remain the same.
- Some Medicaid Expansions providers could choose to not contract with the managed care organization.
- Currently, ND Medicaid provider networks are strong with provider coverage and access across the state.

Impact to Providers

- It will take 6 months to implement, with 18 months of impact to providers.
- For Option 1: Medicaid Expansion providers will experience an approximate 40% rate reduction on 35,000 Medicaid Expansion participants, which represent 4.4% of the state's 800,000 population. For Option 2: Medicaid Expansion providers will experience an approximate 30% rate reduction.
- **Developmental Disability providers will not be impacted** by a reduction to the Medicaid Expansion budget.
- Long-term care providers will not be impacted.
- Traditional Medicaid will not be impacted. Traditional Medicaid covers 100,000 North Dakotans or 12% of ND's population.

Impacts to ND's medical industry

- ND will move toward more sustainable health care cost growth. By comparison, ND pays more for Medicaid Expansion provider rates than any other state.
- As Medicaid provider rates increase, pressure is put on the commercial side to increase rates to align pricing. Reducing the Medicaid Expansion budget will help mitigate continued increases in health care costs for all North Dakotans.
- In 2019, ND's medical industry spending was $8 Billion. Budget option 1 will take out $254M, which is a 3% reduction in total industry spending. Budget option 2 will take out $171M, which is a 2% reduction.

NORTH Dakota Be Legendary.
Health & Human Services

ND Hospital and Insurance Study

Information Brief

According to the ND Hospital and Insurance Study, hospitals, commercial, Medicare and Medicaid revenue appears to be showing sizable growth.

North Dakota Hospital and Insurance Study Highlights

The study was led by former Illinois Insurance Commissioner Jennifer Hammer, former Wisconsin Deputy Commissioner J.P. Wieske, and former CBO and current Horizon Government Affairs Economist Jeff Lemieux.
The study highlighted a number of important issues in the North Dakota Hospital market including:

- **Hospital Utilization.** North Dakota has seen an increase in hospital usage. North Dakota Hospitals are seeing longer hospital stays than the national average, and utilization is growing faster in North Dakota than most of the rest of the country.
- **Hospital Expenses.** Hospital Expenses are ranking higher than the national average (usually top 5) and continuing to grow at higher than national average rates (also top 5 rankings)
- **Hospital Operating Revenue.** North Dakota hospitals are seeing high revenue and high revenue growth.
- **Medicare Revenue.** Medicare revenue is also very high and growing for North Dakota Hospitals
- **Hospital Reimbursement.** Private hospital reimbursement based on Medicare rates grew from 170 percent of Medicare in 2010 to over 200 percent of Medicare in 2018.
- **Acute Care vs. Critical Access Hospitals.** Critical access hospitals appear to be reimbursed at a much lower rate (149% of Medicare) than acute care hospital (211% of Medicare)
- **Premiums.** North Dakota premiums are largely average as compared to national average.
- **Claims.** Insurer claims are averaging slightly higher than the national average and are growing at higher than the national average.
- **Administrative costs.** Insurer administrative expenses remain low, but the administrative expenses are growing at a very fast rate.

The data clearly shows a number of warning signs in the North Dakota market. For the Hospitals, Commercial, Medicare, and Medicaid revenue appears to be showing sizable growth. Hospitals appear to be offering more services and longer stays. In health insurance, administrative costs have grown substantially - though still generally at or below the national average. These trends bear watching. In chart below, we pull out a number of important measures that policymakers should pay attention to.

From ND Insurance Commissioner Jon Godfread's testimony to House Appropriation's – Human Resources Division, April 5, 2023.

ND Legislative session 2023-2025

NORTH Dakota Be Legendary.
Health & Human Services

ND Hospital and Insurance Study

Information Brief

According to the ND Hospital and Insurance Study, hospitals, commercial, Medicare and Medicaid revenue appears to be showing sizable growth.

North Dakota Measure	50-State Comparison
Hospital Revenue and Expense Growth 7.5 - 8% Per Year (Table 2) Much higher than any measure of inflation, wage or economic growth.	**3rd Highest Growth in hospital expenses in the U.S.** (Table 18) • 84% growth during the 2010-2017 period. Average yearly growth of 7.9%. • North Dakota ranks 3rd in growth of expenses.
Commercial payments to hospitals rose from 170% of Medicare to 207% of Medicare (Table 9)	**7th Highest commercial payment rate to hospitals** (Table 24) **4th Highest growth of hospital revenues** (Tables 20 & 21) Commercial payment rates relative to Medicare ranks North Dakota 7th in the US (Table 24) Ranked 4th in annual growth of revenues. Growing at 7.4% annually (Table 20 & 21)
Patient hospital utilization grew 1 - 2% (Table 1)	**Inpatient hospital days grew in North Dakota while nationally they declined.** (Table 13) **3rd Highest Length of hospital stay in the country** (Table 15) Inpatient days are growing (1.3%) while nationally they are shrinking (-0.3%). (Table 13) Length of stay is high (3rd in US) and is growing faster than the rest of the country (1.6% to 0.4%) (Table 15)
Salaries Rose 4% per year Expenses rose 3% per year (Table 5 & 6)	**8th Highest average hospital salaries in the nation** (Table 22)

From ND Insurance Commissioner Jon Godfread's testimony to House Appropriation's – Human Resources Division, April 5, 2023.

ND Legislative session 2023-2025

Department of Health and Human Services - Budget No. 325
Senate Bill No. 2012
Other Sections

	Senate Version	House Version
Transfers	Sections 3 and 4 authorize DHHS to transfer appropriation authority between line items in Senate Bill No. 2012 and House Bill No. 1004 and to combine all appropriation authority for DHHS in one budget.	Sections 5 and 6 authorize DHHS to transfer appropriation authority between line items in Senate Bill No. 2012 and House Bill No. 1004 and to combine all appropriation authority for DHHS in one budget.
FTE position block grant program	Not included.	Section 7 authorizes DHHS to adjusted full-time equivalent employees subject to the availability of funds.
Strategic investment and improvements fund transfer	Section 5 transfers $21.6 million from SIIF to the human service finance fund.	Section 8 transfers $23.2 million from SIIF to the human service finance fund.
Human service finance fund	Section 6 identifies $221.6 million of funding in the budget is from the human service finance fund for the county social and human service finance project.	Section 9 identifies $223.2 million of funding in the budget is from the human service finance fund for the county social and human service finance project.
Community health trust fund	Section 7 identifies $20.4 million of funding in the budget is from the community health trust fund for the child support case management system replacement project.	Section 10 identifies $22,967,500 of funding in the budget is from the community health trust fund for the child support case management system replacement project, 988 hotline, and cross-disability advisory council.
Legacy earnings fund	Section 8 identifies $7 million of funding in the budget is from the legacy earnings fund for defraying the expenses of various child care programs.	This section was removed by the House.
Health care trust fund	Not included.	Section 11 identifies $500,000 in funding from the Health Care Trust Fund for basic care facility bad debt expense
Federal state fiscal recovery fund	Not included.	Section 12 identifies $3,235,000 in funding from the federal state fiscal recovery fund for rural law enforcement behavioral health programs, homeless crisis organizations, and ecumenical ministry organizations.
Strategic investment and improvements fund projects	Section 9 identifies $22,735,154 from SIIF for a new procurement and grants system ($11 million), the design of a new State Hospital ($10 million), pregnant and parenting women residential facility ($1 million), and capital projects at the Southeast Human Service Center ($735,154).	Section 13 identifies $25,235,154 from SIIF for a new procurement and grants system ($11 million), the design of a new State Hospital ($12.5 million), pregnant and parenting women residential facility ($1 million), and capital projects at the Southeast Human Service Center ($735,154).
Behavioral health facility grants	Not included.	Section 14 identifies $1,950,000 to provide a one-time behavioral health facility grant to establish a behavioral health facility in the northwest human service center region.
Special assessments	Section 10 authorizes DHHS to pay special assessments at the State Hospital and Life Skills and Transition Center.	Section 15 authorizes DHHS to pay special assessments at the State Hospital and Life Skills, Southeast Human Service Center, and Transition Center.
Capital projects	Section 11 authorizes DHHS to proceed with capital projects at the State Hospital.	Section 16 authorizes DHHS to proceed with capital projects at the State Hospital.
Child care financial assistance	Section 12 identifies $1 million in the budget is for financial assistance and direct payments for child care services.	Section 17 identifies $1 million in the budget is for financial assistance and direct payments for child care services.
Permanent supportive housing grants	Section 13 identifies $4,672,536 in the budget is from the general fund for permanent supportive housing grants.	Section 18 identifies $4,672,536 in the budget is from the general fund for permanent supportive housing grants.
State Hospital project	Section 14 identifies $5 million for the design of a new State Hospital and the development of a statewide acute psychiatric needs plan.	Section 19 identifies $12.5 million for the design of a new State Hospital and the development of a statewide acute psychiatric needs plan.

Medicaid Expansion	Section 15 provides DHHS may not spend more for the Medicaid Expansion program than the amount appropriated in the bill with certain exceptions.	Section 20 provides DHHS may not spend more for the Medicaid Expansion program than the amount appropriated in the bill with certain exceptions.
Public and parenting resource website	Not included.	Section 21 directs DHHS to develop and maintain a state internet website to provide information and links for expectant families and new parents.
Substance use disorder voucher program moratorium	Section 16 removes the moratorium on new substance use disorder voucher program providers.	Section 22 removes the moratorium on new substance use disorder voucher program providers.
Human service zone board membership	Not included.	Section 23 requires at least one member of the Legislative Assembly be appointed to a human service zone board.
North Dakota legislative health care task force	Not included.	Section 24 establishes the North Dakota legislative health care task force to study North Dakota health care and requires the task force to submit a yearly report to Legislative Management.
Early childhood grant for best in class four-year old experiences	Not included.	Sections 25 through 28 remove the July 1, 2025 expiration date for the early childhood grant for best in class four-year old experiences program.
Recovery from estate of medical assistance recipient	Not included.	Section 29 creates a rebuttable presumption that a claim against an estate is allowable and was paid on behalf of the recipient of medical assistance.
Medicaid autism waiver age	Section 17 increases the eligible age for the Medicaid autism waiver from 16 to 18 years of age.	Section 30 increases the eligible age for the Medicaid autism waiver from 16 to 18 years of age.
Open records	Not included.	Section 31 identifies managed care organization reimbursement rate information received or held by the department as an open record.
Basic care rates	Not included.	Section 32 requires the department to determine basic care rate limits every four years, requires the direct care limit be the median plus 18%, increases rates and limits by 2 percent for inflation for 2023 and 2024, and increases the uncompensated care expense from 180 to 365 days.
Children's health insurance program	Section 18 provides the statutory changes needed to increase the eligibility level of the children's health insurance program from 175 to 210 percent of the federal poverty level.	Section 33 provides the statutory changes needed to increase the eligibility level of the children's health insurance program from 175 to 210 percent of the federal poverty level.
Autism spectrum disorder voucher program	Section 19 repeals the statutory provisions related to the autism spectrum disorder voucher program.	Section 34 repeals the statutory provisions related to the autism spectrum disorder voucher program.
Building leases	Section 20 authorizes DHHS to enter agreements for the lease of facilities for human service centers.	Section 35 authorizes DHHS to enter agreements for the lease of facilities for human service centers.
State Hospital land lease	Section 21 authorizes DHHS to lease land at the State Hospital to the Adjutant General to construct a training and storage facility.	Section 36 authorizes DHHS to lease land at the State Hospital to the Adjutant General to construct a training and storage facility.
Provider outcomes	Section 22 requires providers to submit process and outcome measures as requested by DHHS.	Section 37 requires providers to submit process and outcome measures as requested by DHHS.
Certified community behavioral health clinic	Section 23 requires DHHS to develop a process to allow three human service centers to become certified behavioral health clinics and authorizes 50 FTE positions to provide direct services if revenue received can support the positions.	Section 38 requires DHHS to develop a process to allow one human service centers to become a certified behavioral health clinic and authorizes the department to consider including certain providers when creating any certified community behavioral health clinic.
Carryover exemptions	Section 24 authorizes DHHS to continue unexpended appropriations for various purposes into the 2023-25 biennium.	Section 39 authorizes DHHS to continue unexpended appropriations for various purposes into the 2023-25 biennium.

Early childhood information systems	Section 25 exempts DHHS from state procurement practices for selecting a vendor to develop early childhood information systems.	Section 40 exempts DHHS from state procurement practices for selecting a vendor to develop early childhood information systems.
Purchase of consumables	Section 26 exempts DHHS from state procurement practices for the purchase of consumables at residential facilities during low population times.	Section 41 exempts DHHS from state procurement practices for the purchase of consumables at residential facilities during low population times.
Utilization rate adjustments	Section 27 provides intent that DHHS seek a deficiency appropriation from the 69th Legislative Assembly if utilization rates exceed estimates used in the budget.	Section 42 provides intent that DHHS seek a deficiency appropriation from the 69th Legislative Assembly if utilization rates exceed estimates used in the budget.
Provider inflation increases	Section 28 provides for providers to receive an inflationary increase of 4 percent the 1st year and 4 percent the 2nd year of the 2023-25 biennium except for developmental disability service payments, long-term care facilities, and basic care facilities.	Section 43 provides for providers to receive an inflationary increase of 2 percent the 1st year and 2 percent the 2nd year of the 2023-25 biennium except for developmental disability service payments, long-term care facilities, and prospective payment system hospitals.
Federal funding appeal limitation	Section 29 provides an individual may not appeal a denial of service by DHHS due to the unavailability of federal coronavirus relief funding.	Section 44 provides an individual may not appeal a denial of service by DHHS due to the unavailability of federal coronavirus relief funding.
Early childhood programs study	Section 30 provides for a Legislative Management study of early childhood programs.	Section 45 provides for a Legislative Management study of early childhood programs.
Social work licensure study	Not included.	Section 46 provides for a Legislative Management study of the social work licensure compact.
Medicaid provider reimbursement study	Not included.	Section 47 provides for a Legislative Management study of Medicaid provider reimbursement arrangements.
Early childhood program reports	Section 31 requires DHHS to provide reports to the Legislative Management regarding early childhood programs.	Section 48 requires DHHS to provide reports to the Legislative Management regarding early childhood programs.

Prepared by the Legislative Council staff
for Conference Committee
April 25, 2023 - 5:00 p.m.

SENATE BILL NO. 2012
LISTING OF PROPOSED CHANGES TO BILL

Department of Health and Human Services

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Adjust provider inflation rates				
2	Provide $1 increase for DD direct care staff		7,767,457	8,653,818	16,421,275
3	Adjust funding for Medicaid Expansion				
4	Adjust funding for rebasing basic care rates to match most recent fiscal note		650,592	272,848	923,440
5	Add $5 per day for basic care facility rates		4,067,056	1,474,184	5,541,240
6	Add funding for basic care payment study		600,000		600,000
7	Restore funding for corporate guardianship enhancements **(Approved)**		808,748		808,748
8	Restore funding for personal needs allowance		1,288,319		1,288,319
9	Add federal funds authority for cross-disability advisory council			700,000	700,000
10	Add funding for human service zone employee salary equity adjustments				
	Total proposed funding changes		$15,182,172	$11,100,850	$26,283,022

Other proposed changes:

1 Provide for a Legislative Management study of intermediate care facility rates.

2 Provide for Supreme Court to study options to rename drug courts to wellness courts. **(Approved)**

3 Amend Section 12.1-04-07 relating to reciept of material to examine the fitness of an individual. **(Approved)**

4 Provide for a Legislative Management study of the Department of Health and Human Services. (Funding amount to be determined)

23.0266.02034
Title.

Prepared by the Legislative Council staff for
Representative O'Brien
April 25, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 10, line 19, after "**REPORT**" insert "**- EXEMPTION**"

Page 10, line 27, after the period insert "The $15,000,000 from the general fund appropriated to the department of health and human services for the substance use disorder treatment voucher system in chapter 12 of the 2021 Session Laws is not subject to the provisions of section 54-44.1-11, and any unexpended funds from this appropriation may be continued and spent for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults during the biennium beginning July 1, 2023, and ending June 30, 2025."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment allows unexpended 2021-23 biennium appropriations for the substance use disorder voucher system to be used during the 2023-25 biennium for human service centers to become certified community behavioral health clinics. This will reduce anticipated general fund turnback by $10 million.

NORTH Dakota | Health & Human Services

IMPACT of INCREASE to PROVIDER INFLATION

2023 - 2025 Biennium

1% and 1% Provider Rate Increase				Difference from the Executive Budget Request		
DIVISION	GENERAL	OTHER	TOTAL	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 4,226,015	$ 5,085,088	$ 9,311,103	$ (11,428,619)	$ (13,743,595)	$ (25,172,214)
LONG TERM CARE - BASIC CARE*	591,805	277,362	869,167	(1,592,879)	(746,360)	(2,339,239)
LONG TERM CARE - HCBS SERVICES*	1,079,871	896,085	1,975,957	(2,908,958)	(2,412,864)	(5,321,822)
DEVELOPMENTAL DISABILITIES DIVISION	5,053,255	5,645,181	10,698,436	(13,599,212)	(15,186,539)	(28,785,751)
REMAINING SERVICES	1,736,420	785,400	2,521,820	(4,676,085)	(2,113,653)	(6,789,738)
TOTAL	**$ 12,687,366**	**$ 12,689,116**	**$ 25,376,482**	**$ (34,205,753)**	**$ (34,203,011)**	**$ (68,408,764)**

2% and 2% Provider Rate Increase				Difference from the Executive Budget Request		
DIVISION	GENERAL	OTHER	TOTAL	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 8,479,190	$ 10,203,038	$ 18,682,228	$ (7,175,444)	$ (8,625,645)	$ (15,801,089)
LONG TERM CARE - BASIC CARE*	1,187,578	556,587	1,744,165	(997,106)	(467,134)	(1,464,241)
LONG TERM CARE - HCBS SERVICES*	2,166,931	1,798,158	3,965,088	(1,821,898)	(1,510,792)	(3,332,691)
DEVELOPMENTAL DISABILITIES DIVISION	10,140,433	11,328,384	21,468,817	(8,512,034)	(9,503,336)	(18,015,370)
REMAINING SERVICES	3,484,433	1,576,072	5,060,505	(2,928,072)	(1,322,981)	(4,251,053)
TOTAL	**$ 25,458,564**	**$ 25,462,239**	**$ 50,920,803**	**$ (21,434,555)**	**$ (21,429,888)**	**$ (42,864,443)**

3% and 2% Provider Rate Increase				Difference from the Executive Budget Request		
DIVISION	GENERAL	OTHER	TOTAL	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 11,360,716	$ 13,661,439	$ 25,022,155	$ (4,293,918)	$ (5,167,244)	$ (9,461,162)
LONG TERM CARE - BASIC CARE*	1,582,959	741,701	2,324,660	(601,725)	(282,020)	(883,746)
LONG TERM CARE - HCBS SERVICES*	2,890,987	2,397,898	5,288,885	(1,097,842)	(911,052)	(2,008,894)
DEVELOPMENTAL DISABILITIES DIVISION	13,514,402	15,091,485	28,605,887	(5,138,065)	(5,740,235)	(10,878,300)
REMAINING SERVICES	4,647,108	2,100,471	6,747,579	(1,765,397)	(798,582)	(2,563,979)
TOTAL	**$ 33,996,172**	**$ 33,992,994**	**$ 67,989,166**	**$ (12,896,947)**	**$ (12,899,133)**	**$ (25,796,081)**

3% and 3% Provider Rate Increase				Difference from the Executive Budget Request		
DIVISION	GENERAL	OTHER	TOTAL	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 12,759,528	$ 15,353,851	$ 28,113,379	$ (2,895,106)	$ (3,474,832)	$ (6,369,938)
LONG TERM CARE - BASIC CARE*	1,787,319	837,676	2,624,995	(397,365)	(186,045)	(583,411)
LONG TERM CARE - HCBS SERVICES*	3,261,178	2,706,217	5,967,395	(727,651)	(602,733)	(1,330,384)
DEVELOPMENTAL DISABILITIES DIVISION	15,261,536	17,049,609	32,311,145	(3,390,931)	(3,782,111)	(7,173,042)
REMAINING SERVICES	5,244,034	2,372,017	7,616,051	(1,168,471)	(527,036)	(1,695,507)
TOTAL	**$ 38,313,595**	**$ 38,319,370**	**$ 76,632,965**	**$ (8,579,524)**	**$ (8,572,757)**	**$ (17,152,281)**

4% and 3% Provider Rate Increase				Difference from the Executive Budget Request		
DIVISION	GENERAL	OTHER	TOTAL	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 15,654,634	$ 18,828,683	$ 34,483,317	$ -	$ -	$ -
LONG TERM CARE - BASIC CARE*	2,184,684	1,023,721	3,208,406	-	-	-
LONG TERM CARE - HCBS SERVICES*	3,988,829	3,308,950	7,297,779	-	-	-
DEVELOPMENTAL DISABILITIES DIVISION	18,652,467	20,831,720	39,484,187	-	-	-
REMAINING SERVICES	6,412,505	2,899,053	9,311,558	-	-	-
TOTAL	**$ 46,893,119**	**$ 46,892,127**	**$ 93,785,247**	$ -	$ -	$ -

4% and 4% Provider Rate Increase				Difference from the Executive Budget Request		
DIVISION	GENERAL	OTHER	TOTAL	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 17,067,027	$ 20,537,526	$ 37,604,553	$ 1,412,393	$ 1,708,843	$ 3,121,236
LONG TERM CARE - BASIC CARE*	2,391,028	1,120,629	3,511,657	206,344	96,907	303,251
LONG TERM CARE - HCBS SERVICES*	4,362,614	3,620,263	7,982,877	373,785	311,313	685,098
DEVELOPMENTAL DISABILITIES DIVISION	20,416,563	22,808,856	43,225,419	1,764,096	1,977,136	3,741,232
REMAINING SERVICES	7,015,228	3,173,235	10,188,463	602,723	274,182	876,905
TOTAL	**$ 51,252,460**	**$ 51,260,508**	**$ 102,512,969**	**$ 4,359,341**	**$ 4,368,381**	**$ 8,727,722**

*Long Term Care cost to continue includes an inflationary estimate based on the skilled market index for skilled nursing facilities, therefore nursing facilities are not included in the calculation.

IMPACT of INCREASE to PROVIDER INFLATION

2023 - 2025 Biennium

IMPACT of INFLATIONARY INCREASE to DEVELOPMENTAL DISABILITIES RATES

INCREASE FROM THE LEGISLATIVE BASE			
SCENARIO	GENERAL	OTHER	TOTAL
Exec. Recommendation (EBR) Year 1 - 4% | Year 2 - 3%	$ 18,652,467	$ 20,831,720	$ 39,484,187
Year 1 - 4% | Year 2 - 4%	20,416,563	22,808,856	43,225,419
Year 1 - 5% | Year 2 - 4%	23,824,457	26,609,978	50,434,435
Year 1 - 6% | Year 2 - 4%	27,232,351	30,411,100	57,643,451
Year 1 - 7% | Year 2 - 4%	30,640,244	34,212,222	64,852,467
NDCP 11% amendment Year 1 - 15% | Year 2 - 4%	57,903,394	64,621,199	122,524,593

INCREASE FROM THE EXECUTIVE BUDGET RECOMMENDATION		
GENERAL	OTHER	TOTAL
$ -	$ -	$ -
1,764,097	1,977,136	3,741,232
5,171,990	5,778,258	10,950,248
8,579,884	9,579,380	18,159,264
11,987,778	13,380,502	25,368,280
39,250,927	43,789,479	83,040,406

IMPACT of INFLATIONARY INCREASE to PROSPECTIVE PAYMENT SYSTEM (PPS) HOSPITALS

1% and 1% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 1,522,647	$ 1,463,523	$ 2,986,170
NET OUTPATIENT HOSPITAL	502,883	604,346	1,107,229
TOTAL	**$ 2,025,530**	**$ 2,067,869**	**$ 4,093,399**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ (4,130,034)	$ (3,969,052)	$ (8,099,086)
(1,364,215)	(1,638,699)	(3,002,914)
$ (5,494,249)	**$ (5,607,751)**	**$ (11,102,000)**

2% and 2% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 3,054,814	$ 2,936,209	$ 5,991,023
NET OUTPATIENT HOSPITAL	1,008,906	1,212,482	2,221,388
TOTAL	**$ 4,063,720**	**$ 4,148,691**	**$ 8,212,411**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ (2,597,867)	$ (2,496,366)	$ (5,094,233)
(858,192)	(1,030,563)	(1,888,755)
$ (3,456,058)	**$ (3,526,929)**	**$ (6,982,988)**

3% and 2% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 4,106,234	$ 3,946,144	$ 8,052,378
NET OUTPATIENT HOSPITAL	1,356,365	1,629,224	2,985,589
TOTAL	**$ 5,462,599**	**$ 5,575,368**	**$ 11,037,967**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ (1,546,446)	$ (1,486,431)	$ (3,032,878)
(510,733)	(613,821)	(1,124,554)
$ (2,057,179)	**$ (2,100,252)**	**$ (4,157,432)**

3% and 3% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 4,596,500	$ 4,418,059	$ 9,014,559
NET OUTPATIENT HOSPITAL	1,518,069	1,824,408	3,342,477
TOTAL	**$ 6,114,570**	**$ 6,242,466**	**$ 12,357,036**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ (1,056,181)	$ (1,014,516)	$ (2,070,697)
(349,028)	(418,638)	(767,666)
$ (1,405,209)	**$ (1,433,154)**	**$ (2,838,363)**

4% and 3% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 5,652,681	$ 5,432,575	$ 11,085,256
NET OUTPATIENT HOSPITAL	1,867,098	2,243,045	4,110,143
TOTAL	**$ 7,519,779**	**$ 7,675,620**	**$ 15,195,399**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ -	$ -	$ -
-	-	-
$ -	$ -	$ -

4% and 4% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 6,147,706	$ 5,909,072	$ 12,056,778
NET OUTPATIENT HOSPITAL	2,030,372	2,440,123	4,470,496
TOTAL	**$ 8,178,079**	**$ 8,349,195**	**$ 16,527,274**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ 495,026	$ 476,497	$ 971,523
163,274	197,078	360,353
$ 658,300	**$ 673,575**	**$ 1,331,875**

23.0266.02037
Title.

Prepared by the Legislative Council staff for
Senator Mathern
April 26, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

That the House recede from its amendments as printed on pages 1811-1832 of the Senate Journal and pages 2037-2058 of the House Journal and that Engrossed Senate Bill No. 2012 be amended as follows:

Page 1, line 2, after the second semicolon insert "to create and enact two new subsections to the new section to chapter 54-52.1 of the North Dakota Century Code as created by section 2 of Senate Bill No. 2140, as approved by the sixty-eighth legislative assembly, relating to the public employee health benefits coverage of insulin;"

Page 10, after line 2, insert:

"**SECTION 19.** Two new subsections to the new section to chapter 54-52.1 of the North Dakota Century Code as created by section 2 of Senate Bill No. 2140, as approved by the sixty-eighth legislative assembly, are created and enacted as follows:

If application of subsection 3 would result in the the ineligibility of a health benefit plan that is a qualified high-deductible health plan to qualify as a health savings account under section 223 of the Internal Revenue Code [26 U.S.C. 223], the requirements of subsection 3 do not apply with respect to the deductible of the health benefit plan until after the enrollee has satisfied the minimum deductible under section 26 U.S.C. 223.

This section does not apply to the Medicare part D prescription drug coverage plan."

Page 10, line 20 , replace "with the effective date of this Act" with "July 1, 2023"

Page 10, line 25, remove "with the"

Page 10, line 26, replace "effective date of this Act" with "July 1, 2023,"

Page 13, line 7, replace "19" with "20"

Renumber accordingly

NORTH Dakota | Health & Human Services
Be Legendary.

2023-2025 BUDGET REVIEW

TABLE OF CONTENTS

1. LONGSHEET *(For Committee's use)*
2. RAW
2a. ADJUSTMENTS
3. FTE
3a. BLOCK GRANT
4. UNDERFUNDING
5. INFLATION
6. MEDICAID
7. FMAP
8. DEVELOPMENTAL DISABILITIES
9. BEHAVIORAL HEALTH
10. CHILD CARE *(For Committee's use)*
11. TANF
12. AMENDMENTS *(For Committee's use)*
13. OTHER *(For Committee's use)*
14. TERMINOLOGY

01 - LONGSHEET

(For Committee's use)

02 - RAW *(Print on 11X17)*

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

Detail description	23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
	EBR FTE	EBR Gen	EBR Other	EBR Total	Ch1 FTE	Ch1 Gen	Ch 1 Other	Ch 1 Total	FTE	Gen	Other	Total
2023-25 Base Level - Management	112.40	$ 79,695,064	$ 92,905,416	$ 172,600,480	112.40	$ 79,695,064	$ 92,905,416	$ 172,600,480	0.00	$ -	$ -	$ -
2023-25 Ongoing Funding Changes - Management												
State employee salary and benefit increases		$ 1,581,002	$ 515,391	$ 2,096,393		1,298,730	422,595	1,721,325	-	(282,272)	(92,796)	(375,068)
Section 3 - Funding transfers between Subdivisions 1, 2 and 3 and HB 1004						-	-	-	-	-	-	-
Section 4 - Funding transfers from Subdivision 1, 2, 3 and HB 1004 to Subsection 4						-	-	-	-	-	-	-
Section 5 - Combine appropriation of HB 1004 and other bills approved into one budget						-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-	-
Subtotal Ongoing Funding Changes	-	1,581,002	515,391	2,096,393	-	1,298,730	422,595	1,721,325	-	(282,272)	(92,796)	(375,068)
Administration												
Continued program changes		2,353,162	(2,857)	2,350,305	-	2,353,162	(361,467)	1,991,695	-	-	(358,610)	(358,610)
					-	-	-	-	-	-	-	-
Subtotal Administration	-	2,353,162	(2,857)	2,350,305	-	2,353,162	(361,467)	1,991,695	-	-	(358,610)	(358,610)
Information Technology Services												
Continued program changes		7,154,347	11,885,615	19,039,962	-	7,154,347	11,885,615	19,039,962	-	-	-	-
IT Underfunding		(3,512,330)		(3,512,330)	-	(3,512,330)	-	(3,512,330)	-	-	-	-
				-	-	-	-	-	-	-	-	-
Subtotal ongoing funding changes	-	3,642,017	11,885,615	15,527,632	-	3,642,017	11,885,615	15,527,632	-	-	-	-

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Amendments to consider													
	CBCU - 0.5 FTE to 1.0 FTE	0.50	81,766	17,946	99,712	0.50	81,766	17,946	99,712	-	-	-	-
	CBCU - Temp to FTE	1.00	39,014	8,566	47,580	1.00	39,014	8,566	47,580	-	-	-	-
	ADA Coordinators		55,200		55,200	-	55,200	-	55,200	-	-	-	-
	Rent Model		842,674		842,674	-	842,674	-	842,674	-	-	-	-
	Reduce funding for overall agency operations					-	(19,900,262)	-	(19,900,262)	-	(19,900,262)	-	(19,900,262)
	Shifting Costs from 457 to HHS Admin	5.00	2,541,661		2,541,661	-	-	-	-	(5.00)	(2,541,661)	-	(2,541,661)
	Section 7 - Community Health Trust Fund of $20,400,000 for replacement of CS System				-	-	-	-	-	-	-	-	-
	Section 27 - MMIS technology stack upgrade					-	-	-	-	-	-	-	-
	Section 28 - MMIS modularization technology project					-	-	-	-	-	-	-	-
	Section 29 - Carryover of Special Session appropriation for projects, financial assistance, IT upgrades, behavioral health services and SUD voucher system grants				-	-	-	-	-	-	-	-	-
	Section 33 - Carryover for COVID-19 response operating and grants chapter 27					-	-	-	-	-	-	-	-
	Section 34 - Carryover for COVID-19 pandemic response operating and grants chapter 28					-	-	-	-	-	-	-	-
						-	-	-	-	-	-	-	-
	Subtotal of Amendments to Consider	6.50	3,560,315	26,512	3,586,827	1.50	(18,881,608)	26,512	(18,855,096)	(5.00)	(22,441,923)	-	(22,441,923)
One-time funding items													
	Inflation for HHS Operating		10,282,172	10,282,172	20,564,344	-	10,282,172	10,282,172	20,564,344	-	-	-	-
	CBCU Automation		1,000,000		1,000,000	-	1,000,000	-	1,000,000	-	-	-	-
	Child Support Replacement - Community Health Trust Fund			60,000,000	60,000,000	-	-	60,000,000	60,000,000	-	-	-	-
	Contract and Grant System - SIIF			11,000,000	11,000,000	-	-	11,000,000	11,000,000	-	-	-	-
	Total one-time funding changes	-	11,282,172	81,282,172	92,564,344	-	11,282,172	81,282,172	92,564,344	-	-	-	-
	Total Changes to Base Level Funding - Administration	6.50	22,418,668	93,706,833	116,125,501	1.50	(305,527)	93,255,427	92,949,900	(5.00)	(22,724,195)	(451,406)	(23,175,601)
2023-25 Total Management Funding		118.90	$ 102,113,732	$ 186,612,249	$ 288,725,981	113.90	79,389,537	186,160,843	265,550,380	(5.00)	(22,724,195)	(451,406)	(23,175,601)

SB 2012 Review Approval Worksheet

Legislative Base budget
Fully funded requests in EBR
Additional requests by Governor
Additional Amendments added during Committee Work
Partially funded requests in EBR
Total additional request to EBR
Additional section amendments requested in SB2012

	23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2023-25 Base Level - Program and Policy	676.32	$ 1,294,528,245	$ 2,501,118,558	$ 3,795,646,803	676.32	$ 1,294,528,245	$ 2,501,118,558	$ 3,795,646,803	0.00	$ -	$ -	$ -
2023-25 Ongoing Funding Changes												
State employee salary and benefit increases		$ 4,860,029	$ 6,532,578	$ 11,392,607	-	3,999,933	5,393,606	9,393,539	-	(860,096)	(1,138,972)	(1,999,068)
				-	-	-	-	-	-	-	-	-
Subtotal Ongoing Funding Changes	-	4,860,029	6,532,578	11,392,607	-	3,999,933	5,393,606	9,393,539	-	(860,096)	(1,138,972)	(1,999,068)
Economic Assistance												
Continued program changes		14,082,853	(2,071,770)	12,011,083	-	1,094,308	2,065,084	3,159,392	-	(12,988,545)	4,136,854	(8,851,691)
Grant cost and caseload changes		(6,607,933)	73,479,898	66,871,965	-	6,595,560	69,004,177	75,599,737	-	13,203,493	(4,475,721)	8,727,772
Subtotal Economic Assistance	-	7,474,920	71,408,128	78,883,048	-	7,689,868	71,069,261	78,759,129	-	214,948	(338,867)	(123,919)
Amendments to consider												
TANF Revitalization			7,496,368	7,496,368	-	-	7,496,368	7,496,368	-	-	-	-
Grow utilization of CCAP for kids 0-3		22,000,000		22,000,000	-	22,000,000	-	22,000,000	-	-	-	-
Improve ability of lower income parents to find/choose quality childcare		12,900,000		12,900,000	-	12,900,000	-	12,900,000	-	-	-	-
Increase in CCDF funding (total award $3,114,294 - 80% to EA)		-		-	-	-	2,491,435	2,491,435	-	-	2,491,435	2,491,435
Increase in LIHEAP funding				-	-	-	12,700,000	12,700,000	-	-	12,700,000	12,700,000
Agree to Engrossed SB 2012					-	-	(3,193,841)	(3,193,841)	-	-	(3,193,841)	(3,193,841)
Section 30 - Carryover for alternatives-to-abortion				-	-	-	-	-	-	-	-	-
Section 31 - Carryover for eligibility system project (SPACES)					-	-	-	-	-	-	-	-
Section 38 - Federal funding appeal limitation					-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-	-
Subtotal of Economic Assistance Amendments to Consider	-	34,900,000	7,496,368	42,396,368	-	34,900,000	19,493,962	54,393,962	-	-	11,997,594	11,997,594
One-time funding items												
Create quality tiers in CCAP reimbursement rates (EA)		3,000,000		3,000,000	-	3,000,000	-	3,000,000	-	-	-	-
Subtotal of Economic Assistance One-time Funding items					-	3,000,000	-	3,000,000	-	-	-	-
Child Support												
Continued program changes		89,676	(810,974)	(721,298)	-	51,381	(847,850)	(796,469)	-	(38,295)	(36,876)	(75,171)
				-	-	-	-	-	-	-	-	-
Subtotal Child Support	-	89,676	(810,974)	(721,298)	-	51,381	(847,850)	(796,469)	-	(38,295)	(36,876)	(75,171)

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Medical Services													
	Continued program changes		11,192,893	(3,534,736)	7,658,157	-	10,064,218	(1,761,795)	8,302,423	-	(1,128,675)	1,772,941	644,266
	Grant cost and caseload changes		39,637,782	304,848,337	344,486,119	-	39,637,782	304,848,337	344,486,119	-	-	-	-
	Funding shift for Community Health Trust Fund		31,500,000	(31,500,000)	-	-	31,500,000	(31,500,000)	-	-	-	-	-
	Medicaid Underfunding		(10,052,678)	(14,077,610)	(24,130,288)	-	(10,052,678)	(14,077,610)	(24,130,288)	-	-	-	-
	FMAP Changes		6,097,851	(6,097,851)	-	-	6,097,851	(6,097,851)	-	-	-	-	-
					-	-	-	-	-	-	-	-	-
	Subtotal Medical Services	-	78,375,848	249,638,140	328,013,988	-	77,247,173	251,411,081	328,658,254	-	(1,128,675)	1,772,941	644,266
Amendments to consider													
	Section 36 - Provider Inflation (4% / 4%)		15,654,634	18,828,683	34,483,317	-	17,067,027	20,537,526	37,604,553	-	1,412,393	1,708,843	3,121,236
	Early Intervention Team - New FTE	1.00	92,210	92,210	184,420	-	-	-	-	(1.00)	(92,210)	(92,210)	(184,420)
	Increase CHIP eligibility to 210% FPL		1,389,270	2,878,042	4,267,312	-	1,389,270	2,878,042	4,267,312	-	-	-	-
	Increase FPL for Medically Needy (Includes Clawback)		6,300,000	4,200,000	10,500,000	-	6,300,000	4,200,000	10,500,000	-	-	-	-
	Create Medicaid Provider strike team - New FTE	2.00	59,614	285,350	344,964	2.00	48,642	266,995	315,637	-	(10,972)	(18,355)	(29,327)
	Increase Medicaid Reimbursement for behavioral health practitioners from 75% to 100%					-	1,362,070	1,505,446	2,867,516	-	1,362,070	1,505,446	2,867,516
	Agree to Engrossed SB 2012					-	(331,180)	2,122,006	1,790,826	-	(331,180)	2,122,006	1,790,826
	Section 14 - Medicaid Expansion appropriation limitation					-	-	-	-	-	-	-	-
	Section 15 - Amend and reenact 50-29-04 for medical assistance to children and adjust FPL to 210%					-	-	-	-	-	-	-	-
	Section 35 - Utilization rate adjustment deficiency request for utilization, unwinding Medicaid continuous enrollment requirement, value-based purchases for Nursing Facilities and FMAP reduction				-	-	-	-	-	-	-	-	-
					-	-	-	-	-	-	-	-	-
	Subtotal of Medical Services Amendments to Consider	3.00	23,495,728	26,284,285	49,780,013	2.00	25,835,829	31,510,015	57,345,844	(1.00)	2,340,101	5,225,730	7,565,831
One-time funding items													
	Program integrity audits (MA)		2,250,000	2,250,000	4,500,000	-	2,250,000	2,250,000	4,500,000	-	-	-	-
	Subtotal of Medical Services One-time Funding items					-	2,250,000	2,250,000	4,500,000	-	-	-	-

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Long-Term Care													
	Grant cost and caseload changes		52,743,861	59,396,389	112,140,250	-	52,743,861	59,396,389	112,140,250	-	-	-	-
	Funding Shift for Health Care Trust Fund		1,000,000	(1,000,000)	-	-	1,000,000	(1,000,000)	-	-	-	-	-
	FMAP Changes		8,628,268	(8,628,268)	-	-	8,628,268	(8,628,268)	-	-	-	-	-
					-	-	-	-	-	-	-	-	-
	Subtotal Long Term Care	-	62,372,129	49,768,121	112,140,250	-	62,372,129	49,768,121	112,140,250	-	-	-	-
Amendments to consider													
	Section 36 - Provider Inflation (4% / 4%)		6,173,513	4,332,672	10,506,185	-	6,753,642	4,740,891	11,494,533	-	580,129	408,219	988,348
	Section 36 - Exclude BC if SB 2283 passes					-	(2,391,028)	(1,120,629)	(3,511,657)	-	(2,391,028)	(1,120,629)	(3,511,657)
	Personal Needs Allowance		1,913,100	1,526,700	3,439,800	-	1,913,100	1,526,700	3,439,800	-	-	-	-
	Adult Foster Care Rate		779,837	779,837	1,559,674	-	779,837	779,837	1,559,674	-	-	-	-
	Agency On-Call QSP Staff		351,000	-	351,000	-	351,000	-	351,000	-	-	-	-
	Bed Hold Days for HCBS		86,882	96,028	182,910	-	86,882	96,028	182,910	-	-	-	-
	Companionship Services		280,000	-	280,000	-	280,000	-	280,000	-	-	-	-
	Family Home Care Rate		6,240,000	-	6,240,000	-	4,777,500	-	4,777,500	-	(1,462,500)	-	(1,462,500)
	Institute base rate for Personal Cares		100,000	-	100,000	-	100,000	-	100,000	-	-	-	-
	Increase Benefit level and slots for Medically Fragile Waiver		186,400	206,022	392,422	-	186,400	206,022	392,422	-	-	-	-
	Increase Home Delivered Meals to two		138,150		138,150	-	138,150	-	138,150	-	-	-	-
	Add slots to Autism Waiver		4,149,579	4,586,377	8,735,956	-	4,149,579	4,586,377	8,735,956	-	-	-	-
	Sunset Autism Voucher		(300,000)		(300,000)	-	-	-	-	-	300,000	-	300,000
	Add tutoring service to Autism Waiver		19,380	21,420	40,800	-	19,380	21,420	40,800	-	-	-	-
	Section 16 - Repeal section 50-06-32.1 Autism Voucher program					-	-	-	-	-	-	-	-
	Section 37 - Rebase basic care facilities using median plus methodology					-	-	-	-	-	-	-	-
	Section 40 - Effective date for section 16 (repeal Autism Voucher)				-	-	-	-	-	-	-	-	-
	New Section - Medicaid Waivers - In-home services - Update age for the Autism Waiver to 18 years of age					-	-	-	-	-	-	-	-
					-	-	-	-	-	-	-	-	-
	Subtotal of Long Term Care Amendments to Consider	-	20,117,841	11,549,056	31,666,897	-	17,144,442	10,836,646	27,981,088	-	(2,973,399)	(712,410)	(3,685,809)
One-time funding items													
	Sunset Autism Voucher (LTC)				-	-	(300,000)	-	(300,000)	-	(300,000)	-	(300,000)
	Subtotal of Long Term Care One-time Funding items					-	(300,000)	-	(300,000)	-	(300,000)	-	(300,000)
DD Council													
	Continued program changes			70,974	70,974	-	-	70,967	70,967	-	-	(7)	(7)
	Subtotal DD Council	-	-	70,974	70,974	-	-	70,967	70,967	-	-	(7)	(7)

SB 2012 Review Approval Worksheet

	G	H	I	J	K	L	M	N	S	V	W	X	Y	Z	AA	AB	AC	AD	AE
1	**SB 2012 Review Approval Worksheet**																			
2																				
3				Legislative Base budget			Partially funded requests in EBR													
4				Fully funded requests in EBR			Total additional request to EBR													
5				Additional requests by Governor			Additional section amendments requested in SB2012													
6				Additional Amendments added during Committee Work																
7				**23 -25 Executive Budget Recommendation (EBR)**							**23 - 25 Senate Budget**					**Difference 23-25 Senate to EBR**				
8				**FTE Positions**	**General Fund**	**Other Funds**	**Total**				**FTE Positions**	**General Fund**	**Other Funds**	**Total**		**FTE Positions**	**General Fund**	**Other Funds**	**Total**	
156																				
157	**Aging Services**																			
158		Continued program changes			590,655	8,414,390	9,005,045				-	915,153	7,584,641	8,499,794		-	324,498	(829,749)	(505,251)	
159							-				-	-	-	-		-	-	-	-	
160		Subtotal Aging Services		-	590,655	8,414,390	9,005,045				-	915,153	7,584,641	8,499,794		-	324,498	(829,749)	(505,251)	
161																				
162	**Amendments to consider**																			
163		Section 36 - Provider Inflation (4% / 4%)			112,159	41,427	153,586				-	122,649	45,302	167,951		-	10,490	3,875	14,365	
164		DOJ Coordinator - Makes sunset FTE Perm FTE		1.00			-				1.00	-	-	-		-	-	-	-	
165		HCBS Case Management - New FTE		10.00		2,350,289	2,350,289									(10.00)	-	(2,350,289)	(2,350,289)	
166		HCBS Generalist - New FTE		1.00	75,170	75,170	150,340				1.00	71,956	71,956	143,912		-	(3,214)	(3,214)	(6,428)	
167		HCBS Service Navigators - New FTE		2.00	75,170	75,170	150,340				2.00	71,956	71,956	143,912		-	(3,214)	(3,214)	(6,428)	
168		Quality Assurance/Compliance for Aging - New FTE		1.00	110,878	110,878	221,756				1.00	103,868	103,868	207,736		-	(7,010)	(7,010)	(14,020)	
169		Guardianship establishment (fee increase)			70,500		70,500				-	70,500	-	70,500		-	-	-	-	
170		Senior Meal Rate Increase			12,854,294		12,854,294				-	12,854,294	-	12,854,294		-	-	-	-	
171		Shifting Costs from 457 to HHS Aging		67.00	13,779,234	984,705	14,763,939				-	-	-	-		(67.00)	(13,779,234)	(984,705)	(14,763,939)	
172		Increase funding for dementia care service grant									-	305,000	-	305,000		-	305,000	-	305,000	
173		Agree to Engrossed SB 2012									-	-	697,009	697,009		-	-	697,009	697,009	
174		Section 23 - Carryover authority for vulnerable adult protection services appropriation from 2021 Special Session									-	-	-	-		-	-	-	-	
175		Section 25 - Carryover authority for money follows the person capacity program appropriation from 2021 Special Session									-	-	-	-		-	-	-	-	
176		Section 32 - Carryover exemption for Medicaid HCBS 10% plan									-	-	-	-		-	-	-	-	
177							-				-	-	-	-		-	-	-	-	
178		Subtotal of Aging Amendments to Consider		82.00	27,077,405	3,637,639	30,715,044				5.00	13,600,223	990,091	14,590,314		(77.00)	(13,477,182)	(2,647,548)	(16,124,730)	
179																				
180	**Children and Family Services**																			
181		Continued program changes			6,135,387	(2,874,953)	3,260,434				-	2,979,468	416,500	3,395,968		-	(3,155,919)	3,291,453	135,534	
182		Grant cost and caseload changes			1,402,952	5,745,866	7,148,818				-	4,756,382	2,321,276	7,077,658		-	3,353,430	(3,424,590)	(71,160)	
183		FMAP Changes			(18,029)	18,029	-				-	(18,029)	18,029	-		-	-	-	-	
184							-				-	-	-	-		-	-	-	-	
185		Subtotal Children and Family Services		-	7,520,310	2,888,942	10,409,252				-	7,717,821	2,755,805	10,473,626		-	197,511	(133,137)	64,374	
186																				
187	**Amendments to consider**																			
188		Section 36 - Provider Inflation (4% / 4%)			4,430,167	3,425,283	7,855,450				-	4,776,326	3,663,887	8,440,213		-	346,159	238,604	584,763	
189		TANF Revitalization			7,496,368	(7,496,368)	-				-	7,496,368	(7,496,368)	-		-	-	-	-	
190		CAC Child Advocacy Center of ND			1,600,000		1,600,000				-	2,500,000	-	2,500,000		-	900,000	-	900,000	
191		Unlicensed Relative Caregiver assistance			960,000		960,000				-	960,000	-	960,000		-	-	-	-	
192		Child Protection and Response Team		4.00	1,003,280		1,003,280				-	-	-	-		(4.00)	(1,003,280)	-	(1,003,280)	
193		Family Voices - grants to organizations to provide family to family support services					-				-	175,000	-	175,000		-	175,000	-	175,000	
194		Section 24 - Carryover authority for children and family services transition program appropriation from 2021 Special Session									-	-	-	-		-	-	-	-	
195							-				-	-	-	-		-	-	-	-	
196		Subtotal of CFS Amendments to Consider		4.00	15,489,815	(4,071,085)	11,418,730				-	15,907,694	(3,832,481)	12,075,213		(4.00)	417,879	238,604	656,483	

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
198	**Behavioral Health Division**												
199	Continued program changes		191,745	(2,479,500)	(2,287,755)	-	220,705	(2,496,747)	(2,276,042)	-	28,960	(17,247)	11,713
200					-	-	-	-	-	-	-	-	-
201	Subtotal Behavioral Health Division	-	191,745	(2,479,500)	(2,287,755)	-	220,705	(2,496,747)	(2,276,042)	-	28,960	(17,247)	11,713
202													
203	**Amendments to consider**												
204	Section 36 - Provider Inflation (4% / 4%)		1,366,916	338,976	1,705,892	-	1,494,757	370,679	1,865,436	-	127,841	31,703	159,544
205	BHD Service Navigator - New FTE	1.00	201,743		201,743	1.00	189,272	-	189,272	-	(12,471)	-	(12,471)
206	SUD Voucher Processor - Temp to FTE	1.00	34,674		34,674	1.00	34,674	-	34,674	-	-	-	-
207	Pregnant Parenting Women Residential		600,000		600,000	-	600,000	-	600,000	-	-	-	-
208	Community Connect		7,019,514		7,019,514	-	7,019,514	-	7,019,514	-	-	-	-
209	Free Through Recovery			8,326,380	8,326,380	-	-	8,326,380	8,326,380	-	-	-	-
210	Opioid Settlement			2,000,000	2,000,000	-	-	2,000,000	2,000,000	-	-	-	-
211	School Grants					-	3,500,000	-	3,500,000	-	3,500,000	-	3,500,000
212	Recovery Housing additional funding				-	-	1,300,000	-	1,300,000	-	1,300,000	-	1,300,000
213	B-HERO spending authority (Funded with GEER funds)				-	-	-	400,000	400,000	-	-	400,000	400,000
214	Section 12 - Supportive housing Grants for behavioral health division					-	-	-	-	-	-	-	-
215	Section 19 - Provider process and outcomes measures for providers who receive funding from Department				-	-	-	-	-	-	-	-	-
216	Section 20 - Transfer authority of appropriation for community behavioral health program				-	-	-	-	-	-	-	-	-
217	Section 22 - Carryover suicide prevention grants					-	-	-	-	-	-	-	-
218	Section 26 - Carryover authority for free through recovery program appropriation from 2021 Special Session					-	-	-	-	-	-	-	-
219	New section amendment - to carryover SUD Voucher funding from HB1012					-	-	-	-	-	-	-	-
220						-	-	-	-	-	-	-	-
221						-	-	-	-	-	-	-	-
222						-	-	-	-	-	-	-	-
223	Subtotal of Behavioral Health Division Amendments to Consider	2.00	9,222,847	10,665,356	19,888,203	2.00	14,138,217	11,097,059	25,235,276	-	4,915,370	431,703	5,347,073
224													
225	**One-time funding items**												
226	Pregnant Parenting Women Residential - SIIF			1,000,000	1,000,000	-	-	1,000,000	1,000,000	-	-	-	-
227	Subtotal of Behavioral Health Division One-time Funding items					-	-	1,000,000	1,000,000	-	-	-	-
228													
229	**Vocational Rehabilitation**												
230	Continued program changes		361,265	1,822,770	2,184,035	-	425,752	1,757,792	2,183,544	-	64,487	(64,978)	(491)
231					-	-	-	-	-	-	-	-	-
232	Subtotal Vocational Rehabilitation	-	361,265	1,822,770	2,184,035	-	425,752	1,757,792	2,183,544	-	64,487	(64,978)	(491)

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

	23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Developmental Disabilities												
Continued program changes		373,528	2,141,760	2,515,288	-	335,097	2,004,834	2,339,931	-	(38,431)	(136,926)	(175,357)
Grant cost and caseload changes		(4,506,432)	(7,804,980)	(12,311,412)	-	(4,381,435)	(7,804,977)	(12,186,412)	-	124,997	3	125,000
FMAP Changes		6,895,538	(6,895,538)	-	-	6,895,538	(6,895,538)	-	-	-	-	-
Underfunding		(4,615,012)	(5,121,300)	(9,736,312)	-	(4,615,012)	(5,121,300)	(9,736,312)	-	-	-	-
				-	-	-	-	-	-	-	-	-
Subtotal Developmental Disabilities	-	(1,852,378)	(17,680,058)	(19,532,436)	-	(1,765,812)	(17,816,981)	(19,582,793)	-	86,566	(136,923)	(50,357)
Amendments to consider												
Section 36 - Provider Inflation (4% / 4%)		18,647,220	20,831,720	39,478,940	-	20,416,563	22,808,856	43,225,419	-	1,769,343	1,977,136	3,746,479
Additional 3% Provider Increase for Year 1				-	-	10,223,681	11,403,366	21,627,047	-	10,223,681	11,403,366	21,627,047
Early Intervention Team - New FTE	1.00	92,210	92,210	184,420	1.00	86,602	86,602	173,204	-	(5,608)	(5,608)	(11,216)
Quality Assurance/Compliance for DD - New FTE	1.00	110,878	110,878	221,756	1.00	103,868	103,868	207,736	-	(7,010)	(7,010)	(14,020)
Guardianship Establishment for DD Families		300,000		300,000	-	300,000	-	300,000	-	-	-	-
Guardianship Addition during Committee work				-	-	808,748	-	808,748	-	808,748	-	808,748
Agree to Engrossed SB 2012					-	-	697,009	697,009	-	-	697,009	697,009
DDPM (case management) capacity - New FTE	2.00	172,370	179,406	351,776	-	-	-	-	(2.00)	(172,370)	(179,406)	(351,776)
				-	-	-	-	-	-	-	-	-
Subtotal of Developmental Disabilities Amendments to consider	4.00	19,322,678	21,214,214	40,536,892	2.00	31,939,462	35,099,701	67,039,163	(2.00)	12,616,784	13,885,487	26,502,271
Disability Determination Services												
Continued program changes			284,045	284,045	-	-	236,892	236,892	-	-	(47,153)	(47,153)
Subtotal Disability Determination Services	-	-	284,045	284,045	-	-	236,892	236,892	-	-	(47,153)	(47,153)
Refugee Services												
Continued program changes			4,097,492	4,097,492	-	-	4,097,463	4,097,463	-	-	(29)	(29)
Subtotal Refugee Services	-	-	4,097,492	4,097,492	-	-	4,097,463	4,097,463	-	-	(29)	(29)

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget			Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Early Childhood Division													
	Continued program changes		21,938	(828,886)	(806,948)	-	132,436	(810,984)	(678,548)	-	110,498	17,902	128,400
					-	-	-	-	-	-	-	-	-
	Subtotal Early Childhood Services	-	21,938	(828,886)	(806,948)	-	132,436	(810,984)	(678,548)	-	110,498	17,902	128,400
Amendments to consider										-	-	-	-
	Expand Child Care & Grants - New FTE	1.00	251,226		251,226	1.00	236,905	-	236,905	-	(14,321)	-	(14,321)
	Expand Best in Class - New FTE	1.00	251,226		251,226	-	-	-	-	(1.00)	(251,226)	-	(251,226)
	Expand Best in Class		16,000,000		16,000,000	-	12,000,000	-	12,000,000	-	(4,000,000)	-	(4,000,000)
	Early Childhood Career Grants and Career Pathways		2,000,000		2,000,000	-	2,000,000	-	2,000,000	-	-	-	-
	Waterford Program (4yr old/ fam eng)		2,400,000		2,400,000	-	-	-	-	-	(2,400,000)	-	(2,400,000)
	Shifting Costs from 457 to HHS Early Childhood	26.00	4,869,909	422,954	5,292,863	-	-	-	-	(26.00)	(4,869,909)	(422,954)	(5,292,863)
	Section 9 - Legacy Fund earnings for defraying expenses for the child care assistance program					-	-	-	-	-	-	-	-
	Section 13 - $5,000,000 for the use financial assistance and direct payments for child care services					-	-	-	-	-	-	-	-
	Section 21 - Exemption to procurement for early childhood workforce/professional development info system or early childhood referral system					-	-	-	-	-	-	-	-
	Section 39 - Legislative management report for Waterford (four-year old) program					-	-	-	-	-	-	-	-
	ECD Award 12/2022 $6.7M PDG grant (discuss how to share)				-	-	-	-	-	-	-	-	-
					-	-	-	-	-	-	-	-	-
	Subtotal of Early Childhood Division Amendments to consider	28.00	25,772,361	422,954	26,195,315	1.00	14,236,905	-	14,236,905	(27.00)	(11,535,456)	(422,954)	(11,958,410)
One-time funding items													
	Expand public-private child care benefit			5,000,000	5,000,000	-	-	1,000,000	1,000,000	-	-	(4,000,000)	(4,000,000)
	Child Care Business Operating grants and services			7,000,000	7,000,000	-	-	5,000,000	5,000,000	-	-	(2,000,000)	(2,000,000)
	Child Care pilot for care during non-traditional hours			1,000,000	1,000,000	-	-	1,000,000	1,000,000	-	-	-	-
	Add capacity to Early Childhood quality infrastructure		3,000,000		3,000,000	-	3,000,000	-	3,000,000	-	-	-	-
					-	-	-	-	-	-	-	-	-
	Subtotal of Early Childhood Division One-time funding changes	-	3,000,000	13,000,000	16,000,000	-	3,000,000	7,000,000	10,000,000	-	-	(6,000,000)	(6,000,000)
										-	-	-	-
	Subtotal all ongoing funding changes	123.00	343,654,812	466,574,949	810,229,761	12.00	334,659,311	487,618,060	822,277,371	(111.00)	(8,995,501)	21,043,111	12,047,610
	Total Changes to Base Level Funding	123.00	343,654,812	466,574,949	810,229,761	12.00	334,659,311	487,618,060	822,277,371	(111.00)	(8,995,501)	21,043,111	12,047,610
2023-25 Total Funding - Program and Policy		799.32	$ 1,638,183,057	$ 2,967,693,507	$ 4,605,876,564	688.32	$ 1,629,187,556	$ 2,988,736,618	$ 4,617,924,174	(111.00)	$ (8,995,501)	$ 21,043,111	$ 12,047,610

SB 2012 Review Approval Worksheet

Legislative Base budget | Partially funded requests in EBR
Fully funded requests in EBR | Total additional request to EBR
Additional requests by Governor | Additional section amendments requested in SB2012
Additional Amendments added during Committee Work

		23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
296	**2023-25 Base Level - Field Services**	1,320.61	$ 179,323,957	$ 114,273,295	$ 293,597,252	1,320.61	$ 179,323,957	$ 114,273,295	$ 293,597,252	0.00	$ -	$ -	$ -
297													
298	**2023-25 Ongoing Funding Changes**												
299	State employee salary and benefit increases		16,019,179	5,196,445	21,215,624	-	13,087,608	4,279,883	17,367,491	-	(2,931,571)	(916,562)	(3,848,133)
300	Subtotal Ongoing Funding Changes	-	16,019,179	5,196,445	21,215,624	-	13,087,608	4,279,883	17,367,491	-	(2,931,571)	(916,562)	(3,848,133)
301													
302	**Human Service Centers**												
303	Continued program changes		828,956	2,176,151	3,005,107	-	828,956	2,176,151	3,005,107	-	-	-	-
304	Adjustment needed in House for Continued Program Changes						(636,804)	(552,800)	(1,189,604)		(636,804)	(552,800)	(1,189,604)
305	Adjustment needed - switch approp line from Institutions to Human Service Centers						(5,028,541)	-	(5,028,541)		(5,028,541)	-	(5,028,541)
306					-	-	-	-	-	-	-	-	-
307	Subtotal Human Service Centers	-	828,956	2,176,151	3,005,107	-	(4,836,389)	1,623,351	(3,213,038)	-	(5,665,345)	(552,800)	(6,218,145)
308													
309	**State Hospital**												
310	Continued program changes		1,164,508	211,800	1,376,308	-	2,586,292	764,602	3,350,894	-	1,421,784	552,802	1,974,586
311	Adjustment needed - switch approp line from Institutions to Human Service Centers						5,028,541	-	5,028,541		5,028,541	-	5,028,541
312					-	-	-	-	-	-	-	-	-
313	Subtotal State Hospital	-	1,164,508	211,800	1,376,308	-	7,614,833	764,602	8,379,435	-	6,450,325	552,802	7,003,127
314													
315	**Life Skills and Transition Center**												
316	Continued program changes		2,586,559	5,050,437	7,636,996	-	2,586,559	5,050,437	7,636,996	-	-	-	-
317					-	-	-	-	-	-	-	-	-
318	Subtotal Life Skills and Transition Center	-	2,586,559	5,050,437	7,636,996	-	2,586,559	5,050,437	7,636,996	-	-	-	-
319													
320	Subtotal Institutions					-	5,365,003	7,438,390	12,803,393	-	784,980	2	784,982
321													
322	**Amendments to consider**												
323	Section 36 - Provider Inflation (4% / 4%)		1,296,258		1,296,258	-	1,417,491	-	1,417,491	-	121,233	-	121,233
324	Contract for Gen. Physician Position 24x7 Crisis Services		132,000		132,000	-	132,000	-	132,000	-	-	-	-
325	Contract for nursing for CRU 24x7 Crisis Services		2,080,000		2,080,000	-	2,080,000	-	2,080,000	-	-	-	-
326	Contract for On-call psychiatry 24x7 Crisis Services		3,874,500		3,874,500	-	3,874,500	-	3,874,500	-	-	-	-
327	Expand Mobile Crisis Services - New FTE	4.00	1,115,695		1,115,695	4.00	1,061,781	-	1,061,781	-	(53,914)	-	(53,914)
328	NW RN for Crisis Residential - New FTE	1.00	194,560		194,560	1.00	185,158	-	185,158	-	(9,402)	-	(9,402)
329	Peer Support Specialists - Temp to FTE	16.00	1,646,475		1,646,475	16.00	1,566,897	-	1,566,897	-	(79,578)	-	(79,578)
330	NC Behavioral Health - Temp to FTE	1.50	118,200		118,200	1.50	115,515	-	115,515	-	(2,685)	-	(2,685)
331	NE Behavioral Health - Temp to FTE	4.00	101,270		101,270	4.00	100,323	-	100,323	-	(947)	-	(947)
332	SC Behavioral Health - Temp to FTE	2.00	85,576		85,576	2.00	84,176	-	84,176	-	(1,400)	-	(1,400)
333	SE - Temp to FTE	16.00	393,611		393,611	16.00	391,212	-	391,212	-	(2,399)	-	(2,399)
334	WC Direct Care Associates - Temp to FTE	5.00	264,720		264,720	5.00	259,680	-	259,680	-	(5,040)	-	(5,040)
335	Funding for base community behavioral services thru HSCs		34,200,815	(34,200,815)	-	-	-	-	-	-	(34,200,815)	34,200,815	-
336	3 HSCs to become CCBHCs - New FTE					24.00	9,650,000	-	9,650,000	24.00	9,650,000	-	9,650,000
337	Locumtenens contract cost changes - SH		2,475,200		2,475,200	-	2,475,200	-	2,475,200	-	-	-	-
338	Funding for base community behavioral services thru State Hospital		1,827,326	(1,827,326)	-	-	-	-	-	-	(1,827,326)	1,827,326	-

SB 2012 Review Approval Worksheet

	G	H	I	J	K	L	M	N	S	V	W	X	Y	Z	AA	AB	AC	AD	AE
1	**SB 2012 Review Approval Worksheet**																			
2																				
3				Legislative Base budget			Partially funded requests in EBR													
4				Fully funded requests in EBR			Total additional request to EBR													
5				Additional requests by Governor			Additional section amendments requested in SB2012													
6				Additional Amendments added during Committee Work																
7				**23 -25 Executive Budget Recommendation (EBR)**							**23 - 25 Senate Budget**					**Difference 23-25 Senate to EBR**				
8				**FTE Positions**	**General Fund**	**Other Funds**	**Total**				**FTE Positions**	**General Fund**	**Other Funds**	**Total**		**FTE Positions**	**General Fund**	**Other Funds**	**Total**	
339		Section 6 - Adjust or increase up to 50 FTE positions for field services to provide direct services					-				-	-	-	-		-	-	-	-	
340		Section 17 - Authorize lease agreements with vendors for office suites at LRHSC and NWHSC					-				-	-	-	-		-	-	-	-	
341		New section - language for exemption to procurement of consumables at residential units during time of low census					-				-	-	-	-		-	-	-	-	
342		Section 18 - lease of land at SH to national guard					-				-	-	-	-		-	-	-	-	
343		Section 10 - Capital payments relating to special assessments at the SH and LSTC.									-	-	-	-		-	-	-	-	
344		Section 11 - Emergency Commission to authorize demolition of the administrative building and employee building and tunnels at theSH									-	-	-	-		-	-	-	-	
345							-				-	-	-	-		-	-	-	-	
346		Subtotal of Amendments to consider Institutions		49.50	49,806,206	(36,028,141)	13,778,065				73.50	23,393,933	-	23,393,933		24.00	(26,412,273)	36,028,141	9,615,868	
347																				
348	**One-time funding items - Field Services**																			
349		Southeast HSC Mechanical/Safety Systems Upgrade				272,654	272,654				-	-	272,654	272,654		-	-	-	-	
350		Southeast HSC parking lot				462,500	462,500				-	-	462,500	462,500		-	-	-	-	
351		Funding for base community behavioral services thru HSCs					-				-	34,200,815	(34,200,815)	-		-	34,200,815	(34,200,815)	-	
352		Funding for base community behavioral services thru State Hospital					-				-	1,827,326	(1,827,326)	-		-	1,827,326	(1,827,326)	-	
353		State Hospital Design and construction plans				10,000,000	10,000,000				-	-	5,000,000	5,000,000		-	-	(5,000,000)	(5,000,000)	
354		Subtotal One-time funding changes		-	-	10,735,154	10,735,154				-	36,028,141	(30,292,987)	5,735,154		-	36,028,141	(41,028,141)	(5,000,000)	
355																				
356		Total Changes to Base Level Funding		49.50	70,405,408	(12,658,154)	57,747,254				73.50	77,874,685	(18,574,714)	59,299,971		24.00	7,469,277	(5,916,560)	1,552,717	
357																				
358	**2023-25 Total Funding - Field Services**			1,370.11	$ 249,729,365	$ 101,615,141	$ 351,344,506				1,394.11	$ 257,198,642	$ 95,698,581	$ 352,897,223		24.00	$ 7,469,277	$ (5,916,560)	$ 1,552,717	

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)				23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
360	**2023-25 Base Level - County Social Service Financing**	156.00	$ 1,240,391	$ 188,676,995	$ 189,917,386	156.00	$ 1,240,391	$ 188,676,995	$ 189,917,386	0.00	$ -	$ -	$ -
362	**2023-25 Ongoing Funding Changes**												
363	State employee salary and benefit increases		112,244	2,692,623	2,804,867	-	92,247	2,208,545	2,300,792	-	(19,997)	(484,078)	(504,075)
364	Continued program changes		21,446	446,522	467,968	-	18,434	1,240,493	1,258,927	-	(3,012)	793,971	790,959
365					-	-	-	-	-	-	-	-	-
366	Subtotal Ongoing Funding Changes	-	133,690	3,139,145	3,272,835	-	110,681	3,449,038	3,559,719	-	(23,009)	309,893	286,884
368	**One Time Funding**												
369	No one-time funding items		-	-	-	-	-	-	-	-	-	-	-
370	Subtotal one-time funding changes	-	-	-	-	-	-	-	-	-	-	-	-
372	**Amendments to consider**												
373	Shifting Costs from 457 to HHS Admin	(5.00)	(2,541,661)		(2,541,661)	-	-	-	-	5.00	2,541,661	-	2,541,661
374	Shifting Costs from 457 to HHS Aging	(67.00)	(13,779,234)	(984,705)	(14,763,939)	-	-	-	-	67.00	13,779,234	984,705	14,763,939
375	Shifting Costs from 457 to HHS Early Childhood	(26.00)	(4,869,909)	(422,954)	(5,292,863)	-	-	-	-	26.00	4,869,909	422,954	5,292,863
376	Funding shared delivery of human services with human service zones		19,816,723	3,476,783	23,293,506	-	-	-	-	-	(19,816,723)	(3,476,783)	(23,293,506)
377	HCBS case management increased volume - New FTE				-	7.00	-	1,102,031	1,102,031	7.00	-	1,102,031	1,102,031
378	Funding for human service zone employee increases 4/4 percent			8,337,993	8,337,993	-	-	6,240,680	6,240,680	-	-	(2,097,313)	(2,097,313)
379	Human service zone equity adjustments					-	-	1,000,000	1,000,000	-	-	1,000,000	1,000,000
380	Adjust spending authority including $20 million for zone operations and $600,000 for indigent burials					-	-	23,541,770	23,541,770	-	-	23,541,770	23,541,770
381	Section 8 - Human Service Finance fund of $200,000,000 for state-paid economic assistance and social and human services.					-	-	-	-	-	-	-	-
382					-	-	-	-	-	-	-	-	-
383	Subtotal of Amendments to consider - Zones	(98.00)	(1,374,081)	10,407,117	9,033,036	7.00	-	31,884,481	31,884,481	105.00	1,374,081	21,477,364	22,851,445
385	Total Changes to Base Level Funding - County Social Service Zones	(98.00)	(1,240,391)	13,546,262	12,305,871	7.00	110,681	35,333,519	35,444,200	105.00	1,351,072	21,787,257	23,138,329
387	**2023-25 Total Funding - County Social Service Financing**	58.00	$ 0	$ 202,223,257	$ 202,223,257	163.00	1,351,072	224,010,514	225,361,586	105.00	1,351,072	21,787,257	23,138,329
389	**2023-25 SB 2012 Budget Total**	**2,346.33**	**$ 1,990,026,154**	**$ 3,458,144,154**	**$ 5,448,170,308**	**2,359.33**	**$ 1,967,126,807**	**$ 3,494,606,556**	**$ 5,461,733,363**	**13.00**	**$ (22,899,347)**	**$ 36,462,402**	**$ 13,563,055**

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

	23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget			Difference 23-25 Senate to EBR			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Additional amendments presented by Legislators during budget testimony												
Senator Rummel - Establish a school behavioral health prevention and early intervention grant program		31,000,000	-	31,000,000								
Senator Lee - Forensic examinations and interviews		1,059,000	-	1,059,000								
Senator Lee - Increasing grant funding for advocacy services for children		2,500,000	-	2,500,000								
Total Funding of Additional Amendments	-	$ 34,559,000	$ -	$ 34,559,000								
Itemized listing of the changes agency is requesting to the committee												
Economic Assistance												
Increase in CCDF funding (total award $3,114,294 - 80% to EA)		-	2,491,435	2,491,435								
Increase in LIHEAP funding		-	12,700,000	12,700,000								
Medical Services												
Operating Increase		1,273,656	1,776,696	3,050,352								
Long Term Care												
Nursing Facility Value-Based Payment Program		6,000,000	6,000,000	12,000,000								
Personal Care with Supervision service in Waiver		-	-	-								
Higher Acuity Rate for individuals with complex needs		1,614,478	385,522	2,000,000								
Base Rate for Personal Care with Individuals with lower needs		2,277,228	1,676,292	3,953,520								
Aging Services												
Increase the number of slots available for guardianship support from 141 to 200		177,000	-	177,000								
Rental assistance to meet housing requirements - DOJ Settlement		300,000	-	300,000								

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

	23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget			Difference 23-25 Senate to EBR			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Behavioral Health												
1.0 FTE for 1915i Navigator	1.00	98,173	98,172	196,345								
Recovery Housing additional funding		1,304,456	-	1,304,456								
B-HERO spending authority (Funded with GEER funds)		-	400,000	400,000								
Additional Opioid settlement authority												
Brain Injury funding flexibility		-	-	-								
Move FTR appropriation from DOCR to HHS		-	-	-								
SUD provider expansion (NDCC 50-06-42)		-	-	-								
Early Childhood												
Increase in CCDF funding (total award $3,114,294 - 20% to ECD)		-	622,859	622,859								
Increase in Preschool Development Grant			20,891,168	20,891,168								
Human Service Centers												
Add new section for language for exemption to procurement of consumables at residential units during time of low census		-	-	-								
Operating shortfall unfunded part of DP #3 of 13,118,475 for HSC's		976,496	-	976,496								
Salary underfunding and increase, unfunded part of DP #3 of 13,118,475 for HSC's		6,876,462	-	6,876,462								
Temp salaries, unfunded part of DP #3 of 13,118,475 for HSC's		5,265,517	-	5,265,517								
Institutions												
SH Salary Underfunding		1,577,436	-	1,577,436								
Continuing Current biennium salary cost to retain employees		3,735,992	-	3,735,992								
Continuing Worldwide Contract		2,162,589	-	2,162,589								
Replacement Patient Beds		98,264	-	98,264								
Replacement Patient Dishware		12,000	-	12,000								
Human Service Zones												
Amendment needed to increase 57-11 (457) to a minimum of 230M (SB2367 or SB2275)		-	-	-								

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget				Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
445	**Unfunded decision package items**												
446	BL Crisis Services - Behavioral Modification Specialist	1.00	179,240	-	179,240								
447	Increased access to HCBS services thru addition of QSPs (using HSZ FTE pool)	9.00	-	1,129,176	1,129,176								
448	Strategic Comms partner to strategic agency initiatives (HCBS/DOJ/Youth)	1.00	255,454	-	255,454								
449	Family Peer Support (First Episode Psychosis program)	4.00	389,584	-	389,584								
450	LR Behavioral Health FTE Temp to FTE	2.00	117,458	-	117,458								
451	Mental Health Specialist	1.00	-	182,642	182,642								
452	NW Medication Aide - Temp convert to FTE	1.00	44,618		44,618								
453	Professional Recruiter Contract; focus on BH needs		200,000		200,000								
454	SUD Team FTE	1.00	173,402		173,402								
455	Medicaid-related service infrastructure for maternal/infant health	3.00	278,512	278,512	557,024								
456	Increase Community Spousal Limit for Medicaid		4,212,000	4,212,000	8,424,000								
457	Assisted Living Changes				-								
458	LTC Ombudsman staff	0.70	128,588		128,588								
459	Resident Liaison FTEs	2.00	207,736	207,736	415,472								
460	VAPS staff to meet increased demand	2.50		95,820	95,820								
461	FFT to Rural Areas	4.00	895,968		895,968								
462	MST Expand to Bismarck WC	5.00	1,119,960		1,119,960								
463	SE Drug Court demand	2.00	447,984		447,984								
464	Strategic Comms partner to strategic agency initiatives (early childhood/workforce)	1.00	255,452		255,452								
465	Senior Meals Rate Increase (pre-pkg)		3,000,000	-	3,000,000								
466	WCHSC and Bismarck Public Sch partnership	4.00	895,968		895,968								
467	Add camps/clubs/social skills to Autism Waiver		93,955	103,845	197,800								
468	Transformation Managers (support 2256 et al)	2.00	358,296	78,656	436,952								
469	Community Engagement Specialist	1.00		182,642	182,642								
470	DD Admin temp to FTE	1.00	20,002	20,528	40,530								
471	DDPM temps to FTE	8.00	165,001	171,735	336,736								
472	Fiscal (AP Mgr / Data Analyst)	2.50	481,193	105,799	586,992								
473	SNAP Program Specialist	1.00	98,920	98,920	197,840								
474	Special Lawsuit Funding		250,000		250,000								
475	VR temp to FTE (Williston)	1.00	20,633	76,237	96,870								
476	Tribal Health Initiative staff	2.00	407,130	-	407,130								
477	Culture/engagement resource	1.00	209,467	45,991	255,458								
478	Employee Health/Safety/Wellness/Risk Mgmt	1.00	179,150	39,326	218,476								
479	HSC business partner HR support	1.00	179,150	39,326	218,476								
480	Internal-focused Comms	1.00	209,476	45,982	255,458								
481	Team Engagement / Mgr Support	1.00	218,472	-	218,472								
482	Total Rewards resource/comp resource	1.00	209,476	45,982	255,458								
483	MMIS / SPACES liaison	1.00	127,726	127,726	255,452								
484	myAvatar System Recovery		25,000		25,000								
485	Planning necessary to sunset legacy systems (used for elig pre-SPACES)		3,200,000	4,800,000	8,000,000								
486	Process Automation for SIS Assessment		50,000		50,000								
487	Retire Legacy Inpatient EHR System (AIMS)		1,000,000		1,000,000								
488	Retire Legacy Outpatient EHR System (ROAP)		1,000,000		1,000,000								
489	SIS Assessment - 2nd addition		200,000		200,000								
490	System analysts to support Therap and interfaces (Aging and DD)	2.00	236,516	236,516	473,032								

SB 2012 Review Approval Worksheet

Legislative Base budget	Partially funded requests in EBR
Fully funded requests in EBR	Total additional request to EBR
Additional requests by Governor	Additional section amendments requested in SB2012
Additional Amendments added during Committee Work	

		23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget			Difference 23-25 Senate to EBR			
		FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
491	Child Care R&R database (SPO-required re-procurement | WLS)		15,000	-	15,000								
492	Early Childhood QRIS / Workforce Registry (SPO required re-procurement | Insight)		15,000,000	-	15,000,000								
493	HR Payouts		953,418	492,895	1,446,313								
494													
495	**Total Funding of Additional Budget Requests**	72.70	71,459,652	59,860,136	131,319,788								
496													
497													
498	**Total Funding of Amendments and Additional Requests**	72.70	$ 106,018,652	$ 59,860,136	$ 165,878,788								
499													
500													
501	**2023-2025 SB 2012 Budget including other Requests**	**2,419.03**	**$ 2,096,044,806**	**$ 3,518,004,290**	**$ 5,614,049,096**								
502													

NORTH Dakota | Health and Human Services
Be Legendary.

Adjustments Needed to Engrossed SB 2012

Budget Area	23 -25 Executive Budget Recommendation (EBR)			23 - 25 Senate Budget			Difference 23-25 EBR to Senate		
	General Fund	Other Funds	Total	General Fund	Other Funds	Total	General Fund	Other Funds	Total
Management									
Administration	2,353,162	(2,857)	2,350,305	2,353,162	(361,467)	1,991,695	-	358,610	358,610
Information Technology Services	7,154,347	11,885,615	19,039,962	7,154,347	11,885,615	19,039,962	-	-	-
Total Management	**$ 9,507,509**	**$ 11,882,758**	**$ 21,390,267**	**$ 9,507,509**	**$ 11,524,148**	**$ 21,031,657**	**$ -**	**$ 358,610**	**$ 358,610**
Program & Policy									
Economic Assistance	7,474,920	71,408,128	78,883,048	7,689,868	67,875,420	75,565,288	(214,948)	3,532,708	3,317,760
Child Support	89,676	(810,974)	(721,298)	51,381	(847,850)	(796,469)	38,295	36,876	75,171
Medical Services	11,192,893	(3,534,736)	7,658,157	9,733,038	360,211	10,093,249	1,459,855	(3,894,947)	(2,435,092)
DD Council		70,974	70,974	-	70,967	70,967	-	7	7
Aging Services	590,655	8,414,390	9,005,045	915,153	8,281,650	9,196,803	(324,498)	132,740	(191,758)
Children and Family Services	7,538,339	2,870,913	10,409,252	7,735,850	2,737,776	10,473,626	(197,511)	133,137	(64,374)
Behavioral Health Division	191,745	(2,479,500)	(2,287,755)	220,705	(2,496,747)	(2,276,042)	(28,960)	17,247	(11,713)
Vocational Rehabilitation	361,265	1,822,770	2,184,035	425,752	1,757,792	2,183,544	(64,487)	64,978	491
Developmental Disabilities	(4,132,904)	(5,663,220)	(9,796,124)	(4,046,338)	(5,103,134)	(9,149,472)	(86,566)	(560,086)	(646,652)
Disability Determination Services		284,045	284,045	-	236,892	236,892	-	47,153	47,153
Refugee Services		4,097,492	4,097,492	-	4,097,463	4,097,463	-	29	29
Early Childhood Division	21,938	(828,886)	(806,948)	132,436	(810,984)	(678,548)	(110,498)	(17,902)	(128,400)
Total Program & Policy	**$ 23,328,527**	**$ 75,651,396**	**$ 98,979,923**	**$ 22,857,845**	**$ 76,159,456**	**$ 99,017,301**	**$ 470,682**	**$ (508,060)**	**$ (37,378)**
Human Service Centers									
Human Service Centers	828,956	2,176,151	3,005,107	(4,836,389)	1,623,351	(3,213,038)	5,665,345	552,800	6,218,145
Total Human Service Centers	**$ 828,956**	**$ 2,176,151**	**$ 3,005,107**	**$ (4,836,389)**	**$ 1,623,351**	**$ (3,213,038)**	**$ 5,665,345**	**$ 552,800**	**$ 6,218,145**
Institutions									
State Hospital	1,164,508	211,800	1,376,308	7,614,833	764,602	8,379,435	(6,450,325)	(552,802)	(7,003,127)
Life Skills and Transition Center	2,586,559	5,050,437	7,636,996	2,586,559	5,050,437	7,636,996	-	-	-
Total Institutions	**$ 3,751,067**	**$ 5,262,237**	**$ 9,013,304**	**$ 10,201,392**	**$ 5,815,039**	**$ 16,016,431**	**$ (6,450,325)**	**$ (552,802)**	**$ (7,003,127)**
Human Service Zones	**$ 21,446**	**$ 446,522**	**$ 467,968**	**$ 18,434**	**$ 1,240,493**	**$ 1,258,927**	**$ 3,012**	**$ (793,971)**	**$ (790,959)**
Total SB2012	**$ 37,437,505**	**$ 95,419,064**	**$ 132,856,569**	**$ 37,748,791**	**$ 96,362,487**	**$ 134,111,278**	**$ (311,286)**	**$ (943,423)**	**$ (1,254,709)**

Updated: 04.11.2023

NORTH Dakota | Health and Human Services
Be Legendary.

ENGROSSED SB2012

NEW FTE REQUEST SUMMARY

Section	Current Budget FTE 2021-2023	HHS Decision Package Request	Executive Budget Request Approved	Senate Changes	Net Changes in Engrossed SB 2012	Engrossed SB2012 Temp to FTE	Total Temp	General Temp	Other Temp	Engrossed SB2012 - New FTE	Total New	General New	Other New
ADMINISTRATION-SUPPORT	112.40	20.00	6.50	(5.00)	1.50	1.00	47,580	39,016	8,564	0.50	99,712	81,766	17,946
ECONOMIC ASSISTANCE	49.80	1.00											
CHILD SUPPORT	161.20				-								
MEDICAL SERVICES	90.50	16.00	3.00	(1.00)	2.00					2.00	315,637	48,642	266,995
DD COUNCIL	1.00				-								
AGING SERVICES	45.70	22.20	15.00	(10.00)	5.00	2.00	71,956	71,956		3.00	351,648	175,824	175,824
CHILDREN AND FAMILY SERVICES	33.00		4.00	(4.00)	-								
BEHAVIORAL HEALTH DIVISION	37.00	5.00	2.00		2.00	1.00	34,674	34,674		1.00	189,272	189,272	
VOCATIONAL REHABILITATION	85.00	1.00			-								
DEVELOPMENTAL DISABILITIES	127.12	12.00	4.00	(2.00)	2.00					2.00	380,940	190,470	190,470
DISABILITY DETERMINATION SRVCS	23.00				-								
REFUGEE SERVICES	4.00	2.00			-								
EARLY CHILDHOOD	19.00		2.00	(1.00)	1.00					1.00	236,905	236,905	
STATE-WIDE HSC MANAGEMENT*	11.00	2.00	2.00	24.00	26.00					26.00	10,180,891	10,180,891	
NORTHWEST HSC	35.05	6.00	4.00		4.00	2.00	195,862	195,862		2.00	450,603	450,603	
NORTH CENTRAL HSC	93.70	4.50	3.50		3.50	3.50	311,377	311,377					
LAKE REGION HSC	44.50	7.00	2.00		2.00	2.00	195,862	195,862					
NORTHEAST HSC	105.10	11.00	6.00		6.00	6.00	296,185	296,185					
SOUTHEAST HSC	133.90	26.50	18.00		18.00	18.00	587,074	587,074					
SOUTH CENTRAL HSC	56.00	8.00	4.00		4.00	4.00	280,038	280,038					
WEST CENTRAL HSC	92.00	19.00	7.00		7.00	7.00	455,542	455,542					
BADLANDS HSC	59.00	4.00	3.00		3.00	2.00	195,862	195,862		1.00	265,445	265,445	
STATE HOSPITAL	319.52				-								
LIFE SKILLS & TRANSITION CNTR	303.34				-								
HUMAN SERVICE ZONE FUND (457)	156.00			7.00	7.00					7.00			1,102,031
Total DHS	**2,265.33**	**167.20**	**81.00**	**13.00**	**94.00**	**48.50**	**2,672,012**	**2,663,448**	**8,564**	**45.50**	**12,471,053**	**11,819,818**	**1,753,266**
PUBLIC HEALTH	210.50	33.00	5.00		5.00	5.00	115,102	65,094	50,008				
Grand Total HHS	**2,475.83**	**200.20**	**86.00**	**13.00**	**99.00**	**53.50**	**2,787,114**	**2,728,542**	**58,572**	**45.50**	**12,471,053**	**11,819,818**	**1,753,266**

Human Service Zone Fund (457) FTE Transfer Requests

(Funding Source Change from HSZ Fund to General Fund)

		Transfer Request in EBR	Senate Change	Net Changes in Engrossed SB 2012
Aging (HCBS Case Managers)		67.00	(67.00)	-
Early Childhood Services		26.00	(26.00)	-
Administration		5.00	(5.00)	-
Human Service Zone Fund		(98.00)	98.00	-

Current Vacancies as of March 2023:	261.95
Filled; not yet began employment:	45.8
Employees departed in February:	28
* 24 CCBH positions	

NORTH Dakota | Health and Human Services
Be Legendary.

SALARIES AND BENEFITS BY MAJOR DIVISION
SB 2012 & HB 1004

Division	Base	Enhancements	Total	Salary Increase*	Equity	Grand Total
MANAGEMENT	$ 27,413,848	$ 4,429,670	$ 31,843,518	$ 486,204	$ 9,405,000	$ 41,734,722
PROGRAM AND POLICY	121,917,110	19,701,397	141,618,507	1,974,615		143,593,122
PUBLIC HEALTH DIVISION	37,201,358	17,340,323	54,541,681	550,292		55,091,973
HUMAN SERVICE CENTERS	121,419,280	18,166,186	139,585,465	3,974,293		143,559,758
STATE HOSPITAL	66,842,164	9,481,846	76,324,010			76,324,010
LIFE SKILLS & TRANSITION CNTR	40,600,567	14,326,246	54,926,812			54,926,812
HUMAN SERVICE ZONES	26,977,885	5,550,431	32,528,316	520,997		33,049,313
General Fund	**$ 252,211,672**	**$ 28,212,915**	**$ 280,424,587**	**$ 4,309,045**	**$ 6,160,091**	**$ 290,893,723**
Federal Funds	**145,185,786**	**37,324,702**	**182,510,488**		**3,244,909**	**185,755,397**
Other Funds	**44,974,752**	**23,458,481**	**68,433,234**	**3,197,356**	**-**	**71,630,590**
Total Funds	**$ 442,372,211**	**$ 88,996,098**	**$ 531,368,309**	**$ 7,506,401**	**$ 9,405,000**	**$ 548,279,710**

Other Additions	Base	Enhancements	Total	Salary Increase	Equity	Grand Total
Zone Employees *		$ 161,644,201	$ 161,644,201	$ 2,094,767	$ 3,500,000	$ 167,238,968
HSC Salary Cost to continue		12,141,979	12,141,979	-		12,141,979
State Hospital Cost to continue		5,313,428	5,313,428	-		5,313,428
General Fund	**$ -**	**$ 17,455,407**	**$ 17,455,407**			**$ 17,455,407**
Federal Funds	**-**	**-**	**-**			**-**
Other Funds	**-**	**161,644,201**	**161,644,201**	**2,094,767**	**3,500,000**	**167,238,968**
Total Funds	**$ -**	**$ 179,099,608**	**$ 179,099,608**	**$ 2,094,767**	**$ 3,500,000**	**$ 184,694,375**

**Zone employees are budgeted in grants. If they become state employees, they would be budgeted in salaries.*

Total Salaries & Benefits	Base	Enhancements	Total	Salary Increase	Equity	Grand Total
General Fund	**$ 252,211,672**	**$ 45,668,322**	**$ 297,879,994**	**$ 4,309,045**	**$ 6,160,091**	**$ 308,349,130**
Federal Funds	**145,185,786**	**37,324,702**	**182,510,488**	**-**	**3,244,909**	**185,755,397**
Other Funds	**44,974,752**	**185,102,682**	**230,077,435**	**5,292,123**	**3,500,000**	**238,869,558**
Total Funds	**$ 442,372,211**	**$ 268,095,706**	**$ 710,467,917**	**$ 9,601,168**	**$ 12,905,000**	**$ 732,974,085**

**This moves the 4/4 salary increase to 6/4*

NORTH Dakota | Health & Human Services
Be Legendary.

Engrossed SB 2012
UNDERFUNDING AND OPERATING
2023 - 2025

Type of Underfunding	2023-25 Base Budget	Increase/ (Decrease)	Executive Budget Recommendation	Increase/ (Decrease)	Engrossed SB 2012
Medicaid	(24,130,288)	(24,130,288)	(24,130,288)		(24,130,288)
DHS Operating			-	(19,900,262)	(19,900,262)
Developmental Disabilities	(9,736,312)	(9,736,312)	(9,736,312)		(9,736,312)
Salary - HSC's and State Hospital	(4,468,507)	(4,468,507)	(4,468,507)		(4,468,507)
Information Technology	(3,512,330)	(3,512,330)	(3,512,330)		(3,512,330)
General Fund	**(22,648,527)**	**(22,648,527)**	**(22,648,527)**	**(19,900,262)**	**(42,548,789)**
Federal Funds	**(19,198,910)**	**(19,198,910)**	**(19,198,910)**		**(19,198,910)**
Other Funds			**-**		**-**
Total Funds	**(41,847,437)**	**(41,847,437)**	**(41,847,437)**	**(19,900,262)**	**(61,747,699)**

Division	2023-25 Base Budget	Increase/ (Decrease)	Executive Budget Recommendation	Increase/ (Decrease)	Engrossed SB 2012
ADMINISTRATION-SUPPORT	9,828,056	31,897,534	41,725,590	(27,507,345)	14,218,245
INFORMATION TECHNOLOGY SERVICES	142,281,293	86,527,632	228,808,925	-	228,808,925
ECONOMIC ASSISTANCE	10,001,932	(215,682)	9,786,250	-	9,786,250
CHILD SUPPORT	3,560,804	(890,045)	2,670,759	-	2,670,759
MEDICAL SERVICES	57,436,270	16,998,496	74,434,766	1,394,018	75,828,784
DD COUNCIL	241,944	(7,164)	234,780	-	234,780
AGING SERVICES	23,449,640	20,987,813	44,437,453	499,081	44,936,534
CHILDREN AND FAMILY SERVICES	6,173,064	115,010	6,288,074	-	6,288,074
BEHAVIORAL HEALTH POLICY	56,684,267	12,074,086	68,758,352	1,769,278	70,527,630
VOCATIONAL REHABILITATION	7,392,388	901,304	8,293,692	-	8,293,692
DEVELOPMENTAL DISABILITIES	8,689,454	2,360,701	11,050,155	1,596,690	12,646,845
DISABILITY DETERMINATION SERVICES	1,368,026	171,113	1,539,138	-	1,539,138
REFUGEE SERVICES	442,363	129,668	572,031	-	572,031
EARLY CHILDHOOD	575,522	10,416	585,938	(93,285)	492,653
HUMAN SERVICE CENTERS	15,641,235	6,414,929	22,056,164	4,962	22,061,126
STATE HOSPITAL	12,740,962	2,755,465	15,496,427	-	15,496,427
LIFE SKILLS & TRANSITION CNTR	8,000,305	1,575,785	9,576,090	-	9,576,090
HUMAN SERVICE ZONES	4,188,890	(3,720,080)	468,810	1,362,785	1,831,595
General Fund	**170,731,660**	**71,160,420**	**241,892,080**	**(25,339,137)**	**216,552,943**
Federal Funds	**176,356,593**	**63,704,364**	**240,060,957**	**3,045,558**	**243,106,515**
Other Funds	**21,608,161**	**43,222,196**	**64,830,357**	**1,319,762**	**66,150,120**
Total Funds	**368,696,414**	**178,086,980**	**546,783,394**	**(20,973,816)**	**525,809,578**

* Of the total Operating costs, 188,197,743 of which 84,421,044 is general fund for service contracts to vendors

NORTH Dakota | Health & Human Services
Be Legendary.

IMPACT of INCREASE to PROVIDER INFLATION

2023 - 2025 Biennium

1% and 1% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 4,226,015	$ 5,085,088	$ 9,311,103
LONG TERM CARE - BASIC CARE*	591,805	277,362	869,167
LONG TERM CARE - HCBS SERVICES*	1,079,871	896,085	1,975,957
DEVELOPMENTAL DISABILITIES DIVISION	5,053,255	5,645,181	10,698,436
REMAINING SERVICES	1,736,420	785,400	2,521,820
TOTAL	**$ 12,687,366**	**$ 12,689,116**	**$ 25,376,482**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ (11,428,619)	$ (13,743,595)	$ (25,172,214)
(1,592,879)	(746,360)	(2,339,239)
(2,908,958)	(2,412,864)	(5,321,822)
(13,599,212)	(15,186,539)	(28,785,751)
(4,676,085)	(2,113,653)	(6,789,738)
$ (34,205,753)	**$ (34,203,011)**	**$ (68,408,764)**

2% and 2% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 8,479,190	$ 10,203,038	$ 18,682,228
LONG TERM CARE - BASIC CARE*	1,187,578	556,587	1,744,165
LONG TERM CARE - HCBS SERVICES*	2,166,931	1,798,158	3,965,088
DEVELOPMENTAL DISABILITIES DIVISION	10,140,433	11,328,384	21,468,817
REMAINING SERVICES	3,484,433	1,576,072	5,060,505
TOTAL	**$ 25,458,564**	**$ 25,462,239**	**$ 50,920,803**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ (7,175,444)	$ (8,625,645)	$ (15,801,089)
(997,106)	(467,134)	(1,464,241)
(1,821,898)	(1,510,792)	(3,332,691)
(8,512,034)	(9,503,336)	(18,015,370)
(2,928,072)	(1,322,981)	(4,251,053)
$ (21,434,555)	**$ (21,429,888)**	**$ (42,864,443)**

3% and 2% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 11,360,716	$ 13,661,439	$ 25,022,155
LONG TERM CARE - BASIC CARE*	1,582,959	741,701	2,324,660
LONG TERM CARE - HCBS SERVICES*	2,890,987	2,397,898	5,288,885
DEVELOPMENTAL DISABILITIES DIVISION	13,514,402	15,091,485	28,605,887
REMAINING SERVICES	4,647,108	2,100,471	6,747,579
TOTAL	**$ 33,996,172**	**$ 33,992,994**	**$ 67,989,166**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ (4,293,918)	$ (5,167,244)	$ (9,461,162)
(601,725)	(282,020)	(883,746)
(1,097,842)	(911,052)	(2,008,894)
(5,138,065)	(5,740,235)	(10,878,300)
(1,765,397)	(798,582)	(2,563,979)
$ (12,896,947)	**$ (12,899,133)**	**$ (25,796,081)**

3% and 3% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 12,759,528	$ 15,353,851	$ 28,113,379
LONG TERM CARE - BASIC CARE*	1,787,319	837,676	2,624,995
LONG TERM CARE - HCBS SERVICES*	3,261,178	2,706,217	5,967,395
DEVELOPMENTAL DISABILITIES DIVISION	15,261,536	17,049,609	32,311,145
REMAINING SERVICES	5,244,034	2,372,017	7,616,051
TOTAL	**$ 38,313,595**	**$ 38,319,370**	**$ 76,632,965**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ (2,895,106)	$ (3,474,832)	$ (6,369,938)
(397,365)	(186,045)	(583,411)
(727,651)	(602,733)	(1,330,384)
(3,390,931)	(3,782,111)	(7,173,042)
(1,168,471)	(527,036)	(1,695,507)
$ (8,579,524)	**$ (8,572,757)**	**$ (17,152,281)**

4% and 3% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 15,654,634	$ 18,828,683	$ 34,483,317
LONG TERM CARE - BASIC CARE*	2,184,684	1,023,721	3,208,406
LONG TERM CARE - HCBS SERVICES*	3,988,829	3,308,950	7,297,779
DEVELOPMENTAL DISABILITIES DIVISION	18,652,467	20,831,720	39,484,187
REMAINING SERVICES	6,412,505	2,899,053	9,311,558
TOTAL	**$ 46,893,119**	**$ 46,892,127**	**$ 93,785,247**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ -	$ -	$ -
-	-	-
-	-	-
-	-	-
-	-	-
$ -	$ -	$ -

4% and 4% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
MEDICAL SERVICES	$ 17,067,027	$ 20,537,526	$ 37,604,553
LONG TERM CARE - BASIC CARE*	2,391,028	1,120,629	3,511,657
LONG TERM CARE - HCBS SERVICES*	4,362,614	3,620,263	7,982,877
DEVELOPMENTAL DISABILITIES DIVISION	20,416,563	22,808,856	43,225,419
REMAINING SERVICES	7,015,228	3,173,235	10,188,463
TOTAL	**$ 51,252,460**	**$ 51,260,508**	**$ 102,512,969**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ 1,412,393	$ 1,708,843	$ 3,121,236
206,344	96,907	303,251
373,785	311,313	685,098
1,764,096	1,977,136	3,741,232
602,723	274,182	876,905
$ 4,359,341	**$ 4,368,381**	**$ 8,727,722**

*Long Term Care cost to continue includes an inflationary estimate based on the skilled market index for skilled nursing facilities, therefore nursing facilities are not included in the calculation.

IMPACT of INCREASE to PROVIDER INFLATION

2023 - 2025 Biennium

IMPACT of INFLATIONARY INCREASE to DEVELOPMENTAL DISABILITIES RATES

INCREASE FROM THE LEGISLATIVE BASE			
SCENARIO	GENERAL	OTHER	TOTAL
Exec. Recommendation (EBR) Year 1 - 4% | Year 2 - 3%	$ 18,652,467	$ 20,831,720	$ 39,484,187
Year 1 - 4% | Year 2 - 4%	20,416,563	22,808,856	43,225,419
Year 1 - 5% | Year 2 - 4%	23,824,457	26,609,978	50,434,435
Year 1 - 6% | Year 2 - 4%	27,232,351	30,411,100	57,643,451
Year 1 - 7% | Year 2 - 4%	30,640,244	34,212,222	64,852,467
NDCP 11% amendment Year 1 - 15% | Year 2 - 4%	57,903,394	64,621,199	122,524,593

INCREASE FROM THE EXECUTIVE BUDGET RECOMMENDATION		
GENERAL	OTHER	TOTAL
$ -	$ -	$ -
1,764,097	1,977,136	3,741,232
5,171,990	5,778,258	10,950,248
8,579,884	9,579,380	18,159,264
11,987,778	13,380,502	25,368,280
39,250,927	43,789,479	83,040,406

IMPACT of INFLATIONARY INCREASE to PROSPECTIVE PAYMENT SYSTEM (PPS) HOSPITALS

1% and 1% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 1,522,647	$ 1,463,523	$ 2,986,170
NET OUTPATIENT HOSPITAL	502,883	604,346	1,107,229
TOTAL	**$ 2,025,530**	**$ 2,067,869**	**$ 4,093,399**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ (4,130,034)	$ (3,969,052)	$ (8,099,086)
(1,364,215)	(1,638,699)	(3,002,914)
$ (5,494,249)	**$ (5,607,751)**	**$ (11,102,000)**

2% and 2% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 3,054,814	$ 2,936,209	$ 5,991,023
NET OUTPATIENT HOSPITAL	1,008,906	1,212,482	2,221,388
TOTAL	**$ 4,063,720**	**$ 4,148,691**	**$ 8,212,411**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ (2,597,867)	$ (2,496,366)	$ (5,094,233)
(858,192)	(1,030,563)	(1,888,755)
$ (3,456,058)	**$ (3,526,929)**	**$ (6,982,988)**

3% and 2% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 4,106,234	$ 3,946,144	$ 8,052,378
NET OUTPATIENT HOSPITAL	1,356,365	1,629,224	2,985,589
TOTAL	**$ 5,462,599**	**$ 5,575,368**	**$ 11,037,967**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ (1,546,446)	$ (1,486,431)	$ (3,032,878)
(510,733)	(613,821)	(1,124,554)
$ (2,057,179)	**$ (2,100,252)**	**$ (4,157,432)**

3% and 3% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 4,596,500	$ 4,418,059	$ 9,014,559
NET OUTPATIENT HOSPITAL	1,518,069	1,824,408	3,342,477
TOTAL	**$ 6,114,570**	**$ 6,242,466**	**$ 12,357,036**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ (1,056,181)	$ (1,014,516)	$ (2,070,697)
(349,028)	(418,638)	(767,666)
$ (1,405,209)	**$ (1,433,154)**	**$ (2,838,363)**

4% and 3% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 5,652,681	$ 5,432,575	$ 11,085,256
NET OUTPATIENT HOSPITAL	1,867,098	2,243,045	4,110,143
TOTAL	**$ 7,519,779**	**$ 7,675,620**	**$ 15,195,399**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ -	$ -	$ -
-	-	-
$ -	$ -	$ -

4% and 4% Provider Rate Increase			
DIVISION	GENERAL	OTHER	TOTAL
NET INPATIENT HOSPITAL	$ 6,147,706	$ 5,909,072	$ 12,056,778
NET OUTPATIENT HOSPITAL	2,030,372	2,440,123	4,470,496
TOTAL	**$ 8,178,079**	**$ 8,349,195**	**$ 16,527,274**

Difference from the Executive Budget Request		
GENERAL	OTHER	TOTAL
$ 495,026	$ 476,497	$ 971,523
163,274	197,078	360,353
$ 658,300	**$ 673,575**	**$ 1,331,875**

NORTH Dakota Be Legendary.
Health & Human Services

ND Medicaid Payment Facts

Information Brief

Another day, another $1.3 Million. ND will spend $1.3 Million a day on Medicaid Expansion in the 2023-2025 biennium budget.

➢ND spends $3.560 Billion on Medicaid. $3.560 Billion in the 2023-2025 biennium budget is **20% of the State of North Dakota's $8 Billion health spend.** *(Source: CMS | National Health Expenditures)*

➢**ND is in the top tier of states** for Medicaid physician pay rates. *(Source: Kaiser | Medicare to Medicaid Fee Index)*

➢**ND ranks highest in Medicaid Expansion** annual per capita expenditures. *(Source: Medicaid.gov)*

➢ND Medicaid **Expansion currently covers 35,000 North Dakotans** or 4.4 percent of the State's 800,000 citizens. It is one revenue source for medical providers.

➢ **Medicaid Expansion participants will receive the same benefits and services,** regardless of changes to budget or provider rates.

➢ Traditional Medicaid helps pay for medical services for qualifying low-income adults, children, pregnant women, older adults and people with disabilities. Traditional Medicaid has different federal poverty levels (FPL) depending on which category an individual qualifies for.

➢ Medicaid Expansion is available to qualifying low-income individuals between 19-64 with household incomes up to 138% of the federal poverty level (FPL), which is an annual income of $20,121 for a household of one and $27,214 for a household of two.

Most **supplemental payments are funded by state-based hospital taxes**, which can be up to 6% of total revenue.

➢Supplemental payments are additional payments to providers to provide financial support and are not made in exchange for services to Medicaid participants.

➢Most hospital supplemental payments are funded by state-based hospital taxes, which can be up to 6% of total revenue. *(Source: Title 42 Code of Federal Regulations)*

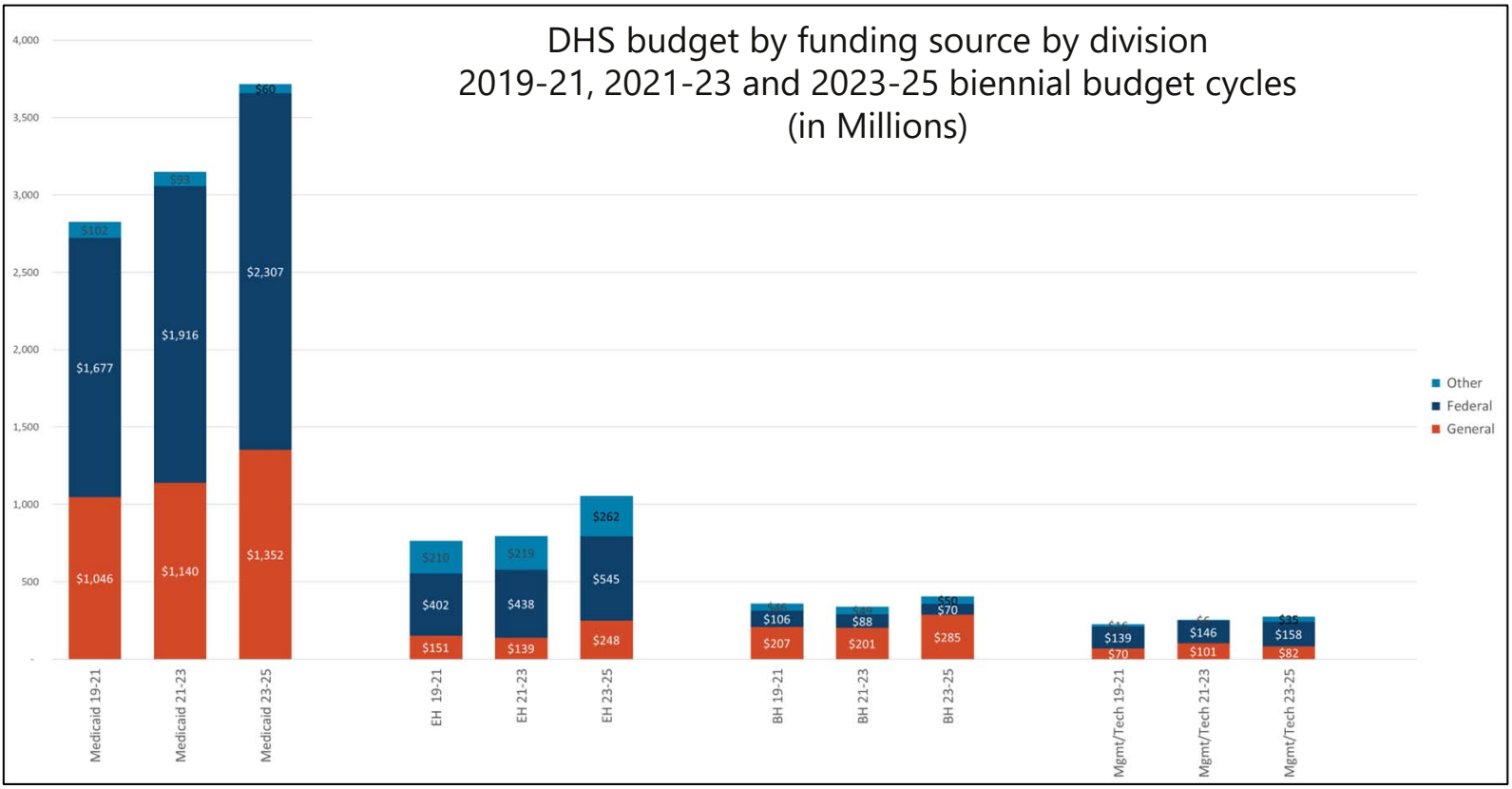
➢CMS requires that state hospital taxes be broad based, uniformly imposed and that all hospitals pay the tax. Taxes may negatively impact some hospitals because while all are required to pay the tax, some may not receive a supplement payment. *(Source: Kaiser | States and Medicaid Provider Taxes or Fees)*

➢ND Medicaid's total supplement payment amount in 2021 was $1.4M. *(Source: Medicaid and CHIP Payment and Access Commission | Annual-Analysis-of-Disproportionate-Share-Hospital-Allotments-to-States)*

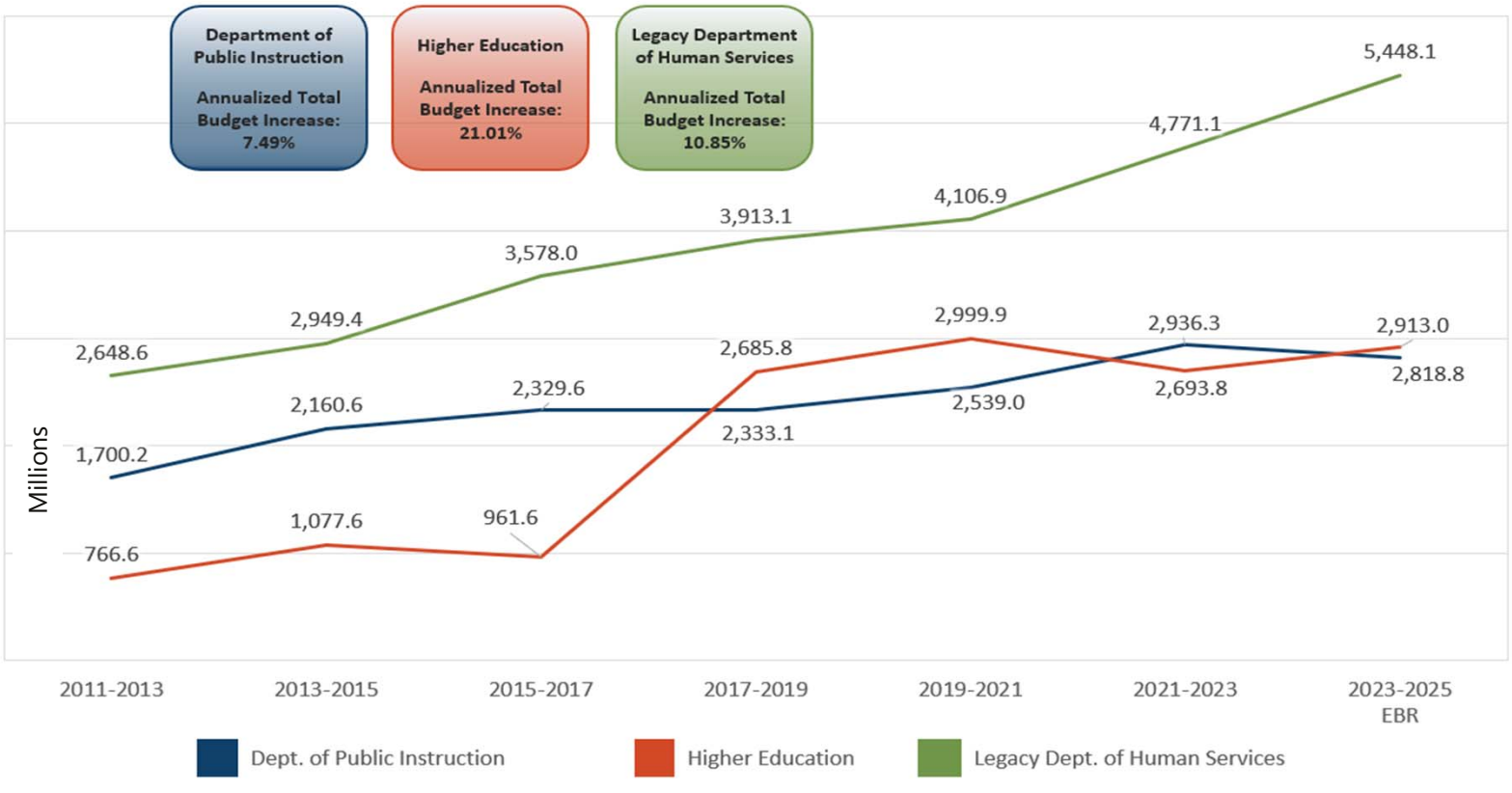
ND Medicaid Budget

Information Brief

Medicaid, long-term care and developmental disability **represent 64% of SB 2012 budget** for the 2023-25 biennium.



Reducing the Medicaid Expansion budget will help bend the curve on budget increases.



NORTH Dakota Be Legendary.
Health & Human Services

Engrossed SB 2012 Medicaid Expansion Budget Option 1

Information Brief

Component A
General Fund savings: $11 Million

Where do the savings come from?

- Reduces Expansion budget estimate by **$11 Million** based on current utilization information.
- Impacts HHS only.

Description	General Fund	Other Funds	Total Funds	Average Cost of Premiums per Month	Change in Premiums from EBR	Average Number of Premiums per Month
Executive Budget Request (EBR) - Managed Care Expansion	$94,255,028	$848,295,256	$942,550,284	$1,320.01	0%	29,752
Budget Estimate Update (Reduction) - 24 month impact	(11,075,387)	(99,678,486)	(110,753,873)			
Managed Care Expansion Budget After Reassessment	$83,179,641	$748,616,770	$831,796,411	$1,164.92	-12%	29,752

Component B
General Fund savings: $25 Million

Where do the savings come from?

- Aligns Expansion rates with Medicaid Traditional reimbursement rates for an additional **$25 Million.**
- Impacts HHS, Blue Cross Blue Shield of ND and Providers.
- No change to benefits or services provided to ND Medicaid Expansion participants.
- These funds may be reallocated to other needed programs and services, such as Behavioral Health.

Managed Care Expansion Budget After Reassessment	$83,179,641	$748,616,770	$831,796,411	$1,164.92	-12%	29,752
Managed Care Expansion Reimbursement at Traditional Rate (Reduction) - 18 month impact	(25,475,752)	(229,281,767)	(254,757,519)			
Managed Care Expansion Budget at Traditional Rates	$57,703,889	$519,335,003	$577,038,892	$808.13	-39%	29,752

Medicaid Expansion Budget Option 1

- **Total General Fund savings: $36 Million** ($11M + $25M)

NORTH Dakota Be Legendary.
Health & Human Services

Engrossed SB 2012 Medicaid Expansion Budget Option 2

Information Brief

Component A
General Fund savings: $11 Million

Where do the savings come from?

- Reduces Expansion budget estimate by **$11 Million** based on current utilization information.
- Impacts HHS only.

Description	General Fund	Other Funds	Total Funds	Average Cost of Premiums per Month	Change in Premiums from EBR	Average Number of Premiums per Month
Executive Budget Request (EBR) - Managed Care Expansion	$94,255,028	$848,295,256	$942,550,284	$1,320.01	0%	29,752
Budget Estimate Update (Reduction) - 24 month impact	(11,075,387)	(99,678,486)	(110,753,873)			
Managed Care Expansion Budget After Reassessment	$83,179,641	$748,616,770	$831,796,411	$1,164.92	-12%	29,752

Component B
General Fund savings: $17 Million

Where do the savings come from?

- Aligns Expansion rates **with 125%** of Medicaid Traditional reimbursement rates for an additional **$17 Million.**
- Impacts HHS, Blue Cross Blue Shield of ND and Providers.
- No change to benefits or services provided to ND Medicaid Expansion participants.
- These funds may be reallocated to other needed programs and services, such as Behavioral Health.

Managed Care Expansion Budget After Reassessment	$83,179,641	$748,616,770	$831,796,411	$1,164.92	-12%	29,752
Managed Care Expansion Reimbursement at 125% Traditional Rate (Reduction) - 18 month impact	(17,114,813)	(154,033,318)	(171,148,131)			
Managed Care Expansion Budget at 125% of Traditional Rates	$66,064,828	$594,583,452	$660,648,280	$925.23	-30%	29,752

Medicaid Expansion Budget Option 2

- **Total General Fund savings: $28 Million** ($11M + $17M)

What are the impacts of reducing the Medicaid Expansion budget?

Impacts to ND Medicaid Expansion participants

- **No impact to Medicaid Expansion participants**. Medicaid Expansion benefits and services remain the same.
- Some Medicaid Expansions providers could choose to not contract with the managed care organization.
- Currently, ND Medicaid provider networks are strong with provider coverage and access across the state.

Impact to Providers

- It will take 6 months to implement, with 18 months of impact to providers.
- For Option 1: Medicaid Expansion providers will experience an approximate 40% rate reduction on 35,000 Medicaid Expansion participants, which represent 4.4% of the state's 800,000 population. For Option 2: Medicaid Expansion providers will experience an approximate 30% rate reduction.
- **Developmental Disability providers will not be impacted** by a reduction to the Medicaid Expansion budget.
- Long-term care providers will not be impacted.
- Traditional Medicaid will not be impacted. Traditional Medicaid covers 100,000 North Dakotans or 12% of ND's population.

Impacts to ND's medical industry

- ND will move toward more sustainable health care cost growth. By comparison, ND pays more for Medicaid Expansion provider rates than any other state.
- As Medicaid provider rates increase, pressure is put on the commercial side to increase rates to align pricing. Reducing the Medicaid Expansion budget will help mitigate continued increases in health care costs for all North Dakotans.
- In 2019, ND's medical industry spending was $8 Billion. Budget option 1 will take out $254M, which is a 3% reduction in total industry spending. Budget option 2 will take out $171M, which is a 2% reduction.

NORTH Dakota Be Legendary.
Health & Human Services

ND Hospital and Insurance Study

Information Brief

According to the ND Hospital and Insurance Study, hospitals, commercial, Medicare and Medicaid revenue appears to be showing sizable growth.

North Dakota Hospital and Insurance Study Highlights

The study was led by former Illinois Insurance Commissioner Jennifer Hammer, former Wisconsin Deputy Commissioner J.P. Wieske, and former CBO and current Horizon Government Affairs Economist Jeff Lemieux.
The study highlighted a number of important issues in the North Dakota Hospital market including:

- **Hospital Utilization.** North Dakota has seen an increase in hospital usage. North Dakota Hospitals are seeing longer hospital stays than the national average, and utilization is growing faster in North Dakota than most of the rest of the country.
- **Hospital Expenses.** Hospital Expenses are ranking higher than the national average (usually top 5) and continuing to grow at higher than national average rates (also top 5 rankings)
- **Hospital Operating Revenue.** North Dakota hospitals are seeing high revenue and high revenue growth.
- **Medicare Revenue.** Medicare revenue is also very high and growing for North Dakota Hospitals
- **Hospital Reimbursement.** Private hospital reimbursement based on Medicare rates grew from 170 percent of Medicare in 2010 to over 200 percent of Medicare in 2018.
- **Acute Care vs. Critical Access Hospitals.** Critical access hospitals appear to be reimbursed at a much lower rate (149% of Medicare) than acute care hospital (211% of Medicare)
- **Premiums.** North Dakota premiums are largely average as compared to national average.
- **Claims.** Insurer claims are averaging slightly higher than the national average and are growing at higher than the national average.
- **Administrative costs.** Insurer administrative expenses remain low, but the administrative expenses are growing at a very fast rate.

The data clearly shows a number of warning signs in the North Dakota market. For the Hospitals, Commercial, Medicare, and Medicaid revenue appears to be showing sizable growth. Hospitals appear to be offering more services and longer stays. In health insurance, administrative costs have grown substantially - though still generally at or below the national average. These trends bear watching. In chart below, we pull out a number of important measures that policymakers should pay attention to.

From ND Insurance Commissioner Jon Godfread's testimony to House Appropriation's – Human Resources Division, April 5, 2023.

ND Legislative session 2023-2025

NORTH Dakota Be Legendary.
Health & Human Services

ND Hospital and Insurance Study

Information Brief

According to the ND Hospital and Insurance Study, hospitals, commercial, Medicare and Medicaid revenue appears to be showing sizable growth.

North Dakota Measure	50-State Comparison
Hospital Revenue and Expense Growth 7.5 - 8% Per Year (Table 2) Much higher than any measure of inflation, wage or economic growth.	**3rd Highest Growth in hospital expenses in the U.S.** (Table 18) • 84% growth during the 2010-2017 period. Average yearly growth of 7.9%. • North Dakota ranks 3rd in growth of expenses.
Commercial payments to hospitals rose from 170% of Medicare to 207% of Medicare (Table 9)	**7th Highest commercial payment rate to hospitals** (Table 24) **4th Highest growth of hospital revenues** (Tables 20 & 21) Commercial payment rates relative to Medicare ranks North Dakota 7th in the US (Table 24) Ranked 4th in annual growth of revenues. Growing at 7.4% annually (Table 20 & 21)
Patient hospital utilization grew 1 - 2% (Table 1)	**Inpatient hospital days grew in North Dakota while nationally they declined.** (Table 13) **3rd Highest Length of hospital stay in the country** (Table 15) Inpatient days are growing (1.3%) while nationally they are shrinking (-0.3%). (Table 13) Length of stay is high (3rd in US) and is growing faster than the rest of the country (1.6% to 0.4%) (Table 15)
Salaries Rose 4% per year Expenses rose 3% per year (Table 5 & 6)	**8th Highest average hospital salaries in the nation** (Table 22)

From ND Insurance Commissioner Jon Godfread's testimony to House Appropriation's – Human Resources Division, April 5, 2023.

ND Legislative session 2023-2025

THE FMAP

The Federal Medical Assistance Percentage

WHAT IS THE FMAP?

The Federal Medical Assistance Percentage (FMAP) rates are used in determining the amount of federal matching funds for state expenditures for assistance payments for certain social services, and state medical and medical insurance expenditures.

AT HHS, THESE RATES APPLY TO:

- Traditional Medicaid Services
- Long-Term Care Services*
- Medicaid Wavier Services**
- Child Welfare/ IV-E Foster Care & Subsidized Adoption

**Excluding state programs SPED (Service Payments to Elderly and Disabled) and expanded SPED.*

***Including Home and Community Based Services, Developmental Disabilities Services and 1915(i) Services.*

BY THE NUMBERS

Federal Matching Assistance Percentage (N.D.)

FMAP follows the federal fiscal year from Oct-Sept	Rate
Oct. 1, 2019 - Sept. 30, 2020	50.05%
Oct. 1, 2020 - Sept. 30, 2021	52.40%
Oct. 1, 2021 - Sept. 30, 2022	53.59%
Oct. 1, 2022 - Sept. 30, 2023	51.55%
Oct. 1, 2023 - Sept. 30, 2024	53.82%
COVID FMAP Increase of 6.2% to FMAP	**Rate**
Jan. 1, 2020 - Sept. 30, 2020	56.25%
Oct. 1, 2020 - Sept. 30, 2021	58.60%
Oct. 1, 2021 - Sept. 30, 2022	59.79%
Oct. 1, 2022 - March 31, 2023***	57.75%

*** The enhanced COVID FMAP will be phased out in 2023. The 2024 FMAP (without an enhancement) will be effective 1/1/2024.

FEDERAL FISCAL YEAR EFFECTIVE DATES EQUAL:

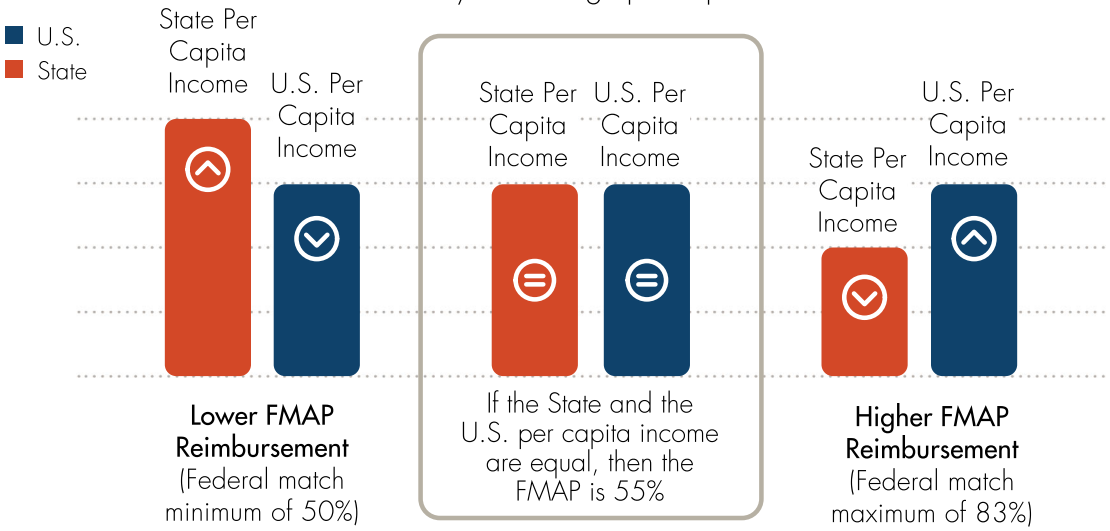
OCT. 1 — SEPT. 30

2022 ⊘ 2023

The FMAP is calculated each federal fiscal year and is effective Oct. 1 through Sept. 30 each year.

HOW FMAP WORKS...

The FMAP formula compares a state's three year average per capita income relative to the U.S. three year average per capita income.



Updated Januray 2023

NORTH Dakota Be Legendary. | Health & Human Services

NORTH Dakota Be Legendary.
Health & Human Services

Outlier Payment Summary for LSTC to Provider Transitions

Executive Summary on Developmental Disabilities Outlier Payments

- The imminent risk of harm criteria is not required for clients that are transitioning from the LSTC back to community providers. This is done to facilitate the provider in obtaining additional staff hours for the client that results in additional financial compensation to transition the client for the provider.
- This is available for up to 12 months after transition
- After the 12 months Outlier payments are available, must demonstrate need
- An Outlier payment can be requested for all clients in DD anytime

See specific sections of the Development Disabilities Policy below.

Additional questions can be directed to Tina Bay, Director of Developmental Disabilities at 701-328-8966 or tbay@nd.gov

Developmental Disabilities Policy and Specific Related Sections

Here is the link to the complete policy for Developmental Disabilities:
https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/outlier-policy.pdf

If a client's needs exceed the hours identified by the multiplier calculation the client may qualify for an Outlier Request if they meet all four of the following criteria:

1. Meet one of the medical or behavioral qualifiers outlined below;
2. Poses an imminent risk of harm to the health and safety of self and/or others*;
3. Support needs exceed hours identified by the multiplier calculation; and
4. Other mitigation options were pursued and/or implemented prior to a request for additional support hours (i.e. shared staffing, positive reinforcement, environmental change/modification, etc.).

For those transitioning from the LSTC or SH we have removed the requirement of #2 (imminent risk of harm). Page 4 & 5 of the policy contains the language regarding the exception for clients coming from the LSTC or SH.

Life Skills Transition Center (LSTC) or the North Dakota State Hospital (NDSH) qualifiers:

If a client coming from the LSTC or the NDSH **returns to the previous provider**, he/she must have been in the LSTC or the NDSH for a minimum of **6 months** to qualify for consideration as an Outlier Request. This 6-month timeframe is not

applicable for delays in discharge (i.e., time to find staff, obtaining new home, etc.) when the reason for the continued stay is not related to the reason for admission.

If the client is leaving the LSTC or the NDSH and **enrolling with a new provider**, there is **no minimum timeframe**. Clients coming from the LSTC or the NDSH are not required to meet the imminent risk condition. Transitions from the LSTC and NDSH do not automatically qualify for outlier approval. The team will need to **demonstrate how the client's needs are in excess of the approved assessment score hours.**

Requests for outlier consideration may be made at any time after the client leaves the LSTC or the NDSH, but the availability of Outlier Request consideration expires after 12 months (if the request is made two months after leaving the LSTC or the NDSH, it still expires 12 months after leaving the LSTC or the NDSH). After 12 months, the client must meet one of the medical or behavioral qualifiers in order to be considered as an Outlier Request. Clients leaving the LSTC or the NDSH may still qualify for an Outlier Request consideration under one of the other criteria.



Engrossed Senate Bill 2012

House Appropriations – Human Resources Division Committee

Representative Jon Nelson, Chairman

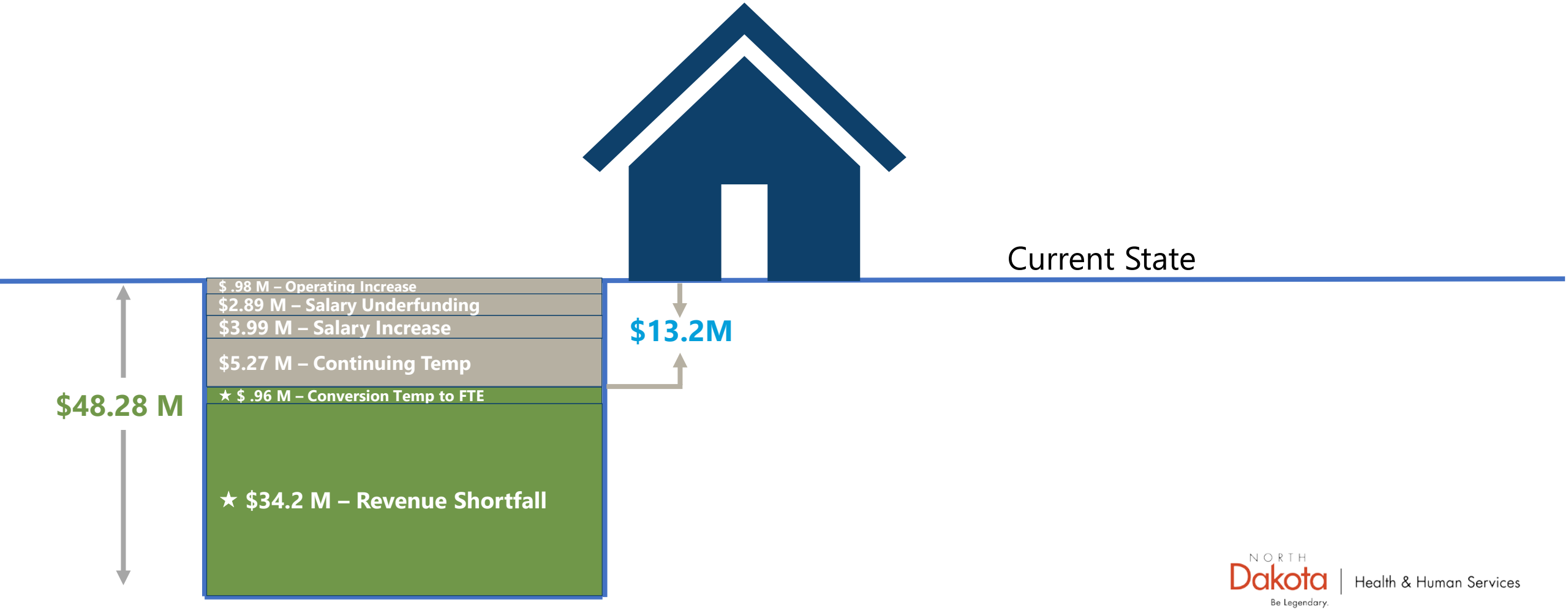
NORTH Dakota | Health & Human Services

Be Legendary.

Behavioral Health Division, **Human Service Centers** | March 28, 2023

Human Service Center

Engrossed Senate Bill 2012



NORTH Dakota Be Legendary. | Health & Human Services

Maintain Current Service Delivery Level
(Cost to Continue)

RAW	Budgeted amount	Amendment Description	FTE association
335/351	$34,200,815	Revenue Shortfall	NA
330-334	$963,377	Conversion of long term temporary staff to FTE	28.5
431	$976,496	Operating increase for 8 clinics	NA
432	$3,985,391	Salary Increase for 8 clinics	NA
	$2,891,071	Salary Underfunding	NA
433	$5,265,517	Continuing Temporary staff services	NA

NORTH Dakota Be Legendary. | Health & Human Services

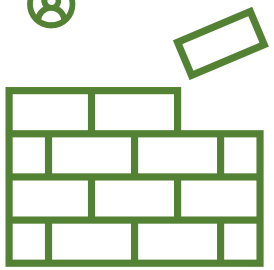
Human Service Center

Engrossed Senate Bill 2012

Amendments to Stabilize



★ 3 HSC's to Become CCBHC's – 9.65M



★ Crisis Service: Stabilizing– 8.9 M

Supportive Vendor Proposals



Avel e-Care – 2.6M



Telepsychiatry – 2M

$48.28 M

$13.2 M – Requiring Amendment

★ 35.16M – Funded through Engrossed SB 2012

Cost to Continue

★ Included in Engrossed Senate Bill 2012

NORTH Dakota | Health & Human Services

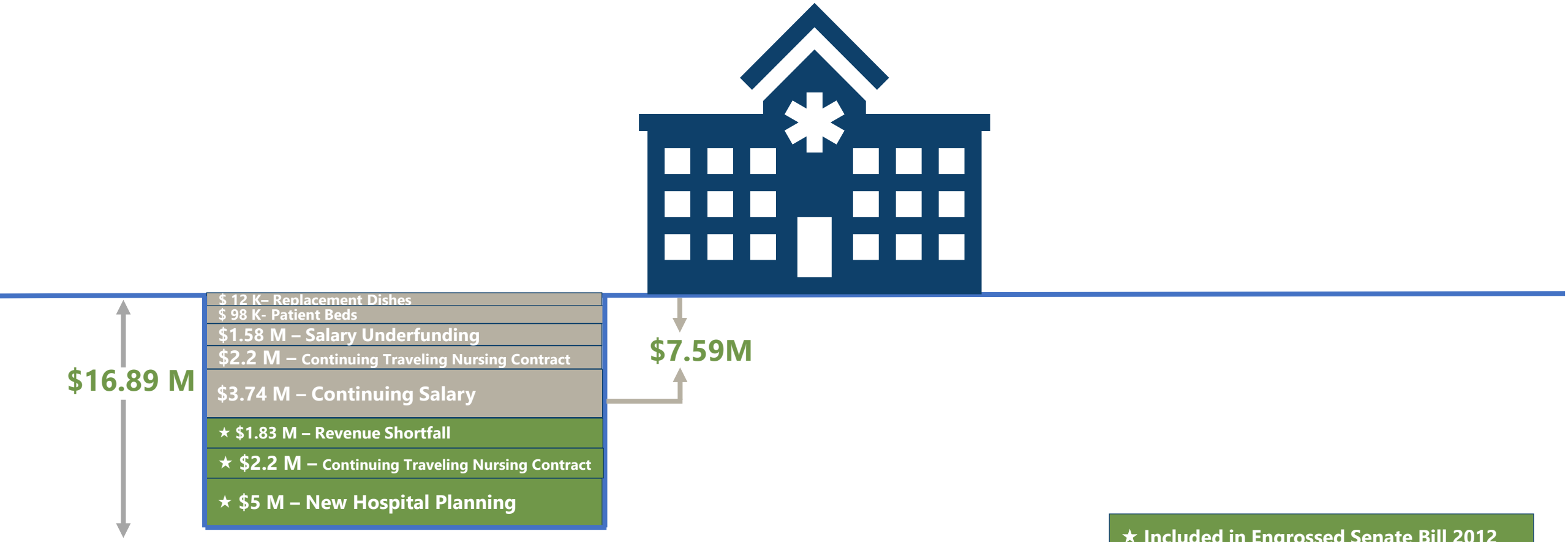
Be Legendary.

Stabilize

RAW	Budgeted amount	Amendment Description	FTE association
324-329	$8,900,336	Crisis Service Stabilization	21
336	$9,650,000	3 HSC's to become CCBHC's	24
NA	$2,600,000	Avel E-Care	NA
NA	$2,000,000	Telepsychiatry to Jails	NA

North Dakota State Hospital

Engrossed Senate Bill 2012



★ Included in Engrossed Senate Bill 2012

NORTH Dakota Be Legendary. | Health & Human Services

North Dakota State Hospital

Engrossed Senate Bill 2012

RAW	Budgeted amount	Amendment Description
337	$2,475,200	Locumtenens contract cost changes
338/352	$1,827,326	Funding for base community behavioral health services thru NDSH
353	$5,000,000	State Hospital design and construction plans
436	$1,577,436	Salary underfunding
437	$3,735,992	Continuing current biennium salary costs to retain staff
438	$2,162,589	Continuing Worldwide Contract(traveling nursing)
439	$98,264	Replacement of patient beds
440	$12,000	Replacement of patient dishware

SB 2149
Funding Need

Need	Proposal	Biennium Cost
Expanding Mobile Crisis Service Beyond 45 Mile Radius	Technology to 47 Acute Care and Critical Access Hospitals for telehealth assessment and support	$117,500
Expanding Mobile Crisis Service Beyond 45 Mile Radius	6 FTE for expanded service delivery	$1,250,000
Increasing efficiency, safety, and breadth of crisis service work	Integrate real-time GPS technology between Call Center and Mobile Crisis Team	$500,000
Increasing call center capacity for 988	Upgrades for call center operating cost needs, and additional part time and full time employees	$2,009,000.18
		$3,876,500.18



Engrossed Senate Bill 2012

House Appropriations – Human Resources Division Committee
Representative Jon Nelson, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

Behavioral Health Division, **Human Service Centers** | April 3, 2023

First Engrossed SB 2012
CCBHC

	One Region	Two Regions (Large/Small)	Three Regions (two large, one small)
Budget ask	$5,500,000	$7,350,000	$9,650,000
FTE ask	9	16	24

Costs to cover:

- Assessment
- Consultation
- Health Record requirements
- Contracting with local health care
- Training
- Service delivery costs
- Medical supports
- Transportation assistance

FTE Positions to include:

Peer Supports
Case Managers
Project Director
Regional Coordinators
Licensed Addiction Counselors

NORTH Dakota Be Legendary. | Health & Human Services

10 - CHILD CARE

(For Committee's use)

NORTH Dakota | Health and Human Services
Be Legendary.

Federal Poverty Limit (FPL) Scenarios Related to SB 2071

Information Brief

Each scenario assumes 18 months of impact.
Total persons expected to be eligible is gradually added through the 18 month period at a cost of $399 per member per month.

Calculation to increase FPL up to 170%	
162% FLP to 170% FPL	139
Total Cost related to Pregnant Women	**$704,235**
System Costs	**$8,800**
Total General	**$333,190**
Total Federal	**$379,845**
Total	**$713,035**

2025-2027 Estimated Cost	
Total Cost related to Pregnant Women	**$1,331,064**
General	**$625,600**
Federal	**$705,464**

Increase From 2023 -2025 Biennium to 2025-2027 Biennium	
General	**$294,610**
Federal	**$332,219**
Total	**$626,829**

Calculation to increase FPL up to 175%	
162% FLP to 175% FPL	228
Total Cost related to Pregnant Women	**$1,137,150**
System Costs	**$8,800**
Total General	**$536,661**
Total Federal	**$609,289**
Total	**$1,145,950**

2025-2027 Estimated Cost	
Total Cost related to Pregnant Women	**$2,183,328**
General	**$1,026,164**
Federal	**$1,157,164**

Increase From 2023 -2025 Biennium to 2025-2027 Biennium	
General	**$491,703**
Federal	**$554,475**
Total	**$1,046,178**

Calculation to increase FPL up to 180%	
162% FLP to 180% FPL	317
Total Cost related to Pregnant Women	**$1,596,399**
System Costs	**$8,800**
Total General	**$752,508**
Total Federal	**$852,691**
Total	**$1,605,199**

2025-2027 Estimated Cost	
Total Cost related to Pregnant Women	**$3,035,592**
General	**$1,426,728**
Federal	**$1,608,864**

Increase From 2023 -2025 Biennium to 2025-2027 Biennium	
General	**$676,420**
Federal	**$762,773**
Total	**$1,439,193**

12 - AMENDMENTS

(For Committee's use)

13 - OTHER

(For Committee's use)



GLOSSARY OF TERMINOLOGY

North Dakota Health and Human Services

NORTH Dakota | Health & Human Services
Be Legendary.

GLOSSARY OF TERMINOLOGY

INTERNAL IDENTIFIERS

The following are commonly used terms referring to the HHS organizational structure:

Business Partner – Team members within the Business Divisions that provide strategic business functions across HHS. These include the Finance Division, Human Resources Division, Communications Division, and Legal Division.

Center of Excellence – A body that provides leadership, best practices, research, support and/or training around a specific focus area across program the Program and Business Divisions. The Department has Centers of Excellence for functions including Project Management, Process Improvement, Change Management, and Quality Management.

Division – Program and policy or business vertical; collection of sections or functions (e.g., Public Health Division, Human Resources Division).

Executive Director – Leader of a Programmatic or Business division within HHS.

Function – Subunit of business division (e.g., External Communications function within the Communications Division, Budget Management function within the Finance Division).

Office of Transformation – A function within the Deputy Commissioner's Office that is responsible for the improvement of existing workflows or processes in the Department.

Section – A singular subset of a division (e.g., Early Childhood Section, Aging Services Section).

PARTNERS, PROVIDERS AND PEOPLE WE SERVE

The following are commonly used terms referring to the partners, providers, and people we serve:

Basic Care Facility – Licensed residential facility that provides room and board and services to individuals who need health, social, or personal care services but do not require extensive medical services.

Care Coordinator (child welfare) – Case manager in a child and family case involving severe emotional disturbance.

Child Care Provider – Person, group of persons, or agency responsible for the education and supervision of the child/children in their care in exchange for money, goods, or services.

Glossary

CNA – Certified Nurse Aide. An individual who has successfully complete the requirements for the certified nurse aide training and competency evaluation program to provide nursing services to residents. CNAs must be entered on the Public Health Division nurse aide registry as a certified nurse aide.

Community Health Worker – Members of the communities they live in who work either for pay or as volunteers in association with the local health care system. Community health workers often provide services such as case management, client education, follow-up care, health screening, informal counseling, and more.

Childcare Licensor – Authorized agent responsible for processing childcare licensure applications, completing onsite facility inspections, and issuing licenses as appropriate

CMS – Centers for Medicare & Medicaid Services - Federal agency which oversees Medicare, Medicaid, and the Children's Health Insurance (CHIP).

Eligibility Worker – Person responsible for gathering information and determining whether an individual is eligible to various public assistance programs.

Human Service Centers – There are eight regional human service centers that provide counseling and mental health services, substance abuse treatment, disability services, and other human services to a multi-county area.

Human Service Zones – Local offices in the counties (formerly known as county social service offices) that have professionals on site who can help people who need these services and supports: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), heating assistance, Medicaid, including children's health services; basic care assistance; child care assistance; in-home and community-based services and supports for elderly and disabled individuals; personal care assistance; child welfare (foster care, child protection services, child care licensing and related services); and referrals to other local resources and programs.

ICF/IID – Intermediate Care Facility for Individuals with Intellectual Disabilities. Institution that provides, in a protected residential setting, evaluation, supervision, coordination, and health/rehabilitative services to individuals with intellectual disabilities to help each individual function at their greatest ability.

Licensed Child Care Providers – Facilities required to maintain at least minimum standards related to physical size of the facility, safety features, cleanliness, staff qualifications, and staff-to-child ratios. See the definitions of the licensed childcare provider categories: licensed family childcare, licensed group childcare, licensed child center, licensed preschools, licensed school-age programs, and multiple license facility. (Unlicensed childcare provider categories include self-declared providers, formerly called "self-certified," approved relative providers, and registered in-home providers).

Licensed Child Care Center – Provider of care for 19 or more children in a facility, depending on usable space and staff-to-child ratio. Children are often grouped by age.

Glossary

Licensed Family Child Care – Provider of care for seven or fewer (plus two additional school age children) children in a private residence.

Licensed Group Child Care – Provider of care for up to 30 children in a home or other type of facility, depending on usable space and staff-to-child ratio.
Licensed Preschools – Provider of part-time educational and socialization experiences for children aged two years to kindergarten for no more than three hours per day.

Licensed School-Age Programs – Provider of care for 19 or more school-age children when school is not in session.

Life Skills and Transition Center – State-operated, comprehensive support agency serving people with intellectual and developmental disabilities in Grafton.

LPHU – Local Public Health Unit. One of 28 independent units working in partnership with the North Dakota Department of Health to provide personal and population-based health services to residents in their city and/or county jurisdictions.

MCO – Managed Care Organization. Health care company or a health plan that provides for the delivery of health benefits and additional services to Medicaid beneficiaries through contracted arrangements with Medical Services. This contract helps to improve health plan performance, health care quality, and outcomes while reducing Medicaid program costs.

Peer Support Specialist – Person that uses their lived experience to assist others on their journey to recovery and wellness related to recovery from a mental health disorder, substance use disorder, brain injury, or any combination thereof. They work to help others become and stay engaged in the recovery process by using their lived experience, and skills learned in formal Peer Support training.

PRTF – Psychiatric Residential Treatment Facility. One of six facilities that provide children and adolescents with a comprehensive 24-hour therapeutic environment integrating group living, educational services, and a clinical program based upon an interdisciplinary clinical assessment and an individualized treatment plan that meets the needs of the child and family.

Qualified Service Provider (QSP) – Agency or independent contractor that agrees to meet standards for services and operations established by the Department to provide home and community-based long-term care services to older people and individuals with physical or intellectual disabilities.

Registered Providers – Child care providers who are eligible to participate in the Child Care Assistance Program (CCAP) and who are generally registered by tribal entities. These child care providers may be licensed by tribal entities and subject to their licensing criteria but are not licensed by the state.

SNF – Skilled Nursing Facility. A facility which provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital. SNF s are licensed by the state and certified by the Centers for Medicare & Medicaid Services (CMS) to participate in the Medicare/Medicaid programs.

State Child Protection Team – Multidisciplinary team of staff members from public and private agencies (determined by law) that makes the determination whether child abuse or neglect is indicated in cases of suspected institutional child abuse or neglect.

Self-Declared Child Care Providers – Providers of care for five or fewer children of which no more than three may be under the age of 24 months. These providers are not licensed. They are eligible to participate in the Child Care Assistance Program and the USDA Child and Adult Food Program after meeting some basic training requirements and after a pre-approval inspection.

State Hospital – Hospital that provides short-term acute inpatient psychiatric and substance abuse treatment, intermediate psycho-social rehabilitation services, forensic services, and safety net services for adults. The hospital also provides residential addiction treatment services for adult male and female clients referred to the Tompkins Rehabilitation Center.

Substance Abuse Treatment Provider – Provider who is licensed by the Behavioral Health Division to operate addiction treatment programs.

Substance Exposed Newborn – Infant younger than 28 days of age at the time of the initial report of child abuse or neglect who is identified as being affected by substance abuse or withdrawal symptoms or as having a fetal alcohol spectrum disorder.

Obligee – Person to whom a child support obligation is owed. It may also be an entity to which a child support obligation is owed.

Obligor – Person who is obliged to pay child support.

Partner – Refers to individuals rendering medical care, including physicians, nurse practitioners, physician assistants, and others.

People Served – Previously used to refer to clients, customers, patients.

Provider – Refers to organizations providing health and/or human services to one or more patients.

PROGRAMS AND SERVICES

The following are commonly used terms referring to the programs and services administered by HHS:

CARES – Coalition of over 40 service providers and partners who provide a network of support to Service Members, Veterans, Families, and Survivors. ND CARES attempts to resolve barriers or gaps in services to ensure those serving, who has served, families and survivors receive the behavior health care and assistance they need.

CCAP – Child Care Assistance Program. Program that provides help paying for child care costs to low-income families that are working or participating in education or training activities.

Glossary

CFS – Children and Family Services Division of the Department. CFS has administrative responsibility for the policies and procedures relating to children and families and is responsible for program supervision and technical assistance for the delivery of public child welfare services.

CHIP – Children's Health Insurance Program. Comprehensive health coverage for children 18 years of age and younger. To qualify, a child's family must have a modified adjusted gross income that is greater than the Medicaid eligibility level but does not exceed 175 percent of the federal poverty level.

CPS – Child Protection Services. Services intended to protect the health and welfare of children by encouraging the reporting of children known to be or suspected of being abused or neglected and providing services for the protection and treatment of abused and neglected children to safeguard them from further harm.

Diversion Assistance – Program that provides short-term emergency benefits and services during a "specific crisis or episode of need" for up to four months to families that would otherwise qualify for Temporary Assistance for Needy Families (TANF).

Early Childhood Services (ECS) – Team of Department employees that develops and co-administers the Child Care and Development Fund and reviews and maintains state regulations and policies. ECS supervisors, review and approve licensing studies, issue approved licenses, assess licensing violations, issue appropriate corrective action and supervise licensing specialists. ECS licensing specialists assist potential child care providers through the child care licensing process, conduct child care licensing studies, assess program concerns and work with child care providers to create healthy and safe child care programming.

EA – Economic Assistance. Division of the Department that administers policy for the following programs: Child Care Assistance Program (CCAP), Low Income Home Energy Assistance (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF), including Diversion Assistance and Job Opportunities and Basic Skills (JOBS). EA policy is also responsible for Alternative to Abortion services, Quality Control/Quality Assurance unit, Policy and System Support unit.

FMAP – Federal Medical Assistance Percentage. Federal matching rate for the Medicaid program. FMAP is evaluated annually on October 1 and is based on the three-year average of North Dakota's per capita personal income as compared to the three-year average of the national per capita personal income.

Food and Nutrition Services (FNS) – Federal agency of the United States Department of Agriculture that, among other duties, administers the Supplemental Nutrition Assistance Program (SNAP).

FTR – Free Through Recovery. Community based behavioral health program designed to increase recovery support services to individuals involved with the criminal justice system who have behavioral health concerns; administered by the Behavioral Health Division of the Department in partnership with the ND Department of Corrections and Rehabilitation.

Glossary

GA – General Assistance. County program designed to cover emergency needs of low-income individuals or families. The covered needs may include rent, fuel and utilities, medical, and burial expenses.

HCBS – Home and Community-Based Services. Array of services that are essential and appropriate to sustain people in their homes and communities and to delay or prevent institutional care.

LIHEAP – Low Income Home Energy Assistance Program. Program that helps qualifying households pay a portion of their home heating costs, covers furnace repair and weatherization services, and provides cooling assistance in the summertime.

MA – Medical Assistance. Program commonly referred to as "Medicaid" that provides medical assistance to certain specified groups of needy low-income individuals as defined by federal law.

MIECHV – Maternal, Infant, and Early Childhood Home Visiting. Federal grant program supporting home visiting efforts in North Dakota, administered by Prevent Child Abuse North Dakota.

ND Quits – Program administered by the Public Health Division that provides resources for North Dakotans seeking assistance to quit smoking or using smokeless tobacco products, including vapes or electronic cigarettes.

NDWORKS – Employment and training program that provides SNAP recipients with opportunities to overcome barriers and gain skills, training or experience to improve their employment prospects. Participants receive support through job placement and retention services in order to reduce their reliance on SNAP benefits. The department contracts with Community Options, Inc. to provide the program services.

Oral Health Program – Program administered by the Public Health Division that aims to prevent and reduce oral disease and improve the oral health of all North Dakotans.

OTP – Opioid Treatment Programs. Program that provides medication-assisted treatment to patients diagnosed with opioid use disorder, including regular counseling with a licensed addiction counselor. OTPs must be certified by the SAMHSA.

PHEP – Public Health Emergency Preparedness & Response Program. This program provides local and state public health guidance, planning, coordination, response and funding for large scale emergencies. These activities include coordination and funding of incident command and control, disease control, laboratory services, communications systems, public information, medical supplies, equipment and pharmaceuticals and training.

PMHCA – Pediatric Mental Health Care Access Program. Program through the Public Health Division that supports behavioral health integration in primary care through new and expanding telehealth access programs – including screening, providing clinical behavioral health consultation, care coordination support, and training – with a focus on rural and underserved areas.

PRIDE – Parental Responsibility Initiative for the Development of Employment. Collaborative effort involving the Department, Job Service of North Dakota, and district courts to address nonpayment of child support resulting from the unemployment or underemployment of the obligor. PRIDE provides case management, job skills improvement, and job placement to help obligors obtain or improve their employment in order to pay child support.

SAMHSA – Substance Abuse and Mental Health Services Administration. Agency within the US Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. The agency's mission is to reduce the impact of substance abuse and mental illness on America's communities.

SNAP – Supplemental Nutrition Assistance Program. Federally funded USDA program intended to raise levels of nutrition among low-income households by supplementing their food purchasing power with monthly benefits distributed through an electronic benefit card. Formerly called the Food Stamp program.

TANF – Temporary Assistance for Needy Families. Federal block grant program established under Title IV-A of the Social Security Act that provides cash assistance to low-income families with children who are deprived of the support of at least one parent while promoting self-sufficiency through work readiness training and job placement services.

VR – Vocational Rehabilitation. Training and employment services provided to individuals with disabilities so that they can become and/or remain employed. Services are designed to assist business owners and employers in developing short and long-term strategies regarding disability-related issues including staffing; education; tapping into financial incentives associated with hiring an individual who has a permanent injury, illness, or impairment; or ensuring accessibility to goods or services.

Vulnerable Adult Protective Services (VAPS) – Program to address the safety of vulnerable adults who are at-risk of harm due to the presence or threat of abuse, neglect or exploitation.

WIC – Special Supplemental Nutrition Program for Women, Infants, and Children. This program offers healthy food for proper growth and development and helps families choose healthier ways of eating. WIC is for eligible pregnant, breastfeeding and postpartum women, infants, and children under 5 years and is available in all North Dakota counties.

SYSTEMS AND TOOLS

The following define commonly used systems and tools across HHS:

CCWIPS – Comprehensive Child Welfare, Information, and Payment System. Computerized case management and payment system for foster care and adoption services

FACSES – Fully Automated Child Support Enforcement System. Federally certified computer system that supports the processing of child support cases in North Dakota and supports the State Disbursement Unit (SDU) in processing child support payments.

Glossary

FRAME – The Department's child welfare computer system used to capture case management activities and collect child welfare data.

Intranet – Private network internal to HHS based on the SharePoint platform that is used to host and share pertinent information.

MAVEN – North Dakota's Electronic Disease Surveillance system. This system allows tracking disease diagnosis and other information for a single person across different reportable conditions and surveillance models within the system

MMIS – Medicaid Management Information System. Computer system that processes all Medicaid claims, monitors utilization, and provides information needed to manage the Medicaid program. The system was implemented October 2015.

myAvatar – Video conferencing software that provides expanded access to telehealth services at the eight regional behavioral health clinics and four satellite clinics in North Dakota.

PeopleSoft – Suite of applications used to support workforce functions including personnel and financial management.

SharePoint – Web-based platform for document management and storage systems. The Intranet is built on the SharePoint platform.

SPACES – Self-Service Portal and Combined Eligibility System. The Department's integrated eligibility system used by human service zones to determine eligibility for the CCAP, Medicaid, SNAP and TANF Programs. SPACES also streamlines the application process for economic assistance benefits and offers a self-service portal allowing individuals 24/7 access to check their benefit status, review their case history, report changes and complete reviews, view correspondence and upload documents securely.

TECS – Technical Eligibility Computer System. Computer system currently used by human service zones to manage some Medicaid cases.

Workforce – The Department's workforce management software used by both HR and Fiscal for time, attendance, payroll, and other functions.

NORTH Dakota | Health & Human Services

Be Legendary.

ENGROSSED SENATE BILL NO. 2012 – CHILD SUPPORT

Page 1, line 13, after the third semicolon add "and"

Page 1, line 14, remove "; and to declare an emergency"

Page 4, line 30, remove "- 2021-23 BIENNIUM"

Page 5, line 1, replace "$4,000" with "$4,500"

Page 5, line 5, replace "period" with "biennium"

Page 5, line 5, replace "with the effective date of this section and ending" with "July 1, 2025, and ending June 30, 2027."

Page 5, remove line 6

Page 28, remove lines 30 and 31

Renumber accordingly

ENGROSSED SENATE BILL NO. 2012 – NORTH DAKOTA STATE HOSPITAL PROCUREMENT

Page 9, line 27, after "hospital" insert ". The requirements of chapter 54-44.4 do not apply to the selection of a vendor, the procurement award, or payments made under this section regarding the design process and design of the new state hospital"

Renumber accordingly

ENGROSSED SENATE BILL NO. 2012 – ESB 2276 and ESB 2181

Page 28, line 29, after "2024" insert ", Senate Bill No. 2181 becomes effective on October 1, 2023, and section 2 of Senate Bill No. 2276 becomes effective on April 1, 2024"

ENGROSSED SENATE BILL NO. 2012 – SECTION 17, CHILD CARE FINANCIAL ASSISTANCE

Page 9, remove lines 6 and 7

Page 9, line 8, remove "and ending June 30, 2025."

ENGROSSED SENATE BILL NO. 2012 – EXEMPTION FOR HCBS HOUSING ASSISTANCE

Page 26, after line 26, insert:

"9. The sum of $175,000 for the home and community-based services housing assistance in chapter 12 of the 2021 Session Laws;"

Page 26, line 27, replace "9." with "10.

Page 27, line 1, replace "10." With "11."

Prepared by the Legislative Council staff
for Conference Committee
April 28, 2023 - 9:00 a.m.

SENATE BILL NO. 2012
LISTING OF PROPOSED CHANGES TO BILL

Department of Health and Human Services

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Adjust provider inflation rates from 2/2 to 3/3		$12,855,030	$12,857,131	$25,712,161
2	Provide $1 increase for DD staff		7,832,254	8,726,440	16,558,694
3	Adjust funding for Medicaid Expansion				
4	Adjust funding for rebasing basic care rates to match most recent fiscal note		650,592	272,848	923,440
5	Add $5 per day for basic care facility rates		4,067,056	1,474,184	5,541,240
6	Add funding for basic care payment study		600,000		600,000
7	Restore funding for corporate guardianship enhancements		808,748		808,748
8	Restore funding for personal needs allowance		1,288,319		1,288,319
9	Add federal funds authority for cross-disability advisory council			700,000	700,000
10	Add funding for human service zone employee salary equity adjustments				
11	Add funding to facilitate the health care task force (Community health trust fund)			50,000	50,000
12	Add one-time funding for health care study (Community health trust fund)			500,000	500,000
	Total proposed funding changes		$28,101,999	$24,580,603	$52,682,602

Other proposed changes:

1 Provide for a Legislative Management study of intermediate care facility rates.

2 Provide for Supreme Court to study options to rename drug courts to wellness courts.

Amend Section 12.1-04-07 relating to receipt of material to examine the fitness of an individual.

Provide for DHHS to provide quarterly updates on program utilization rates and funding.

Provide for quarterly reports regarding the utilization and funding status of department programs.

Authorize SUD voucher carryover funding to be used to establish additional certified community behavioral health clinics.

Adjust the amount of transfers to the gambling disorder and prevention trust fund.

Provide statutory adjustment related to public employee health benefits coverage of insulin.

Provide technical adjustments to several areas of the bill including child care assistance, state hospital design, and bill effective dates.

Hall, Kathleen

From: Larson, Brady A.
Sent: Friday, April 28, 2023 9:04 AM
To: Hall, Kathleen
Subject: FW: Task force Language

From: Mitskog, Alisa <amitskog@ndlegis.gov>
Sent: Thursday, April 27, 2023 5:08 PM
To: Larson, Brady A. <bradylarson@ndlegis.gov>
Subject: Task force Language

Brady,
Here is the information for the task force:

There is appropriated out of any moneys in the community health trust fund in the state treasury, not otherwise appropriated, the sum of $500,000, or so much of the sum as may be necessary for the purpose of creating, hiring outside experts and facilitating the North Dakota legislative health care task force. The purpose of the task force is to understand and create transparency around health care costs and the drivers of cost growth with the goal of lessening the impact of rising health care costs to citizens, businesses, and government. The task force shall take a wholistic view and include Medicaid, NDPERS and the commercial insurance market. The task force will collect and analyze health care spending data to create meaningful actions to slow spending growth and improve health care access and quality. The task force shall meet at least once each quarter and may request, obtain, review, and analyze information relating to North Dakota health care, including data, reports, audits, and other information as requested by the task force. The task force shall submit a report of its activities and any recommendations to improve health care in the state to the legislative management by October first of each year. The chairman of the task force must be a member of the legislative assembly as selected by the task force.

Thank you.
-Alisa

Rep. Alisa Mitskog
District 25
Wahpeton
North Dakota Legislature

Prepared by the Legislative Council staff
for Conference Committee
April 28, 2023 - 11:00 a.m.

SENATE BILL NO. 2012
LISTING OF PROPOSED CHANGES TO BILL

Department of Health and Human Services

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Adjust provider inflation rates from 2/2 to 3/3 (does not include PPS hospitals)		$12,855,030	$12,857,131	$25,712,161
2	Provide $1 increase for DD staff		7,832,254	8,726,440	16,558,694
3	Adjust funding for Medicaid Expansion				
4	Adjust funding for rebasing basic care rates to match most recent fiscal note		650,592	272,848	923,440
5	Add $5 per day for basic care facility rates		4,067,056	1,474,184	5,541,240
6	Add funding for basic care payment study (Community health trust fund)			600,000	600,000
7	Restore funding for corporate guardianship enhancements		808,748		808,748
8	Restore funding for personal needs allowance		1,288,319		1,288,319
9	Add federal funds authority for cross-disability advisory council			700,000	700,000
10	Add funding for human service zone employee salary equity adjustments				
11	Add one-time funding for health care study (Community health trust fund)			750,000	750,000
	Total proposed funding changes		$27,501,999	$25,380,603	$52,882,602

Other proposed changes:

1 Provide for a Legislative Management study of intermediate care facility rates.

2 Provide for Supreme Court to study options to rename drug courts to wellness courts.

3 Amend Section 12.1-04-07 relating to receipt of material to examine the fitness of an individual.

Prepared by the Legislative Council staff
for Conference Committee
April 28, 2023 - 11:00 a.m.

SENATE BILL NO. 2012
LISTING OF PROPOSED CHANGES TO BILL

Department of Health and Human Services

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Adjust provider inflation rates from 2/2 to 3/3 (does not include PPS hospitals)		$12,855,030	$12,857,131	$25,712,161
2	Provide $1 increase for DD staff		7,832,254	8,726,440	16,558,694
3	Adjust funding for Medicaid Expansion				
4	Adjust funding for rebasing basic care rates to match most recent fiscal note		650,592	272,848	923,440
5	Add $5 per day for basic care facility rates		4,067,056	1,474,184	5,541,240
6	Add funding for basic care payment study (Community health trust fund)			600,000	600,000
7	Restore funding for corporate guardianship enhancements		808,748		808,748
8	Restore funding for personal needs allowance		1,288,319		1,288,319
9	Add federal funds authority for cross-disability advisory council			700,000	700,000
10	Add funding for human service zone employee salary equity adjustments				
11	Add one-time funding for health care study (Community health trust fund)			750,000	750,000
	Total proposed funding changes		$27,501,999	$25,380,603	$52,882,602

Other proposed changes:

1 Provide for a Legislative Management study of intermediate care facility rates.

2 Provide for Supreme Court to study options to rename drug courts to wellness courts.

3 Amend Section 12.1-04-07 relating to receipt of material to examine the fitness of an individual.

Section 24:

Line 8: Two members of the department of health and human services one being, the state medical officer and other appointed by the department of health and human services

There is appropriated out of any moneys in the community health trust fund in the state treasury, not otherwise appropriated, the sum up to $750,000, or so much of the sum as may be necessary for the purpose of creating, hiring outside experts and facilitating the North Dakota legislative health care task force. Philanthropic funds from non-task force membership may also be used to fund the study. The purpose of the task force is to understand and create transparency around health care costs and the drivers of cost growth with the goal of lessening the impact of rising health care costs to citizens, businesses, and government. The task force shall take a wholistic view to include the full payor mix, including the uninsured and charity care. The task force will collect and analyze health care spending data to create meaningful actions to slow spending growth and improve health care access and quality. The task force shall meet at least once each quarter and may request, obtain, review, and analyze information relating to North Dakota health care, including data, reports, audits, and other information as requested by the task force. The task force shall submit a report of its activities and any recommendations to improve health care in the state to the legislative management by October first of each year. The chairman of the task force must be a member of the legislative assembly as selected by the task force.

NORTH Dakota | Health & Human Services
Be Legendary.

CONFERENCE COMMITTEE DEVELOPMENTAL DISABILITIES PROVIDER INFLATION
2023 - 2025 BIENNIUM

Scenario	General	Federal	Total	Increase from First Engrossed with House Amendments Engrossed SB 2012 to Conference Committee General	Federal	Total
Year 1 - 3% - House Year 2 - 3% increase to providers	**$ 15,261,536**	**$ 17,049,609**	**$ 32,311,145**	**$ -**	**$ -**	**$ -**
Year 1 - 4% - Exec. Recommendation (EBR) Year 2 - 3% increase to providers	**$ 18,652,467**	**$ 20,831,720**	**$ 39,484,187**	**$ 3,390,931**	**$ 3,782,111**	**$ 7,173,042**
Year 1 - 2% + $1 direct care staff and indirect direct program support* Year 2 - 2% increase to providers	$ 23,028,993	$ 25,703,427	$ 48,732,421	$ 7,767,457	$ 8,653,818	$ 16,421,276
Year 1 - 3% + $1 direct care staff and indirect direct program support* Year 2 - 3% increase to providers	$ 28,214,893	$ 31,497,274	$ 59,712,167	$ 12,953,357	$ 14,447,665	$ 27,401,022
Year 1 - 7% - Senate Year 2 - 4% increase to providers	**$ 30,640,244**	**$ 34,212,222**	**$ 64,852,467**	**$ 15,378,708**	**$ 17,162,613**	**$ 32,541,322**

** Indirect expenses but not "general & administrative", includes supervision of direct care staff, supplies related to the service and facility costs*

AMENDMENT TO ENGROSSED SENTATE BILL NO. 2012 – DD INFLATION

Subdivision 2 of subsection 1 of this act includes the sum of $_____ appropriated from the general fund and the sum of $_____ appropriated from federal funds for developmental disability inflation. The equivalent of a one dollar per hour increase applies to direct care staff. The equivalent of a one dollar per hour increase applies to indirect program support staff of licensed developmental disability providers. Developmental disability providers shall provide a report to the department of health and human services as determined by the department. The increase to direct care staff and related indirect program support staff does not apply to qualified service providers as qualified service provider rates are established with the long-term care inflation.

23.0266.02039
Title.
Fiscal No. 1

Prepared by the Legislative Council staff for
Representative O'Brien
April 28, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

That the Senate accede to the House amendments as printed on pages 1811-1832 of the Senate Journal and pages 2037-2058 of the House Journal and that Engrossed Senate Bill No. 2012 be further amended as follows:

Page 10, after line 11, insert:

"**SECTION 37. LEASE OF LAND - STATE HOSPITAL - BISON WORLD - EXEMPTION.** The department of health and human services and the bison world fund may enter an agreement to lease up to one hundred fifty acres of real property associated with the state hospital on the terms and conditions determined appropriate by the department of health and human services for a period of up to ninety-nine years for the bison world fund to construct a new bison world theme park. The department of health and human services shall terminate or modify any current lease agreement with other third parties before entering a lease agreement with the bison world fund under this section. Notwithstanding any other provision of law, two and one-half percent of the gross proceeds from a lease under this section must be appropriated each biennium to the department of health and human services for behavioral health services."

Renumber accordingly

23.0266.02023
Title.

Prepared by the Legislative Council staff for
Representative O'Brien
April 19, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

That the House recede from its amendments as printed on pages _____ of the Senate Journal and pages _____ of the House Journal and that Engrossed Senate Bill No. 2012 be amended as follows:

Page 1, line 2, after the second "to" insert "create and enact a new chapter to title 26.1 of the North Dakota Century Code, relating to value-based care for health care organizations; to"

Page 8, after line 2, insert:

"**SECTION 16.** A new chapter to title 26.1 of the North Dakota Century Code is created and enacted as follows:

Definitions.

As used in this chapter:

1. "Health care organization" means a private medical hospital required to be licensed under chapter 23-16.

2. "Health carrier" or "carrier" has the same meaning as provided for under section 26.1-36.3-01.

3. "Medical care" means services provided by a health care organization related to the diagnosis, care, mitigation, treatment, or prevention of disease or bodily ailment or for the purpose of affecting any structure or function of the body.

4. "Network plan" has the same meaning as provided under section 26.1-36.3-01.

5. "Value-based care" means a health care delivery model in which a health care organization is paid based on patient health outcomes.

Value-based care for health care organization contracts with health carriers - Requirements.

To be included in a network plan, a health care organization shall enter value-based care contracts with the health carrier in which at least fifty percent of the revenue derived from medical care provided requires the health care organization to meet quality and utilization standards as defined by the commissioner by rule in at least four of the following categories:

1. Preventative cancer screenings;

2. Hospital admissions and readmissions;

3. Emergency room utilization;

4. Behavioral health; and

5. Child and adolescent preventative care.

Good-faith negotiations.

A health carrier shall engage in good-faith negotiations with health care organizations seeking to be included in a health carrier's network plan. A health carrier that does not negotiate in good faith with a health care organization seeking to be included in the health carrier's network plan is in violation of this chapter and is subject to section 26.1-01-03.3.

Rulemaking authority.

The commissioner shall adopt rules to administer this chapter."

Page 10, line 20, replace "with the effective date of this Act" with "July 1, 2023"

Page 10, line 25, remove "with the"

Page 10, line 26, replace "effective date of this Act" with "July 1, 2023,"

Page 13, line 7, replace "19" with "20"

Renumber accordingly

23.0266.02035
Title.05000
Fiscal No. 1

Prepared by the Legislative Council staff for
Conference Committee
April 29, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

That the House recede from its amendments as printed on pages 1811-1832 of the Senate Journal and pages 2037-2058 of the House Journal and that Engrossed Senate Bill No. 2012 be amended as follows:

Page 1, line 2, after "services" insert "; to provide an appropriation to the university of North Dakota school of medicine and health sciences"

Page 1, line 2, after "exemption" insert "; to create and enact a new section to chapter 50-06 and a new subsection to section 50-24.1-07 of the North Dakota Century Code and two new subsections to the new section to chapter 54-52.1 as created by section 2 of Senate Bill No. 2140, as approved by the sixty-eighth legislative assembly, of the North Dakota Century Code, relating to public employee health benefits coverage of insulin, a North Dakota legislative health care task force, and Medicaid claims"

Page 1 line 2, after "reenact" insert "subsection 2 of section 12.1-04-07,"

Page 1, line 3, after "sections" insert "50-01.2-01,"

Page 1, line 3, after "50-06-42" insert ", 50-11.1-02, 50-11.1-22, 50-11.1-23, 50-11.1-24"

Page 1, line 3, after the first comma insert "and"

Page 1, line 3, after the second comma insert "subsection 5 of section 50-24.1-37, and sections 50-24.5-02.3"

Page 1, line 3, after "to" insert "fitness to proceed examination, human service zone board membership,"

Page 1, line 4, after "services" insert ", the best in class program, basic care payment rates, the Medicaid expansion program"

Page 1, line 6, after the second "a" insert "legislative management"

Page 1, line 7, remove "and"

Page 1, line 7, after "date" insert "; and to declare an emergency"

Page 1, remove lines 19 through 24

Page 2, remove lines 1 through 31

Page 3, replace lines 1 through 7 with:

"Salaries and wages	$21,363,556	($21,363,556)	$0
Salaries and wages block grant	0	456,750,493	456,750,493
Operating expenses	151,161,924	95,654,000	246,815,924
Capital assets	75,000	0	75,000
Total all funds	$172,600,480	$531,040,937	$703,641,417
Less estimated income	92,905,426	293,796,361	386,701,787
Total general fund	$79,695,054	$237,244,576	$316,939,630

Subdivision 2.

PROGRAM AND POLICY

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$122,081,310	($122,081,310)	$0
Operating expenses	176,078,719	59,740,165	235,818,884
Capital assets	10,000	0	10,000
Grants	467,144,387	168,924,549	636,068,936
Grants - medical assistance	3,028,666,463	396,605,903	3,425,272,366
Opioid prevention	0	2,000,000	2,000,000
Total all funds	$3,793,980,879	$505,189,307	$4,299,170,186
Less estimated income	2,499,452,627	269,279,579	2,768,732,206
Total general fund	$1,294,528,252	$235,909,728	$1,530,437,980

Subdivision 3.

FIELD SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Human service centers	$163,213,829	($115,810,747)	$47,403,082
Institutions	130,383,428	(69,570,994)	60,812,434
Total all funds	$293,597,257	($185,381,741)	$108,215,516
Less estimated income	114,273,300	(84,296,246)	29,977,054
Total general fund	$179,323,957	($101,085,495)	$78,238,462

Subdivision 4.

COUNTY SOCIAL SERVICE FINANCING

	Base Level	Adjustments or Enhancements	Appropriation
County social services	$189,917,386	$7,746,275	$197,663,661
Total all funds	$189,917,386	$7,746,275	$197,663,661
Less estimated income	188,676,995	8,969,793	197,646,788
Total general fund	$1,240,391	($1,223,518)	$16,873

Subdivision 5.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total general fund	$1,554,787,654	$370,845,291	$1,925,632,945
Grand total special funds	2,895,308,348	487,749,487	3,383,057,835
Grand total all funds	$4,450,096,002	$858,594,778	$5,308,690,780
Full-time equivalent positions	2,265.33	0.00	2,265.33"

Page 3, replace line 11 with:

"Technology projects $67,596,372 $71,000,000"

Page 3, replace line 18 with:

"State hospital design	0	12,500,000
Service grants	0	585,000
Cross-disability advisory council	0	1,400,000
Behavioral health facility grants	0	1,950,000
Base care payment study	0	600,000
Health care task force	0	750,000"

Page 3, remove line 20

Page 3, replace lines 23 through 26 with:

"Law enforcement telehealth	0	2,650,000
Total all funds	$216,080,305	$118,234,498
Less estimated income	191,847,089	103,752,326
Total general fund	$24,233,216	$14,482,172

SECTION 3. APPROPRIATION - UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE AND HEALTH SCIENCES - CLINICAL INTEGRATED NETWORK GRANT.

1. There is appropriated out of any moneys in the community health trust fund in the state treasury, not otherwise appropriated, the sum of $3,500,000, or so much of the sum as may be necessary, to the university of North Dakota school of medicine and health sciences for the purpose of the center for rural health awarding a grant to a clinically integrated network, for the biennium beginning July 1, 2023, and ending June 30, 2025.

2. To qualify for a grant under this section, an applicant:

   a. Must be a statewide value-based clinically integrated network that supports a majority of the independent critical access hospitals in the state.

   b. Must certify one dollar of matching funds for every five dollars of grant funds awarded.

   c. Shall demonstrate a strategic plan to accomplish the following goals:

      (1) Implementation of a data-sharing platform;

      (2) Utilization of value-based care contract modeling;

      (3) Utilization of data analytics software to provide for risk stratification and referral management capabilities;

      (4) Development of unified care management practices; and

      (5) Staffing of the clinically integrated network.

   d. Shall agree during the 2023-25 and 2025-27 bienniums to make annual reports to the department of health and human services and the center for rural health on the use of the grant funds and the status of accomplishing the clinically integrated network strategic plan goals.

SECTION 4. APPROPRIATION - 2021-23 BIENNIUM - CHILD SUPPORT. There is appropriated out of any moneys in the department of health and human services operating fund in the state treasury, not otherwise appropriated, the sum of

$4,500, or so much of the sum as may be necessary, to the the department of health and human services for the purpose of repayment of moneys, including interest, not withheld by the state in accordance with section 14-09-09.16 from an obligor's unemployment benefits from June 1, 2021, through September 30, 2021, for the period beginning with the effective date of this section and ending June 30, 2023."

Page 3, line 29, remove "and"

Page 3, line 29, after "3" insert ", and 4"

Page 4, remove lines 3 through 8

Page 4, line 9, replace "health and human services." with "The department of health and human services may use the transfer authority in this section to transfer or expend funds for the continuation of the community behavioral health program pursuant to section 54-23.3-10."

Page 4, after line 22, insert:

"**SECTION 7. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT.** Subdivision 1 of section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding, along with salaries and wages funding appropriated in House Bill No. 1004, as approved by the sixty-eighth legislative assembly, is available to fund full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department may not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 5 of this Act, the department is authorized to transfer funding to and from the salaries and wages block grant line item. The department shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions. The department shall provide reports to the legislative management regarding the use of funding for the program."

Page 4, line 25, replace "$21,600,000" with "$26,950,000"

Page 4, line 28, replace "item" with "items"

Page 4, line 28, replace "subdivision" with "subdivisions 1 and"

Page 4, line 28, replace "$221,600,000" with "$226,950,000"

Page 5, line 2, replace "item" with "items"

Page 5, line 2, replace "subdivision" with "subdivisions 1 and"

Page 5, line 2, replace "$20,400,000" with "$24,317,500"

Page 5, line 3, remove "defraying expenses of the child support computer"

Page 5, line 4, replace "replacement project" with "the following purposes:

1. The sum of $20,400,000 for the child support computer replacement project;

2. The sum of $1,867,500 for the 988 crisis hotline program;

3. The sum of $700,000 for costs to implement the cross-disability advisory council;

4. The sum of $600,000 for a study of basic care funding rates; and

5. The sum of $750,000 for costs of the health care task force"

Page 5, replace lines 5 through 7 with:

"**SECTION 11. ESTIMATED INCOME - HEALTH CARE TRUST FUND.** The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the health care trust fund for basic care facility bad debt expense.

SECTION 12. ESTIMATED INCOME - FEDERAL STATE FISCAL RECOVERY FUND. The estimated income line items in subdivisions 2 and 3 of section 1 of this Act includes the sum of $3,235,000 from the federal state fiscal recovery fund for the following purposes:

1. The sum of $2,650,000 to implement a virtual behavioral health crisis care program for rural law enforcement;

2. The sum of $300,000 for crisis organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events. After July 1, 2024, this funding may be provided only to organizations that are certified in services provided by the organization; and

3. The sum of $285,000 for grants to volunteer-based ecumenical ministry organizations.

SECTION 13. ESTIMATED INCOME - CHARITABLE GAMING OPERATING FUND. Notwithstanding section 53-06.1-11.2, the estimated income line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the charitable gaming operating fund for costs of gambling disorder prevention services."

Page 5, line 10, replace "$17,735,154" with "$25,235,154"

Page 5, line 13, replace "$5,000,000" with "$12,500,000"

Page 5, after line 15, insert:

"**SECTION 15. BEHAVIORAL HEALTH FACILITY GRANTS.** Section 1 of this Act includes the sum of $1,950,000 from the general fund for the purpose of providing a one-time behavioral health facility grant to establish a behavioral health facility in the northwest human service center region, for the biennium beginning July 1, 2023, and ending June 30, 2025. The department of health and human services shall provide a grant as follows:

1. The grant recipient must provide matching funds of $1,750,000 to establish the facility.

2. The grant term must be for five years.

3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

4. To receive the grant, the behavioral health facility shall:

   a. Submit an application in the form and manner prescribed by the department;

   b. Enter a grant agreement with the department;

   c. Use grant funds to support the provision of behavioral health in the grant award service areas;

   d. Provide and disclose information needed to comply with the department's data collection requirements; and

   e. Operate in compliance with grant requirements.

5. The department may recapture grant funds distributed to a grant recipient found by the department to be out of compliance with the requirements established by the grant program, including ending or reducing the operation of the behavioral health facility in the service area.

6. The department may not collect property, equipment, or supplies purchased with grant funds from the grant recipient after successful completion of the terms of the grant.

SECTION 16. HEALTH CARE TASK FORCE - APPROPRIATION - REPORT. Subdivision 1 of section 1 of this Act includes the sum of $750,000 from the community health trust fund for expenses of the health care task force and for the purpose of facilitating the task force. The task force may seek funding from outside sources and any funds received are appropriated to the department of health and human services for activities of the task force for the biennium beginning July 1, 2023, and ending June 30, 2025. The purpose of the task force is to understand and create transparency around health care costs and the drivers of cost growth with the goal of lessening the impact of rising health care costs to citizens, businesses, and government. The task force shall take a holistic view to include the full payor mix, including the uninsured and charity care. The task force shall collect and analyze health care spending data to create meaningful actions to slow spending growth and improve health care access and quality. The task force shall meet at least once each quarter and may request, obtain, review, and analyze information relating to North Dakota health care, including data, reports, audits, and other information as requested by the task force."

Page 5, line 18, after "hospital" insert ", southeast human service center,"

Page 5, line 19, replace "3" with "5"

Page 5, line 24, after "hospital" insert ", southeast human service center,"

Page 5, line 30, replace "3" with "5"

Page 6, remove lines 9 and 10

Page 6, line 11, remove "and ending June 30, 2025."

Page 6, line 23, replace "$5,000,000" with "$12,500,000"

Page 6, line 24, after "fund" insert "as identified in section 14 of this Act"

Page 6, line 30, after the period insert "The requirements of chapter 54-44.4 do not apply to the selection of a vendor, the procurement award, or payments made under this section regarding the design process and design of the new state hospital."

Page 7, line 3, replace "$942,550,279" with "$802,616,809"

Page 7, line 4, replace "$94,225,028" with "$80,261,681"

Page 7, line 21, remove "Critical access hospitals may not be paid less than one"

Page 7, remove line 22

Page 7, line 26, after "reimbursement" insert ". Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6"

Page 8, after line 2, insert:

"6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement. This subsection applies to any medical assistance expansion program provider fee schedule that becomes effective on or after January 1, 2025.

SECTION 23. DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND PARENTING RESOURCE WEBSITE. The department of health and human services shall develop and maintain a state internet website that provides information and links to social services, financial assistance, parenting information, maternal and childbirth life services, planning guidance, care centers and agencies, and other available public and private resources for expectant families and new parents. The department may contract with a third party for the development of the website. The website must be operational by August 1, 2023, and have a domain name life.nd.gov or a similar domain name. The website must be distinct from the department's website and the department shall place a clear and conspicuous link to the website on the department website.

SECTION 24. QUARTERLY BUDGET AND UTILIZATION REPORTS. During the biennium beginning July 1, 2023, and ending June 30, 2025, the department of health and human services shall make quarterly reports available that detail the status of the department's budget and the utilization rates of programs. The reports must be made available within 30 days of the close of each quarter.

SECTION 25. AMENDMENT. Subsection 2 of section 12.1-04-07 of the North Dakota Century Code is amended and reenacted as follows:

2. An examination must occur within fifteen days from <u>receipt of material necessary to examine the fitness of the individual and</u> notice of entry of the order served upon the tier 1a mental health professional. Attorneys shall disclose any materials necessary to examine the fitness of the individual to the tier 1a examiner contemporaneously with the order. For good cause

shown, the court may grant an extension allowing an additional seven days to complete the examination."

SECTION 26. AMENDMENT. Section 50-01.2-01 of the North Dakota Century Code is amended and reenacted as follows:

50-01.2-01. Human service zone board - Members - Qualifications.

The board of county commissioners of each county within the human service zone shall appoint the appointed members of the human service zone board based upon fitness to serve as members by reason of character, experience, and training without regard to political affiliation. Appointed members of the human service zone board must consist of local elected officials and other key community partners, including at least one member of the legislative assembly. If a human service zone consists of two or more counties, each county must be represented on the human service zone board by only one county commissioner of that county. If a human service zone consists of a single county, the county must be represented on the human service zone board by no more than two county commissioners of that county and the human service zone board must have at least five appointed members. Appointed members shall elect a vice presiding officer and appoint a secretary, and other officers as the human service zone board determines necessary. The human service zone director shall serve as presiding officer of the human service zone board as a nonappointed member.

Page 9, after line 11, insert:

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

North Dakota legislative health care task force - Duties - Membership - Legislative management report.

There is created a North Dakota legislative health care task force. The task force shall meet at least once each quarter and may request, obtain, review, and analyze information relating to North Dakota health care, including data, reports, audits, and other information as requested by the task force. The department of health and human services shall provide staff services for the task force. The task force shall submit a report of its activities and any recommendations to improve health care in the state to the legislative management by October first of each year. The chairman of the task force must be a member of the legislative assembly appointed by the chairman of the legislative management. The chairman of the task force may invite guests to participate in task force activities. The task force consists of the following members:

1. The chairman of the house appropriations committee human resources division, or the chairman's designee;
2. The chairman of the senate appropriations committee human resources division, or the chairman's designee;
3. The chairman of the house human services committee, or the chairman's designee;
4. The chairman of the senate human services committee, or the chairman's designee;

5. One member of the house of representatives as appointed by the house minority leader;

6. One member of the senate as appointed by the senate minority leader;

7. The commissioner of the department of health and human services, or the commissioner's designee;

8. Two members of the department of health and human services, including the state health officer and one member appointed by the commissioner of the department of health and human services;

9. One member from the governor's office, appointed by the governor;

10. The insurance commissioner, or the insurance commissioner's designee;

11. Two members to represent the North Dakota health insurance industry;

12. One member of the public, appointed by an organization that represents North Dakota businesses;

13. One member appointed by the Indian affairs commissioner to represent tribal health care;

14. One member from a North Dakota association that represents physicians;

15. Five members from a North Dakota association that represents hospitals, of which:

    a. Two members must represent rural hospitals, including one representative of a hospital in a city with a population of ten thousand or more and one representative of a hospital in a city with a population under ten thousand;

    b. Two members must represent urban hospitals, including one representative of an independent hospital and one representative of an integrated health care system; and

    c. One member must represent a psychiatric hospital; and

16. Any other members appointed by the chairman of legislative management.

SECTION 29. AMENDMENT. Section 50-11.1-02 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-02. Definitions. ~~(Effective through June 30, 2025)~~

As used in this chapter, unless the context or subject matter otherwise requires:

1. "Authorized agent" means the human service zone, unless another entity is designated by the department.

2. "Child care center" means an early childhood program licensed to provide early childhood services to nineteen or more children.

3. "Department" means the department of health and human services.

4. "Drop-in care" means the care of children on a one-time, occasional, or unscheduled basis to meet the short-term needs of families.

5. "Early childhood program" means any program licensed under this chapter where early childhood services are provided for at least two hours a day for three or more days a week.

6. "Early childhood services" means the care, supervision, education, or guidance of a child or children, which is provided in exchange for money, goods, or other services. Early childhood services does not include:

   a. Substitute parental child care provided pursuant to chapter 50-11.

   b. Child care provided in any educational facility, whether public or private, in grade one or above.

   c. Child care provided in a kindergarten which has been established pursuant to chapter 15.1-22 or a nonpublic elementary school program approved pursuant to section 15.1-06-06.1.

   d. Child care, preschool, and prekindergarten services provided to children under six years of age in any educational facility through a program approved by the department.

   e. Child care provided in facilities operated in connection with a church, business, or organization where children are cared for during periods of time not exceeding four continuous hours while the child's parent is attending church services or is engaged in other activities, on the premises.

   f. Schools or classes for religious instruction conducted by religious orders during the summer months for not more than two weeks, Sunday schools, weekly catechism, or other classes for religious instruction.

   g. Summer resident or day camps for children which serve no children under six years of age for more than two weeks.

   h. Sporting events, practices for sporting events, or sporting or physical activities conducted under the supervision of an adult.

   i. Head start and early head start programs that are federally funded and meet federal head start performance standards.

   j. Child care provided in a medical facility by medical personnel to children who are ill.

7. "Family child care" means a private residence licensed to provide early childhood services for no more than seven children at any one time, except that the term includes a residence licensed to provide early childhood services to two additional school-age children.

8. "Four-year old program" means an approved child care program operated by a public or private educational entity or an early childhood program designed to serve four-year olds.

9. "Group child care" means a child care program licensed to provide early childhood services for thirty or fewer children.

10. "Household member" means an adult living in the private residence out of which a program is operated, regardless of whether the adult is living there permanently or temporarily.

11. "Human service zone" means a county or consolidated group of counties administering human services within a designated area in accordance with an agreement or plan approved by the department.

12. "In-home provider" means any person who provides early childhood services to children in the children's home.

13. "Licensed" means an early childhood program has the rights, authority, or permission granted by the department to operate and provide early childhood services.

14. "Multiple licensed program" means an early childhood program licensed to provide more than one type of early childhood services.

15. "Owner" or "operator" means the person who has legal responsibility for the early childhood program and premises.

16. "Parent" means an individual with the legal relationship of father or mother to a child or an individual who legally stands in place of a father or mother, including a legal guardian or custodian.

17. "Premises" means the indoor and outdoor areas approved for providing early childhood services.

18. "Preschool" means a program licensed to offer early childhood services, which follows a preschool curriculum and course of study designed primarily to enhance the educational development of the children enrolled and which serves no child for more than three hours per day.

19. "Public approval" means a nonlicensed early childhood program operated by a government entity that has self-certified that the program complies with this chapter.

20. "Registrant" means the holder of an in-home provider registration document issued by the department in accordance with this chapter.

21. "Registration" means the process whereby the department maintains a record of all in-home providers who have stated that they have complied or will comply with the prescribed standards and adopted rules.

22. "Registration document" means a written instrument issued by the department to publicly document that the registrant has complied with this chapter and the applicable rules and standards as prescribed by the department.

23. "School-age child care" means a child care program licensed to provide early childhood services on a regular basis for nineteen or more children aged five years through eleven years.

24. "School-age children" means children served under this chapter who are at least five years but less than twelve years of age.

25. "Self-declaration" means voluntary documentation of an individual providing early childhood services in a private residence for up to five children through the age of eleven, of which no more than three may be under the age of twenty-four months.

26. "Staff member" means an individual:

    a. Who is an employee of an early childhood program or of an early childhood services provider under a self-declaration;

    b. Whose activities involve the care, supervision, or guidance of children of an early childhood program; or

    c. Who may have unsupervised access to children under the care, supervision, or guidance of an early childhood program or early childhood services provider under a self-declaration.

~~**Definitions. (Effective after June 30, 2025)**~~

~~As used in this chapter, unless the context or subject matter otherwise requires:~~

~~1. "Authorized agent" means the human service zone, unless another entity is designated by the department.~~

~~2. "Child care center" means an early childhood program licensed to provide early childhood services to nineteen or more children.~~

~~3. "Department" means the department of health and human services.~~

~~4. "Drop-in care" means the care of children on a one-time, occasional, or unscheduled basis to meet the short-term needs of families.~~

~~5. "Early childhood program" means any program licensed under this chapter where early childhood services are provided for at least two hours a day for three or more days a week.~~

~~6. "Early childhood services" means the care, supervision, education, or guidance of a child or children, which is provided in exchange for money, goods, or other services. Early childhood services does not include:~~

    ~~a. Substitute parental child care provided pursuant to chapter 50-11.~~

    ~~b. Child care provided in any educational facility, whether public or private, in grade one or above.~~

    ~~c. Child care provided in a kindergarten which has been established pursuant to chapter 15.1-22 or a nonpublic elementary school program approved pursuant to section 15.1-06-06.1.~~

    ~~d. Child care, preschool, and prekindergarten services provided to children under six years of age in any educational facility through a program approved by the department.~~

e. Child care provided in facilities operated in connection with a church, business, or organization where children are cared for during periods of time not exceeding four continuous hours while the child's parent is attending church services or is engaged in other activities, on the premises.

f. Schools or classes for religious instruction conducted by religious orders during the summer months for not more than two weeks, Sunday schools, weekly catechism, or other classes for religious instruction.

g. Summer resident or day camps for children which serve no children under six years of age for more than two weeks.

h. Sporting events, practices for sporting events, or sporting or physical activities conducted under the supervision of an adult.

i. Head start and early head start programs that are federally funded and meet federal head start performance standards.

j. Child care provided in a medical facility by medical personnel to children who are ill.

7. "Family child care" means a private residence licensed to provide early childhood services for no more than seven children at any one time, except that the term includes a residence licensed to provide early childhood services to two additional school-age children.

8. "Group child care" means a child care program licensed to provide early childhood services for thirty or fewer children.

9. "Household member" means an adult living in the private residence out of which a program is operated, regardless of whether the adult is living there permanently or temporarily.

10. "Human service zone" means a county or consolidated group of counties administering human services within a designated area in accordance with an agreement or plan approved by the department.

11. "In-home provider" means any person who provides early childhood services to children in the children's home.

12. "Licensed" means an early childhood program has the rights, authority, or permission granted by the department to operate and provide early childhood services.

13. "Multiple licensed program" means an early childhood program licensed to provide more than one type of early childhood services.

14. "Owner" or "operator" means the person who has legal responsibility for the early childhood program and premises.

15. "Parent" means an individual with the legal relationship of father or mother to a child or an individual who legally stands in place of a father or mother, including a legal guardian or custodian.

~~16. "Premises" means the indoor and outdoor areas approved for providing early childhood services.~~

~~17. "Preschool" means a program licensed to offer early childhood services, which follows a preschool curriculum and course of study designed primarily to enhance the educational development of the children enrolled and which serves no child for more than three hours per day.~~

~~18. "Public approval" means a nonlicensed early childhood program operated by a government entity that has self-certified that the program complies with this chapter.~~

~~19. "Registrant" means the holder of an in-home provider registration document issued by the department in accordance with this chapter.~~

~~20. "Registration" means the process whereby the department maintains a record of all in-home providers who have stated that they have complied or will comply with the prescribed standards and adopted rules.~~

~~21. "Registration document" means a written instrument issued by the department to publicly document that the registrant has complied with this chapter and the applicable rules and standards as prescribed by the department.~~

~~22. "School-age child care" means a child care program licensed to provide early childhood services on a regular basis for nineteen or more children aged five years through eleven years.~~

~~23. "School-age children" means children served under this chapter who are at least five years but less than twelve years of age.~~

~~24. "Self-declaration" means voluntary documentation of an individual providing early childhood services in a private residence for up to five children through the age of eleven, of which no more than three may be under the age of twenty-four months.~~

~~25. "Staff member" means an individual:~~

~~a. Who is an employee of an early childhood program or of an early childhood services provider under a self-declaration;~~

~~b. Whose activities involve the care, supervision, or guidance of children of an early childhood program; or~~

~~c. Who may have unsupervised access to children under the care, supervision, or guidance of an early childhood program or early childhood services provider under a self-declaration.~~

SECTION 30. AMENDMENT. Section 50-11.1-22 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-22. Early childhood grant for best in class four-year old experiences. ~~(Expired effective July 1, 2025)~~

1. A four-year old program deemed eligible under section 50-11.1-23 may submit an application for the best in class four-year old experiences grant.

An approved program is eligible for an annual award of one hundred twenty thousand dollars per approved group size. The grant award must be matched with no less than twenty thousand dollars in other funds. The department shall assign a program support coach to each approved program. An approved program:

a. Shall utilize the assigned support coach and utilize the sliding fee scale for parent fees, as established by the department.

b. May use grant funds to support the provision of quality early childhood experiences, including expenditures related to staffing, training, equipment, and supplies.

c. May not use grant funds for construction or rehabilitation. An approved program must enter a grant agreement with the department.

2. The department may not collect equipment or supplies purchased with grant funds from the approved program after successful completion of the term of the grant.

SECTION 31. AMENDMENT. Section 50-11.1-23 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-23. Eligibility for best in class four-year old experiences grant. ~~(Expired effective July 1, 2025)~~

1. A four-year old program may submit, in the form and manner prescribed by the department, an application to the department for a grant under section 50-11.1-22, if the provider certifies to the department the provider:

   a. Operates a four-year old program in this state;

   b. Operates a four-year old program for children who have reached four years of age before August first in the year of enrollment;

   c. Operates a four-year old program that has a duration of at least four hundred hours over a period of at least thirty-two consecutive weeks;

   d. Incorporates within the four-year old program at least ten hours of research-based family engagement;

   e. Has been determined to meet the standards and expectations of no less than step three in the North Dakota early childhood quality improvement system;

   f. Is willing to admit children of all learning abilities into the four-year old program;

   g. Is willing to admit children who receive assistance from the child care assistance program into the four-year old program; and

   h. Is willing to operate in compliance with the grant requirements, including:

      (1) Maintaining the recommended group size for number of children served in the four-year old program;

(2) Complying with requirements related to qualifications, training, and professional development of staff delivering services in the four-year old program; and

(3) Adhering to expectations established by the department related to four-year old program monitoring and oversight.

2. The department may distribute grants under this section to approved four-year old programs, including four-year old programs operated as early childhood programs by educational facilities or federally funded head start programs or in connection with a church, business, or organization that operates a four-year old program.

3. The department may recapture grant funds distributed to an approved four-year old program found by the department to be out of compliance with requirements established for the best in class four-year old experiences grant program.

SECTION 32. AMENDMENT. Section 50-11.1-24 of the North Dakota Century Code is amended and reenacted as follows:

50-11.1-24. Grant program data collection - Requirements. ~~(Expired effective July 1, 2025)~~

The state agency with approval authority over four-year old programs, with the advice and consent of the department, shall implement a uniform system for the accounting, budgeting, and reporting of data by any four-year old program provider to whom or to which grants are distributed under section 50-11.1-23. Grants may be withheld or forfeited, in whole or in part, if information required in accordance with this section is not submitted at the time or in the manner requested by the state agency with approval authority over four-year old programs. A grant recipient shall consent to provide information needed to comply with data collection requirements. The state agency with approval authority over four-year old programs shall disclose the requested information to the department.

SECTION 33. A new subsection to section 50-24.1-07 of the North Dakota Century Code is created and enacted as follows:

In any probate proceedings in which the department has filed a claim under this section, no additional evidence of foundation may be required for the admission of the department's payment record supporting the department's claim if the payment record is certified as a true copy and bears the signature of a representative of the department. There is a rebuttable presumption that the amount of medical assistance on the claim was incurred and paid on behalf of the recipient of medical assistance and is an allowable claim."

Page 9, after line 19, insert:

"**SECTION 35. AMENDMENT.** Subsection 5 of section 50-24.1-37 of the North Dakota Century Code is amended and reenacted as follows:

5. Provider and managed care organization reimbursement rate information received or held by the department under this section is an open record.

SECTION 36. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall ~~establish, by rule, procedures for determining rates~~determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter~~. The procedures must be~~ based on ~~methods and standards that the department finds are adequate to recognize the~~data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.

2. The department shall ~~identify costs that are recognized for establishing payment rates~~establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.

3. For the rate year beginning July 1, ~~2016~~2023, the department shall ~~establish the limits by using the average of the highest and lowest rates from the 2014 rate year. The direct care limit must be ninety-five percent of the average and the indirect care limit must be ninety percent of the average. Beginning with the July 1, 2017, rate year, the department shall adjust the limits by using the cost percentage change from the prior two rate years, within the limits of legislative appropriations~~increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.

4. The department shall ~~provide, by rule, within the limits of legislative appropriations, for payment of rates paid by the aged, blind, and disabled persons program for a maximum of thirty days per occurrence for leave days for a resident who is in a licensed health care facility when the resident is expected to return to the facility~~provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, 2025, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.

5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of ~~one hundred eighty~~three hundred sixty-five days."

Page 10, after line 2, insert:

SECTION 38. Two new subsections to the new section to chapter 54-52.1 of the North Dakota Century Code as created by section 2 of Senate Bill No. 2140, as approved by the sixty-eighth legislative assembly, are created and enacted as follows:

If application of subsection 3 would result in the ineligibility of a health benefit plan that is a qualified high-deductible health plan to qualify as a health savings account under section 223 of the Internal Revenue Code [26 U.S.C. 223], the requirements of subsection 3 do not apply with

respect to the deductible of the health benefit plan until after the enrollee has satisfied the minimum deductible under section 26 U.S.C. 223.

This section does not apply to the Medicare part D prescription drug coverage plan.

Page 10, line 19, remove "**CONTINGENT**"

Page 10, line 19, after "**REPORT**" insert "- **EXEMPTION**"

Page 10, line 20, replace "Beginning with the effective date of this Act, the" with "1. The"

Page 10, line 21, replace "three" with "at least one"

Page 10, line 21, replace "centers" with "center"

Page 10, line 24, remove "up to fifty"

Page 10, after line 27, insert:

"2. The department may consider the inclusion of providers of integrated, wraparound crisis services to young adults, who are at risk of being homeless or experiencing serious adverse life events, into the creation of any certified community behavioral health clinic.

3. The $15,000,000 from the general fund appropriated to the department of health and human services for the substance use disorder treatment voucher system in chapter 12 of the 2021 Session Laws is not subject to the provisions of section 54-44.1-11, and any unexpended funds of up to $4,150,000 from this appropriation may be continued and spent for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults during the biennium beginning July 1, 2023, and ending June 30, 2025."

Page 11, line 15, remove "of which the amount"

Page 11, remove line 16

Page 11, line 17, remove "home- and community-based services 10 percent enhancement plan"

Page 11, line 25, remove the second "and"

Page 11, line 28, after "50-06-42.1" insert ";

10. The sum of $175,000 for home and community-based services housing assistance in chapter 12 of the 2021 Session Laws; and

11. The sum of $15,000,000 appropriated from the general fund and the sum of $15,000,000 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws"

Page 12, line 10, after the first "of" insert "underfunding,"

Page 12, line 11, remove "and"

Page 12, line 12, after "percentage" insert ", and unexpected contract cost increases that exceed ten percent"

Page 12, line 16, replace "four" with "two"

Page 12, line 18, replace "seven" with "three"

Page 12, line 18, replace "the first" with "each"

Page 12, line 18, remove "of the biennium and four percent the"

Page 12, line 19, remove "second year"

Page 12, line 20, after "facilities" insert "or prospective payment system hospitals that have different inflation rates"

Page 12, after line 20, insert:

"**SECTION 49. DEVELOPMENTAL DISABILITY PROVIDER ADJUSTMENT.** Subdivision 2 of section 1 of this Act includes funding for developmental disability provider rate adjustments. Adjustments must provide for the equivalent of a one dollar per hour increase for direct care staff and the equivalent of a one dollar per hour increase for indirect program support staff of licensed developmental disability providers. Developmental disability providers shall provide a report to the department of health and human services as determined by the department. The increase to direct care staff and related indirect program support staff does not apply to qualified service provider rates as established under the long-term care program."

Page 13, after line 2, insert:

SECTION 52. LEGISLATIVE MANAGEMENT STUDY - SOCIAL WORK LICENSURE COMPACT. During the 2023-24 interim, the legislative management shall consider studying the feasibility and desirability of the legislative assembly enacting the social work licensure compact. The study may include consideration of whether the public and the social work community support enactment and whether the North Dakota board of social work examiners has the capacity to participate in the compact. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

SECTION 53. LEGISLATIVE MANAGEMENT STUDY - MEDICAID PROVIDER REIMBURSEMENT ARRANGEMENTS. During the 2023-24 interim, the legislative management shall study the benefits of basing provider reimbursement rates for the Medicaid program in accordance with a provider's performance under established and accepted value-based care metrics. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

SECTION 54. LEGISLATIVE MANAGEMENT STUDY - INTERMEDIATE CARE FACILITY RATE FORMULA. During the 2023-24 interim, the legislative management shall consider studying the payment rates for intermediate care facilities, including options to increase the rates. The study must consider the funded percentage of costs for services including day and small group care, individual employment, in-home supports, respite care, habilitative care, independent habitation, and residential habitation. The legislative management shall report its findings and

recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly.

SECTION 55. SUPREME COURT STUDY - WELLNESS COURT - REPORT TO LEGISLATIVE MANAGEMENT. During the 2023-24 interim, the supreme court, in consultation with the department of corrections and rehabilitation, the department of health and human services, and the attorney general, shall study and identify those provisions of the North Dakota Century Code which pertain to drug court and assess whether the term wellness court should be adopted to replace drug court. The supreme court shall report its findings and recommendations, together with any legislation required to implement the statutory change of drug court to wellness court, to the legislative management by June 1, 2024.

Page 13, line 7, replace "19" with "39"

Page 13, line 8, after "2024" insert "; Senate Bill No. 2181, as approved by the sixty-eighth legislative assembly, becomes effective on October 1, 2023; and section 2 of Senate Bill No. 2276, as approved by the sixty-eighth legislative assembly, becomes effective on April 1, 2024"

Page 13, after line 8, insert:

"**SECTION 58. EMERGENCY.** Section 4 of this Act is declared to be an emergency measure."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
UND Medical Center						
Total all funds	$0	$0	$3,500,000	$3,500,000	$3,500,000	$0
Less estimated income	0	0	3,500,000	3,500,000	3,500,000	0
General fund	$0	$0	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00
DHHS - Management						
Total all funds	$172,600,480	$265,550,380	$438,091,037	$703,641,417	$702,891,417	$750,000
Less estimated income	92,905,426	186,160,843	200,540,944	386,701,787	385,951,787	750,000
General fund	$79,695,054	$79,389,537	$237,550,093	$316,939,630	$316,939,630	$0
FTE	97.85	113.90	2,151.43	2,265.33	2,265.33	0.00
DHHS - Program/Policy						
Total all funds	$3,793,980,879	$4,617,924,174	($318,753,988)	$4,299,170,186	$4,100,427,740	$198,742,446
Less estimated income	2,499,452,627	2,988,736,618	(220,004,412)	2,768,732,206	2,613,495,737	155,236,469
General fund	$1,294,528,252	$1,629,187,556	($98,749,576)	$1,530,437,980	$1,486,932,003	$43,505,977
FTE	666.17	687.32	(687.32)	0.00	0.00	0.00
DHHS - County Social Services Financing						
Total all funds	$189,917,386	$225,361,586	($27,697,925)	$197,663,661	$193,913,661	$3,750,000
Less estimated income	188,676,995	224,010,514	(26,363,726)	197,646,788	193,896,788	3,750,000
General fund	$1,240,391	$1,351,072	($1,334,199)	$16,873	$16,873	$0
FTE	159.00	164.00	(164.00)	0.00	0.00	0.00
DHHS - Field Services						
Total all funds	$293,597,257	$352,897,223	($244,681,707)	$108,215,516	$107,857,691	$357,825

Less estimated income	114,273,300	95,698,581	(65,721,527)	29,977,054	29,977,054	0
General fund	$179,323,957	$257,198,642	($178,960,180)	$78,238,462	$77,880,637	$357,825
FTE	1,342.31	1,394.11	(1,394.11)	0.00	0.00	0.00
Bill total						
Total all funds	$4,450,096,002	$5,461,733,363	($149,542,583)	$5,312,190,780	$5,108,590,509	$203,600,271
Less estimated income	2,895,308,348	3,494,606,556	(108,048,721)	3,386,557,835	3,226,821,366	159,736,469
General fund	$1,554,787,654	$1,967,126,807	($41,493,862)	$1,925,632,945	$1,881,769,143	$43,863,802
FTE	2,265.33	2,359.33	(94.00)	2,265.33	2,265.33	0.00

Senate Bill No. 2012 - UND Medical Center - Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Clinical integrated network grant			$3,500,000	$3,500,000	$3,500,000	
Total all funds	$0	$0	$3,500,000	$3,500,000	$3,500,000	$0
Less estimated income	0	0	3,500,000	3,500,000	3,500,000	0
General fund	$0	$0	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00

Department 232 - UND Medical Center - Detail of Conference Committee Changes

	Adds Funding for Clinical Integrated Network Grant[1]	Total Conference Committee Changes
Clinical integrated network grant	$3,500,000	$3,500,000
Total all funds	$3,500,000	$3,500,000
Less estimated income	3,500,000	3,500,000
General fund	$0	$0
FTE	0.00	0.00

[1] Funding is added from the community health trust fund to allow the Center for Rural Health to award a grant to a clinical integrated network. The House also added this funding.

Senate Bill No. 2012 - DHHS - Management - Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Salaries and wages	$21,363,556	$24,409,456	($24,409,456)			
Operating expenses	151,161,924	241,065,924	5,750,000	$246,815,924	$246,065,924	$750,000
Capital assets	75,000	75,000		75,000	75,000	
Salary block grant program			456,750,493	456,750,493	456,750,493	
Total all funds	$172,600,480	$265,550,380	$438,091,037	$703,641,417	$702,891,417	$750,000
Less estimated income	92,905,426	186,160,843	200,540,944	386,701,787	385,951,787	750,000
General fund	$79,695,054	$79,389,537	$237,550,093	$316,939,630	$316,939,630	$0
FTE	97.85	113.90	2,151.43	2,265.33	2,265.33	0.00

Department 326 - DHHS - Management - Detail of Conference Committee Changes

	Adjusts Funding for Management[1]	Total Conference Committee Changes
Salaries and wages	($24,409,456)	($24,409,456)
Operating expenses	5,750,000	5,750,000
Capital assets		
Salary block grant program	456,750,493	456,750,493
Total all funds	$438,091,037	$438,091,037
Less estimated income	200,540,944	200,540,944
General fund	$237,550,093	$237,550,093
FTE	2,151.43	2,151.43

[1] Funding is adjusted for management as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program, the same as the House.		($862,063)	($283,496)	($1,145,559)
Transfers health insurance funding to a new FTE position block grant program, the same as the House.		(436,667)	(139,099)	(575,766)
Transfers funding for salaries and wages to a new salary block grant program, the same as the House.	(112.40)	(16,918,521)	(5,622,318)	(22,540,839)
Creates a new departmentwide FTE block grant program, the same as the House.	2,265.33	247,896,527	190,940,966	438,837,493
Provides a salary increase for the FTE block grant program of 6 percent the 1st year and 4 percent the 2nd year of the 2023-25 biennium, the same as the House.		16,629,803	10,869,007	27,498,810
Provides funding for increases in health insurance premiums from $1,429 to $1,643 per month, the same as the House.		5,861,794	4,052,396	9,914,190
Underfunds salaries and wages in anticipation of vacant positions, the same as the House.		(19,500,000)		(19,500,000)
Removes new criminal background check positions added by the Senate. The House also removed these positions.	(1.50)	(120,780)	(26,512)	(147,292)
Reduces operating reductions made by the Senate from $19.9 million to $13.9 million. The House also made this adjustment.		6,000,000		6,000,000
Total ongoing funding changes	2,151.43	$238,550,093	$199,790,944	$438,341,037
One-time Funding Items				
Removes one-time funding added by		($1,000,000)		($1,000,000)

the Senate to automate the criminal background check process. The House also removed this funding.				
Adds one-time funding from the community health trust fund for expenses of the health care task force including a health care study.			750,000	750,000
Total one-time funding changes	0.00	($1,000,000)	$750,000	($250,000)
Total changes to base level funding	2,151.43	$237,550,093	$200,540,944	$438,091,037

Senate Bill No. 2012 - DHHS - Program/Policy - Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Salaries and wages	$122,081,310	$141,618,507	($141,618,507)			
Operating expenses	176,078,719	231,801,268	4,017,616	$235,818,884	$228,468,330	$7,350,554
Capital assets	10,000	10,000		10,000	10,000	
Grants	467,144,387	657,651,069	(21,582,133)	636,068,936	634,074,486	1,994,450
Grants - Medical assistance	3,028,666,463	3,584,843,330	(159,570,964)	3,425,272,366	3,235,874,924	189,397,442
Opioid prevention		2,000,000		2,000,000	2,000,000	
Total all funds	$3,793,980,879	$4,617,924,174	($318,753,988)	$4,299,170,186	$4,100,427,740	$198,742,446
Less estimated income	2,499,452,627	2,988,736,618	(220,004,412)	2,768,732,206	2,613,495,737	155,236,469
General fund	$1,294,528,252	$1,629,187,556	($98,749,576)	$1,530,437,980	$1,486,932,003	$43,505,977
FTE	666.17	687.32	(687.32)	0.00	0.00	0.00

Department 328 - DHHS - Program/Policy - Detail of Conference Committee Changes

	Adjusts Funding for Program and Policy[1]	Total Conference Committee Changes
Salaries and wages	($141,618,507)	($141,618,507)
Operating expenses	4,017,616	4,017,616
Capital assets		
Grants	(21,582,133)	(21,582,133)
Grants - Medical assistance	(159,570,964)	(159,570,964)
Opioid prevention		
Total all funds	($318,753,988)	($318,753,988)
Less estimated income	(220,004,412)	(220,004,412)
General fund	($98,749,576)	($98,749,576)
FTE	(687.32)	(687.32)

[1] Funding for program and policy is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program, the same as the House.		($2,661,463)	($3,528,496)	($6,189,959)
Transfers health insurance funding to a new FTE position block grant program, the same as the House.		(1,338,470)	(1,865,110)	(3,203,580)
Transfers salaries and wages funding to a new FTE block grant program, the same as the House.	(675.32)	(52,606,648)	(77,965,332)	(130,571,980)

Reduces funding for provider inflation from 4 percent per year to 3 percent per year except as noted in medical services, long-term care, and developmental disabilities. The House provided 2 percent per year inflationary adjustments.		(10,189,967)	(11,820,510)	(22,010,477)
Economic assistance				
Removes funding added by the Senate to increase the utilization of the child care assistance program for children ages 0 to 3. The House also removed this funding.		(22,000,000)		(22,000,000)
Removes funding added by the Senate to improve the ability of low-income parents to obtain child care, the same as the House.		(12,900,000)		(12,900,000)
Medical Services				
Removes new Medicaid provider strike team positions added by the Senate. The House also removed these positions.	(2.00)	(48,642)	(266,995)	(315,637)
Adjusts inflation for prospective payment system hospital to 0 percent the 1st year and 2 percent the 2nd year of the biennium. The House removed provider inflation for prospective payment system hospitals.		(4,385,331)	(4,133,123)	(8,518,454)
Reduces estimated utilization rates for Medicaid Expansion ($110,753,873) and provides for a realigned rate structure to pay 145 percent of traditional Medicaid costs effective January 1, 2025 ($29,179,602) except for behavioral health providers.		(13,993,347)	(125,940,128)	(139,933,475)
Long-Term Care				
Adds funding for a long-term care value based payment program, the same as the House.		6,000,000	6,000,000	12,000,000
Reduces estimated long-term care utilization rates, the same as the House.		(9,949,900)	(11,220,100)	(21,170,000)
Adds funding to rebase basic care rates. The House also added funding to rebase basic care rates.		3,880,000	2,120,000	6,000,000
Increases basic care daily rate by $5.		4,067,056	1,474,184	5,541,240
Adds funding from the health care trust fund for basic care facility bad debt expense, the same as the House.			500,000	500,000
Provides additional funding to increase basic care inflation to 3.5 percent each year of the 2023-25 biennium.		301,358	141,244	442,602

Aging Services				
Removes new home- and community-based services positions added by the Senate. The House also removed these positions.	(3.00)	(143,912)	(143,912)	(287,824)
Removes a new aging services compliance position added by the Senate.The House also removed this position.	(1.00)	(103,868)	(103,868)	(207,736)
Removes a new aging services lawsuit coordinator position added by the Senate. The House also removed this position.	(1.00)			0
Children and Family Services				
Adds funding for kinship childcare, the same as the House.		460,000		460,000
Behavioral Health				
Removes new community behavioral health positions added by the Senate. The House also removed these positions.	(2.00)	(223,946)		(223,946)
Adjusts funding for the free through recovery program to provide funding directly to DHHS for the program rather than using passthrough funds. The House also made this adjustment.		15,500,000	(15,500,000)	0
Increases school behavioral health grants to provide a total of $9.5 million, the same as the House.		3,000,000		3,000,000
Adds funding from the community health trust fund for the 988 crisis hotline program, the same as the House.			1,867,500	1,867,500
Adds funding from the charitable gaming operating fund for additional gambling disorder services. This will result in a general fund reduction of $500,000.			500,000	500,000
Developmental Disabilities				
Removes a new quality assurance position added by the Senate. The House also removed this position.	(1.00)	(103,868)	(103,868)	(207,736)
Removes a new early intervention position added by the Senate. The House also removed this position.	(1.00)	(86,602)	(86,602)	(173,204)
Adjusts enhanced payment rates for developmental disabilities providers to provide for a $1 per hour increase for workers and 2 percent annual inflation increases. The House had provided		2,664,879	2,971,677	5,636,556

3 percent annual inflation adjustments.				
Early Childhood				
Combines the best in class program and the kindergarten readiness program into the research-based 0-4 program, the same as the House.		2,400,000		2,400,000
Removes funding added by the Senate for early childhood career grants, the same as the House.		(2,000,000)		(2,000,000)
Removes a new program administrator position added by the Senate. The House also removed this position.	(1.00)	(236,905)		(236,905)
Adds federal funds spending authority for the child care development fund and the preschool development grant, the same as the House.			21,514,027	21,514,027
Total ongoing funding changes	(687.32)	($94,699,576)	($215,589,412)	($310,288,988)
One-Time Funding Items				
Adds funding for a behavioral health facility grant in the Northwest human service region, the same as the House.		$1,950,000		$1,950,000
Adds funding from the federal state fiscal recovery fund for grants to organizations that provide youth crisis services, the same as the House.			300,000	300,000
Adds funding from the federal state fiscal recovery fund for grants to volunteer-based ecumenical ministry organizations, the same as the House.			285,000	285,000
Adds one-time funding from the community health trust fund ($700,000) and from federal funds ($700,000) for consultant and other costs to implement the cross disability advisory council. The House did not add the federal funding.			1,400,000	1,400,000
Adds one-time funding from the community health trust fund for a study of the basic care payment system. The House and Senate did not include this funding.			600,000	600,000
Workforce Initiative One-Time Funding				
Removes funding added by the Senate for early childhood rating infrastructure. The House also removed this funding.		(3,000,000)		(3,000,000)
Removes funding added by the Senate for quality tiers in the child care reimbursement program. The House also removed this funding.		(3,000,000)		(3,000,000)
Removes funding added from legacy fund earnings to expand public-private child care benefits. The House also removed			(1,000,000)	(1,000,000)

this funding.				
Removes funding added from legacy fund earnings for child care business operating grants. The House also removed this funding.			(5,000,000)	(5,000,000)
Removes funding added from legacy fund earnings for a pilot program for child care during nontraditional hours. The House also removed this funding.			(1,000,000)	(1,000,000)
Total one-time funding changes	0.00	($4,050,000)	($4,415,000)	($8,465,000)
Total changes to base level funding	(687.32)	($98,749,576)	($220,004,412)	($318,753,988)

Senate Bill No. 2012 - DHHS - County Social Services Financing - Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
County social services	$189,917,386	$225,361,586	($27,697,925)	$197,663,661	$193,913,661	$3,750,000
Total all funds	$189,917,386	$225,361,586	($27,697,925)	$197,663,661	$193,913,661	$3,750,000
Less estimated income	188,676,995	224,010,514	(26,363,726)	197,646,788	193,896,788	3,750,000
General fund	$1,240,391	$1,351,072	($1,334,199)	$16,873	$16,873	$0
FTE	159.00	164.00	(164.00)	0.00	0.00	0.00

Department 333 - DHHS - County Social Services Financing - Detail of Conference Committee Changes

	Adjusts Funding for County Social Services[1]	Total Conference Committee Changes
County social services	($27,697,925)	($27,697,925)
Total all funds	($27,697,925)	($27,697,925)
Less estimated income	(26,363,726)	(26,363,726)
General fund	($1,334,199)	($1,334,199)
FTE	(164.00)	(164.00)

[1] Funding for the county social services program is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program, the same as the House.		($61,440)	($1,486,858)	($1,548,298)
Transfers health insurance funding to a new FTE position block grant program, the same as the House.		(30,807)	(721,687)	(752,494)
Funding is transferred to a new FTE position block grant program. The House also transferred this funding.	(157.00)	(1,241,952)	(27,900,463)	(29,142,415)
Adds funding to provide for 2023-25 biennium human service zone salary increases of 6 percent on July 1, 2023, and 4 percent on July 1, 2024, the same as the House. The Senate provided salary adjustments of 4 percent on July 1, 2023, and July 1, 2024.			2,097,313	2,097,313

Increases funding added by the Senate for human service zone employee salary equity adjustments to provide $3.75 million. The House did not include any equity funding.			2,750,000	2,750,000
Removes new FTE positions added by the Senate for home- and community-based services.	(7.00)		(1,102,031)	(1,102,031)
Total ongoing funding changes	(164.00)	($1,334,199)	($26,363,726)	($27,697,925)

Senate Bill No. 2012 - DHHS - Field Services - Conference Committee Action

	Base Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Human service centers	$163,213,829	$189,374,455	($141,971,373)	$47,403,082	$47,045,257	$357,825
Institutions	130,383,428	163,522,768	(102,710,334)	60,812,434	60,812,434	
Total all funds	$293,597,257	$352,897,223	($244,681,707)	$108,215,516	$107,857,691	$357,825
Less estimated income	114,273,300	95,698,581	(65,721,527)	29,977,054	29,977,054	0
General fund	$179,323,957	$257,198,642	($178,960,180)	$78,238,462	$77,880,637	$357,825
FTE	1,342.31	1,394.11	(1,394.11)	0.00	0.00	0.00

Department 349 - DHHS - Field Services - Detail of Conference Committee Changes

	Adjust Funding for Field Services[1]	Total Conference Committee Changes
Human service centers	($141,971,373)	($141,971,373)
Institutions	(102,710,334)	(102,710,334)
Total all funds	($244,681,707)	($244,681,707)
Less estimated income	(65,721,527)	(65,721,527)
General fund	($178,960,180)	($178,960,180)
FTE	(1,394.11)	(1,394.11)

[1] Funding for field services is adjusted as follows:

2023-25 Ongoing Funding Changes	FTE Positions	General Fund	Other Funds	Total
Transfers salary increase funding to a new FTE position block grant program, the same as the House.		($8,926,423)	($2,830,652)	($11,757,075)
Transfers health insurance increase funding to a new FTE position block grant program, the same as the House.		(4,161,185)	(1,449,231)	(5,610,416)
Transfers salaries and wages to an FTE block grant funding pool, the same as the House.	(1,320.61)	(172,296,141)	(77,619,785)	(249,915,926)
Removes FTE positions added by the Senate for community-based behavioral health. The House also removed these positions.	(28.50)	(950,906)		(950,906)
Removes FTE positions added by the Senate for crisis support services. The House also removed these positions.	(21.00)	(2,813,836)		(2,813,836)

Adjusts provider inflation to provide 3 percent annual adjustments. The Senate provided 4 percent annual adjustment and the House provided 2 percent annual adjustments.		(357,870)		(357,870)
Reduces the number of certified community behavioral health clinics from 3 to 1 and removes new FTE positions added for the clinics. The House also made this adjustment.	(24.00)	(5,711,959)		(5,711,959)
Restores operating reductions made in the executive budget for Human Service Centers ($13,200,000) and the State Hospital ($7,586,281). The House also restored this funding.		20,786,281		20,786,281
Adds funding to provide telehealth psychiatric services in correctional facilities, the same as the House.		1,500,000		1,500,000
Adds ongoing general fund support to replace funding at facilities due to a revenue shortfall, the same as the House.		30,000,000	(30,000,000)	0
Total ongoing funding changes	(1,394.11)	($142,932,039)	($111,899,668)	($254,831,707)
One-Time Funding Items				
Increases funding from the strategic investment and improvements fund for State Hospital design from $5 to $12.5 million, the same as the House.			$7,500,000	$7,500,000
Removes one-time general fund support to replace funding at facilities due to a revenue shortfall. The House also removed this funding.		(36,028,141)	36,028,141	0
Adds funding from the state fiscal recovery fund for a rural law enforcement telehealth program, the same as the House.			2,650,000	2,650,000
Total one-time funding changes	0.00	($36,028,141)	$46,178,141	$10,150,000
Total changes to base level funding	(1,394.11)	($178,960,180)	($65,721,527)	($244,681,707)

Senate Bill No. 2012 - Other Changes - Conference Committee Action

This amendment also:

- Provides a 2021-23 biennium appropriation from the DHHS operating fund for the repayment of funds withheld from unemployment benefits. The House also included an appropriation.
- Authorizes DHHS to adjust the number of authorized full-time equivalent positions subject to the availability of funds. The House also authorized this provision.
- Adjusts the amount of the transfer from the strategic investment and improvements fund to the human service finance fund from $21.6 million to $26.95 million. The House transferred $23.2 million.
- Identifies appropriations from the strategic investment and improvements fund, human service finance fund, community health trust fund, health care trust fund, and the federal State Fiscal Recovery Fund.
- Directs the department to create a parenting resource website. The House also included this provision.

- Directs the department to provide quarterly budget and utilization information.
- Creates a North Dakota legislative health care task force. The House also included this provision.
- Removes the sunset clause on the best in class program. The House also included this provision.
- Adjusts Medicaid language relating to probate proceedings and reimbursement rate information. The House also included this provision.
- Provides for the rebasement of basic care payment rates. The House also included this provision.
- Provides statutory clarification regarding public employee health plan coverage of insulin.
- Adjusts guidelines for the development of certified community behavioral health clinics. The House also adjusted the guidelines.
- Authorizes the carryover of unexpended appropriation to be used for the certified community behavioral health clinics. This will reduce the general fund beginning balance by $4.15 million.
- Adjusts the amount of funding allowed to be continued from the 2021-23 biennium into the 2023-25 biennium.
- Provides for a Legislative Management study of the social work licensure compact. The House also included this study.
- Provides for a Legislative Management study of Medicaid provider reimbursement arrangements. The House also included this study.
- Provides for a Legislative Management study of the intermediate care facility rate formula.
- Adds effective dates for Senate Bill No. 2181 relating to medical assistance for pregnant women and Senate Bill No. 2276 relating to a family caregiver pilot project.

Prepared by the Legislative Council staff
for Conference Committee
April 29, 2023 - 6:00 p.m.

SENATE BILL NO. 2012
LISTING OF PROPOSED CHANGES TO BILL

Department of Health and Human Services

Proposed funding changes:

	Description	FTE	General Fund	Special Funds	Total
1	Adjust provider inflation rates from 2/2 to 3/3 (PPS Hospitals - 0/2)		$12,533,419	$12,872,699	$25,406,118
2	Provide $1 increase for DD staff and 2/2 inflation		7,767,457	8,653,818	16,421,275
3	Increase funding for basic care inflation to 3.5/3.5		301,358	141,244	442,602
4	Adjust funding for Medicaid Expansion except for certain behavioral health services		14,196,853	127,771,676	141,968,529
5	Adjust funding for rebasing basic care rates to match most recent fiscal note		650,592	272,848	923,440
6	Add $5 per day for basic care facility rates		4,067,056	1,474,184	5,541,240
7	Add funding for basic care payment study (Community health trust fund)			600,000	600,000
8	Restore funding for corporate guardianship enhancements		808,748		808,748
9	Restore funding for personal needs allowance		1,288,319		1,288,319
10	Add federal funds authority for cross-disability advisory council			700,000	700,000
11	Add funding for human service zone employee salary equity adjustments			3,750,000	3,750,000
12	Add one-time funding for health care study (Community health trust fund)			750,000	750,000
13	Add funding for gambling disorder services			500,000	500,000
14	Retore funding for program integrety audits		2,250,000	2,250,000	4,500,000
	Total proposed funding changes		$43,863,802	$159,736,469	$203,600,271

Other proposed changes:

15 Provide for a Legislative Management study of intermediate care facility rates.

16 Provide for Supreme Court to study options to rename drug courts to wellness courts.

17 Amend Section 12.1-04-07 relating to receipt of material to examine the fitness of an individual.

18 Provide for DHHS to provide quarterly updates on program utilization rates and funding.

19 Provide for quarterly reports regarding the utilization and funding status of department programs.

20 Authorize SUD voucher carryover funding to be used to establish additional certified community behavioral health clinics.

21 Provide statutory adjustment related to public employee health benefits coverage of insulin.

22 Provide technical adjustments to several areas of the bill including child care assistance, state hospital design, and bill effective dates.