

NORTH DAKOTA LEGISLATIVE MANAGEMENT

Minutes of the

**HUMAN SERVICES COMMITTEE**

Friday, July 27, 2018  
Roughrider Room, State Capitol  
Bismarck, North Dakota

Representative Kathy Hogan, Chairman, called the meeting to order at 8:30 a.m.

**Members present:** Representatives Kathy Hogan, Bert Anderson, Pamela Anderson, Chuck Damschen, Daniel Johnston, Dwight Kiefert, Christopher D. Olson, Mary Schneider, Wayne A. Trottier, Greg Westlind; Senators Howard C. Anderson, Jr., David A. Clemens, Robert Erbele, David Hogue, Oley Larsen, Judy Lee, Tim Mathern

**Others present:** See [Appendix A](#)

**It was moved by Senator Mathern, seconded by Senator Larsen, and carried on a voice vote that the minutes of the April 24, 2018, meeting, be approved as distributed.**

**STUDY OF PUBLIC HUMAN SERVICES  
Implementation of Legislation Affecting Human Services**

Mr. Tom Eide, Director of Field Services, Department of Human Services, presented information ([Appendix B](#)) regarding the implementation of legislation enacted by the 2017 Legislative Assembly that affects the Department of Human Services (DHS). He said 2017 Senate Bill No. 2039 provided for several changes, including adjustments to the structure of DHS, the requirement for regional human service centers to be accredited by a national entity, the reestablishment of certain advisory groups, changes to the continuum of care for individuals with serious and persistent mental illness, and the requirement for the placement of children using kinship care or the least restrictive care option available.

Mr. Eide said Senate Bill No. 2039 requires DHS to establish a policy division and a service delivery division for behavioral health services. He said these functions already existed in DHS, but are being more formally separated and defined.

In response to a question from Chairman Hogan, Mr. Eide said currently, 482.85 full-time equivalent employees work in behavioral health services. He said due to recent budget reductions approved by the 2017 Legislative Assembly, 33 positions were removed from the field services budget, including 10 from the behavioral health services.

Mr. Eide said DHS is in the process of developing a plan for regional human service centers to become accredited. He said the accreditation process is a major project that involves staff from multiple divisions within DHS. He said DHS will begin the accreditation process with two human service centers and then continue the process with the remaining centers.

In response to a question from Chairman Hogan, Mr. Eide said DHS is initially focusing on accrediting outpatient behavioral health services at the human service centers.

In response to a question from Senator H. Anderson, Mr. Eide said accreditation provides an expectation of quality and allows for monitoring to ensure a high level of services continues to be provided. He said the accreditation process will provide for consistent processes and procedures at the human services centers which will improve the overall quality of care.

Mr. Eide said Senate Bill No. 2039 reorganized the membership of human service center advisory groups. He said each human service center region now has an advisory group that consists of local social services directors, public health directors, county commissioners, and other members. He said the new groups have been established and have met twice in each region.

Mr. Eide said DHS is developing a plan for the continuum of services for individuals with serious and persistent mental illness. He said priorities include continuous crisis services, appropriate housing options, and peer and recovery support.

Mr. Eide said DHS is reviewing the process of placing children when they must be removed from their home. He said DHS prioritizes the placement of children with relatives when the child must be placed outside their home.

In response to a question from Chairman Hogan, Mr. Eide said DHS is implementing an electronic health records system, which is anticipated to be operational in September 2018. He said there will be limited data from the system available for analysis during the 2019 legislative session.

In response to a question from Chairman Hogan, Mr. Eide said individuals obtaining services at a human service center receive an integrated assessment from a team of providers to determine the services to be provided. He said assessment teams vary by region based on available provider resources.

In response to a question from Chairman Hogan, Mr. Eide said human service centers may use telehealth services to remotely provide assessment and treatment services. He said psychiatric and nurse practitioner services are the primary services provided through telehealth.

In response to a question from Senator Mathern, Mr. Eide said there is no information currently available regarding the efficacy of telehealth services compared to "in-person" services. However, he said, DHS plans to monitor patient outcomes to determine if any changes need to be made for providing telehealth services.

In response to a question from Senator Lee, Mr. Eide said DHS is working to improve crisis services by collaborating with other crisis providers such as suicide hotlines.

In response to a question from Representative P. Anderson, Mr. Bradley Brown, Regional Director, West Central and Badlands Human Service Centers, Department of Human Services, said detoxification services vary by human service center. He said social detoxification services are available at each residential facility DHS contracts with. He said hospitals are also used for detoxification services.

In response to a question from Representative Schneider, Mr. Brown said services provided at each human service center vary. He said as an example, the Badlands Human Service Center provides adult services for serious mental illness, group substance use disorder services, and day treatment. He said the center also provides child and adolescent services, including group outpatient services. He said some centers, such as the West Central Human Service Center, also provide social detoxification services. He said staffing issues are the primary reason for services varying at each center.

In response to a question from Chairman Hogan, Mr. Eide said "in-person" crisis services are available at larger human service centers.

In response to a question from Representative P. Anderson, Mr. Eide said DHS recently issued a request for proposal for mobile crisis services in the Bismarck area; however, he said no responses were received. He said staffing issues may be the reason for no responses.

In response to a question from Senator Mathern, Mr. Eide said DHS is reviewing options to include an optional request in its 2019-21 budget for mobile crisis services.

Senator Clemens said DHS appears to be focusing on providing treatment services which are reactive to problems. He suggested improving prevention services to address issues before treatment is required.

Senator H. Anderson said DHS has been focusing on behavioral health services and should continue to transition to providing more preventative services.

Representative Schneider expressed concern regarding individuals who have not received timely behavioral health services from human service centers. She said additional budget reductions, if implemented, will continue to affect services provided.

Mr. Eide said DHS is developing operational efficiencies to address budget reductions. He said the efficiencies will ensure resources are being directed to the appropriate individuals. He also said workforce needs are affecting the services.

Senator Mathern suggested DHS monitor the share of its budget designated for preventative services compared to treatment services.

In response to a question from Senator Lee, Mr. Eide said he will provide the committee with information regarding administrative costs of DHS.

Ms. Pamela Sagness, Director, Behavioral Health Division, Department of Human Services, presented an update ([Appendix C](#)) regarding the children's prevention and early intervention behavioral health services pilot project. She said 2017 House Bill No. 1040 appropriates \$150,000 from the general fund to DHS to establish a children's prevention and early intervention behavioral services pilot project in the school system. She said a team of stakeholders has been meeting to guide the project. She said DHS will be releasing an invitation to apply to elementary and middle schools to participate in the program. She said an eligible school will need to have leadership support, a school culture supportive of behavioral health, prevention and early intervention efforts, the multi-tier systems of support, and a sustainability plan.

Representative P. Anderson said there is a consensus that prevention efforts are an important component of behavioral health; however, she said minimal funding is appropriated by the Legislative Assembly for prevention programs.

Ms. Sagness said it is important to recognize the return on investment of funding provided for prevention efforts. She said measuring the success of prevention programs takes time and immediate information is not readily available.

In response to a question from Senator Larsen, Ms. Sagness said some schools have indicated they are ready to implement behavioral health services programs. She said the challenge is to connect the schools with behavioral health providers. She said policy issues, such as provider credentialing, affect the ability to offer behavioral health services.

Senator Lee said it is easiest to provide behavioral health services in schools because of the access to children. However, she said, there are instances when a provider may not be reimbursed for providing services in a school setting.

### **Task Force on Children's Behavioral Health**

Ms. Sagness presented an update ([Appendix D](#)) on the task force on children's behavioral health. She said the purpose of the task force is to assess and guide efforts within the children's behavioral health system to ensure a full continuum of care is available in the state. She said the task force has adopted the continuum of care model, adopted a long-term incremental plan to identify and address statewide behavioral health policy and practice improvements, and is proposing initiatives that will advance key improvements in the continuum of care.

Ms. Sagness said the task force has identified the following policy initiatives which it may advance to the 2019 Legislative Assembly for consideration:

1. Adopt school seclusion and restraint policy and practices guidelines;
2. Formulate a state-level children's service committee or cabinet, with supportive regional subcommittees;
3. Focus on suicide prevention efforts;
4. Improve bully prevention and intervention efforts;
5. Review young drivers and traumatic brain injury issues;
6. Increase taxes on alcohol and tobacco;
7. Expand emergency care resources;
8. Review juvenile court rules for maltreatment; and
9. Improve state and tribal service collaboration.

In response to a question from Senator Mathern, Ms. Sagness said providing behavioral health services is a collaborative effort among several agencies. She said an example of a collaborative effort is the Parents Listen, Educate, Ask, Discuss program which was developed jointly by DHS, the Department of Transportation, and the North Dakota University System including the North Dakota State University Extension Service.

Ms. Roxane Romanick, Executive Director, Designer Genes of North Dakota, provided comments to the committee. She said efforts also need to be made to improve early childhood development systems. She said early childhood services are an important part of behavioral health prevention efforts.

### **Review of State's Behavioral Health System**

Ms. Sagness presented an update ([Appendix E](#)) regarding the implementation of recommendations included in the Human Services Research Institute's review of the state's behavioral health system. She said the goals of the study were to:

1. Conduct an in-depth review of North Dakota's behavioral health system;
2. Analyze current utilization and expenditure patterns by payer source;
3. Provide actionable recommendations for enhancing the integration, cost-effectiveness, and recovery orientation of the system to effectively meet community needs; and
4. Establish strategies for implementing recommendations.

Ms. Sagness said the study developed 65 recommendations in 13 categories. She said DHS is contracting with the Human Services Research Institute to begin implementing the recommendations. She said DHS is in the drafting and planning stages and the implementation process is anticipated to be completed in June 2019.

Chairman Hogan said many of the recommendations will require collaboration with other agencies.

In response to a question from Senator Mathern, Ms. Sagness said the Human Services Research Institute is assisting DHS with developing the structure to implement the recommendations included in the report.

Mr. Carl Young, Mental Health Advocacy Network, provided comments ([Appendix F](#)) to the committee. He said the Mental Health Advocacy Network believes peer-to-peer services, parent-to-parent support, consumer choice, diversion from corrections, core services zero-reject model, conflict-free grievance and appeals processes, and access to a full and functioning continuum of care are priorities for the behavioral health system. He suggested the state pursue a 1915(i) amendment to the state's Medicaid plan to increase funding for home- and community-based services.

Chairman Hogan said the Human Services Research Institute is developing a plan to implement the 1915(i) waiver amendment.

In response to a question from Chairman Hogan, Ms. Sagness said care coordination agencies can hire peer support specialists through the free through recovery program. She said DHS has hosted four peer support training opportunities for interested individuals. She said approximately 100 peer support specialists have been trained in the past 4 months and eight individuals have been trained to provide peer support training.

In response to a question from Senator H. Anderson, Ms. Sagness said peer support is part of the overall services available for individuals seeking behavioral health services. She said there may be a lack of knowledge among clinical professionals regarding how peer support services are part of an overall treatment plan. She said additional training will help clinical professionals to understand the benefits of peer support services. She said other states have certifications for peer support specialists that allow the individual to be reimbursed for providing services.

In response to a question from Senator Mathern, Ms. Sagness said currently the only reimbursement for peer support services in the state is through the free through recovery program which provides services to individuals in the corrections system.

Ms. Carlotta McCleary, Executive Director, North Dakota Federation of Families for Children's Mental Health, provided comments to the committee. She said the organization provides parent-to-parent support services for children with emotional disorders and their families. She said there are two parent coordinators and one youth coordinator in the state.

Ms. McCleary distributed testimony ([Appendix G](#)) to the committee that was prepared by Ms. Marcia Hettich, President, Consumer and Family Network.

### **State Department of Health Duties Relating to Behavioral Health**

Chairman Hogan distributed a memorandum ([Appendix H](#)) detailing statutory duties of the State Department of Health (DOH) that relate to behavioral health. She said minimal behavioral health duties exist in statute that relate directly to DOH.

Ms. Alison Traynor, Suicide Prevention Director, State Department of Health, presented information ([Appendix I](#)) regarding the role of DOH in behavioral health services. She said DOH provides preventative behavioral health services through collaborative partnerships developed on population-based strategies. She said DOH also promotes awareness of the interrelationships between behavioral health and chronic disease.

Ms. A. Traynor said DOH has a significant focus on improving behavioral health to reduce suicide rates. She said DOH is implementing school and health care system-level approaches to reduce suicide risk. She said efforts are also targeted to smaller, high-risk communities and populations.

In response to a question from Senator Mathern, Ms. A. Traynor said North Dakota has a high suicide rate. She said some factors that may explain a high suicide rate include being a rural state, ease of access to firearms, and a lack of access to emergency care after a suicide attempt.

In response to a question from Chairman Hogan, Ms. A. Traynor said although recent reports indicate an increase in depression and suicidal thoughts among adolescents, positive trends have also been reported such as decreased use of alcohol and tobacco by adolescents.

In response to a question from Representative P. Anderson, Ms. A. Traynor said social isolation is a risk factor for youth suicide. She said national research is being conducted regarding social media also being a risk factor for suicide.

### **Social Service Redesign Project**

Mr. Terry Traynor, Executive Director, North Dakota Association of Counties, provided comments regarding the social service redesign project. He said because of the complexity of the project, the North Dakota Association of Counties has obtained services of consultants to facilitate the project. He introduced Ms. Sara Stolt, The Project Company, Fargo, who is one of the project facilitators.

Ms. Stolt provided an overview ([Appendix J](#)) of the social service redesign project. She said the guiding principles of the project include no reduction in service access points, maintaining varying degrees of local control, and increasing effectiveness and efficiency. She said the project management team is reviewing options to unify certain services such as a central economic assistance call center to assist individuals.

Ms. Stolt said the project management team is reviewing options for multicounty zones for the delivery of programs. She said the zones would be funded and have programs based on population and volume. She said each zone would have a social service board. She said proposals are also being reviewed to use contracted services to administer certain programs such as child care assistance.

In response to a question from Chairman Hogan, Ms. Stolt said using contracted services may result in an individual needing to travel to different locations if applying for assistance from more than one program.

In response to a question from Senator Mathern, Ms. Stolt said using contracted services for a program such as child care assistance would have multiple benefits. She said the child care assistance program is complex and may be better administered by an entity that has specialized program knowledge. She said some areas of the state do not have large volumes of child care licensing duties and outsourcing the program duties would allow eligibility staff to focus on economic assistance programs with higher utilization rates.

In response to a question from Representative P. Anderson, Ms. Stolt said a call center would be used to obtain initial intake information for an individual and direct the individual to the appropriate program eligibility staff. She said applying for some programs, such as long-term care assistance, is complex and requires direct interaction with eligibility staff.

Senator H. Anderson said the Legislative Assembly should continue to monitor the progress of the social services redesign project.

Mr. T. Traynor presented information ([Appendix K](#)) regarding state funding for county social services. He said \$160.7 million was appropriated to fund county social services during calendar years 2018 and 2019. He said the current estimate is that \$156.4 million of the appropriation will be distributed to counties.

Mr. T. Traynor said the 2017-19 biennium funding provided for county social services is based on calendar year 2015 funding levels with no adjustments for increased costs. He said any increased costs for social services must be paid from county reserve or a county's general fund. He said for calendar year 2018, 17 social service units anticipate transferring funds from reserves or county general fund. He said 23 units anticipate transferring funds from reserves or the county general fund during calendar year 2019.

In response to a question from Senator Lee, Mr. T. Traynor said some counties, such as Cass County, have utilized all available reserves for social services and are experiencing a deficit. He said one option to assist counties would be to utilize unexpended 2017-19 biennium appropriation authority for county social services to assist counties with deficits.

In response to a question from Chairman Hogan, Mr. T. Traynor said the implementation of social service zones may be done in phases to ease the transition and reduce the impact to individuals receiving services.

Senator H. Anderson said he supports using any unused 2017-19 biennium appropriation authority for county social services to assist counties that are experiencing a funding deficit due to increased costs.

Mr. Steven Reiser, Director, Dakota Central Social Services, provided comments to the committee. He said it is important to maintain local access in each county for individuals needing services. He said even though the intake staff at an access point may not have expertise in all programs, the staff member can utilize technology to transfer forms and receive assistance from staff in other locations.

In response to a question from Chairman Hogan, Mr. Reiser said social services staff have significant partnerships with other government entities such as local public health units and state's attorney offices.

### **STUDY OF THE TOMPKINS REHABILITATION AND CORRECTIONS CENTER**

Ms. Leslie Bakken Oliver, General Counsel, Governor's office, presented information ([Appendix L](#)) regarding proposed changes to the operations and management of the Tompkins Rehabilitation and Corrections Center. She said DHS and the Department of Corrections and Rehabilitation (DOCR) have been working under a previous agreement that allows DOCR inmates to receive substance abuse and mental health treatment on the grounds of the State Hospital through the Tompkins Program. She said approximately 106 beds are available in the program and DHS staff members provide the treatment services.

Ms. Bakken Oliver said the agencies have been meeting to develop a proposal to modify the operations of the Tompkins Program. She reviewed the following changes made in the proposal:

- DOCR would utilize the Tompkins building to provide 60 beds for substance abuse and mental health treatment of DOCR inmates. Treatment services would be provided by DOCR staff.
- The remaining 46 beds would be operated by DHS and be dedicated to intensive residential treatment services for individuals with mental health and substance abuse disorders. It is anticipated that most of the beds would be contracted on a per-diem basis to DOCR to treat individuals currently housed in DOCR facilities or individuals on probation resulting from substance-related offenses. Treatment services would be provided by DHS staff.

Ms. Bakken Oliver said details regarding services and programming are still being determined. She said the Governor's office supports the proposal.

In response to a question from Senator Lee, Dr. Lisa Peterson, Clinical Director, Department of Corrections and Rehabilitation, said DOCR has adopted the DHS guiding principles of person-centered care for individuals. She said the agencies will work together to determine which treatment setting will be the most appropriate for individuals needing treatment.

Chairman Hogan said the committee will receive an update in September regarding proposed changes to the Tompkins Program including programmatic changes that may be made.

### **STUDY OF REFUGEE RESETTLEMENT**

At the request of Chairman Hogan, the Legislative Council staff presented a memorandum entitled [Human Services Committee - Information Received Regarding Refugee Resettlement](#). The Legislative Council staff said the memorandum summarizes information received by the committee as part of its study on refugee resettlement. The memorandum includes information regarding the definition of a refugee, the number of refugees resettled in the state, programs that provide assistance to refugees, including the number of refugees utilizing the programs, English learner programs, the economic impact of new Americans, and the use of new Americans to meet workforce needs.

At the request of Chairman Hogan, the Legislative Council staff distributed documents ([Appendix M](#)) provided to the committee regarding demographic and economic information of new Americans in the Grand Forks region.

Chairman Hogan suggested the Legislative Council staff include in the final committee report the demographic and economic information of new Americans in the Grand Forks region.

Senator H. Anderson said the refugee medical assistance program provides medical assistance to eligible refugees for the first 8 months they are in the country and the program is 100 percent federally funded.

**OTHER COMMITTEE RESPONSIBILITIES**  
**Report on Home- and Community-Based Services**

Ms. LeeAnn Thiel, Rate Setting Administrator, Medical Services Division, Department of Human Services, and Ms. Nancy Nikolas-Maier, Director, Aging Services Division, Department of Human Services, presented a report ([Appendix N](#)) pursuant to Section 3 of 2017 House Bill No. 1038 regarding funding for home- and community-based services and recommendations to increase the level of services provided.

Ms. Thiel said home- and community-based programs administered by DHS include service payments for elderly and disabled (SPED), expanded SPED, personal care, targeted case management, Medicaid home- and community-based services waiver, children's medically fragile waiver, Medicaid technology-dependent waiver, program for all-inclusive care for the elderly (PACE), children's hospice waiver, money follows the person sustainability grant, Medicaid children's autism waiver, and the state autism voucher. She said DHS's budget for the 2017-19 biennium includes \$693.8 million for long-term care services, of which \$91.4 million is for home- and community-based services.

Ms. Thiel presented the following schedule detailing home- and community-based services expenditures and persons served since state fiscal year 2012:

<b>Home- and Community-Based Services Funding and Persons Served</b>								
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018 (Estimated)</b>	<b>2019 (Estimated)</b>
Expenditures	\$13,559,588	\$14,139,128	\$30,661,463	\$32,050,512	\$36,767,469	\$36,293,650	\$41,356,324	\$43,012,056
Monthly average persons served	1,709	1,690	2,278	2,263	2,124	2,157	2,225	2,582

Ms. Thiel presented the following schedule detailing the average cost per year per person for individuals receiving care through nursing home facilities, basic care facilities, and home- and community-based services:

<b>Average Cost Per Person Per Year for Care Services</b>			
<b>Year</b>	<b>Home- and Community-Based Services</b>	<b>Basic Care Facilities</b>	<b>Nursing Home Facilities</b>
2012	\$7,935	\$23,460	\$67,755
2013	\$8,365	\$23,473	\$70,415
2014	\$13,460	\$25,811	\$74,912
2015	\$14,165	\$26,682	\$77,927
2016	\$17,313	\$32,521	\$88,638
2017	\$16,823	\$30,590	\$87,467
2018 (estimated)	\$17,561	\$31,176	\$88,784
2019 (estimated)	\$17,933	\$32,878	\$89,832

In response to a question from Chairman Hogan, Ms. Thiel said she will provide information to the committee regarding current and historical amounts and percentages of long-term care funding used for home- and community-based services compared to nursing home and basic care services.

In response to a question from Chairman Hogan, Ms. Thiel said the monthly average number of Medicaid residents in nursing homes has decreased in recent years while total costs paid for Medicaid nursing home residents have increased.

In response to a question from Senator Mathern, Ms. Thiel said the amounts paid to nursing homes are considered an all-inclusive rate which includes room and board and certain medical and therapy services. She said basic care rates do not include the same medical services as nursing homes.

In response to a question from Senator H. Anderson, Ms. Thiel said she will provide information to the committee regarding how North Dakota Medicaid nursing facility rates compare to other states. She said she will also provide information regarding the number of nursing home beds in the state per thousand residents.

In response to a question from Representative P. Anderson, Ms. Thiel said the state paid \$173.6 million for Medicaid nursing home costs from August 2017 through March 2018.

Ms. Nikolas-Maier presented the following proposals to increase the use of home- and community-based services:

- Add additional service options to the Medicaid home- and community-based waiver for aged and disabled individuals similar to the Medicaid intellectual and developmental disability waiver;
- Develop agency adult foster care to increase provider capacity and residential services options; and
- Address medication administration issues for aged and disabled individuals.

In response to a question from Chairman Hogan, Ms. Nikolas-Maier said agency adult foster care is similar to a group home where services providers serve residents in a small group setting. She said there would be a limit of four residents or fewer and the service meets the criteria of being a home- and community-based service.

Senator Lee said the North Dakota assistive program has provided individuals with a medication administration tool to dispense medication to individuals residing at home.

In response to a question from Chairman Hogan, Ms. Nikolas-Maier said DHS would need additional funding to develop and administer a licensing program for agency adult foster care. She said statutory and administrative code changes may also be needed to allow the program.

In response to a question from Senator H. Anderson, Ms. Nikolas-Maier said PACE is a managed-care model that is another option for home- and community-based services. She said PACE programs provide medical and other services to allow individuals who need nursing facility care to remain in their homes. She said the PACE model of care costs significantly less than care in nursing facilities.

Senator H. Anderson said there may be restrictions that prohibit expanding or adding additional PACE programs. He said there may need to be a review of current restrictions to determine if the restrictions need to be adjusted or removed.

In response to a question from Senator H. Anderson, Ms. Thiel said PACE is a managed-care model that provides all medical services to enrolled individuals, including services that are not included in the cost of nursing facility care.

#### **Comments by Interested Persons Regarding Home- and Community-Based Services**

Mr. Josh Askvig, State Director, AARP, presented information ([Appendix O](#)) regarding home- and community-based services. He said the fastest growing population group by age in the state is individuals over the age of 65. He said the state needs to begin planning for the future increase in care needs for older individuals. He reviewed the home- and community-based services available in each county in the state and noted shortages of services in several counties.

Mr. Askvig said most older individuals would prefer to receive services in their home rather than reside in a nursing facility. He said increasing home- and community-based services will allow individuals to remain in their home and reduce the demand for more expensive nursing facility beds. However, he said, only a small percentage of the long-term care budget of DHS is allocated for home- and community-based services.

Mr. Askvig said AARP recommends the following to improve home- and community-based services:

- Change DHS's philosophy to prioritize home- and community-based services;
- Consider unpaid family caregivers an institution of care; and
- Provide additional information about home- and community-based services to individuals being discharged from a facility.

Mr. Doug Wegh, Director, Hettinger County Social Services, provided comments ([Appendix P](#)) to the committee. He said home- and community-based services need to be expanded. He suggested updating the sliding fee scale which is used to determine cost shares for individuals utilizing the SPED program. He said adjustments to medication assistance restrictions should be considered as it relates to allowable services of qualified service providers.

Mr. Wegh said the number of impairments to qualify for home- and community-based services should be reduced. He said consideration should also be given to increasing medical transportation options for individuals.

Senator Lee suggested the committee receive information regarding rate adjustments under the SPED and expanded SPED programs.

Ms. Tiffany Krumm, Program Director, Northland Care Coordination, provided comments ([Appendix Q](#)) to the committee. She said Northland Care Coordination is a home health organization that provides services to individuals over the age of 55. She said the state has a shortage of nursing staff and Northland Care Coordination is using qualified service providers to assist in certain duties. However, she said, low reimbursement rates are affecting the number of available qualified service providers.

In response to a question from Representative Westind, Ms. Krumm said approximately 60 percent of individuals served by her agency are private pay and the remaining 40 percent are enrolled in Medicaid. She said the provider rates charged for both categories of individuals are similar.

In response to a question from Representative P. Anderson, Ms. Krumm said there are different restrictions for medication assistance provided by qualified service providers to private pay individuals and to individuals receiving Medicaid.

In response to a question from Chairman Hogan, Ms. Nikolas-Maier said currently 1,310 individual qualified service providers and 149 qualified service provider agencies are operating in the state. She said the number of qualified service provider agencies has remained stable. She said she will provide the committee with information regarding the number of qualified service providers by county.

In response to a question from Senator Mathern, Ms. Nikolas-Maier said family members are allowed to become a qualified service provider and receive reimbursement under most home- and community-based service programs.

Ms. Katie Ferguson, Community Living Services, Fargo, provided comments ([Appendix R](#)) to the committee. She said many individuals are not aware of the availability of home- and community-based services. She suggested improving methods to notify individuals of available services. She also said improvements should be made to case management services that are provided to individuals receiving home- and community-based services.

In response to a question from Senator Mathern, Ms. Ferguson said she is reviewing options for legislation to improve methods to notify individuals of home- and community-based services and to improve case management services.

In response to a question from Senator Lee, Ms. Ferguson said she will provide information to the committee regarding the number of individuals served by Community Living Services that meet the nursing facility level of care.

Mr. Royce Schultze, Executive Director, Dakota Center for Independent Living, provided comments to the committee. He said the Dakota Center for Independent Living receives funding through the money follows the person program. He said the funding is used to transition individuals from nursing facilities into homes or other living arrangements.

Mr. Allen Morris, Bismarck, provided comments to the committee. He said he sustained a traumatic brain injury and was placed in a nursing facility. He said the money follows the person program allowed him to move into an apartment and live independently.

Ms. Jodie Fetch, Director of Nursing, Custer Health, Mandan, provided comments ([Appendix S](#)) to the committee. She said it has been difficult to recruit and retain caregivers due to decreases in reimbursement rates. She suggested increasing funding for home- and community-based services to help individuals remain in their home.

Senator Mathern suggested Ms. Nikolas-Maier and Ms. Ferguson submit their recommended legislation relating to home- and community-based services to the committee for consideration.

Senator Lee suggested inviting representatives of the State Board of Nursing to the next meeting for comments regarding rules for medication assistance.

Chairman Hogan said the next committee meeting may include an overview of the money follows the person program.

**OTHER BUSINESS**

Chairman Hogan announced the final meeting of the committee is tentatively scheduled for Tuesday, September 11, 2018.

No further business appearing, Chairman Hogan adjourned the meeting at 3:15 p.m.

---

Brady A. Larson  
Assistant Legislative Budget Analyst and Auditor

ATTACH:19