

Testimony HB 1012
House Appropriations Committee
January 25, 2021

Good afternoon Chairman Nelson and members of the Committee. My name is Trina Gress, I am Vice President of Community Options. I stand before you today to represent Community Options and the clients we serve. My testimony is in opposition HB 1012. There are three items I will be addressing with this committee today.

1. Request to add funds back into South East Human Service Center (SEHSC) and West Central Human Service Center (WCHSC) budgets to fund the Evidence Based Supported Employment Programs (EBSEP) until the clients can be transitioned to the 1915i. For the current biennium, SEHSC services total = \$564,947.28, and WCHSC services total = \$61,944.00.
2. Request to add funds back into Behavioral Health budget to fund the Pre-Vocational and Return to Work services for Brain Injury (BI) clients until the clients can be transitioned to the 1915i. Also, for the remaining 50% of services listed in DHS budget, increase existing rate to be competitive to other employment service rates. For the current biennium, Pre-Vocational services total = \$337,499.00 and Return to Work services total = \$348,553.00 plus the increase the existing rate to be competitive total of \$92,340.00 for a total of \$440,893.00 for Return to Work services.
3. Note that the 1915i does not serve clients with Acquired Brain Injury which is included in the state definition.
4. Financial Eligibility for the 1915i must not exceed 150% of Federal Poverty Line (FPL).

I will address the first and second items together. HB1012 proposes to cut the services listed above with the intent that the clients will be served in the 1915i Medicaid State Plan Amendment (1915i) after 7/1/2021. This is an unrealistic target date. Providers and clients need time to gather the proper documentation required for 1915i eligibility. Below are listed the extra hoops clients must jump through to receive services from the 1915i.

- There is no guarantee that the clients currently enrolled in the EBSEP, Pre-Vocational and Return to Work services will be 1915i eligible. There are four variables to receiving employment supports in the 1915i.
 - + Must be Medicaid/Medicaid Expansion eligible.
 - + Must get a score on the World Health Organization Disability Assessment Schedule (WHODAS) of 50 or higher.
 - + Must identify employment as a need on the WHODAS.
 - + Must have a diagnosis according to the attached handout. There are clients who may need to get a psychological or neuropsychological evaluation to attain the diagnosis. This could take months to attain.

- Need to secure Care Coordinators to meet the requirements of 1915i. Community Options is unable to provide care coordination and employment supports so a 3rd party will have to be secured to do Care Coordination. Last week, Department of Human Services Medical Division reported that there are only 5 providers enrolled to provide 1915i services.
- Once a client secures full-time employment and their Medicaid is reviewed, income limits will more than likely cause their Medicaid (1915i) services to discontinue. Thus, the employment services are time limited. If an individual needs ongoing support, there will not be a service to meet the client's need.

Just last session, the Legislature formally changed the definition of brain injury in North Dakota to include all types of brain injuries. The NDCC 50-06.4 states "Brain injury" means damage to the brain or the coverings of the brain that produces an altered mental state and results in a decrease in cognitive, behavioral, emotional, or physical functioning. However, the 1915i only allows for three eligible diagnosis of traumatic brain injury (listed below) and no diagnosis of acquired brain injuries.

- F02.81 Major Neurocognitive Disorder Due to Traumatic Brain Injury, with behavioral disturbance
- F02.80 Major Neurocognitive Disorder Due to Traumatic Brain Injury, without behavioral disturbance
- G31.84 Mild Neurocognitive Disorder Due to Traumatic Brain Injury

Finally, the newly approved 1915i defines individual financial eligibility for services as no more than 150% of the Federal Poverty Level (FPL). It is the individual's responsibility to notify the Zone immediately if their income goes above this amount because the individual's 1915i services will be discontinued immediately. (Note: 1 person household=\$1595 per month/\$9.20 per hour.) So as soon as the individual gets a job **ALL** 1915i services will **discontinue immediately**. Thus, I encourage this committee request ND DHS Medical Services to submit an amendment to the 1915i and request an increase to 200% of the FPL.

In conclusion, Community Options is requesting this committee add funds back into the DHS budget to re-contract with provider to ensure there is enough time to find 1915i providers and transition the clients that do meet the eligibility criteria. If funds are not replenished in the DHS budget there will be 227 clients affected by this decision and going without services.

The creation and implementation of the 1915i took the North Dakota Department of Human Services (ND DHS) almost two years to complete and we are still awaiting the implementation. Yet ND DHS is requesting providers and clients to adapt in less than six months. This is not fair to the providers nor to the clients we serve. Thus, we are asking for funding to be added back into the DHS budget so there is additional time to ensure a smooth transition to the 1915i services while also mediating the risk of clients falling through the cracks.

I appreciate your time and consideration in these matters listed above. Thank you, do you have any questions?